
Illinois Coalition Against Domestic Violence
And
Illinois Department of Human Services

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Introduction

The Illinois Department of Human Services (IDHS) Bureau of Domestic and Sexual Violence Prevention and the Illinois Coalition Against Domestic Violence (ICADV) are dedicated to helping individuals live free from domestic and sexual violence by promoting prevention and by working in partnership with communities to advance safety, equality, and respect for all.

Toward that end, IDHS and ICADV fund the comprehensive, community-based domestic violence services described in this manual. These services include 24-hour crisis hotlines, emergency shelter, advocacy, counseling, and related intervention and prevention services such as information and referral, transportation, and community outreach. All services are provided in a manner that seeks to ensure the safety of the domestic violence survivor and any unsafe family members.

To assure the protection, health, safety, and well being of persons receiving domestic violence services through IDHS or ICADV funding, program and service requirements have been established with which all funded programs must comply. The purpose of these minimum requirements is to ensure the quality and consistency of domestic violence services across the state, while also allowing for individuality, flexibility and creativity in program services. The requirements are listed in each chapter of this manual under the heading of Minimum Requirements in Services or Minimum Requirements in Administration for the service or administration area described.

In addition to the minimum requirements outlined in this manual, programs must also comply with any other state and federal regulations applying to their programs and services. Programs must consult with staff attorneys or other legal counsel regarding legal obligations, whether or not they are included herein.

Most chapters also include a section entitled Minimum Requirements in Documentation, which outlines how to document the services or processes described in each chapter. This section includes only the minimum requirements for recording data, not the more detailed guidelines needed for InfoNet documentation. Readers seeking further guidance on InfoNet may refer to the Frequently Asked Questions section of the InfoNet Manual. InfoNet documentation forms can be found on the ICADV website at: www.ilcadv.org.

Together with the minimum requirements, IDHS and ICADV have developed guidelines that have been shown by practice and research evidence to be effective in providing safety and assistance to survivors of domestic violence. The purpose of establishing these guidelines is to promote best practices and excellence in domestic violence services across the state. Although not required, these guidelines are strongly recommended for effective service delivery, and useful in determining how to implement services and processes that meet and exceed the minimum requirements. These processes are described in the Guidelines section of each chapter. Where applicable, the Guidelines section also includes tools and samples to assist programs in implementing services.

IDHS and ICADV share the following guiding principles of service delivery, upon which the requirements and guidelines of this manual are based. IDHS and ICADV also share the belief
that this a living document that will grow and change as our knowledge and understanding of
the needs of survivors of domestic violence becomes more complete.
Appendix A: Glossary of Terms

**Adult Protective Services Act** - Through this act the Illinois Department on Aging works to protect the rights of senior citizens and people with disabilities aged 18-59 who live in the community. The Adult Protective Services Program works to prevent abuse, neglect and financial exploitation of senior citizens and people with disabilities aged 18-59 living in the community.

**Advocacy** - The active support of and speaking on behalf of a person, group or cause. The primary focus of domestic violence advocacy is empowerment for survivors of domestic violence.

**Advocate** - Any person who has undergone a minimum of forty hours of training in domestic violence advocacy, crisis intervention, and related areas, and who provides services to survivors through a domestic violence program either on an employed or volunteer basis.

**Art therapy** - Psychological services provided by a licensed therapist that use art as a means of providing therapy to the survivor or child.

**Blanket release forms** - Release of Information forms that are not specific regarding who will obtain the information, contain a preprinted list of several agencies to whom information may be released, leave blank the agency, person, or organization to receive the information, or lack sufficient specificity, rendering the advocate unable to determine if the Release of Information would be legal under the IDVA.

**Child Abuse and Neglect Tracking System (CANTS)** - The system operated by the Illinois Department of Children and Family Services used to track cases of child abuse in Illinois. The system provides information on whether a person has an indicated report of child abuse or neglect on their record in Illinois.

**Comprehensive Domestic Violence Services** - Program services that include shelter, 24-hour response to calls from the Illinois Domestic Violence Help Line, information and referral, counseling, advocacy, Illinois Domestic Violence Act advocacy, transportation, and community outreach and prevention services.

**Confidentiality** - The guarantee as provided by the IDVA that information regarding survivors will not shared with any outside parties. Confidential communications include any communications between a survivor and an advocate, including all records kept in the course of providing services.

**Coordinated community response** - The uniform and consistent response to domestic violence in a community, brought about by a process of coordinating services and systems through a collaborative team of professionals from the systems involved.

**Counseling** - The act of providing supportive individual interactions to the survivor. This can include time spent collecting information for the survivor’s intake; developing a safety plan with the survivor; identifying and exploring fear, ambivalence or other emotional barriers, and any follow-up activities to remove barriers. This service can also include providing emotional
support or domestic violence education; explaining services, policies, and procedures; and
developing service plans.

**Crisis hotline** - The 24-hour response service that provides crisis intervention services to meet
the urgent physical and emotional needs of survivors of domestic violence. Other than helping
the survivor to obtain immediate safety, services on the hotline may include collecting
information for a survivor’s intake, assisting with developing a safety plan, explaining program
services, providing information and referrals, or other counseling and support. Crisis hotline
calls may come directly to the program, or may be linked in from the Illinois Domestic Violence
Help Line. A hotline call is any call coming into the program that is not related to agency
administration or operations, but instead focused on services.

**Culture of Compliance** - Compliance is the act of following rules, both written and
unwritten. People with disabilities have been taught to be compliant in order to receive rewards
(real or perceived) or avoid punishment (real or perceived). This compliance can lead to harm
if/when a person believed to be of authority asks/tells a person with a disability to do
something that is harmful and he/she complies in order to receive rewards or avoid
punishment.

**Deaf/ Hard of Hearing** - There are several levels of hearing loss from mild to profound.
Additionally, an individual can become late deafened due to the aging process. Deafness can
also be caused by illness, head injury or stroke to name a few.

**Direct services** - Services provided directly to survivors, their children or unsafe family
members, either in person or by telephone, or that involve access to survivor records. Staff or
volunteers providing direct services must first receive the required 40-hour domestic violence
training.

**Disability Humility** - When it comes to working with people with disabilities, whether in
health care or other areas, “disability competence” has been the working model on which to
base services. “**Disability Competence**”, in short, means that support workers know about all
types of disabilities and disability issues before they ever work with people who have them.
“**Disability Humility**”, on the other hand, works from the opposite premise: that support
workers learn about disabilities and cultures from the people they work with while they’re
working with them, and not so much in advance. Disability humility means that support workers
examine themselves, their perceptions of people with disabilities, their biases and possible
misconceptions, and their own vision in regards to the goals of the person they’re serving
(recovery, life plan, etc.) Here is a table that lists a few of the differences between these two
concepts.

**Domestic Violence** - A pattern of coercive behavior that is used by one person in a current or
former intimate or family relationship to gain power and control over another. This behavior
may include physical abuse, verbal abuse, sexual abuse, emotional and psychological
intimidation, stalking, or economic control.

**Domestic Violence Helpline** - Phone: 1.877.863.6338/TTY: 1.877.863.6339
The Help Line is a 24-hour, toll-free confidential number that functions as a clearinghouse for
domestic violence services and information. The Help Line is used by:
• Victims
• Concerned family and friends
• Perpetrators of domestic violence
• Helping professionals
• Health care workers, faith leaders, police officers, and prosecutors

Callers to the Help Line are provided with general domestic violence information, referrals to appropriate domestic violence services and a three-way phone linkage between the caller and the domestic violence services by a trained domestic violence advocate.

**Group counseling** - The planned process of two or more domestic violence survivors meeting, facilitated by one or more advocates, for the purpose of sharing concerns and support, exploring personal situations, safety planning, and/or education regarding domestic violence.

**IDVA advocacy** - Legal advocacy that involves the Illinois Domestic Violence Act (IDVA). This can include explaining the IDVA, providing information and assistance in obtaining an Order of Protection, and intervention/contact on the survivor’s behalf with representatives of the civil or criminal justice system and law enforcement personnel.

**Indirect services** - Services that do not include direct contact with survivors or their children or unsafe family members. Examples of such services may include activities such as clerical work, maintenance, or fundraising, as long as these activities do not involve contact with survivors or their records.

**Individual advocacy** - The process of speaking on behalf of an individual survivor or family to ensure their rights and safety. This may include actions such as accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals or talking to other referral sources on behalf of a survivor.

**Initial contact** - The program’s first contact with a survivor seeking services, used to identify the survivor’s level of safety, need for services, eligibility and how the program can best assist.

**Institutional advocacy** - The process of attempting to change institutions and systems in ways that will benefit survivors of domestic violence.

**Intake** - The process of collecting information from survivors to document their profile at the time of admission into the program. This information can be used to identify possible needs of the survivor, begin service planning and set initial goals.

**Law Enforcement Agencies Data System (LEADS)** - The statewide system operated by the Illinois State Police designed to provide criminal justice information. The system is used to conduct criminal background checks on potential employees. Background checks can provide criminal history records including arrests, charging decisions, court disposition and sentencing data, and custody information.

**Legal advocacy** - The process of assisting survivors in obtaining legal and human rights. This may include providing survivors with legal information and options, accompanying them through the legal system or advocating for them within the legal system. It also includes emotional support, encouragement and problem solving related to legal issues. This can
include advocacy related to the Illinois Domestic Violence Act or assistance with legal issues in systems such as DCFS, housing, the police, or the State’s Attorney's office.

**Off-Site Domestic Violence Programs** - Programs that provide emergency shelter for survivors and their unsafe family members at off-site facilities such as hotels/motels or safe homes. IDHS programs designated as Off-Site Domestic Violence Programs also provide Comprehensive domestic violence services.

**Older Adult** - The Illinois Department on Aging defines an older adult as someone who is age 60 or older.

**On-Site Domestic Violence Programs** - Programs that provide emergency shelter for survivors and their unsafe family members in a program-operated, on-site facility. IDHS programs designated as On-Site Domestic Violence Programs also provide Comprehensive domestic violence services.

**People First Language** - when making reference to a person with a disability, the person comes first and the disability comes second (examples - the lady who uses a wheelchair OR the man who has an intellectual disability), recognizing cultural preferences (example – a Deaf person not a person who is Deaf)

**Personal Care Attendant/ Personal Assistant** - Personal care assistants, also known as caregivers, home health or personal care aides, give assistance to people who are sick, injured, have mental or physical disabilities, or the elderly and fragile. They work in the home and help their employers with daily activities, such as bathing and bathroom functions, feeding, grooming, taking medication, and some housework. They also help employers make and keep appointments with doctors, provide or arrange transportation, make and serve meals, make sure they take their medicine.

**Professional training** - The process of training professionals in outside agencies on how to address domestic violence and make appropriate responses to survivors of domestic violence they may encounter.

**Public education** - The process of educating community members for the purpose of increasing general awareness of domestic violence and its effects on individuals and communities.

**Reasonable Accommodations** - alteration to policies, practices and procedures to allow the agency to provide the same services to people with disabilities as people without disabilities. They must be made unless they entail significant difficulty or expense.

**Self-advocacy/ Self-help** - The empowered process of speaking on behalf of oneself to insure one’s own rights and safety. Domestic violence programs seek to promote self-advocacy/self-help in survivors of domestic violence.
**Service/ Support Animal** - is individually trained to do work or perform tasks for people with disabilities. The tasks performed by the service animal must be directly related to the person’s disability.

**Shelter** - a facility that provides survivors of domestic violence and their unsafe family or household members with a safe, protective temporary residence and the related necessities such as food and clothing. Shelter services may be on-site at a residential domestic violence program, or off-site at a hotel/motel or safe home arranged by the domestic violence program.

**Specialized services** - services that provide specific, limited domestic violence services but do not provide emergency shelter for survivors. Specialized services are required to provide referrals to shelter services, information and referral for other services, and at least one of the following services: counseling, advocacy, Illinois Domestic Violence Act advocacy.

**Survivor** – Any person who consults a domestic violence program for the purpose of securing advice, counseling, or assistance related to one or more incidents or threats of domestic violence.

**Systems advocacy** - The process of changing and influencing systems in ways that will benefit survivors of domestic violence. This includes working to make changes to the law, government, service policies, and community attitudes.

**Therapy** – Intensive professional psychological treatment for survivors, children or families provided by a licensed therapist.

**Third-party consent to Release of Information** – A document executed between the survivor and an individual or entity, requesting Release of Information from the domestic violence program to the named individual or entity. Because the domestic violence program was not a party to the execution, the advocate is unable to determine that it was executed knowingly and complies with the IDVA, including any “interests adverse to that of the domestic violence victim.”

**Transportation services** - The process of assisting survivors in traveling from one destination to another. Transportation services may involve directly transporting the survivor by providing car rides; accompanying survivors on public transportation; or giving other transportation-related assistance such as providing bus tokens or information on other transportation options.

**Trauma Informed** - Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

**Turn-aways** – Adult or teen survivors of domestic violence who are eligible for services, alone or accompanied by unsafe family member(s), whom a domestic violence shelter program is unable to SHELTER due to lack of space.
Universal Design - is a design concept that recognizes, respects, values and attempts to accommodate the broadest possible spectrum of human ability in the design of all products, environments and information systems. It helps eliminate the need for special features and spaces, which for some people, are often stigmatizing, embarrassing, different looking and usually more expensive.

Volunteers – Unpaid individuals who provide direct and indirect services to domestic violence programs. Direct service volunteers have direct contact with the survivors of domestic violence in the program or access to confidential information, while those providing indirect services have neither direct contact with survivors nor access to confidential information.

Vulnerable family member – Any family or household member, as defined by the Illinois Domestic Violence Act (750 ILCS 60/103 (6)), who may be negatively affected by the perpetrator’s abusive acts. Examples may include but are not limited to male or female children, the older adult, or family members with disabilities.

Waiver and Consent for Release of Information Form – The written form indicating the survivor’s informed and voluntary consent for the disclosure of any information to outside parties; the form indicates the specific information to be released, when and to whom it will be released, and is signed by the survivor and advocate.
Guiding Principles

The guiding principles for programs, organizations, agencies, and individuals that provide services to survivors of domestic violence are:

- Domestic violence is a crime of power and control. All persons are potential victims; however, most often women and children are victims.

- Domestic violence negatively impacts all who experience and/or witness it; therefore, domestic violence diminishes the quality of life in the community.

- Domestic violence is abuse and is unjustifiable.

- Each person has dignity and worth and is entitled to a safe environment.

- Each person has responsibility for his/her own behavior. Survivors do not cause the abuse.

- Each person has the right to the information, support and services necessary to become safe, self-reliant, and autonomous.

- Every person has the opportunity to be served within a system that is inclusive, accessible, person-centered and person-directed.

- Children from violent homes are at risk. Violent behavior is a learned response and is often passed down from generation to generation.
The domestic violence service delivery model provides the framework for all services provided in domestic violence programs. To best provide safety and assistance to survivors and their families, the service delivery model must be based on the guiding principles listed above.

The service delivery model of domestic violence programs shall:

- Emphasize safety of survivors and their unsafe family members in all interactions.

- Offer information, options, encouragement and support:
  - For independent decision-making based on specific individual family needs and circumstances.
  - For survivors’ efforts to regain control over and decrease the violence in their lives.
  - To encourage survivors to follow safety plans and seek assistance as often as it is necessary to keep themselves and their unsafe family members safe.

- Be based on survivor empowerment.

- Foster self-sufficiency.

- Respect the authority and autonomy of adult survivors to direct their own lives.

- Build on strengths and resources of survivors and their unsafe family members.

- Reflect collaboration with community resources.

- Be respectful of the survivor’s cultural and community characteristics.

- Hold perpetrators, not survivors, responsible for the abusive behavior and for stopping the violence.

- Recognize that assisting survivors in obtaining safety also benefits their children and unsafe family members.

Ensure that in keeping with the Family Violence Prevention and Services Act, participation in all services is voluntary, and never used as a condition for remaining in the program or shelter. The Act states: “Receipt of supportive services under this title shall be voluntary. No condition may be applied for the receipt of emergency shelter...” FVPSA 42 U.S.C 10408(d)(2).
Types of Domestic Violence Programs

Depending on the services provided, programs funded by IDHS or ICADV fall into the category of either Comprehensive or Specialized. Comprehensive programs are further categorized as either On-Site or Off-Site, depending on where the shelter services are located. Funded domestic violence programs provide the following support and advocacy services to survivors, their children and unsafe family members.

**Comprehensive Domestic Violence Services** provide:
- Shelter
- 24 hour response to calls from the Illinois Domestic Violence Help Line
- Information and referral
- Counseling
- Advocacy
- Legal advocacy to implement the Illinois Domestic Violence Act
- Transportation
- Outreach and prevention services to the community

**On-Site Domestic Violence Programs** are Comprehensive programs that provide:
- Emergency shelter for survivors and their unsafe family members in a provider-operated, on-site facility;

**Off-site Domestic Violence Programs** are Comprehensive programs that provide:
- Emergency shelter for survivors and their unsafe family members at off-site facilities such as hotels/motels or safe homes;

**Specialized Services** do not provide emergency shelter for survivors. Their primary purpose is the provision of specialized but limited domestic violence services. Specialized services are required to provide:
- Information and referral
- At a minimum, one of the following services: counseling, advocacy, Illinois Domestic Violence Act advocacy; and
- Referrals to shelter services. Memorandums of understanding with shelter services must be in place for these referrals.
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Chapter 1 ADMINISTRATION—General Information

Complete List of Minimum Requirements in Administration

The following is a complete list of all minimum requirements for administering domestic violence programs funded by IDHS or ICADV. Each of the following topics is further detailed in its own chapter. The chapters include more description as well as documentation requirements and suggested guidelines for best practices.

Board of Directors

The board of directors of an agency providing domestic violence services funded by IDHS or ICADV will, at a minimum:

• Develop, adopt and maintain a current mission statement and bylaws.
• Conduct board meetings at least quarterly and keep minutes of these meetings indicating that bylaw procedures were followed, including utilizing quorum and voting procedures for all board decisions.
• Maintain a list of board members, board officers’ positions, their addresses and members’ terms of office.
• Require its members to sign a confidentiality agreement, and maintain records of the same.
• Recruit, select and periodically evaluate the executive director.
• Develop, adopt and monitor written agency policies and procedures, including those addressing the following concerns:
  o Employee handbooks, including job descriptions, sexual harassment, nondiscrimination policies
  o Fiscal policies, including internal controls over cash, deposits, expenses, large expenditures, contracts, investments, insurance and the audit process
  o Other agency governance policies
• Ensure that the agency is compliant with the following:
  o State and federal reporting and requirements for nonprofit, charitable funds and tax-exempt statuses
  o State, federal and local laws and codes regulating the agency and its services
  o Standards required by funding agencies, including A-133 audits required by federal law
  o Annual filing of IRS Tax Form 990
• Monitor the financial status of the agency by reviewing the following documents
  o On a minimum of an annual basis:
    ▪ The annual auditor’s report and audited statements, including a statement of cash flow, statement of activities, statement of financial position
    ▪ The IRS Tax Form 990
    ▪ Investment reports
  o On a minimum of a quarterly basis or more often as needed:
    ▪ Updated budgets, projected and actual, planned revenue and expenses, and budgets specific to cash and capital
    ▪ Large expenditures and contracts
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- Ensure that agency planning and service evaluation are implemented, and monitor both processes to make certain that the mission of the agency is upheld.
- Prohibit board membership from those who may have a conflict of interest without prior written approval from IDHS. A conflict of interest is any real or apparent incompatibility between one’s private interest and one’s fiduciary duties. Two specific types of conflicts are self-dealing (transactions with the agency that benefit the board member) and usurpation of agency’s opportunities (taking an opportunity away from the agency for personal gain). The following are examples of prohibited conflicts of interest:
  - Attorneys who represent perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges serving on the board
  - Family members of program staff serving on the board
  - Sales or purchases between the agency and a board member
  - Family members of the board transacting sales or purchases with the agency
  - Delivering competing services or competing to take funding from the agency
  - Misuse of organizational information for personal gain
  - Requesting information about individual survivors seeking or receiving services
- Maintain a conflict of interest policy that clearly explains what a conflict of interest is, reporting procedures, and how to address such conflicts should they occur. This policy must be presented to each board member during orientation. Each board member must also sign a conflict of interest statement indicating adherence to the policy, and programs must maintain records of the same.

Personnel

- Programs must have written job descriptions for all staff that include qualifications, duties and responsibilities.
- Programs must have a current organization chart that defines responsibility and lines of accountability, and that includes both staff and volunteer positions.
- Programs must have a minimum of one-half time paid director whose duties include the daily management of the program.
- All program directors, staff and volunteers who may be in a position to provide or supervise direct services to adults or children or who have access to confidential information must complete the 40 hours of training required by the Illinois Domestic Violence Act. The training must cover the topics listed in Appendix D.
  - Staff or volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples may include staff or volunteers conducting periodic trainings to survivors on topics other than domestic violence, or those conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the person at any time survivors are or may be present.
- To ensure that staff and direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.
- If the program has staff who provide professional therapy or other services requiring professional certification, it must have procedures to ensure that individuals have valid, appropriate credentials and when applicable, licensure.
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- Programs must perform both Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) checks on staff/volunteers coming in direct contact with children served by the program.
- All personnel must sign a confidentiality agreement.
- The program must have written employee handbooks that include:
  - Recruitment, hiring and compensation of staff
  - Promotion, supervision, discipline, grievances and termination of staff
  - Procedures for evaluation, which must occur at least annually
  - Employee benefits, including a list of benefits provided and eligibility requirements
  - A professional code of ethics such as the sample included in this chapter.
  - Travel and per diem reimbursement guidelines
  - Location, security and employee access to personnel files
  - Confidentiality of staff about program location if applicable, activities, and survivor information.
  - Employee use of technology, including policies for maintaining client confidentiality.
  - Mandated reporting of abuse or neglect of children or older adults
  - Affirmative Action policy/Equal Employment Opportunity statement
  - Sexual harassment policy
  - Americans with Disabilities Act ADA compliance
  - Workplace Violence policy that addresses domestic violence
  - Drug free workplace policy
  - Conflict of interests procedures
  - Program operation procedures regarding health and safety, including:
    - Responding to AIDS and other communicable diseases
    - Procedures for handling body fluids
    - Pandemic and epidemic response plans
    - Disaster Plan describing actions to be taken in the cases of tornado, fire, evacuation, uninhabitable buildings, and emergency supplies, including arrangements with local agencies that are kept current
    - Meeting the medical needs of survivors and staff, including emergency situations
    - Responding to emergency and safety threats posed by abusers
    - Plans for disaster recovery and resuming business once immediate emergency safety issues have been resolved

Volunteers

- All volunteers working in the program who may be in a position to provide or supervise direct services to adults or children or who have access to confidential information must complete a minimum of 40 hours of training conducted by qualified domestic violence personnel. Training must cover the topics listed in Appendix D.
  - Volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples of such volunteers may include those conducting periodic trainings to survivors on topics other than domestic violence, or volunteers conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the volunteer at any time survivors are or may be present.
- To ensure that direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.
SECTION ONE: Administration

- All volunteers must sign a confidentiality agreement.
- Programs must designate a staff person, either paid or volunteer, to act as volunteer coordinator.
- Programs must have a written policy regarding screening, training, supervising, evaluating, and terminating volunteers.
- Programs must perform both CANTS and LEADS checks on volunteers coming in direct contact with children served by the program.
- Programs must have written policies that prohibit survivors from volunteering while receiving program services. Although survivors may choose to volunteer after completing program services, programs shall never require it. Policies must also include procedures to follow when a survivor volunteering for the program is re-victimized by the perpetrator of domestic violence.

Fiscal Responsibilities
The following responsibilities are required in fiscal management, with the party most commonly responsible for each requirement shown in parentheses.

- Plan and develop the annual budget (Staff)
- Review, adjust and approve the annual budget (Board)
- Elect a board treasurer and appoint a finance committee and subcommittees to oversee the safeguarding and profitable management of the agency's assets (Board)
- Research and arrange for adequate insurance policies (Staff)
- Administer contracts for any contractual services required by the agency (Staff)
- Oversee all insurance policies and contracts made by the agency (Board)
- Ensure that all requirements are met for 501(c)3 status (Board and Staff)
- Ensure that all services are provided to survivors free of charge (Board)
- Prepare the state and federal reports and tax forms (Either external accountants or Staff)
- Monitor the filing of state and federal reports and tax forms (Board)
- Budget and anticipate financial problems, including long-range financial forecasting (Both Staff and Board)
- Arrange for an annual audit of the organization's books, including A-133 audits required for agencies receiving federal funding above specified amounts (Staff)
- Review all audit materials and strategize fiscal planning as needed (Board)
- Generate policies for internal financial controls (Board)
- Adopt and maintain procedures for internal financial controls (Staff)
- Periodically inspect the books and records of the organization (Board)
- Ensure that the agency manages resources in a manner consistent with sound fiscal standards and keeps written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts and risk management (Board)
- Ensure that the agency conducts all financial record keeping in accordance with generally accepted accounting principles consistently applied. Accounting transactions must be properly classified, adequately documented in appropriate books of original entry (journals), and posted to general ledgers on a monthly basis (Staff and Board)
- Keeps all fiscal records for at least six years beyond the fiscal year that the expenditure occurred or longer if there is an audit, in which case the records shall be maintained until the audit is completed (Staff)
In programs funded by IDHS, ensure that money is never given directly to those receiving services (Staff)

**Data Collection and Reporting**

- Programs must develop and maintain a data collection and record-keeping system for all services provided. This system must allow for the efficient retrieval of data needed to measure and report the program’s performance in relation to its stated goals and objectives. Documentation must include all services outlined in the Documenting Services chapter of this manual.
- Programs must provide summary documentation of use of IDHS and ICADV funds by line item of actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. Expenditures must be recorded in the program’s records in such a manner as to establish an audit trail for future verification of appropriate use of funds.
- Programs must make available to IDHS and ICADV access to all data, records and facilities to ensure compliance with the terms and conditions of funding. These include but are not limited to survivor records, records of requests for services and referrals, administrative records, and financial records. Programs may delete all survivor identifying data from such records prior to inspection, with the exception of identification numbers. If the reviewer is someone who could create a safety risk to a survivor in the program, the program should inform IDHS and ICADV. Prior to giving access to de-identified records, programs should have each reviewer sign a confidentiality agreement.
- Programs must provide program information to the Illinois Domestic Violence Help Line agency database as requested. In addition, programs must notify the Help Line of any updates to program services to ensure the database has the most current information.
- Programs must report to IDHS and ICADV by the next business day serious incidents or unusual occurrences that have:
  - Significantly threatened the safety of the survivors or advocates;
  - Caused the program to interrupt or cease operations;
  - The potential to damage the reputation of the agency and/or staff.

Reports may be made by telephone with documentation following by fax or e-mail.

- Programs must document any significant disciplinary action, health or safety issue, rules violation, or action involving liability, and actions taken to verify or resolve the issue. These may include but are not limited to:
  - Fire, flood, tornado or other natural disaster that creates structural damages to the facility or poses health hazards;
  - An outbreak of contagious disease dangerous to public health; for example, Tuberculosis (TB), food poisoning, or Hepatitis A;
  - Any acts by program advocate(s) that result in or that pose serious illness, injury, or psychological impairment of a survivor;
  - Any suicide or attempted suicide of a person receiving services;
  - Any death of a person receiving services;
  - On-site incidents that include acts of physical harm to a survivor or advocate by a survivor or advocate or by a perpetrator;
  - Any disruptive incident occurring on program grounds or within the facility, including any situation or circumstance that results in the presence of law enforcement or the local news media to the facility.
• Programs must document any suspected abuse or neglect of children. Suspected child abuse or neglect must also be reported to DCFS.
• Suspected abuse or neglect of older adult survivors who are unable to report the abuse or neglect themselves must be documented. This must also be reported to the Adult Protective Services Hotline at 866-800-1409.
• Programs must document and report suspected abuse, neglect or financial exploitation of survivors or their unsafe family members with disabilities who, because of their disability, are unable to seek assistance on their own behalf. As with older adult abuse, these reports are made to the Adult Protective Services Hotline at 866-800-1409. If abuse is indicated through an investigation, a service plan will be created to eliminate further abuse. Services may include assistance such as helping to find independent living arrangements apart from abusive family members, or arranging legal assistance in removing abusive guardians.
• Programs must comply with any additional service and fiscal reporting requirements outlined in their contracts with IDHS and/or ICADV.

Evaluation
• Programs must cooperate and participate in research and survey efforts that have been approved by IDHS or ICADV for the purposes of program evaluation and strategic plan initiatives. IDHS and ICADV will consider written requests from individual programs for waivers or modifications of research participation mandates.
• Programs must have processes in place by which feedback from those receiving program services is used to enhance programs.
• Evaluation information collected from survivors must be used for program research and evaluation purposes only, and must be kept confidential.
• Survivors will have the right to refuse to participate in evaluation or feedback processes.

Service Outcome Measures
• Programs must collect outcome data for at least 5% (but not less than 30 individuals) of eligible clients in each client group. This includes clients seeking any combination of shelter, support groups, counseling, legal advocacy, other supportive services/advocacy, and/or children’s services.
• Clients should answer the outcomes questions in regard to the most intensive services received. In order of “intensity”, service groups are shelter, supportive services and advocacy including legal advocacy, counseling, support groups and children’s services. (i.e. if a client receives shelter and attends a support group then that client should answer the outcome questions in regard to the shelter service received, but not as a support group response).
• Data must be entered into InfoNet on no less than a quarterly basis. For each adult client service group, you should enter four or five records, depending on how many outcome questions apply to the specific client service group. The five distinct service groups for adults are: Shelter (four questions); Support Groups (five questions); Counseling (five questions); Legal Advocacy (four questions); and Advocacy and Other Supportive Services (four questions). If you have survey responses from clients in all five adult service groups, you need to enter minimally 22 records into InfoNet per quarter. There is an additional service group of Children’s Services that includes two
SECTION ONE: Administration

questions for children to complete. See the InfoNet System Messages on the Welcome Screen for more detailed data entry instructions.

Clients need only answer the questions once per service delivery episode or case (e.g. they don't need to fill out an outcome measures survey at each group session they attend).
Chapter 2 Administration—Board of Directors

The board of directors is the governing body of a nonprofit agency providing domestic violence services. The board is responsible for upholding the agency’s mission and determining that services are delivered in accordance with the mission; for financial and legal oversight of the agency; for setting policies and planning within which management operates; for ensuring that adequate resources are available to support the agency; for selecting and evaluating the executive director; for representing the agency in the community and for maintaining a strong, effective board. The requirements and guidelines listed in this chapter apply to the boards of any program providing domestic violence services funded by IDHS or ICADV, whether the board oversees only domestic violence services or others programs as well.

Minimum Requirements in Administration

The board of directors of an agency providing domestic violence services funded by IDHS or ICADV will, at a minimum:

- Develop, adopt and maintain a current mission statement and bylaws.
- Conduct board meetings at least quarterly and keep minutes of these meetings indicating that bylaw procedures were followed, including utilizing quorum and voting procedures for all board decisions.
- Maintain a list of board members, board officers’ positions, their addresses and members’ terms of office.
- Require its members to sign a confidentiality agreement, and maintain records of the same.
- Recruit, select and periodically evaluate the executive director.
- Develop, adopt and monitor written agency policies and procedures, including those addressing the following concerns:
  - Employee handbooks, including job descriptions, sexual harassment, nondiscrimination policies
  - Fiscal policies, including internal controls over cash, deposits, expenses, large expenditures, contracts, investments, insurance and the audit process
  - Other agency governance policies
- Ensure that the agency is compliant with the following:
  - State and federal reporting and requirements for nonprofit, charitable funds and tax-exempt statuses
  - State, federal and local laws and codes regulating the agency and its services
  - Standards required by funding agencies, including A-133 audits required by federal law
  - Annual filing of IRS Tax Form 990
Monitor the financial status of the agency by reviewing the following documents
- On a minimum of an annual basis:
  - The annual auditor’s report and audited statements, including a statement of cash flow, statement of activities, statement of financial position
  - The IRS Tax Form 990
  - Investment reports
- On a minimum of a quarterly basis or more often as needed:
  - Updated budgets, projected and actual, planned revenue and expenses, and budgets specific to cash and capital
  - Large expenditures and contracts

Ensure that agency planning and service evaluation are implemented, and monitor both processes to make certain that the mission of the agency is upheld.

Prohibit board membership from those who may have a conflict of interest without prior written approval from IDHS. A conflict of interest is any real or apparent incompatibility between one’s private interest and one’s fiduciary duties. Two specific types of conflicts are self-dealing (transactions with the agency that benefit the board member) and usurpation of agency’s opportunities (taking an opportunity away from the agency for personal gain). The following are examples of prohibited conflicts of interest:
- Attorneys who represent perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges serving on the board
- Family members of program staff serving on the board
- Sales or purchases between the agency and a board member
- Family members of the board transacting sales or purchases with the agency
- Delivering competing services or competing to take funding from the agency
- Misuse of organizational information for personal gain
- Requesting information about individual survivors seeking or receiving services

Maintain a conflict of interest policy that clearly explains what a conflict of interest is, reporting procedures, and how to address such conflicts should they occur. This policy must be presented to each board member during orientation. Each board member must also sign a conflict of interest statement indicating adherence to the policy, and programs must maintain records of the same.

Suggestions and tools for creating effective boards are included in the Guidelines section of this chapter. The review tools used to assess board policies and procedures during ICADV and IDHS site visits are included in Appendix C.

Minimum Requirements in Documentation

The program must maintain a file for each board member that includes:
- A completed board member application
SECTION ONE: Administration

- A signed board of directors Declaration of Confidentiality
- A signed board of directors conflict of interest statement
- A record of each board member’s contact information, positions, committee membership and term dates

Guidelines

Boards may choose to outline specific director responsibilities, either in the agency bylaws or a board manual. Communicating clear expectations to all members about the role of a board member is recommended. In addition, the bylaws or board manual should specify criteria for removal of a director. An example of one commonly used criterion that may lead to a member’s dismissal is failure to attend meetings on a regular basis, or failure to attend a minimum number of meetings in a set time period.

The bylaws should also specify the length of the term and limits for consecutive terms. A procedure for notifying members of the end of terms and for renewing terms is necessary.

The following is a list of common board member responsibilities:

- Fulfill required duties for nonprofit organizations, including
  - Duty of Care – defined as the care that an ordinarily prudent person would exercise in a like position and under similar circumstances. This includes the care and decision regarding the financial and legal oversight of the agency as well as active participation as a board member.
  - Duty of Loyalty – defined as placing the best interests of the organization ahead of personal interests and exercising the powers of board membership in good faith. Acting to prevent a conflict of interest is one of the key duties of loyalty.
  - Duty of Obedience – defined as complying with the mission, bylaws and other governance policies of the agency when acting as a board member.

- Be knowledgeable about the agency, its mission, any strategic plans, various programs or services, policies, facilities and the population served

- Gain an understanding of the dynamics of domestic violence, participating whenever possible in training on domestic violence and services as it is made available

- Be familiar with the community served by the agency and represent the agency and its work with domestic violence within the community

- Support the financial health of the organization, through good fiscal oversight, fundraising efforts, or even direct donations

- Advocate for the best possible salaries, benefits, and work environment for program staff in order to acknowledge their professional services and expertise

- Attend all board meetings and events
SECTION ONE: Administration

- Come to meetings prepared to participate, having reviewed the agenda and any accompanying materials
- Participate actively and effectively in the meetings, following established protocol
- Assist with maintaining and developing the board

The Self-Evaluation Checklist for Board of Directors/Advisory Committees and the sample board evaluation form in this chapter are two tools board members may use to determine their knowledge and effectiveness.

Board Officer Positions and the Executive Committee

Although a board may detail in its bylaws any type of board leadership positions that it deems necessary, the most commonly used officer positions are president (or chairperson), vice president (or vice chairperson), treasurer, and secretary. Typically, the board officers also comprise the membership of the executive committee of the board, which interfaces with the executive director and oversees the operations of the board itself. For further detail on the officer positions, refer to the Board of Director Officer Roles and Responsibilities tool in this chapter.

Board Recruitment and Orientation

It is recommended that boards have established criteria to recruit members, drawing upon the defined expectations and responsibilities for board members. Each board will have unique needs for new members at any specific time, and should recruit members based on those needs. Building a board of members with a variety of backgrounds and professional skills will bring value to the board, including members with some experience in domestic violence or other social services, law, human resources, accounting or money management. Boards are also encouraged to be diverse and to have membership that represents the communities that the agency serves, geographically and by gender, ethnicity, age and other demographic traits that reflect the community and/or population served.

The following are qualities that boards may want to search for when recruiting new members:

- Basic understanding of domestic violence services or willingness to learn from staff and other board members, including but not limited to client confidentiality
- A commitment to service and to helping domestic violence survivors
- Good people skills
- Board knowledge and skills or a commitment to acquire the same
- Ethical standards
- Evidence of leadership abilities
- The ability to commit to the individual board membership responsibilities
The Sample Board Member Application in this chapter is an example of a form used during the recruitment and application process. The Recruiting and Nominating New Members Worksheet is a tool for strategizing criteria and membership needs.

Establishing a formal orientation process will increase the quality and functioning on the board. Orientation activities may be assigned to a committee, such as the Nominating Committee, and can include compiling and maintaining an orientation packet, procedures for acquainting the new member with the agency and the board experience, training opportunities and even assigning mentors to new members. An orientation packet may include the agency mission, bylaws, board manual, agency policies, a confidentiality statement, programs and services descriptions, an organizational chart, staff list, board member list and other items.

An important aspect of the orientation process in an agency providing domestic violence services is to increase the new board member’s awareness of the values and advocacy focus inherent in the provision of domestic violence services. In addition, issues of safety and confidentiality must be addressed. A sample declaration of confidentiality statement for board members is included in this chapter.

### Board and Agency Role Differentiation

It is crucial that there be clear communication and agreement about the roles and responsibilities of board members, board officers, executive director and other agency staff. Clarity regarding differentiation of roles prevents any tendency for the board to passively follow agency management’s lead or, conversely, to micromanage the executive director or other staff. When there is clear understanding about what the board and executive director or staff take responsibility for, it is more likely that those responsibilities will be effectively managed. In addition, it will reduce the potential for conflicts and mistrust between the board and the agency.

Knowledge of each other’s roles and responsibilities can be increased through increased communication about those roles. Boards may use the attached tools Suggested Nonprofit Board and Staff Responsibilities and Executive Director/Board Chair Relationship: The Key to a Vital Organization to help clarify role responsibilities and sharing.

### Policy Development

Boards of nonprofit programs are responsible for setting fiscal, legal, ethical and service planning policies within which the executive director and other staff operate. Board policies are often general guidelines and do not always dictate specific procedures, especially service delivery procedures. For example, the board, in conjunction with the executive director, may approve a policy that the agency should expand its programming to include a greater prevention focus, but it would not issue specific procedural decisions regarding how those prevention services are delivered.

Boards are often responsible for the following categories of policies:
SECTION ONE: Administration

- Financial – policies that set limits and outline procedures that maintain the fiscal health of the organization (see Minimum Requirements in Administration – policies above)

- Legal – policies that ensure that the agency is meeting all federal, state, local, funding and regulatory requirements

- Personnel – policies that determine the practices for staffing the agency, including hiring, promoting, disciplining, terminating, compensation, benefits, fair treatment of employees, work environment and any federal or state mandated personnel requirements

- Ethical – policies that set limits and outline procedures to uphold the values of the agency across all operations of the agency, including board actions

- Mission-based – policies that ensure that services and service outcomes are being delivered in accordance with the mission and the goals of the agency.

To develop effective policies, it is important that board members be well informed about all aspects of the agency and its domestic violence services. Members should attend training, spend time at the program, and visit with various staff members and volunteers.

Policies are set by a formal and collective action of the board. Any decisions regarding policies are recorded in the board minutes. New or revised policies should be written and stored in appropriate manuals. Policies are revised as needed and generally reviewed on a regular basis, either once a year or every other year.

Board Processes: Leadership, Communication and Collaboration

Board members are leaders, both of the agency and in the community. Using effective leadership skills in the role of board member increases the effectiveness of the board and the stability of the agency.

One of the greatest difficulties that board members face is finding the right balance of directive and receptive leadership. Directive leadership means giving firm and clear direction or being an active leader. Receptive leadership means asking for input from others, taking in information and allowing others to influence the direction taken. Both are important leadership skills to be used when appropriate.

Board members need to be directive in establishing and maintaining financial, legal and ethical guidelines for the agency. Board members who take a passive approach to this role are not fulfilling their duty of care to the agency.

As the board and agency management work together in ensuring its mission is met, collaboration and receptive leadership are crucial. Building relationships with staff, strengthening communication skills and processes and creating opportunities for connection between the board and staff are methods for making collaboration work. For information on
SECTION ONE: Administration

board/staff conflicts refer to the tool Common Board/Staff Conflicts: A Worksheet included in this chapter.

Moving toward positive board processes starts with awareness and the motivation to strengthen the organization. Appreciative Inquiry, a new paradigm and process in organizational awareness in growth, encourages organizations to identify their strengths and to create a vision and reality from those strengths. For initial information about Appreciative Inquiry, refer to the tool Appreciative Inquiry: The Model, and Appreciative Interview Guide for Organizations in this chapter.

Board Meetings

Board meetings should occur regularly and be run in an efficient way that also allows for all members to share, contribute, and reach formal board decisions. Recommendations to help keep board meetings productive, focused and effective include the following:

- Follow the bylaw requirements for a quorum and voting procedures.
- Hold deliberations that are free and wide-ranging with full participation and respect for divergent opinions.
- Follow set meeting procedures that encourage organization and participation, such as Robert’s Rules of Order or a similar procedure.
- Provide agendas to all board members prior to the meetings, and minutes afterwards.
- Strive for regular attendance of all board members at all meetings.
- Have staff participation at both board and committee meetings when appropriate.
- Have a written record of attendance at the meetings and a record of all agenda items discussed and formal board decisions made during the meeting.
- Hold regular executive committee and other standing committee meetings, generating both written reports and oral reports back to the board. Common standing committees often include finance, personnel, funding or resource development, program/planning, bylaws or other areas.

The tools Leading a Meeting, Participating In a Meeting and Meeting Basics in this chapter all offer ideas that help lead to successful meetings.
SECTION ONE: Administration

Administration—Tools and Samples

- Self-Evaluation Checklist For Board Of Directors/Advisory Committees
- Sample Board Self-Evaluation Form
- Board of Director Officer Roles and Responsibilities
- Sample Board Member Application
- Sample Declaration of Confidentiality Statement For Boards of Directors
- Recruiting and Nominating New Members Worksheet
- Suggested Nonprofit Board and Staff Responsibilities
- Executive Director/Board Chair Relationship: The Key to a Vital Organization
- Sample Conflict of Interests Policy
- Sample Conflict of Interest Statement For Board of Directors
- Appreciative Inquiry: The Model
- Appreciative Interview Guide for Organizations
- Leading A Meeting
- Participating In A Meeting
- Meeting Basics
# Self-Evaluation Checklist

For Board Of Directors/Advisory Committees

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Check all items where you feel that you would like more information.

## THE ORGANIZATION: DO I UNDERSTAND:

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The stated purpose of the organization</td>
</tr>
<tr>
<td>2</td>
<td>The organizational structure</td>
</tr>
<tr>
<td>3</td>
<td>The bylaws of the organization</td>
</tr>
<tr>
<td>4</td>
<td>The policies and procedures of the organization</td>
</tr>
<tr>
<td>5</td>
<td>The goals of the organization</td>
</tr>
<tr>
<td>6</td>
<td>How the organization plans to change</td>
</tr>
</tbody>
</table>

## THE LEGAL SIDE OF BOARD MEMBERSHIP: DO I KNOW:

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The role of the board</td>
</tr>
<tr>
<td>2</td>
<td>Whether it is a policy making board</td>
</tr>
<tr>
<td>3</td>
<td>Whether it is a working board</td>
</tr>
<tr>
<td>4</td>
<td>Whether it is an advisory board</td>
</tr>
<tr>
<td>5</td>
<td>What my legal responsibilities are as a board member</td>
</tr>
<tr>
<td>6</td>
<td>Whether I am insured</td>
</tr>
<tr>
<td>7</td>
<td>What my liabilities are as a board member</td>
</tr>
<tr>
<td>8</td>
<td>How much lobbying and advocacy activity I can undertake in the name of the agency.</td>
</tr>
</tbody>
</table>

## THE BOARD MEMBER: DO I KNOW:

<table>
<thead>
<tr>
<th>#</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Each member of the board</td>
</tr>
<tr>
<td>2</td>
<td>The position of each person on the board</td>
</tr>
<tr>
<td>3</td>
<td>What the skills are of each board member</td>
</tr>
<tr>
<td>4</td>
<td>What position each board member holds in the community</td>
</tr>
<tr>
<td>5</td>
<td>What part each person plays in the fulfillment of the purposes of the organization</td>
</tr>
<tr>
<td>6</td>
<td>For what planning I am responsible</td>
</tr>
<tr>
<td>7</td>
<td>What are my commitments of time and money</td>
</tr>
<tr>
<td>8</td>
<td>For what scheduled assignments I am responsible</td>
</tr>
<tr>
<td>9</td>
<td>To whom am I immediately responsible</td>
</tr>
<tr>
<td>10</td>
<td>What are the occasional tasks for which I am responsible</td>
</tr>
<tr>
<td>11</td>
<td>Who is immediately responsible to me</td>
</tr>
<tr>
<td>12</td>
<td>For what records am I responsible</td>
</tr>
</tbody>
</table>
### SELF-EVALUATION CHECKLIST

For Board Of Directors/Advisory Committees (continued)

<table>
<thead>
<tr>
<th>√</th>
<th>#</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THE BUDGET: DO I</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Have a copy of the current budget for the organization</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Understand the organization’s budget</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Know who develops, approves, and administers the budget</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Know if the organization keeps within its budget or has a deficient one</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Know the main source of revenue</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Know the procedures and revenue sources for capital expenditures</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Who audits the organization</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Know if there is adequate insurance</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Know what additional revenue sources are available</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Get funds for the expenses of the office/committee</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Know how I am reimbursed for expenses</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Know how the size of the budget is determined</td>
<td></td>
</tr>
<tr>
<td><strong>FUNDRAISING:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Am I responsible for donating personally to the board</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>How much am I expected to contribute</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Am I expected to participate in fundraising</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>In what way am I expected to participate in fundraising events</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Am I expected to advocate/solicit money for the organization</td>
<td></td>
</tr>
<tr>
<td><strong>TIME: DO I KNOW HOW MUCH TIME:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>I am expected to give to the organization monthly/yearly</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am expected to give to board meetings</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I am expected to give to fundraising</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I am expected to give to special events</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I am expected to give to committees</td>
<td></td>
</tr>
<tr>
<td><strong>THE STAFF: DO I KNOW:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>The employee handbook and procedures</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>The staff organization</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The director</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>The key staff</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The volunteer coordinator</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>The job descriptions for staff members</td>
<td></td>
</tr>
<tr>
<td><strong>THE DIRECTOR: DO I KNOW:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>How the director intends to accomplish the goals of the organization this year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>If the director keeps within the budget</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>If the director is good with personnel</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If the director is a good organizer</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>To whom is the director specifically responsible</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Whether the director works well with volunteers</td>
<td></td>
</tr>
</tbody>
</table>
## SECTION ONE: Administration

**Self-Evaluation Checklist**  
*For Board Of Directors/Advisory Committees (continued)*

<table>
<thead>
<tr>
<th>√</th>
<th>#</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>THE VOLUNTEER: DO I KNOW:</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>What the organization’s policy is towards volunteers</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>How the volunteer program is organized</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>The role of the volunteer</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If there is a volunteer coordinator</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>How many volunteers there are in the organization</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>The makeup of the volunteers</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Who recruits volunteers</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>What my role is in relation to the volunteer program</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>THE POWER STRUCTURE:</strong></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Who makes the decisions in the organization</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>What are the assets and who controls them</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>How is the system of communication structured</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>How is criticism handled</td>
</tr>
</tbody>
</table>
## Sample Board Self-Evaluation Form

<table>
<thead>
<tr>
<th>Name: (optional)</th>
<th>1 Very Poor</th>
<th>2 Poor</th>
<th>3 Fair</th>
<th>4 Good</th>
<th>5 Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>All necessary skills, stakeholders and diversity are represented on the board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board members clearly understand the roles and responsibilities of a board</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board members understand the organization’s mission and its products / programs</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Nonprofit has clear organizational structure (board, officers, committees)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board is actively involved in developing a relevant and realistic strategic plan based on survivor and stakeholder needs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Board regularly monitors and evaluates progress toward strategic goals and product/ program performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board attends to policy-related decisions which guide activities of board and staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board receives regular, accurate reports on finances/budgets, products/program performance and other important matters</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Board helps set fundraising goals and is actively involved in fundraising</td>
<td></td>
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<tr>
<td>Board effectively represents the organization to the community</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Board meetings facilitate progress and focus on important organizational matters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board regularly evaluates chief executive</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Board has approved comprehensive employee handbooks which have been reviewed by a qualified professional</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Each member of the board feels involved and interested in the board's work</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>All members are committed to actively participate in board activities.</td>
<td></td>
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</tr>
</tbody>
</table>
SECTION ONE: Administration

Please explain the most important priorities on which you believe the board should focus its attention in the next 12 months. Be as specific as possible in explaining these priorities. Feel free to add more pages if you that would be helpful.

1.

2.

3.

4.

5.

6.

7.

8.
Board of Director Officer Roles and Responsibilities

The officer roles in nonprofit agencies may evolve differently across agencies. The types of roles and responsibilities shown are not requirements, but are the common or average roles and responsibilities taken by officers in nonprofit agencies providing domestic violence services.

Roles and responsibilities of the president (or chairperson) may include:
- Serves as head of the executive committee
- Presides over board meetings after coordinating agenda with the executive director
- Interfaces with the executive director on board issues
- Leads the board to ensure its role of fiscal, legal and ethical management of the agency
- Assures all board directives are carried out
- Presents the annual report
- Demonstrates leadership in fundraising efforts
- Coordinates the board’s involvement in strategic planning
- Facilitates the evaluation of the executive director
- Appoints committee chairs
- Serves as an ex-officio member of standing committees
- Facilitates the board’s evaluation of itself and its members and guides board development strategies

Roles and responsibilities of the vice president (or vice chairperson) may include:
- Performs all duties of the president in his or her absence or inability to serve
- Supports the president in carrying out his or her duties
- Often serves as the successor to the executive director
- Any other leadership duties the president or board assigns.

Roles and responsibilities of the secretary may include:
- Takes responsibility for documentation and review of the minutes of all meetings (including submission and review of committee meetings), and all other board records, correspondence and documentation
- Maintains a list of board members, their contact information, terms, committee membership, and other member information
- Monitors the meeting process and ensures that bylaw procedures such as quorum and voting requirements are carried out
- Sends notices of board meetings

Roles and responsibilities of the treasurer may include:
- In coordination with the board, oversees the financial management of the agency
- Chairs the finance committee
- Coordinates financial oversight with the chief financial officer and/or the executive director
- Ensures that all financial and accounting policies, procedures and records are maintained
- Ensures that the audit occurs, that audit reports are reviewed and responded to
- Reports to the board on the audit and any financial conditions
- Presents the annual budget to the board for approval
Sample Board Member Application

NAME: _______________________________________

TELEPHONE: home ________________  work ________________

OCCUPATION/BUSINESS/PROFESSION ____________________________

EMPLOYER: ______________________________

HOME ADDRESS: ______________________________________________________

Educational background, areas of specialized training, expertise, experience:

____________________________________________________________________

____________________________________________________________________

PRESENT MEMBERSHIP ON OTHER NON-PROFIT BOARDS OF DIRECTORS:

__ none

Organization name: _______________________________________________________

Date term began: _____________________Term expires: _______________________

Offices held and number of years:

____________________________________________________________________

PARTICIPATION IN OTHER CIVIC ACTIVITIES: Please list civic activities and affiliations such as church membership, service organizations, and any offices held or special responsibility in the activity listed.

<table>
<thead>
<tr>
<th>Activity or Group</th>
<th>Title/Project</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Why are you interested in serving on our domestic violence program's Board of Directors?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
How do you feel you could serve or help the agency as a board member?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How much time, not counting monthly board meetings, can you contribute each month?

________________________________________________________________________

Each board member serves on one or two committees. Which committees are you interested in? Please indicate your first, second, and third choices.

___ Budget/Finance   ___ Personnel
___ Criminal Justice   ___ Property Maintenance
___ Fundraising   ___ Speakers Bureau/Public Relations
___ Long Range Planning   ___ Membership (Board Development)

In addition, each board member is expected to participate in the agency's fundraising efforts. How can you help? (Check all that apply.)

___ Volunteer time working at specific fundraising events
___ Coordinate planning and implementation of fundraising projects
___ Work on specific fundraising projects
___ Identify prospective donors
___ Solicit donations from individuals
___ Solicit donations from civic organizations and businesses
___ Assist executive director in contacting corporations and foundations and applying for grants

Other comments you wish to make:

________________________________________________________________________

________________________________________________________________________

How did you learn about this board position?

________________________________________________________________________
Please indicate if any of the following possible conflicts of interest may apply to you:

___ I transact sales or purchases with this organization
___ I deliver similar services to this organization
___ I deliver services that could require competing with this organization for funding
___ I am a family member of a current employee of this organization, or of someone who transacts sales or purchases with this organization
___ I am an attorney who represents perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges

Signature: _______________________________________ Date: _________________
Sample Declaration of Confidentiality Statement For Boards of Directors

I, the undersigned Director of ______________________________, do hereby declare that I will not disclose any confidential information pertaining to the business and operation of the agency. This will include, but is not limited to, all of the discussions undertaken and business conducted in executive sessions.

I further declare that I will not disclose the confidences if I should leave the Board of Directors of ______________________________ for any reason.

Signed: ______________________________ Date: ________________
Signed: ______________________________ Date: ________________

(Board President)
Recruiting and Nominating New Members Worksheet

Nomination Criteria: Have you clearly defined the criteria for the qualities you are looking for in any new member? Check those that apply and add additional ones.

**Potential Nomination Criteria**

- ___ Responsibility
- ___ People skills
- ___ Board skills: Current ability and willingness to develop same, or prior experience
- ___ Ethical standards
- ___ Value for service and helping domestic violence survivors
- ___ Evidence of leadership abilities
- ___ Ability to commit to individual membership responsibility criteria

- Others _____________________________________________________________
- Others _____________________________________________________________
- Others _____________________________________________________________

Categories of Membership Selection Needs: See instructions below.

**Categories of Membership Selection Needs**

- Demographics: Age, Gender, Ethnicity/Culture, Language, Other
- Geographic Location: County, urban/suburban/rural, neighborhoods,
- Expertise: Financial resources, financial management knowledge, fundraising, HR, etc.
- Degree of domestic violence knowledge or service knowledge

List Current Membership Development Needs: Looking at the Categories of Membership Selection Needs and at the current board membership, should new positions become open, what are most important selection needs? Once you list the needs to the left, go back and prioritize the needs rating them numerically with the most important needs receiving the rating of “1”, then the next “2”, etc.

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>........................................................................................................</td>
<td></td>
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<td>........................................................................................................</td>
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<td>........................................................................................................</td>
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</tbody>
</table>
Suggested Nonprofit Board and Staff Responsibilities

The primary responsibilities of board and staff ultimately depend on the priorities, culture and life cycle of the nonprofit. The following suggested responsibilities might be useful to consider.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Primary Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Planning</strong></td>
<td></td>
</tr>
<tr>
<td>Drive the process of strategic and organizational planning</td>
<td>Board</td>
</tr>
<tr>
<td>Provide input to mission and long range goals</td>
<td>Joint</td>
</tr>
<tr>
<td>Approve mission and long range, strategic goals</td>
<td>Board</td>
</tr>
<tr>
<td>Develop action plans (who does what and when) to achieve long-range goals</td>
<td>Staff</td>
</tr>
<tr>
<td>Approve action plans (e.g., in an annual Operating Plan)</td>
<td>Board</td>
</tr>
<tr>
<td>Implement action plans to achieve long-range goals</td>
<td>Staff</td>
</tr>
<tr>
<td>Follow-up to insure achievement of major goals and objectives</td>
<td>Board</td>
</tr>
<tr>
<td><strong>Board of Directors</strong></td>
<td></td>
</tr>
<tr>
<td>Select new board members</td>
<td>Board</td>
</tr>
<tr>
<td>Orient, train and organize members into committees</td>
<td>Board</td>
</tr>
<tr>
<td>Promote attendance at board/committee meetings</td>
<td>Board</td>
</tr>
<tr>
<td>Plan agenda for board meetings (joint with board chair and executive director)</td>
<td>Joint</td>
</tr>
<tr>
<td>Take minutes at board meetings (board secretary)</td>
<td>Board</td>
</tr>
<tr>
<td><strong>Programs</strong></td>
<td></td>
</tr>
<tr>
<td>Assess stakeholder (customers, community, member, etc.) needs</td>
<td>Joint</td>
</tr>
<tr>
<td>Suggest program clients, outcomes, goals, etc.</td>
<td>Joint</td>
</tr>
<tr>
<td>Approve program outcomes and goals</td>
<td>Board</td>
</tr>
<tr>
<td>Oversee evaluation of products, services and programs</td>
<td>Board</td>
</tr>
<tr>
<td><strong>Evaluate products, services and programs</strong></td>
<td>Staff</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Maintain program records; prepare program reports</strong></td>
<td>Staff</td>
</tr>
</tbody>
</table>

### Financial management

<table>
<thead>
<tr>
<th><strong>Prepare preliminary annual budget</strong></th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Finalize and approve annual budget</strong></td>
<td>Board</td>
</tr>
<tr>
<td><strong>Approve major expenditures outside authorized budget</strong></td>
<td>Board</td>
</tr>
<tr>
<td><strong>Insure annual audit of organization accounts</strong></td>
<td>Board</td>
</tr>
<tr>
<td><strong>Insure that expenditures are within budget during the year</strong></td>
<td>Joint</td>
</tr>
</tbody>
</table>

### Fundraising

<table>
<thead>
<tr>
<th><strong>Establish fundraising goals (amounts / goals to be raised)</strong></th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Solicit contributions in fundraising campaigns</strong></td>
<td>Joint</td>
</tr>
<tr>
<td><strong>Organize fundraising campaigns</strong></td>
<td>Joint</td>
</tr>
<tr>
<td><strong>Manage grants (reporting, etc.)</strong></td>
<td>Staff</td>
</tr>
</tbody>
</table>

### Personnel Activities (staff and volunteers)

<table>
<thead>
<tr>
<th><strong>Employ and supervise chief executive (executive director)</strong></th>
<th>Board</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Decision to add general staff roles and / or volunteer roles</strong></td>
<td>Staff</td>
</tr>
<tr>
<td><strong>Select / train general staff and / or volunteers</strong></td>
<td>Staff</td>
</tr>
<tr>
<td><strong>Direct work of the general staff and /or volunteers</strong></td>
<td>Staff</td>
</tr>
</tbody>
</table>

### Public / Community Relations Activities

<table>
<thead>
<tr>
<th><strong>Present / describe organization to community</strong></th>
<th>Joint</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Write descriptions of organization (newsletters, web, etc.)</strong></td>
<td>Staff</td>
</tr>
</tbody>
</table>

Executive Director/Board Chair Relationship: The Key to a Vital Organization

The relationship between the executive director and the board chair is very important for the atmosphere of the organization as a whole. The following list highlights the areas where they should work together.

The executive director and board chair work together to:

1. Identify community needs
2. Define and realize agency purposes
3. Provide financial resources and other forms of support for the agency
4. Give leadership to development of programs and services
5. Develop an organizational structure that supports the program services
6. Give leadership to policy formulation and review
7. Evaluate the agency
8. Create an atmosphere for change
9. Maximize the contributions of all agency personnel, staff and volunteer
10. Maintain and describe the “big picture” for the organization
11. Take initiative in representing the agency to the community
12. Share leadership with other similar agencies with similar goals, values, and convictions as to what kind of community it should be
13. Develop and maintain a sense of trust and confidence in each other
14. Resolve problems with individual board members
15. Plan and prepare for board meetings
16. Arrive at recommendations they both can support, with the clear understanding that if they cannot reach agreement, the matter goes to the board with the explanation that “the chair and the executive are on opposing sides”
17. Decide what priorities to adopt, what choices to make, and what decisions to make first
SECTION ONE: Administration

Sample Conflict of Interests Policy

Now therefore, be it resolved: the following policy of duality of interest is hereby adopted:

- Any duality of interest or possible conflict of interest on the part of any board member should be disclosed to other board members and made a matter of record, either through an annual procedure or when the interest becomes a matter of board action.

- Any board member having a duality of interest or possible conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even where permitted by law. The minutes of the meeting should reflect that a disclosure was made, the abstention from voting, and quorum situation.

- The foregoing requirements should not be construed as preventing the board member from briefly stating his/her position in the matter, nor from answering pertinent questions of other board members since his/her knowledge may be of great assistance.

Be it further resolved: that this policy be reviewed annually for the information and guidance of board members, and that any new board member be advised of the policy upon entering on the duties of his/her office. The chair and the secretary are authorized and directed to see that the foregoing policy is followed.

Explanation of policy statement:

Members of the board of directors have an obligation to discuss and vote on every issue having to do with the governance of the organization. Consequently, it is important to consider whether or not an individual, their family, or their business would have substantial and/or ongoing conflicts of interest with the organization. For example:

- The organization leases the grounds and their physical facility from a person or another organization. It would not be wise to select that individual or a representative of the leasing organization to be on the board, because it is very likely that the board will be required to discuss and vote on issues having to do with that lease, or at worse having to contend with a lawsuit.

- A local attorney has a law practice in which they commonly represent criminal defendants. They would have an ongoing conflict of interest because they represent clients who are being prosecuted for assaulting survivors that are served by the organization. They are likely to discuss and vote on policies and procedures that impact both the clients of the program and also their own practice clients.

It is possible to use the talents of such individuals by asking them to serve in advisory capacities or on committees that do not present a conflict.

The organization can usually screen out members who have clear and ongoing conflicts of interest. It is not possible to see all such situations. Consequently the board should have a policy for how to proceed when such an occasion arises. A conflict of interest or even the
SECTION ONE: Administration

perception of one by the public can damage an organization beyond repair. It is best to abstain from discussion or voting on an issue at the mere hint of a potential conflict. When there is a bona fide conflict of interest, that member should not have lengthy discussion or vote on the issue at hand.

Examples of conflict of interest:

- A construction contract was awarded to a company partly owned by a board member. This would create a public uproar, which would probably stymie the board's efforts in raising much-needed money.

- A board member is a car dealer and the organization needs to buy a new van. A potential conflict is there, but can be eliminated if the board member announces a conflict of interest and abstains from voting.
Sample Conflict of Interest Statement For Board of Directors

I have read and am familiar with _________________________________ Policy concerning Conflicts of Interest, and I have initialed each paragraph below.

- During the year _______, neither I nor, to the best of my knowledge, any member of my family has had an interest or taken any action which would contravene the policy. ________ (initials)

- During the year _______, neither I nor, to the best of my knowledge, any member of my family has had any interest or taken any action which would contravene the policy except such interest or action which is fully disclosed below. ________ (initials)

______________________________  
(Signature)

______________________________  
(Position)

_____________  
(Date)
## Common Board/Staff Conflicts Worksheet

<table>
<thead>
<tr>
<th>#</th>
<th>Does this happen?</th>
<th>The problem is:</th>
<th>Some solutions:</th>
<th>Your strategies:</th>
</tr>
</thead>
</table>
| 1. | • Petty, nitpicking personalized complaints to staff from board chair and committee chairs  
• Staff and board members fall over each other in trying to do a job | • Failure to clarify difference between policy determination, administration, and direct service | • Up-to-date written job descriptions for board, executive director, and staff  
• Clear statement of difference between policies and implementation plans |                                                                                |
| 2. | • Request for salary review by executive is not acted upon by board  
• Executive begins to put everything in writing, circulating copies to entire board | • Failure of board to specify performance criteria and to evaluate executive director | • Board develops written performance criteria, based on written objectives—do regular, periodic evaluation of executive  
• Specify to whom (a committee, not an individual) the executive reports |                                                                                |
<table>
<thead>
<tr>
<th>#</th>
<th>Does this happen?</th>
<th>The problem is:</th>
<th>Some solutions:</th>
<th>Your strategies:</th>
</tr>
</thead>
</table>
| 3. | • Executive does not consult staff to get facts before asking board for decision  
• Staff feels board actions are top secret | • Breakdown in communications  
• No procedures for regular communication | • Open board meetings to staff  
• Prompt distribution of board minutes and committee minutes  
• Exchange minutes of board and staff meetings  
• Prepare special bulletins or newsletter summarizing actions |  |
| 4. | • Old-time staff members complain to board members about working conditions, etc. | • Budget cutbacks affect morale and frustration mounts | • Board take leadership to provide sufficient budget for good professional work and working conditions |  |
SECTION ONE: Administration

Common Board/Staff Conflicts Worksheet Continued

<table>
<thead>
<tr>
<th>#</th>
<th>Does this happen?</th>
<th>The problem is:</th>
<th>Some solutions:</th>
<th>Your strategies:</th>
</tr>
</thead>
</table>
| 5. | Some board members shift interest and active support to other, competing organizations | Insufficient motivation for service on part of board members—desire just to have name on the letterhead | • Separation of member from board  
• Hold annual planning conference for board and staff—develop written objectives and continually update them  
• Staff provide board with continuing education on issues in their field |                                                    |
|    |                                                                                  | Lack of specific, measurable goals and objectives for organization               |                                                                                  |                                                    |
|    |                                                                                  | Board is controlled by old-line conservatives who fail to keep pace with changing times—thus driving away younger members |                                                                                  |                                                    |
|    |                                                                                  | • Separation of member from board  
• Hold annual planning conference for board and staff—develop written objectives and continually update them  
• Staff provide board with continuing education on issues in their field |                                                                                  |                                                    |
| 6. | Staff and board do not know each other’s names  
Staff thinks of board in terms of stereotypes: “conservative”, “materialistic”, “blockers of progress” | Failure to provide opportunities to get acquainted | • Common orientation program for new board and new staff members  
• Informal social events  
• Board committees have staff assigned |                                                    |
|    |                                                                                  |                                                                                  |                                                                                  |                                                    |
# Common Board/Staff Conflicts Worksheet Continued

<table>
<thead>
<tr>
<th>#</th>
<th>Does this happen?</th>
<th>The problem is:</th>
<th>Some solutions:</th>
<th>Your strategies:</th>
</tr>
</thead>
</table>
| 7. | • Community does not really understand what the organization does               | • Board thinks it is staff responsibility to capitalize on opportunities for public relations  
• Staff thinks board does not do good interpretation job in the community and does not use normal contacts to tell agency story | • Plan a public relations and publicity campaign—define responsibilities and roles for board and staff members |                                                                                  |
|    |                                                                                |                                                                                |                                                                                |                                                                                  |
| 8. | • Nothing seems to get done or to move forward                                 | • Outmoded and complicated agency structure makes it difficult to do business  
• Board members lack leadership skills required to function effectively | • Plan and schedule annually a board-staff leadership development retreat  
• Do annual agency evaluation  
• Top staff provide training in leadership skills for board committee chairpersons |                                                                                  |
SECTION ONE

Appreciative Inquiry: The Model

Appreciative Inquiry
The Philosophy
Appreciative inquiry is an articulated theory that rationalizes and reinforces the habit of mind that moves through the world in a generative frame seeking and finding images of the possible rather than scenes of disaster and despair.
Jane Magruder Watkins

If you want to build a ship,
then don’t drum up men to gather wood,
give orders, and divide the work.
Rather, teach them to yearn for the far
and endless sea.
Antoine de Saint-Exupéry

All the greatest and most important problems
of life are fundamentally insoluble... They can
never be solved, but only outgrown. This
"outgrowing" proves on further investigation to
require a new level of consciousness. Some
higher or wider interest appeared on the horizon
and through the broadening of outlook the
insoluble problem lost its urgency. It was not
solved logically in its own terms but faded when
confronted with a new and stronger life urge.
Carl Jung

Appreciative Inquiry Model for Organizations
http://www.voyle.com

Appreciative Inquiry
The Model
Positive Life Giving Core
Create “What Will Be”
Deliver

Design

Dream

Appreciate “What Is”

Discover

Define

The Five Phases
6: Deliver
Co-creating a sustainable, preferred future.
Who, What, When, Where, How?
Innovating What Will Be.

4: Design
Aligning values, structures and mission with the ideal.
Developing achievable plans and steps to
make the vision a reality.
Dialoguing What Should Be

3: Dream
What is the world calling our organization to be?
Developing common images for the future.
Writing provocative propositions.
Visioning the ideal

2: Discover
Interview process and gathering of experience.
Inquiry into the life-giving properties of the
individual or organization.
Valuing the Best of What Is

1: Define
Awareness of the need for development.
Preparing for an appreciative process.
Committing to the positive

The Appreciative Inquiry
5D Spiral of Development
An iterative, generative, process that uses
collaborative inquiry, and strategic visioning
to unleash the positive energy
within individuals and organizations

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Appreciative Interview Guide for Organizations

The Four Generic Questions

Instructions: In pairs interview take time to interview one another using the following questions.

Be a generous listener. Do not dialogue; rather, take turns to actually conduct an interview. If you need more information or clarification ask additional follow-up questions. Use this sheet to record the results of your interview. When your interviews are completed you will present the results to the wider group.

Before you conduct the interview take a minute to read the questions and decide how you will personally answer the question and make a mental note of your response. Now proceed with the interviews, paying full attention to the interviewee rather than to your story.

1. **Best Experience:** Tell me about the best times that you have had with your organization. Looking at your entire experience, recall a time when you felt most alive, most involved, or most excited about your involvement. What made it an exciting experience? Who was involved? Describe the event in detail.

2. **Values:** What are the things you value deeply: specifically, the things you value about yourself, your work, and your organization:

   (i) **Yourself:** Without being humble, what do you value most about yourself- for example, as a human being, or as friend, a parent, a citizen and so on?

   (ii) **Your Work:** When you feel best about work at your organization, what do you value about it?

   (iii) **Your Organization:** What is it about your organization that you value? What is the single most important thing that your organization has contributed to your life?

3. **Core Value:** What do you think is the core value of your organization? What is it that, if it did not exist, would make your organization totally different than it currently is?

4. **Three Wishes:** If you had three wishes for your organization, what would they be?

Source: Appreciative Interview Guide for Organizations www.voyle.com Voyle and Voyle Consulting
Roberts Rules of Order - Simplified

Guiding Principles:
- Everyone has the right to participate in discussion if they wish, before anyone may speak a second time.
- Everyone has the right to know what is going on at all times.
- Only urgent matters may interrupt a speaker.
- Only one thing (motion) can be discussed at a time.

A motion is the topic under discussion (e.g., “I move that we add a coffee break to this meeting”). After being recognized by the president of the board, any member can introduce a motion when no other motion is on the table. A motion requires a second to be considered. Each motion must be disposed of (passed, defeated, tabled, referred to committee, or postponed indefinitely).

How to do things:

You want to bring up a new idea before the group.
After recognition by the president of the board, present your motion. A second is required for the motion to go to the floor for discussion, or consideration.

You want to change some of the wording in a motion under discussion.
After recognition by the president of the board, move to amend by
- adding words,
- striking words or
- striking and inserting words.

You like the idea of a motion being discussed, but you need to reword it beyond simple word changes.
Move to substitute your motion for the original motion. If it is seconded, discussion will continue on both motions and eventually the body will vote on which motion they prefer.

You want more study and/or investigation given to the idea being discussed.
Move to refer to a committee. Try to be specific as to the charge to the committee.

You want more time personally to study the proposal being discussed.
Move to postpone to a definite time or date.

You are tired of the current discussion.
Move to limit debate to a set period of time or to a set number of speakers. Requires a 2/3rds vote.

**You have heard enough discussion.**
Move to close the debate. Requires a 2/3rds vote. Or move to previous question. This cuts off discussion and brings the assembly to a vote on the pending question only. Requires a 2/3rds vote.

**You want to postpone a motion until some later time.**
Move to table the motion. The motion may be taken from the table after 1 item of business has been conducted. If the motion is not taken from the table by the end of the next meeting, it is dead. To kill a motion at the time it is tabled requires a 2/3rds vote. A majority is required to table a motion without killing it.

**You believe the discussion has drifted away from the agenda and want to bring it back.**
Call for orders of the day.

**You want to take a short break.**
Move to recess for a set period of time.

**You want to end the meeting.**
Move to adjourn.

**You are unsure that the president of the board has announced the results of a vote correctly.**
Without being recognized, call for a "division of the house." At this point a roll call vote will be taken.

**You are confused about a procedure being used and want clarification.**
Without recognition, call for "Point of Information" or "Point of Parliamentary Inquiry." The president of the board will ask you to state your question and will attempt to clarify the situation.

**You have changed your mind about something that was voted on earlier in the meeting for which you were on the winning side.**
Move to reconsider. If the majority agrees, the motion comes back on the floor as though the vote had not occurred.

**You want to change an action voted on at an earlier meeting.**
Move to rescind. If previous written notice is given, a simple majority is required. If no notice is given, a 2/3rds vote is required.

**You may INTERRUPT a speaker for these reasons only:**
SECTION ONE

- to get information about business – point of information
- to get information about rules – parliamentary inquiry
- if you can't hear, safety reasons, comfort, etc. – question of privilege
- if you see a breach of the rules – point of order
- if you disagree with the president of the board’s ruling – appeal

<table>
<thead>
<tr>
<th>Quick Reference</th>
<th>Must be seconded</th>
<th>Open for discussion</th>
<th>Can be amended</th>
<th>Vote count required to pass</th>
<th>May be reconsidered or rescind</th>
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<td>Main motion</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Majority</td>
<td>X</td>
<td></td>
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<tr>
<td>Amend motion</td>
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<td>X</td>
<td></td>
<td>Majority</td>
<td>X</td>
<td></td>
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<tr>
<td>Kill a motion</td>
<td>X</td>
<td></td>
<td></td>
<td>Majority</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Limit debate</td>
<td>X</td>
<td>X</td>
<td></td>
<td>2/3rds</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Close discussion</td>
<td>X</td>
<td></td>
<td></td>
<td>2/3rds</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Recess</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Majority</td>
<td></td>
<td></td>
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<tr>
<td>Adjourn (end meeting)</td>
<td>X</td>
<td></td>
<td></td>
<td>Majority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer to committee</td>
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<td>X</td>
<td>X</td>
<td>Majority</td>
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<td>X</td>
<td>X</td>
<td>Majority</td>
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<td></td>
</tr>
<tr>
<td>Table</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Postpone indefinitely</td>
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<td>X</td>
<td>X</td>
<td>Majority</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
SECTION ONE

Leading A Meeting  
(LLeader roles and responsibilities)

OPENING

1. Start on time.
2. State the purpose of the meeting.
3. State your ideas positively.
4. Use words that make your ideas sound interesting.
5. Limit your opening remarks to one and one-half minutes.

DURING

1. Leadership is an active force: Guide
   Direct
   Restrict
   Contain
   Expand
   Elicit

2. Ground rules: Remain as impartial as possible.
   Watch the pacing of the meeting.
   Keep ideas flowing.
   Watch for emotional build-up.
   Pull out all background information.
   Draw contributions from all members.
   See that only one person speaks at a time.
   Pin down opposing points of view.
   Stress cooperation, not conflict.
   Guide the meeting from problem to solution.
   Clarify contributions.
   Use humor to reduce tension.
   Make frequent summaries.
   Watch your time.

CLOSING

1. Point out the decisions reached.
2. Point out differences. State them clearly. Indicate if small or great.
3. Point to the future—state next steps to be taken.
4. Announce the next meeting.
5. Thank members.
Participating In A Meeting
(Participant roles and responsibilities)

BEFORE

1. Picture what you will want to have accomplished when the meeting is over.
2. Be sure you are clear on the stated goal.
3. Establish a specific standard by which you will measure success or failure.
4. Determine what your goal is with the group as a whole and with each member.
5. Assess your basic relationship with each member. Evaluate their needs.
6. Envision the meeting as you would like it to take place and determine what must be done to make your desired vision a reality.
7. Consult with others whose cooperation is necessary in order to meet the goal.
8. Do your homework, and go at least one step beyond the expectation of others.
9. Form a tentative judgment on all issues.
10. Count the votes for issues critical to you.

AT THE MEETING

1. Approach the meeting and your partners with a positive attitude.
2. Reflect a positive attitude toward the tasks at hand.
3. Make sure you take notes of important information.
4. Contribute early, clearly, and often—but thoughtfully.
5. Divide big problems into sub-problems, and address them separately if possible.
6. Separate problems discussed from the people discussing them.
7. Make your points clearly and concisely.
8. Do not waste your “chips” on issues not important to you.
9. Whether you are winning or losing your point, know when to quit.
10. Listen attentively and demonstrate your attention to others.

AFTER

1. Assess the meeting in terms of your original goal—measure success.
2. Share the results with people who need to know.
3. Follow up assignments quickly.
4. Capitalize on gains and recoup losses by brief encounters as necessary.
Meeting Basics

FOUR BASIC TYPES OF MEETINGS

1. REPORT—direct presentation of information
2. DECISION-MAKING—draw together thinking, form into decision
3. CREATIVE OR DEVELOPMENT—concepts, strategies, theories
4. LEARNING OR TRAINING—teaching understanding

AGENDA FORMAT

Date:
From:
Type of Meeting:
  Date of Meeting:
  Place of Meeting:
  Subject:
  Estimated Length of Meeting:
  Who Will Attend:
  Present Position of Subject and/or Agenda:
  Goal of Meeting:

FOLLOW-UP MEMO FORMAT

Date of Meeting:
Name of Sender:
Where Held:
People Present:
Subject:
Conclusions Reached:
Future Action:

SAVING OTHER PEOPLE’S TIME FORMAT (send out a form that reads):

I have asked (names) to meet with me (date), in (place), to discuss (topic). Please come if you think that you need the information or want to take part in the discussion. But you will in any event receive right away a full summary of the discussion and of any decisions reached, together with a request for your comments.
A is for APPRECIATION of the gifts and strengths of all partners, both together and as separate entities.

B is for BALANCE of everyone’s various points of view so that everyone feels listened to and respected.

C is for CLARITY. We’re all going to speak in plain language, mean what we say, and say what we mean.

D is for DECISIONS. We’re going to make some concrete, doable, clear, and meaningful decisions on how to move forward.

E is for ETHICS. We’re going to listen to our own personal codes of ethics and how they would help us proceed in the most harmonious way.

F is for FAIRNESS. We’re going to be fair to each other and give each other the benefit of the doubt when we need to.

G is for GROUNDEDNESS. We’re all going to remember the basic reason why we’re here, first and foremost - to help Deaf people and people with disabilities.

H is for HELP. If any of us has a question or doesn’t understand something, we’re going to ask for help.

I is for INSIGHTS and IDEAS. We’re going to share both and not hold back, even if they come to us in a split second.

J is for JUSTICE. We’re going to do what we know and feel is right for the empowerment of the Deaf people and people with disabilities we’re trying to support.

K is for KNOWLEDGE. We’re going to share what we know and what we need to know in order to move forward.
L is for LEARNING. We’re all going to learn many new things about each other and each others’ organizations.

M is for MEASURABLE MEASURES. We will give each other assignments and clear action steps to “take it to the next level”.

N is for NEXT STEPS. We’re going to decide what those are, and they will be like stairs that we can climb - steady and supportable.

O is for OPPORTUNITIES. We’re going to take every opportunity we can to speak up, speak out, speak our minds, and speak the truth.

P is for PEACE. We’re going to have a sense of peace about this work.

Q is for QUESTIONS. We will ask questions boldly and unashamedly if we have them.

R is for REASONING. We’re going to discuss the reasoning behind our ideas, plans, and philosophies when we need to.

S is for SUPPORT. We’re going to support each other and struggle together, “for that gives rise to self-reflection”.

T is for TRUTH. We’ll tell it as we see it, no matter what.

U is for UNDERSTANDING. We’ll try our best to understand each other’s perspective, background, logic, and points of view.

V is for VICTORY. Winning comes not by “beating” someone, but by playing our best game.

W is for WONDER. We’re going to reestablish our sense of wonder at the things we’re about to accomplish in Illinois!

X is for X-CELLENCE. That will be our highest goal and standard in whatever we decide to strive for next.
Y is for YES! We can do this!

Z is for ZOOMING into the work with an attitude of confidence, boldness, cooperation, and openness to ...
Chapter 3 Administration-Personnel

Personnel management in domestic violence programs includes the processes of recruiting, training and supervising both staff and volunteers of the program. These processes are carried out by the executive director and other management staff of the program, and are outlined in the program’s employee handbooks. Employee handbooks provide the steps to be followed not only in managing personnel, but also in general operating procedures of the program.

Minimum Requirements in Administration

The following criteria are required for personnel management of domestic violence programs funded by IDHS or ICADV.

- Programs must have written job descriptions for all staff that include qualifications, duties and responsibilities.
- Programs must have a current organization chart that defines responsibility and lines of accountability, and that includes both staff and volunteer positions.
- Programs must have a minimum of one-half time paid director whose duties include the daily management of the program.
- All program directors, staff and volunteers who may be in a position to provide or supervise direct services to adults or children or who have access to confidential information must complete the 40 hours of training required by the Illinois Domestic Violence Act. The training must cover the topics listed in Appendix D.
  - Staff or volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples may include staff or volunteers conducting periodic trainings to survivors on topics other than domestic violence, or those conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the person at any time survivors are or may be present.
- To ensure that staff and direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.
- If the program has staff who provide professional therapy or other services requiring professional certification, it must have procedures to ensure that individuals have valid, appropriate credentials and when applicable, licensure.
- Programs must perform both Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) checks on staff/volunteers coming in direct contact with children served by the program.
All personnel must sign a confidentiality agreement.

Employee Handbooks

- The program must have written employee handbooks that include:
  - Recruitment, hiring and compensation of staff
  - Promotion, supervision, discipline, grievances and termination of staff
  - Procedures for evaluation, which must occur at least annually
  - Employee benefits, including a list of benefits provided and eligibility requirements
  - A professional code of ethics such as the sample included in this chapter.
  - Travel and per diem reimbursement guidelines
  - Location, security and employee access to personnel files
  - Confidentiality of staff about program location if applicable, activities, and survivor information.
  - Employee use of technology, including policies for maintaining client confidentiality.
  - Mandated reporting of abuse or neglect of children or older adults
  - Affirmative Action policy/Equal Employment Opportunity statement
  - Sexual harassment policy
  - Americans with Disabilities Act ADA compliance
  - Workplace Violence policy that addresses domestic violence
  - Drug free workplace policy
  - Conflict of interests procedures
  - Program operation procedures regarding health and safety, including:
    - Responding to AIDS and other communicable diseases
    - Procedures for handling body fluids
    - Pandemic and epidemic response plans
    - Disaster Plan describing actions to be taken in the cases of tornado, fire, evacuation, uninhabitable buildings, and emergency supplies, including arrangements with local agencies that are kept current
    - Meeting the medical needs of survivors and staff, including emergency situations
    - Responding to emergency and safety threats posed by abusers
    - Plans for disaster recovery and resuming business once immediate emergency safety issues have been resolved.

Suggested guidelines and tools for employee handbooks and procedures are included in the Guidelines section of this chapter. This chapter also includes sample documents that may be tailored to create employee handbooks and agreements for individual programs, based upon each program’s individual needs and legal requirements. Although samples are included herein for guidance, programs should consult with staff attorneys to develop policies that meet all legal requirements pertaining to their program.
Minimum Requirements in Documentation

Personnel records must be maintained for the purpose of keeping information related to employment at the program. These records contain confidential information and shall 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 program; however, procedures must be in place related to staff having access to their own files.

The personnel records maintained on all employees shall include but not be limited to:

Confidential Personnel File
- The employee’s application/resume and references
- Job description
- Date of hire
- Work performance evaluations
- Salary
- Promotions
- Any disciplinary actions taken
- Signed Declaration of Confidentiality
- Certificate of completion of 40-hour training
- Documentation of professional certifications or licensure as applicable
- Signed Employment Eligibility Verification (I-9)
- Any statements requiring signature according to program policy, such as Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status or Policy Agreement Form
- CANTS and LEADS checks, if applicable
- Emergency Information
- Any confidential medical information

Non-Confidential Agency Information
- Job description
- Date of hire
- Emergency Information including non-confidential medical emergency instructions from the employee

The Employment Eligibility Verification (I-9) Form is available at the United States Citizen and Immigration Services website at: www.uscis.gov/i-9.

Guidelines

Because providing domestic violence services can be difficult work, programs are encouraged to hire personnel who have the appropriate combination of skills, knowledge and caring attitudes regarding survivors. The skill set needed will depend on the individual position, but it is important that candidates applying for advocate
positions possess sufficient verbal and written skills to communicate effectively and write case documentation.

It is helpful, but not required, to hire those with at least a bachelor’s degree in a human service related field to ensure a level of knowledge and interest in social services. Some candidates may also have alternate life experiences that could make them effective in the program, such as experience and understanding of violence against women, or a background in community organizing.

To help assess an applicant’s attitudes toward domestic violence and other issues related to services, it may be useful to inquire about the individual’s thoughts and beliefs on these issues during the interview process. The tool Hiring the Right Individual: Sample Interview Questions is included in this chapter for guidance in this process.

Finally, it is important that programs make every effort to ensure diverse representation among staff in race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law. To do this, it is critical that programs promote a welcoming and safe environment for all.

### Background Checks

As indicated under Minimum Requirements inAdministration, Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) background checks are required for all staff who will have direct contact with children. For instructions on conducting LEADS checks, programs may access the Illinois State Police website at www.isp.state.il.us or call (815) 740-5160. There is a cost involved in this service and results are not immediate, so programs may also consider working with their local criminal justice system to see if they are willing to provide assistance in this process. Depending on the level of detail needed in the background check, the information may be available without cost through local law enforcement.

For the required CANTS check, potential staff or volunteers complete and sign the Illinois Department of Children and Family Services (DCFS) Authorization for Background Check form (form number CFS689). The form is available at the DCFS website at www.state.il.us/DCFS/docs/formbackg.htm or by calling DCFS at (217) 524-1983. Programs then complete the agency information at the bottom of the form and mail it to the address listed on the form. The CANTS process is free of cost.

If a background check reveals an arrest or conviction in the candidate’s background, programs should take into account the context and details of the information, and seek counsel with their legal advisor to determine if the information will exclude the candidate from employment or volunteer work at the program.
Employee Management

Once employees are hired, good management skills are critical for supporting the staff of domestic violence programs. The following guidelines are recommended for those who oversee staff in domestic violence programs:

- Provide staff with adequate support and supervision. Be available to meet with staff regularly, and to address urgent questions and concerns as they arise.
- Allow staff autonomy and independence in making decisions about their work.
- Provide clear roles and responsibilities for staff. Ensure that staff members are not allowed or inadvertently encouraged to practice outside of their area of expertise.
- Treat staff respectfully and without condescension.
- Follow up on agreed-upon tasks or courses of action within the agreed time frames, or attempt to notify staff of any changes or delays.
- Provide staff with adequate time to meet the demands of their workload.
- Plan regular staff meetings that are pleasant, productive and focused.
- Foster an environment that encourages personnel to support one another.
- Acknowledge staff’s accomplishments and contributions in a variety of ways.
- Where possible, involve staff in developing processes that affect their day-to-day work.
- Help staff keep well informed of locally or nationally publicized domestic violence issues and situations.

Evaluations

As stated under Minimum Requirements in Administration, employee evaluations must be conducted at least annually. Employee evaluations should be used as an opportunity to exchange feedback and help avoid the negative consequences that come from inadequate communication. Each employee’s supervisor conducts the evaluation, with the board of directors conducting the executive director’s evaluation.

To be effective, employee evaluations should communicate performance expectations, identify strengths and training needs, guide performance improvement, and determine compensation and position changes. Some of the main questions to help guide evaluations and measure employee development may include the following:
SECTION ONE

- What was the employee expected to accomplish?
- Was the employee provided the tools necessary to accomplish these tasks?
- What did the employee actually accomplish?
- How did the employee achieve these accomplishments?
- What was expected of the employee that was not accomplished, and why?
- In what performance areas does potential for improvement exist?

Sample evaluation forms can be found in this chapter. Program employees may use the Sample Behavior Assessment not only to assess their staff, but also to assess themselves, their supervisors, or the organization as a whole.

Employee Handbook

The program’s employee handbook should clearly define what the program can expect from its employees as well as what the employees can expect from the program. Although the board of directors maintains responsibility for developing and formally approving employee handbooks, the executive director and other staff members may also contribute to their development. At the latest, the board of directors of new programs should have all employee handbooks in place within the first year of hiring the executive director. These policies will help the organization maintain positive employee relations by preventing the conflicts that can arise from misunderstandings. On a regular basis, the board should review policies to incorporate new legal requirements and organizational needs.

It is important that every employee receive a copy of the employee handbook. It is also helpful to have a policy agreement form for every staff and volunteer to sign after reading all of the program policies. This form will serve as documentation that the staff member or volunteer has read, understood, and is willing to abide by all of the program’s policies. A mechanism should also be in place to ensure that all subsequent policy changes are reviewed with employees to obtain their ongoing acknowledgment. A sample Policy Agreement Form is included in this chapter for reference. Other agreement forms for advocates to sign may cover only one policy, such as a Declaration of Confidentiality, Acknowledgement of Mandated Reporter Status, or Communications Guidelines Agreement. Samples of each of these forms are included in this chapter.

A variety of other sample policies, agreements and forms are also included in the Tools and Samples section of this chapter for guidance in developing program documents. Although these examples are offered for guidance in developing program policies and procedures, programs must consult with their own staff attorneys to develop policies and agreements that meet all legal requirements pertaining to their program. The review tools used to assess personnel policies and files during ICADV and IDHS site visits are included in Appendix C.
Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Ohio Domestic Violence Network.
Hiring the Right Individual: Sample Interview Questions
Sample Nonprofit Employee Evaluation 1
Sample Employee Evaluation 2
Sample Employee Evaluation 3
Sample Behavior Assessment
Sample Policy Agreement – Staff/Volunteer
Sample Declaration Of Confidentiality
Sample Acknowledgment Of Mandated Reporter Status
Sample Communication Guidelines
Sample Emergency Information Form
Sample Drug Free Workplace Policy
Sample Policy and Procedures On AIDS and Other Communicable Diseases
Sample Procedures for Pandemic or Epidemic Outbreak
Sample Procedures for Handling Body Fluids
Sample Disaster Plan And Disaster Recovery Plan
Sample Visitor Declaration of Confidentiality
Sample Policy On Equal Employment Opportunity And Affirmative Action
Sample Employee Handbook Outline
Sample Personnel Policy Guidelines
Sample Policy for Employee Use of Agency Electronic Communications
Sample Employee Grievance Procedure
Sample Problem Solving Procedure
Sample Employee Grievance Policy
Sample Employee Grievance Form
Principles Of Ethical Communication Within An Ongoing Group Of Women
   With Decision-Making Responsibility
Illinois Certified Domestic Violence Professionals Board, Inc. Code Of Ethics
Hiring the Right Individual: Sample Interview Questions

The hiring process is the best time to ensure future staff members share the program's approach and values regarding rules and services. Interview questions can be an ideal way to discuss those principles. The following are some potential interview questions to help assess candidates' beliefs. (Questions are numbered only for convenient reference, not in order of importance.)

Section 1: Questions for candidates who have done advocacy work:

1. Tell me about a recent success you had with an especially challenging individual.
2. Tell me about a time when you were working with a person who was not using your available services.
3. What steps did you take to establish rapport and engage them? What was the outcome?
4. Tell me about a time when you had to respond to a very angry person. How did you handle the situation and what was the outcome?
5. Describe a past experience in which you felt you did not handle a conflict with a person effectively. What did you learn from the situation and what would you do differently if you encountered a similar situation?
6. Describe a situation where you discovered a person who was successfully working toward achieving her goals was also breaking one of the program's guidelines. How did you handle the situation? What was the outcome?

Section 2: Questions for candidates who have not done advocacy work:

1. Are you familiar with this organization's mission? (If not, tell the interviewee.) What does that mission statement mean to you personally?
2. How could your work here as __________ support this mission?
3. We service many low-income families through the shelter. Why do you think people are poor?
4. Our community is becoming more diverse. What opportunities and challenges do you think this diversity brings to our community?
5. Tell me your thoughts about people with addictions. Tell me your thoughts about people with a mental illness.
6. The advocate position will likely provide exposure to any of the following issues: drug use, abortion, homosexuality, transgender individuals, addiction to drugs/alcohol, cultural conflicts, and diverse religious beliefs. It is likely that some residents' experiences and beliefs differ from an employee's personal values. Tell me about a specific time when the actions or values of someone you worked with conflicted with your personal values or beliefs. How did you handle the situation? What was the outcome?
7. Tell me about a situation in which you had to adjust to changes over which you had no control. How did you handle it?
8. Have you ever worked in a situation where the rules and guidelines were not clear? Tell me about it. How did you feel about it? How did you react?
9. Some people consider themselves to be "big picture people" and others are "detail-oriented." Which are you? Give an example of a time when you displayed this
10. Some people consider rules and guidelines to be essential to keep people motivated and focused on their goals and responsibilities. Others are more comfortable working without rules and guidelines and handle things on a case-by-case basis. Which are you?
11. Have you worked in an environment that generally handled things differently than you? How did you adapt?
12. Do you have an example of when you were working with a person who did something that went against your personal values or your organization’s values? How did that affect your relationship with the person?

Section 3: Questions to Assess Attitudes toward Domestic Violence

The following are sample questions that may be presented to potential advocates to help assess their attitudes toward domestic violence:

- What is your experience with the issue of domestic violence?
- If a friend told you that she was being abused, how would you respond?
- If a survivor in the program told you of plans to return to the abuser, how would you respond?

Note for Section 3: Program applicants with no experience in the area of domestic violence should not be expected to have the correct answers. However, their responses may help to reveal their attitudes toward domestic violence, or any unresolved personal issues that could interfere with their ability to provide direct services to survivors.

Sections 1 and 2 reprinted with permission from the Missouri Coalition Against Domestic and Sexual Violence
# Sample Employee Evaluation 1

Name:__________________ Title: ____________ Period covered: ____________

Date of evaluation: ________________________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Unsatisfactory</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work quality</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Dependability</td>
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<tr>
<td>Initiative</td>
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<td>Flexibility</td>
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<tr>
<td>Skill building</td>
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<tr>
<td>Job knowledge</td>
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<tr>
<td>Punctuality</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Supervisory ability</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**General comments on performance:**

**Goals for the coming year:**

Date: __________ Reviewed by: ___________________ Staff signature: ___________________

For more information contact:

*Minnesota Council of Nonprofits*
2700 University Ave. W. #250
St. Paul, MN 55114
Phone: (612) 642-1904
Fax: (612) 642-1517
E-mail: mcn@mncn.org
## Sample Employee Evaluation 2

<table>
<thead>
<tr>
<th>Employee</th>
<th>Supervisor</th>
<th>Period covered by review</th>
<th>Job Title</th>
</tr>
</thead>
</table>

### SKILLS

A. Skills and knowledge necessary for the job

B. Interest in and time spent on improving skills and knowledge

### QUALITY OF PERFORMANCE

A. Quality of work done (Complete tasks in order of importance)

1.  
2.  
3.  
4.  
5.  

B. Reliability

1. Attendance
2. Punctuality
3. Meeting deadlines

C. Work Relationships

1. With other staff members
2. With supervisor
3. Outside of agency (if required by job)

D. Overall evaluation

E. COMMENTS. Regarding overall performance, changes in responsibilities or performance since last evaluation, employee career development interests, and improvements needed for advancements.

```
________________________________________________________________________
________________________________________________________________________
```

F. SIGNATURES:

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor</th>
<th>President</th>
</tr>
</thead>
</table>

Employee signature indicated acknowledgment of this review, not agreement.
### Sample Employee Evaluation 3

<table>
<thead>
<tr>
<th>Category</th>
<th>Evaluation</th>
<th>3</th>
<th>Commendations or needed improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Quality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Quantity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initiative and Flexibility</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills and job knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Relationships</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance and punctuality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisory ability (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments on potential (desire for advancement, qualifications, training and/or experience needed).

Discussion date  Reviewed by  Department head or designee  Employee**

1. Indicates exceptional performance with no further improvement expected. (Explanatory comments required.)
2. Indicates that expected standards are being met in a fair, good, or very good way. Most employees will receive these ratings. Improvement is still possible. (Comment as appropriate.)
3. Indicates a major deficiency, and without corrective action, it could lead to an overall unsatisfactory evaluation. (Explanatory comments required.)

** Signature indicates acknowledgment of review but not agreement with supervisor's evaluations. Employees may submit a memo to personnel for the record on points of disagreement.
Sample Behavior Assessment

The following questionnaire has been adapted from “Practical Supervision” (Professional Training Associates, Inc., January 1, 1985). It can be useful in assessing an individual’s positive and negative behaviors in concrete, easily identifiable terms.

First, examine your own potential for positive and negative behavior by checking each appropriate item. Star each item that you would like to change in yourself. Then, complete one questionnaire for your immediate supervisor or for each person that you supervise. You might also have a group of employees who work closely together complete one on each group member. Finally, complete one for your perception of your agency as a whole. This will help to clarify your organization’s strengths and help identify specific areas that can be improved.

The list describes behaviors that all of us have the potential to change. Discuss the results with staff. Use them to work on specific negative behaviors and to identify organizational problems that can be resolved. The key is to remember that all of us can change if we identify the areas that need changing.
# MY OWN PERFORMANCE

Review this list of behavior alternatives. Which ones do you see in yourself? Check those and then star any that you would like to see changed.

<table>
<thead>
<tr>
<th>Positive Behavior</th>
<th>Check/Star</th>
<th>Negative Behavior</th>
<th>Check/Star</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makes the job look easy, even on a bad day.</td>
<td></td>
<td>Sweats blood over the task and shows it.</td>
<td></td>
</tr>
<tr>
<td>Feels concern and takes action.</td>
<td></td>
<td>Immobilized by high anxiety and fear.</td>
<td></td>
</tr>
<tr>
<td>Honest and forthright about ideas, convictions, desires, and goals.</td>
<td></td>
<td>Seldom reveals ideas or true feelings; plays politics on the job.</td>
<td></td>
</tr>
<tr>
<td>When faced with a failure, asks self, “What can I learn?”</td>
<td></td>
<td>When faced with a failure, says to self, “Somehow I should have known better.”</td>
<td></td>
</tr>
<tr>
<td>Communicates assertively.</td>
<td></td>
<td>Demands or pressures people, or gives in.</td>
<td></td>
</tr>
<tr>
<td>Flexible, willing to compromise except when self-respect is in question.</td>
<td></td>
<td>Holds the attitude “my way or no way” or “this is the way it has always been done.”</td>
<td></td>
</tr>
<tr>
<td>Self-developing; creates an opportunity to learn from everyday situations.</td>
<td></td>
<td>Expects to be told and taught; waits to be handed the opportunity.</td>
<td></td>
</tr>
<tr>
<td>Takes responsibility for own actions without excessive blame or guilt.</td>
<td></td>
<td>Blames others or self for errors.</td>
<td></td>
</tr>
<tr>
<td>Clear goals.</td>
<td></td>
<td>No goals or vague goals.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates skill in tasks and human relations; understands that what you know and who you know both count.</td>
<td></td>
<td>Works hard on the task and hopes someone will notice.</td>
<td></td>
</tr>
<tr>
<td>Finds work exciting.</td>
<td></td>
<td>Often feels disillusioned and fatigued.</td>
<td></td>
</tr>
<tr>
<td>Attitude that “no task is beneath me if it benefits the team.”</td>
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<td>Attitude of “that is not in my job description.”</td>
<td></td>
</tr>
<tr>
<td>Knows own limits; takes assignments at a reasonable pace.</td>
<td></td>
<td>Afraid to say “no” or renegotiate a deadline even if family or leisure are sacrificed.</td>
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</tr>
<tr>
<td>Sees the willingness to change as the basis of power.</td>
<td></td>
<td>Wants to do what is comfortable and safe.</td>
<td></td>
</tr>
</tbody>
</table>
MY SUPERVISOR’S PERFORMANCE/ THOSE WHOM I SUPERVISE/ CO-WORKERS

Review this list of behavior alternatives. Which ones do you see in this person? Check those and then star any that you would like to see changed.

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Review this list of behavior alternatives. Which ones would you use to describe your organization? Check those and then star any that you would like to see changed.

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SECTION ONE

Sample Policy Agreement - Staff/ Volunteer

I reviewed, understand, and agree to abide by the Agency’s Employee Handbook, Confidentiality Policy, AIDS/Communicable Diseases Policy, Drug Free Workplace Policy, and Communication Guidelines.

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________

Review at the time of any policy changes.

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________

Employee Signature __________________________________ Date: ___________
Supervisor Signature _________________________________ Date: ___________
Sample Declaration Of Confidentiality

I, the undersigned staff/volunteer of _____________________________, do hereby declare that I will hold confidential all verbal, written, and/or electronic communications, observations, and information made by and between or about survivors (including their families). This information specifically includes survivor identity information and physical whereabouts information. Survivor information may only be disclosed by members of _____________________________ and the agencies authorized by the survivor’s Waiver and Consent for Release of Information form, when the information is required to better meet the survivor’s needs. I understand that if I fail to maintain the confidentiality of survivors I may be charged with a misdemeanor under the Illinois Domestic Violence Act.

Exceptions for Release of Information which do not require the client’s written consent include:
1. Disclosure of client information may be made to the legal guardian of a client.
2. When child abuse or neglect is suspected, the agency member must make a report to DCFS. The parent/caregiver will first be encouraged to call the hotline. Whether or not the parent/caregiver agrees to do so, the agency member is required by law to make the report. The Child Abuse/Neglect Form must be filled out.
3. When older adult abuse or neglect is suspected, a report must be made to the Illinois Department of Aging if older adults are unable to report for themselves.
4. When there is imminent danger to the health or safety of the survivor or another person, the agency member may disclose the information to the appropriate party.

I further declare that in the event of my withdrawal or resignation, I will keep confidential all information related to ___________________________.

Signed: ______________________________ Date: ______________

Signed: ______________________________ Date: ______________

Supervisor or representative
Sample Acknowledgment Of Mandated Reporter Status

I, _______________________, understand that when I am employed/volunteering as a ________________________, I will become a mandated reporter under the Abused and Neglected Child Reporting Act (325 ILSC 5/1, ch.23, pars. 2051 et seq.). This means that I am required to report to the child abuse hotline number (1-800-25-ABUSE) whenever I have reasonable cause to believe that a child may be abused or neglected.

I also understand that I will be a mandated reporter of elder abuse under the Illinois Adult Protective Services Act. This means that I am required to report to the adult protective services hotline number (1-866-800-1409) whenever I have reasonable cause to believe that an older adult is being abused or neglected and is unable to make the report themselves.

I understand that each hotline number operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between the survivor and me is not grounds for failure to report suspected child or older adult abuse or neglect. I know that if I willfully fail to report child or older adult abuse or neglect, I may be found guilty of a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements that apply to me under the Abuse and Neglected Child Reporting Act and the Illinois Adult Protective Services Act.

__________________________________  ______________________________
Signature of applicant/employee         witness

__________________________________  ______________________________
Date             date
Sample Communication Guidelines

In accordance with our mission statement, our agency’s guiding principle is empowerment. As advocates for survivors of domestic violence, we believe in the inherent worth and dignity of every person we serve. Our goal is to provide a safe and empowering environment for survivors and their unsafe family members. We further strive to provide a cooperative and empowering work environment. Therefore, the following communication guidelines will be followed:

1. Use positive and supportive communication techniques with the survivors and children. Loud tone, abusive or demeaning language, and judgmental statements are examples of non-supportive communication.
2. When interacting with the survivors and children, convey sensitivity for the diversity and value of each individual. It is unacceptable to use put-downs and name-calling due to a person’s race, class, religion, culture, physical or mental ability, age or sexual orientation.
3. The above positive and supportive communication techniques will also be applied when interacting with coworkers, volunteers, board members, donors, and any other individuals with whom you have contact (as a representative of the agency). Further, communications to and about others must be respectful and supportive. All interactions must reflect favorably on the agency.
4. In accordance with our confidentiality procedure, survivor (former and current) information should be discussed in professional and programmatic manner and only when the information is required to better meet survivor needs (individually and collectively). It is unacceptable to simply chat or gossip about others. All communications about survivors must be held in private.
5. When conducting goal plans (or when engaged in any other conversation) with the survivor, review options and safety concerns objectively, rather than telling them what they should do.

The above guidelines represent the principles of the agency. The use of non-supportive or abusive language with survivors and children would be considered “conduct inconsistent with the principles of the agency” which our agency’s Employee Handbook identifies as reason for discharge for employment.

Your signature attests to your understanding of and agreement to the above guidelines.

Signature: ______________________________ Date: ______________

Supervisor
Signature: ______________________________ Date: ______________
Sample Emergency Information Form

Name__________________________________________ Phone________________

Address_______________________________________________________________

Whom to notify in case of emergency:

1. Name_____________________ Home Phone _________ Work Phone_________
   Address_____________________________________________________________
   City ___________________________ State _______ Zip ______

2. Name_____________________ Home Phone _________ Work Phone_____
   Address_____________________________________________________________
   City ___________________________ State _______ Zip ______

Blue Cross/Blue Shield I.D. # _______________________________ Group # __________

Other insurance:

Company Name _________________________________________________

I.D. # _______________________________________________ Group # ____________

Medical information helpful to emergency first aid care:

Drug Allergies _____________________________________________

Other Allergies _____________________________________________

Other Factors ______________________________________________

In case of emergency I authorize _______________________________ to provide first aid care
which may include the services of a doctor and hospital.

Date: __________________ Signature: _______________________________________

Sec 1-Chap 3-Admin-Personnel 74
Sample Drug Free Workplace Policy

It is the policy of _________________ to prohibit the use of alcohol and the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance by employees at the workplace and/or during working time. Failure to abide by this policy is cause for immediate discharge.

It is also against agency policy to report to work under the influence of intoxicants such as alcohol or non-prescribed drugs, as well as prescribed drugs that induce an unsafe mental or physical state. Employees who violate this policy will be subject to disciplinary action, up to and including termination.

For the purpose of this policy, an employee will be determined to be under the influence of alcohol or drugs if urinalysis or other accepted testing procedures shows a forensically acceptable positive quantum of proof.

Employees must notify the Executive Director in writing of any convictions of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The agency will provide a yearly program for staff on drug and alcohol abuse issues. The Drug Free Workplace Policy will be presented to employees as a condition of employment at orientation and will be reviewed at the time of any changes. Employees will acknowledge that they have reviewed and read the policy by signing the Agency Policy Agreement form at orientation and yearly at the annual performance review.

This policy also applies to agency volunteers.
Sample Policy and Procedures On AIDS and Other Communicable Diseases

(Program) shelter reaffirms its policy of nondiscrimination in sheltering survivors of domestic violence and their children. In accordance with this policy, we will not deny shelter to any survivors who meet our normal criteria for sheltering on the basis of the fact that they or their children have or are suspected of having AIDS or other communicable diseases, have or are suspected of having any “Pre-AIDS” condition, or who test or are suspected of testing positive to the AIDS virus, HIV—Human Immunodeficiency Virus. (Our normal criterion is that we will shelter survivors who are being or threatened with being abused and have nowhere else to go.) (Program) reaffirms its policy of nondiscrimination toward staff, volunteers, and board members. No staff member, volunteer, or board member will be asked or required to submit to any type of testing for AIDS or other communicable diseases. No staff member, volunteer, or board member who can perform his/her duties will be fired, asked to resign, or penalized in any way on the basis of having or being believed to be HIV positive.

To ensure that our agency offers a safe work place and residence we will implement the following procedures:

1. Staff will receive training and updating on information regarding AIDS and other communicable diseases, proper handling of body fluids, how to talk with survivors about the prevention of AIDS and other communicable diseases, and other issues that are deemed necessary. Staff participation in AIDS/communicable diseases training will be documented.

2. Volunteers will also receive information on AIDS and other communicable diseases, the proper handling of body fluids, program policy, and other related issues. Their signature attesting to understanding and agreeing to abide by our policy will be required.

3. Knowing that a person has tested positive for HIV or other communicable diseases will not prevent their transmission or make you safe. This is because it is impossible to know every person who has HIV or other communicable diseases. Therefore, procedures to prevent transmission must be followed consistently and in every case.

4. Procedures on the handling of body fluids will be implemented. We will provide gloves, bleach solution, soap dispensers, paper towel dispensers, and other materials that are necessary for the safety of the survivors, staff, and volunteers.

5. Signs will be placed in the bathrooms regarding proper disposal of diapers, dirty pads, and paper towels, and proper hand washing techniques.

6. Any and all information about a specific survivor and/or child and AIDS or other communicable diseases is considered confidential. The program will abide by the standards outlined in the Illinois AIDS Confidentiality Act, and will refer to this Act for guidance as needed.
7. If there is any controversy in cases involving survivors who believe or know that a survivor or child in the house has AIDS or other communicable diseases, it will be handled by staff as all other major controversies are handled, keeping in mind our commitment to nondiscrimination.

8. Information on AIDS and other communicable diseases will be presented to all survivors during the orientation process.

Note: Shelters and walk-in programs may have differing communicable disease policies due to differing levels of exposure.
Sample Policy and Procedures for Pandemic or Epidemic Outbreak

I. Purpose and Criteria

The purpose of this policy is to:
- Reduce the transmission of influenza “flu” virus, severe illness, or other epidemic disease among staff
- Protect people who are at increased risk of severe illness complications from getting infected
- Maintain business operations
- Minimize the adverse effects on consumers, member programs and work partners

[Agency] will use the following key factors when making business decisions regarding the use and enforcement of this policy:
- Disease severity in the community or area that [Agency] intends to conduct business
- Amount of worker absenteeism
- Potential impact on unsafe populations in the workplace
- Other factors that may affect employee's ability to get to work, such as school dismissals or closures due to high levels of illness in children
- Confirmed, or suspected, cases of severe illness among staff or staff families
- CDC guidelines and information from local and state public health authorities

II. Definitions

Epidemic: A disease occurring suddenly in a community, region, or country in numbers clearly in excess of normal.
Pandemic: The worldwide outbreak of a disease in numbers clearly in excess of normal.

III. Implementation and Guidelines

Education and Communication Commitment:
The Executive Director, or Executive Director Designee, will be responsible for the coordination and implementation of this plan and will be the agency's liaison to staff, and work as a team with all supervisors. This staff person will obtain updated information on the indicators listed above from federal, state and local public health officials.

[Agency] will regularly disseminate educational information from the state, local and/or CDC and Federal Government website(s) to support and educate staff on how to plan, prepare, and understand prevention hygiene practices, social distancing and other updates regarding the impact locally. Dissemination will be through the use of posters in the workplace, handouts, electronic resources and reference to external experts and information. [Agency] will develop and incorporate an addendum for contracted or volunteer personnel that will communicate required expectations as they pertain to this policy.
Workplace Cleanliness:

“Common sense” workplace cleanliness includes keeping clean any commonly touched surface area, such as: door knobs, faucet handles, toilet handles, touch screens, keyboards, remote controls, tabletops, coffee pots, water coolers, appliance handles and interface screens, telephones, and computer mice.

- [Agency] will arrange for the cleaning of **surfaces and items that are more likely to have frequent hand contact** in common areas.
- Staff will be responsible for cleaning their personal workspaces.
- Cleaning Supplies are available to staff for regular disinfection and cleaning of their designated workspace.
- Hand Sanitizers and tissues are located at each entryway for people coming and going and in each restroom.

Workplace Prevention - Personal Hygiene:

Cover coughs and sneezes. Infectious viruses are spread mainly from person to person in respiratory droplets of coughs and sneezes.

- [Agency] will provide employee messages on the importance of covering coughs and sneezes with a tissue or, in the absence of a tissue, one’s sleeve.
- [Agency] will place posters in the worksite that encourage proper cough and sneezing etiquette.
- [Agency] will provide tissues and no-touch disposal receptacles for use by employees.

Improve hand hygiene. Epidemic sickness may be spread via contaminated hands.

- [Agency] will offer information on hand washing and recommend that employees wash their hands often with soap and water or use an alcohol-based hand cleaner, especially after coughing or sneezing.
- [Agency] will place posters in the worksite that encourage hand hygiene.
- The agency will provide soap and water and alcohol-based hand sanitizers in the workplace.
- The Operations Director will ensure that adequate supplies are maintained.

IV. Action Steps for Mitigation

Any or all of these steps may be taken at the discretion of the Executive Director, or Executive Director Designee, pursuant to the criteria outlined under Purpose and Criteria.

1. **Agency will implement social distancing.**
   [Agency] may implement any or all of the following:
   - Cancellation of large community gatherings and/or business related meetings
   - Requiring the spacing of employees farther apart (e.g. physical distance and/or work shift variance)
SECTION ONE

- Cancellation of nonessential travel and recommending work from home strategies for employees who can conduct their business remotely

2. **Agency will adopt a flexible worksite plan.**
   
   [Agency] management team will work to implement plans to continue essential functions in case it experiences higher than usual absenteeism. Elevated absentee rates can be due to sick workers, those who need to stay home and care for others, or workers with conditions that make them at higher risk for complications from influenza and who therefore may be worried about coming to work.

   Some flexible options may include:
   - Telecommuting
   - Flexible work hours and/or staggering shifts
   - Physical distancing requirements between employees and consumers whenever possible
   - Cancellation of public trainings and meetings, and in the alternative offering teleconference training/webinars or phone meetings

3. **Sick employees will be required to take time off.**
   
   [Agency] will allow and encourage sick workers to stay home without any work repercussions or fear of losing their job, subject to [Agency] Leave Policies, which require the use of Sick and Vacation Time prior to taking unpaid leave time. The agency will implement its flexible workplace and leave policies for workers who are sick and/or need to stay home to care for a sick person or care for children who have been released from school due to a school closing.

   **Sick persons should stay home.**
   - Employees should be alert to any signs of influenza-like illness (i.e. fever, cough, sore throat, muscle aches, etc.) before reporting to work each day, notify their supervisor if they are ill, and stay home if they are ill.
   - Employees should not travel while they are ill.
   - Employees who have symptoms of influenza-like illness are to stay home and not come to work until at least 24 hours after their fever has resolved. Decisions about extending the exclusion period will be made by the Executive Director or Executive Director Designee.
   - [Agency] expects that employees who have influenza will be out for about 3 to 5 days in most cases, even if antiviral medications are used.
   - The agency will not require a doctor's note for workers who are ill with influenza-like illness to validate their illness. However, [Agency] may require a doctor's note to certify the ability to return to work.
   - Employees who are well but who have an ill family member at home with influenza can go to work as usual. However, these employees should monitor their health every day, notify their supervisor if they are ill, and stay home if they become ill.
   - [Agency] recognizes that workers may need to stay at home to care for ill children or other ill family members.
4. Sick employees at work will be asked to go home in accordance to the CDC recommendations.
   - CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and be advised to go home until at least 24 hours after they are free of fever (100°F [37.8°C] or greater), or signs of a fever, without the use of fever-reducing medications.
   - Those who become ill with symptoms of an influenza-like illness during the work day will be asked to:
     - Social distance themselves from other workers and go home promptly.
     - Wear a surgical mask provided by the Agency before going home if they cannot be placed in an area away from others.
   - If an employee becomes ill at work, [Agency] will inform fellow employees of their possible exposure in the workplace to influenza-like illness but will maintain confidentiality as required by law.
   - Employees exposed to a sick co-worker should monitor themselves for symptoms of influenza-like illness and stay home if they are sick.

5. [Agency] will provide employees with information on vaccinations
   This link is provided for individuals to research and make their own decisions as to whether or not to take part in the vaccination process. For information on groups prioritized for seasonal influenza vaccines, please see www.cdc.gov/flu/protect/keyfacts.htm.

6. [Agency] will take measures to protect employees who are at higher risk for complications of influenza.
   - People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system and other chronic medical conditions; and those who are 65 years or older.
   - At the discretion of the Executive Director, [Agency] Children in the Workplace Policy may be suspended to prevent a child from being exposed to an ill employee.
     - In accordance with [Agency] Children in the Workplace Policy, sick children should at no time be brought into [Agency] offices, during an epidemic or not.
     - Also, in accordance with [Agency] Children in the Workplace Policy, employees may be asked to sign a release acknowledging that the employee is solely responsible for the child’s safety. In addition, the child’s parents must release [Agency] in writing of any responsibility for illness or injury the child may develop or sustain while at any worksite or during travel.
   - Employees with an underlying chronic medical condition or who are pregnant should consult with their health care provider for advice on how to reduce their risk of exposure to influenza and, if they get sick, how best to get early treatment for influenza.

V. Action Steps for Contingency Plan
1. [Agency] will analyze the following critical functions of the agency and assess a contingency plan to maintain operations if employees are out with extended absences.

**Critical functions**
- **Payroll:** processing and ADP business continuity plan
- **Accounts Payable:** processing and signing
- **Accounts Receivable/Deposits:** processing, suspension of some internal controls or number of touches
- **Grant Requirements/Reporting submissions:** cross train staff
- **Information and Technology:** cross train staff and secure outside consulting services
- **TA/Training:** cross train entire program staff to fill in where needed; update and identify outside contractors if needed
- **Resource Center:** cross train staff

2. [Agency] will review cross training needs and initiate training of personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
   - [Agency] will require that all employees assess their essential functions and the reliance that others and the community have on their job or service.
     - State agencies may change business practices if needed to maintain critical operations (e.g. identify alternative suppliers, prioritize customers, or temporarily suspend some operations).
     - [Agency] will develop procedures for each essential function to ensure business continuity of critical functions.

3. Agency will prepare for school dismissal or closure of childcare programs.
   - [Agency] will support workers to stay home to care for their children if schools are dismissed or childcare programs are closed due to reasons of an epidemic illness.
   - [Agency] encourages all employees, and especially those who perform essential functions and who have children, to plan for contingencies should childcare programs or schools close.
   - [Agency] will not permit parents to bring their children with them to work while schools are closed due to an epidemic.
     - Read CDC's school guidance, which can be found at [www.cdc.gov/flu/school/](http://www.cdc.gov/flu/school/) to better understand the conditions under which schools may be dismissed.

4. [Agency] will implement a precautionary approach to traveling and advise employees to take certain preventative steps before traveling.
   - [Agency] will advise workers to check themselves for fever and any other signs of influenza-like illness before starting travel, notify their supervisor if they are ill, and stay home.
     - Please reference Agency Leave Policy for Natural Disasters and Emergencies.
   - All employees who become ill with influenza-like or epidemic disease symptoms while traveling or on temporary assignment must notify their supervisor.
Employees are encouraged to consult the CDC’s Travel Website at http://wwwnc.cdc.gov/travel/ for more information for travelers.

Sample Policies and Documents
- Telecommuting Agreement
- Leave Time
- Travel Policy
- Working Offsite Technology Checklist
- Cleaning Checklist for Worksites and Event Sites
- Supply Checklist
- Sample Notice to Consumers (cancel event, modify method of communication, social distancing, etc.)
- Sample Notice for Presenter Contracts Regarding Illness (expectation of not presenting if they are sick). Same expectation for outside contractors/presenters for all events: build into contract and have upfront communication before selecting them as contractor.
- Human Resource Employment Law Compliance Guidance

Adapted from sample provided by MCADSV.
Sample Procedures for Handling Body Fluids

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term “body fluids” includes blood, semen, vaginal discharge, drainage from scrapes and cuts, feces, urine, vomit, nasal discharge, and saliva.

SKIN CONTACT WITH BODY FLUIDS

Avoid direct skin contact with body fluids. All body fluids should be treated cautiously.

Rubber gloves are required when direct contact with body fluids is anticipated (i.e. treating nose bleeds, cleaning spills by hand, and handling clothes/linens soiled by incontinence). Hands must be washed after removing gloves.

If skin contact with body fluids occurs, wash affected skin areas with soap and water.

HAND WASHING PROCEDURES

Proper hand washing requires the use of soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Use paper towels to thoroughly dry hands.

DISINFECTION OF HARD SURFACES AND CARE OF EQUIPMENT

After removing the body fluid, a household bleach solution (1/2 cup bleach in 1 gallon water, freshly prepared each time it is used) is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in disinfectant. The disinfectant solution should be promptly disposed down a drainpipe.

HANDLING SOILED ITEMS

Disposable Items:
Dispose of rubber gloves and cleaning rags/paper towels in plastic lined trash can and remove from the house daily.

Non-Disposable Items:
Towels/clothes that are soaked with body fluids should be rinsed (while wearing gloves) and washed separately with soap powder and bleach.
Sample Disaster Plan And Disaster Recovery Plan

This comprehensive disaster plan will be reviewed with regular employees at hire and whenever any changes are made.

Survivors will be informed of the fire procedures at intake and informed of other disaster procedures as necessary.

Individualized disaster support plans will be developed at the time of intake to ensure that all survivors, staff and volunteers have necessary supports in the event of an emergency.

TORNADO

Tornado Watch
Definition: A tornado watch means that tornados, severe thunderstorms or both are possible.

Procedures: If a watch is issued, staff will inform survivors, making sure everyone knows what to do in case of a warning, and will monitor local radio and television station broadcasts on storm reports and advisories from local officials and will follow their recommendations. Emergency supplies will be checked.

Tornado Warning
Definition: A tornado warning means that a tornado has been sighted and that people should take shelter immediately.

Procedures: If a warning is issued, all persons in the shelter will go to the lowest accessible interior space. All doors leading to the interior space will be closed. If possible crouch on the floor facing the interior wall, mattresses placed over heads. If there is no time to gather mattresses, staff and survivors will maintain protective postures-face interior hall, if possible crouch on elbows and knees with hands on back of head.

After the tornado has passed, staff will check for injuries and call 911 for medical attention if necessary. If safe to do so, the building will be checked for damages, being cautious and following these guidelines: Beware of broken glass, electrical wires, and debris. Report any electrical, gas, sewer or water problems. Check food for spoilage. Do not use the tap water until official word that it is safe. Do not plug in wet appliances. Local officials will be contacted to determine if the building is safe for operations. Uninhabitable Building Procedures will be followed if necessary.

FIRE

Prevention
All survivors will be informed of fire evacuation routes, fire procedures, and the location of exits, extinguishers, and pull boxes at intake. Staff will receive this information at orientation.

Fire drills should be held once a month. (Your program will have to devise your own fire drill procedures according to the layout and structure of your building and its surrounding areas. They should include a planned route to an exit from every location in the building, along with a designated accessible meeting spot outside the building.)
SECTION ONE

Small Fires
To put out a small fire, cut off its air or fuel supply, use water, or a fire extinguisher. Never use water on an electrical fire. Use only a fire extinguisher. Oil and grease fires occur primarily in the kitchen. Smother the flames with baking soda or salt, or put a lid over the flame if it is burning in a pan. Do not try to put out a fire that is getting out of control. Yell “fire”, pull the closest red fire alarm box, dial 911 to report the fire, and get everyone out of the house immediately if it is safe to do so.

In Case Of Fire Alarm (Large Fires)

Survivor Procedures: Survivors will evacuate the house immediately, using the closest, safest designated exit. Once outside the building, continue to your designated meeting area to count heads.

Bedroom doors must be closed. Survivors will sleep with their doors closed. If you wake up to the sound of the fire alarm, feel the bottom of your door with the palm of your hand before you open it. If the door is cool, leave immediately. Position body as low as possible; smoke and heat rise, and the air is clearer and cooler near the floor. If the door is hot, escape through a window. If you cannot escape, hang a white or light colored sheet or blanket outside the window, alerting fire fighters to your presence.

Staff Procedures: When the alarm sounds, if it is safe to do so, staff will make a sweep of the house to check to see that everyone is responding to the alarm (check cribs for babies and assist persons with disabilities). Windows and doors will be closed along the way.

Designated accessible exits will be used. Staff will continue to the designated accessible meeting area for a head count. Dial 911 from a nearby phone to report the fire.

General Information

If your clothes catch on fire, stop, drop and roll as you are able until the fire is extinguished. Running only makes the fire burn faster.

If all exits are blocked by fire, escape through a window. If you cannot escape, hang a white or a light colored sheet or other item outside the window, and yell for help, alerting fire fighters to your presence.

Do not re-enter the building to rescue someone; instead, inform the first fire fighters on the scene that a person remains in the building and their probably location. Everyone will remain outside until an all-clear determination is made by the fire department officials.

If the building is uninhabitable, arrangement will be made to transfer survivors and children to an alternate location until the agency’s board meets and develops an alternate operating/service plan. (See Uninhabitable Building Procedures.)

EVACUATION PROCEDURES

Preparation
While every program should have a disaster preparedness kit and communications plan for all survivors, emergency preparedness is especially important for survivors with disabilities who may need assistance during an emergency. For more emergency preparedness tips for people with disabilities see [https://www.illinois.gov/ready/SiteCollectionDocuments/PreparednessTips_FunctionalNeeds.pdf](https://www.illinois.gov/ready/SiteCollectionDocuments/PreparednessTips_FunctionalNeeds.pdf) in the tools and resources of this chapter.

Survivors and staff will be informed of the advisories and of the agency’s policy regarding closing the shelter if area Emergency Evacuation Sites are established by local officials.

Agency staff will assist the survivors in making plans for potential evacuations to alternate locations (other domestic violence shelters, emergency evacuation sites, or privately arranged locations). It is ultimately the responsibility of the survivor to arrange for their transfer. Transportation will be provided through the survivor’s own means or through mass transportation systems. If funds are available, the agency will assist survivors with transportation costs if necessary. Survivors will be instructed to fill their cars’ gas tanks, refill prescriptions, and gather important papers.

In all instances of evacuation, if time permits, the staff will provide for the security of the building and contents to prevent plundering.

In evacuation, survivors and staff will be instructed to use designated accessible evacuation routes.

**Returning to Shelter**

When local officials determine that it is safe to return to the center, staff will follow these guidelines:

If there appears to be any sort of damage to the building, the appropriate inspectors will be contracted to make an assessment of the house before staff re-enters.

If no damage has been reported in the area, and local officials determine that it is safe to return to the shelter, then the staff will enter the building, being cautious and following these guidelines: Beware of broken glass, electrical wires, and debris. Report any electrical, gas, sewer, or water problems. Check food for spoilage. Do not use the tap water until official word that it is safe. Do not plug in wet appliances.

Normal residential operations will resume once the building and utilities are at optimal operation capacities. This will be determined by local officials.

**EMERGENCY SUPPLIES**

Staff will make sure the following supplies are on hand at all times at the shelter:

1. Weather radio
2. Battery operated radio and batteries (for radio and flashlight)
3. Flashlights  
4. Canned goods and non-perishable foods  
5. Personal supplies  
6. Hand operated can and bottle openers  
7. Paper plates, cups and utensils  
8. Containers for drinking water  
9. Materials for protecting glass openings (plywood, masking tape, nails, hammer)  
10. Vinyl drop cloths  
11. Rope  
12. First Aid Kits (2)  
13. Blankets  
14. Waterproof containers (for storing important papers)  
15. Duct tape  

Also to be on hand for emergencies is a list of staff, board, volunteers and their phone numbers.  

A list of people that are contracted to take care of things such as the electrical work, fire extinguishers, glass repair, heating and air, insurance, intercom system, lighting, locks and keys, and medicine and prescriptions should also be on hand for reference.  

**DISASTER RECOVERY**  

If the building is uninhabitable, then the board should convene an immediate meeting to develop an alternate operating/service plan. Plans will be communicated swiftly to appropriate staff to reduce possible downtime of organizational services. Temporary measures may be implemented, such as the use of motels or other area shelters or referrals to surrounding domestic violence shelters. Plans will be developed to insure that necessary public announcements are made concerning services, insurance procedures are implemented, and employee scheduling and benefits are administered until the normal situation returns. IDHS and ICADV will be notified of any interruption in services. Specific funds have been set aside by the agency to cover emergency situations.  

**MEDIA POLICY**  

All requests for information from the media must be referred to Jane Dow, Executive Director, at 555-1234.  

Please remember that nothing is “off the record”. Do not make any statements to the media, even if you feel they are in the best interests of the program. Simply let them know that you or another agency representative will get back to them as soon as possible. This also allows us time to get our information together, instead of making a hasty comment.  

**Electronic links noted in this chapter:**  

This document was developed by a team of emergency management and health professionals to help individuals with access and functional needs prepare for a disaster or emergency. Your ability to stay safe during a disaster is directly related to your preparedness prior to the disaster. Please review this document with your family and others who may provide care for you. For additional information about preparing for disasters and emergencies, contact your local emergency management agency, local Illinois Department of Human Services provider, or Area Agency on Aging that serves your county. You can also visit the Ready Illinois website (www.ready.illinois.gov) for preparedness information and guidance on what to do after disaster strikes.
SECTION ONE

Sample Visitor Declaration of Confidentiality

I understand that I must maintain the highest level of professionalism in my capacity of a guest of [Agency].

I do hereby declare that I will hold confidential all communications, observations, and information made by and between or about survivors. This information specifically includes survivors’ identity information and physical whereabouts information.

Visitor’s Signature ___________________________ Date_______________

Shelter Staff ________________________________ Date_______________
SECTION ONE

Sample Policy on Equal Employment Opportunity and
Affirmative Action

EQUAL EMPLOYMENT OPPORTUNITY

Policy Statement

It is policy that race, age, ability, sexual orientation, gender identity, religion, income and any
other characteristic protected under applicable federal or state law be considered in the:

- Recruitment and hiring of new employees
- Promotion, demotion, transfer, layoff, termination or selection of employees for training
  and development
- Establishment of rates of pay including the awarding of salary adjustments and/or merit
  salary increments

AFFIRMATIVE ACTION PROGRAM

Policy Statement

It is policy to provide equal employment opportunity to all people without regard to race, age,
ability, sexual orientation, gender identity, religion, income and any other characteristic
protected under applicable federal or state law and to promote the full realization of that policy
through a positive domestic violence program. This program is fully committed to assuring
equal opportunity and equal consideration to all applicants and employees in personnel matters
including recruitment and hiring, training, promotion, salaries and other compensation, transfer
and layoff or termination. In the implementation of this policy, this domestic violence program
will seek personnel for all job levels within the organization through upgrading and recruitment
for minority groups and women.

DISSEMINATION OF POLICY

This policy will be implemented throughout all components of this domestic violence program
and is the responsibility of all personnel, supervisory and non-supervisory. The Executive
Director and the Personnel Committee of the Board of Directors have overall responsibility for
monitoring compliance with Affirmative Action Program.

1. The policy is specifically included in the Employee Handbook and will be a continuing
   and essential component of the employee policies and procedures.
2. A copy of this document will be given to each employee and will be issued to all
   persons engaged in the recruitment, hiring, placement, training, and education of
   employees. Every effort should be made to have alternative formats available upon
   request.
3. The policy will thoroughly be discussed in employee orientation and in appropriate
   management and supervisory meetings, so that the organization’s policy is made
   clear.
SEC T I O N  O N E

4. Notices require the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance in the Department of Labor and any state or city human rights agencies will be displayed in working areas and in employment offices.

5. All sources of recruitment for this program will be informed orally and in writing of the equal employment policy stipulating that they actively recruit and refer qualified persons for openings, including women and minority candidates for all positions listed.

RESPONSIBILITY FOR IMPLEMENTATION

The Executive Director and Personnel Committee of the Board of Directors will be responsible for, although not limited to:

1. Developing additional or amended policy statements as needed, additional affirmative action programs and internal and external communication techniques.
2. Assisting in the identification of problems in administering this policy and helping to resolve them.
3. Designing and implementing record keeping and audit systems that will measure the effectiveness of the program, indicate the need for remedial action and determine the degree to which the goals and objectives have been attained, keep the Executive Committee informed of progress in attaining the objectives of the policy and affirmative action programs and the latest developments in the entire equal employment opportunity area.
4. Provide reporting to the liaison with compliance agencies.
5. Periodic evaluation of hiring and promotion patterns to evaluate progress and to remove impediments to attainment of goals.
6. Regular discussions with supervisors and employees to insure that the organization’s policies are fully understood and being carried out.
7. Review of the qualifications of employees to insure that minority group employees and women are given equal opportunities for transfers and promotions.
8. See to it that minority group employees and women are afforded full opportunity and encouraged to participate in all organization-sponsored educational, training, recreational and social activities.
9. Evaluation of supervisory staff will include consideration of their equal employment opportunity efforts and results.

PROGRAMS TO ATTAIN GOALS

Recruitment

The recruitment program will be continued in a manner to insure the agency is actively reaching minority group members and women. This means taking direct initiative to make certain that minority women candidates are identified, made familiar with available positions, and encouraged to apply. This will be done by:

1. A review of qualifications for professional and non-professional positions to remove artificial barriers that may restrict the pool of candidates. This will also include a review of the organization’s application procedures.
2. A review of present staff who may be qualified for promotion. Consideration will be given to internal promotion first before seeking candidates outside the organization.

Training

Learning opportunities leading to more responsible positions will be available to all staff on a planned basis.

AUDIT, REPORT AND EVALUATION

The following records will be maintained for statistical purposes and will be reviewed when appropriate by the Executive Director and the Personnel Committee to evaluate the status of the Affirmative Action Program.

1. Applicant flow by race and gender
2. New employees, job classification, race and gender
3. Rejections by race and gender and the reasons for those rejections
4. Promotion, job classification, race and gender
5. Turnover, job classification, race, gender and the reason for turnover (e.g. dismissal, resignation, job elimination
6. Employee participation in organization training programs by program, division, race and gender
7. Employees hired through special programs for the unemployed by component, job classification, race, gender, and their retention rate
8. Changes in composition of the organization work force, type of job and level of management as these relate to the Affirmative Action Program goals.
9. Changes being made to the Affirmative Action Program as a result of the activities during the reporting year.
SAMPLE EMPLOYEE HANDBOOK OUTLINE

INTRODUCTION
General Principles
Agency Philosophy

EMPLOYMENT POLICIES AND PROCEDURES
Job Descriptions
Job Openings
Hiring Practices

*AFFIRMATIVE ACTION/EQUAL OPPORTUNITY

PROBATIONARY PERIOD

EMPLOYEE STATUS
Exempt/Non-Exempt
Overtime Compensation

EVALUATIONS
Responsibility
Procedures
Corrective Actions

*GRIEVANCE (TIMEFRAMES)

SEPARATION FROM EMPLOYMENT
Resignation
Termination
Reduction in Staff
Exit Interviews

SALARY ADMINISTRATION
Incremental Raises
Promotion
Bonus

PERSONNEL FILES
Access
Information Contained

WORKING CONDITIONS

USE OF ELECTRONIC COMMUNICATIONS
Phones, computer, network, Internet, email account, social media, etc.
Expectations of understanding confidentiality
Employee handbooks and procedures should be detailed for each classification of employee. Benefits should be specified and the policies should state whether or not the employee is compensated for specific accrual benefits. Grievance procedures should list time frames for each step in the process.

* MAKE SURE THESE ARE INCLUDED IN THE POLICIES.
SECTION ONE

Sample Personnel Policy Guidelines

Caveat: This is only an example and not meant to stipulate specific policies for programs. This publication was prepared to provide accurate information regarding the topics covered. Legal requirements and non-legal administrative practice standards discussed in this document are capable of change due to new legislation, regulatory and judicial pronouncements, and updated and evolving guidelines. The Minnesota Council of Nonprofits is providing this information for your reference, and this service does not constitute an engagement to provide legal, tax, or other professional services on either the part of the Minnesota Council of Nonprofits or the professionals who authored and/or reviewed it. If you require professional assistance on these or other nonprofit tax or administrative law issues, please contact an attorney, accountant or other professional advisor, or the relevant government agency.

ORGANIZATION NAME

DATE EFFECTIVE

INTRODUCTION

The ORGANIZATION is committed to fair, clearly stated and supportive relationships between the organization and its staff. The Employee Handbooks of the ORGANIZATION have been established in order to provide a guide to the personnel practices of the ORGANIZATION and to ensure consistency of personnel decisions. It is the intention of the ORGANIZATION to administer the personnel programs in a manner that complies with the letter and spirit of all applicable federal, state and local regulations. This document is designed to provide guidance to staff at the ORGANIZATION. It is not a part of any contract between the ORGANIZATION and its employees. It is only a set of informal guidelines for personnel practices. Notwithstanding the provisions of the employee policies, all employees are "at will employees" which means that they may be terminated at any time with or without cause without subjecting the ORGANIZATION to a claim for breach of an employment contract.

EMPLOYEE CLASSIFICATION

All employees are classified as either regular or temporary. Regular employees are employees hired without a specific termination date. Temporary employees are employees whose position at the time of hire is for a short-term period. Terms of employment will depend on agency needs, and in no case will a temporary position be construed as being a contract for a definite time and terminate for cause.

Employees also are classified as either exempt or non-exempt according to provisions of the Fair Labor Standards Act.

Full-time Salaried Employees are those employees who work 40 hours per week and are eligible for all fringe benefits.

Part-time Salaried Employees are those employees working at least 20 hours but less than 40 hours per week. Part-time salaried employees are eligible for all fringe benefits and earn sick leave and vacation at a rate proportionate to the hours they work. Regular part-time employees that work less than 20 hours per week are not eligible for fringe benefits.
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Special Project Employees are those employees who are paid hourly and work less than 40 hours per week under Letter of Agreement.

AFFIRMATIVE ACTION

The policy and intent of the ORGANIZATION is to provide equal employment opportunity for all persons regardless of race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law.

The ORGANIZATION intends to respond affirmatively in its employment practices. Affirmative action applies to all aspects of employment practices including, but not limited to, recruiting, hiring, placement, promotion, demotion, transfer, training, compensation, benefits, layoff, recall, and termination. The ORGANIZATION seeks to do business with organizations that encourage equal employment opportunity.

RECRUITMENT PROCEDURES

The ORGANIZATION intends to recruit, hire, and place applicants on the basis of the applicant's relative knowledge, skills, and abilities. The decision to employ an applicant will be based solely on the individual's qualification for the particular position along with other requisite job skills. Minimum qualifications shall be specified in the job description.

When a new position is established, the Executive Director will prepare a job announcement identifying the position's responsibilities and overall relationship to the ORGANIZATION for posting or circulation within the ORGANIZATION and for public notification. Posted positions will be open for a minimum application period of 15 days.

COMPENSATION

Persons employed by the ORGANIZATION in a part-time or full-time capacity except those persons in non-exempt positions will receive a salary negotiated at the time of recruitment that will not be based upon an hourly wage. At the time of hire, new employees will receive a letter of hire, a job description, salary and benefits detail and a copy of the Employee Handbooks. The magnitude of the work assignments and the full scope of responsibility for the position will be fully discussed at time of hire. In setting compensation, the ORGANIZATION may consider, among other things, external labor market rates, equitable relationship with other jobs within the organization and the organization's ability to pay. Each employee may be eligible for a salary review at the beginning of each fiscal year. Recommendations by the Executive Director for pay adjustments are reviewed by the Personnel Committee, which makes the recommendation to the Finance Committee. The Finance Committee has the authority to approve or disapprove increases based on the budget's ability to sustain such raises. The Board of Directors will determine the Executive Director's salary annually.

WORK SCHEDULE

The ORGANIZATION will establish a 40-hour weekly work schedule that is cognizant of each individual's personal commitments and the needs of the organization.
HOLIDAY SCHEDULE

Official holidays are as follows:

- New Year's Day - January 1
- Martin Luther King Holiday - January
- Memorial Day - May
- Independence Day - July 4
- Labor Day - First Monday in September
- Thanksgiving Day - Fourth Thursday in November
- Day after Thanksgiving Day - Fourth Friday in November
- Christmas Day - December 25

When New Year's Day, Independence Day, or Christmas Day falls on a Sunday, the following day shall be considered the official holiday. When these holidays fall on a Saturday, the preceding Friday shall be considered the official holiday.

If Christmas Day falls outside of an employee's religion, a substitute holiday may be taken, e.g. Yom Kippur, Rosh Hashanah, etc.

If the paid holiday occurs during vacation, an extra day off will be granted in its place.

Floating Holidays

Each employee of the ORGANIZATION also shall have two floating holidays to be used in each calendar year.

Part-time Staff

For staff who are employed at least 20 hours a week but less than 40 hours a week, holiday time will be compensated in proportion to the usual hours worked. Interns and consultants are not compensated for holidays.

PARENTING LEAVE

The ORGANIZATION desires to assist new parents in balancing the demands of working and caring for children. The ORGANIZATION will provide up to 8 weeks of unpaid family leave to any employee for the birth or adoption of a child. Leave must be initiated within six weeks of the birth or adoption of the child, unless otherwise approved by the Executive Director. The use of the 8 weeks shall be at the discretion of the employee and shall be discussed with the Executive Director as to its impact on ongoing work responsibilities and other employees. Although a maximum of 8 weeks is available, an employee may utilize accumulated sick leave as well as annual leave to enable either partial payment for or extension of the basic 8-week period. Special circumstances shall be reviewed by the Executive Director. Insurance benefits will continue to be in force during this leave period but all premiums and expenses for benefits will be paid by the employee. Accrual of leave benefits and seniority cease during an approved leave. Upon completion of leave, the employee will be allowed to return to the same or a substantially similar position at the same salary as the employee earned prior to the leave.
ANNUAL LEAVE (Vacation Time)

The ORGANIZATION will provide to each full-time staff employee x hours or x working days paid annual leave based upon one year's full time employment with the ORGANIZATION. Accrual of annual leave will commence upon the date of employment for each employee and will be based, on an annual basis, upon each individual's anniversary date with the ORGANIZATION. Annual leave will increase with the number of years employed by the ORGANIZATION as follows:

0-3 years = x days
4 years = x days
5 years = x days
6 years = x days
7 years = x days
8 or more years = x days

Employees may use their annual leave as earned if absence from assignment does not unduly provide an impediment for completion of an assigned task or prevent other staff from completion of their work assignments. The Executive Director must approve scheduled absences and the employee should request such leave as soon as possible, with a minimum of two weeks in advance.

It is the policy of the ORGANIZATION to encourage each employee to utilize allotted annual leave during each individual's employment year. A maximum of five days, or 40 hours, will be allowed to be carried over from one year to the next. All other accrued annual leave will be forfeited on the employee's anniversary date. The interchange or exchange of annual leave and sick leave is not allowed.

Part-time Employees

For staff who are employed at least 20 hours per week but less than 40 hours per week, the policy will be identical to that of full-time employees. One additional pro-rated day per year for years 4 through 8 will be added to the total annual leave earned. Interns and consultants are not eligible for annual leave.

Special Leave

Special leaves of absence without pay may be granted an employee at the discretion of the Executive Director or in the case of the Executive Director, the Board of Directors.

School Conference and Activities Leave

An employee is entitled up to sixteen hours non-paid leave during the school year to attend a child's school conferences or classroom activities, if these activities cannot be scheduled during non-working hours. This time should be scheduled in advance with the employee's supervisor. The employee must provide "reasonable" notice when possible to the supervisor to minimize any disruption resulting from the employee's absence. Vacation or floating holidays may be used for this absence.
Bone Marrow Donor Leave

An employee will be granted paid leave of up to 40 hours per year to undergo a medical procedure to donate bone marrow. All sick leave must be used first. This time will be charged to accrued sick leave except in cases where the employee has no accrued sick leave, in that case, it would simply be paid time off.

SICK LEAVE

The ORGANIZATION will provide up to ten working days each employment year to each staff person to be utilized for purposes of addressing health needs. Compensation will be based upon the employee's salary rate at the time sick leave is taken. Sick leave may be utilized at the discretion of the employee and is granted for sickness of the individual employee, his or her spouse/partner, children, or other immediate family members. Sick leave can also be used for health needs, e.g. dental or medical appointments.

Each staff person of the ORGANIZATION should notify the office each day they will be absent from work due to illness, if at all possible.

Sick leave may be accumulated up to a maximum of x days and may be carried over from one employment year to the next. At no time will compensation for any unused sick leave be made to an employee who is leaving employment.

Sick leave will be pro-rated for persons employed by the ORGANIZATION at least 20 hours per week but less than 40 hours per week.

If requested by the Executive Director, the employee will provide documentation from their treating physician explaining their absence.

COMPASSIONATE LEAVE

Employees of the ORGANIZATION shall be granted up to three working days with pay due to a death in their immediate family (mother, father, sister, brother, spouse/partner, children, in-laws, grandparent, and grandchildren). The Executive Director will consider special cases on an individual basis.

JURY DUTY

The ORGANIZATION will pay an employee his or her normal pay for up to two weeks of jury duty.

VOTING LEAVE

The ORGANIZATION will grant to all employees one-hour during the working day to vote in governmental elections when it is not possible to vote outside the regularly scheduled work time.

MILITARY LEAVE
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Employees absent on their annual two-week reserve or National Guard duty shall be considered on an excused leave of absence and may elect one of the following options related to their pay:

- The employee may take their vacation and retain their military pay.
- The employee may surrender their military pay to the ORGANIZATION, receive their regular salary and take their vacation at a later date.
- The employee may take unpaid leave and retain their military pay.

An employee called up to active duty is allowed an unpaid leave of absence to meet her/his military responsibilities.

Upon honorable discharge from active duty, the employee will be allowed ninety days to apply for reinstatement to her/his former job. The employee will be reinstated to the same job formerly held, with the same duties, same level of pay, benefits and seniority had s/he not been on active military duty. Employee benefits will not accumulate during the leave. The employee will be given a Consolidated Omnibus Budget Reconciliation Act notice for election to continue insurances during the leave.

SEXUAL HARASSMENT POLICY

It is the ORGANIZATION's belief that the employees of the ORGANIZATION are the primary means by which the goals and objectives of the ORGANIZATION will be met. To that end, the rights of all employees must be respected. All employees of the ORGANIZATION must understand its position on harassment. By definition, sexual harassment is any unwanted attention or action of a sexual nature by someone in the workplace that creates an intimidating, hostile, or offensive work environment. It will also be considered sexual harassment to harass an employee because of that employee's gender, even if the harassment is nonsexual. The procedure for reporting and dealing with this very sensitive issue is as follows:

- If a person's behavior makes an employee uncomfortable, the employee should feel free to immediately advise the person that, in the employee's opinion, the behavior is inappropriate and that the employee would like it stopped.

- If the employee is not comfortable discussing the issue with the person, or if the person fails to respect an employee's request, the employee should report the incident to his or her supervisor. If, for whatever reason, the employee does not feel that the supervisor is a suitable person to whom to report the incident, the employee should contact the Executive Director or, if appropriate, a member of the Personnel Committee.

In all instances, a prompt, thorough and, fair investigation will take place, giving careful consideration to protect the rights and dignity of all people involved. The ORGANIZATION will take those steps it feels necessary to resolve the problem, which may include verbal or written reprimand, suspension or termination.

No retaliation or any kind will occur because an employee has in good faith reported an incident of suspected harassment. The supervisor, or other person to whom the complaint was made, will work to establish mutually agreed upon safeguards against retaliation while attempting to mediate any sexual harassment complaint.
SUBSTANCE ABUSE

Employees needing help with a substance abuse problem are encouraged to contact their supervisor or a treatment facility.

Early recognition and treatment are critical to any program to curb abuse and to enhance the employee’s ability to perform satisfactorily. The ORGANIZATION finds that both the employee and the ORGANIZATION will benefit greatly from early substance abuse recognition and treatment.

No person will be penalized for seeking or accepting counseling or treatment for a substance abuse problem. If, however, the employee is unable to perform the requirements of his or her job assignment, appropriate steps, which may include the ORGANIZATION requiring that treatment be sought, will be taken to address performance issues.

STAFF TRAINING

The ORGANIZATION recognized that the effectiveness of its professional staff is largely dependent upon sound staff training. As part of this staff training, the ORGANIZATION encourages staff to participate in classes, seminars, and trainings that will enhance the knowledge and performance of its staff. Staff will be reimbursed for such training when funds are available with prior approval by the Executive Director and in conjunction with an individual’s work plan. Trainings that are required by the ORGANIZATION will be paid by ORGANIZATION. Paid time off for training purposes must have prior approval by the employee’s supervisor.

BENEFITS

The ORGANIZATION is committed to providing a flexible and cost-effective medical care, disability income, life insurance and retirement program for all its employees. The Personnel Committee of the ORGANIZATION will review the overall percentage allowed for benefits annually.

Medical Care

The ORGANIZATION will provide a group health insurance plan for all its full-time and part-time employees on a pro-rated basis on the number of hours worked. Interns and consultants are not eligible for health insurance coverage. In addition, the ORGANIZATION will cover x% of individual coverage and x% of family coverage for its employees.

Long Term Disability

The ORGANIZATION will provide its employees a long-term disability insurance package, which will provide for x% of one’s salary after the qualifying period if the employee becomes disabled.

Life Insurance
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Salaried employees of the ORGANIZATION will have a life insurance policy with a face value equal to one times their annual salary.

Retirement

The ORGANIZATION will contribute 4% of each employee’s annual salary to his or her retirement fund. Individuals may also contribute to the fund at their discretion according to the rules of the plan.

Worker’s Compensation

Worker’s compensation insurance premiums will be paid for each employee as required by law.

Unemployment Compensation

Unemployment compensation insurance premiums will be paid for each employee as required by law.

Travel and Employee Expenses

Travel and related expenses: the cost for transportation, lodging, meals, conference registration fees, and other reasonable expenses will be covered by the ORGANIZATION for its employees when traveling in the course of ORGANIZATION related business. The ORGANIZATION may be billed directly for certain items or the staff person incurring the expense may be reimbursed. Wherever possible, the request for reimbursement will be accompanied by an appropriate receipt indicating payment against which reimbursement is being requested.

All expenses incurred by staff in the course of doing business on behalf of the ORGANIZATION will be submitted to the bookkeeper each month. When preparing the monthly submittal for expense reimbursement, staff is requested to prepare an employee expense report listing the expense and the relationship to the project for which it was incurred.

Means of Travel: When using their own automobile for business activities related to the ORGANIZATION, staff will be paid a mileage allowance as set annually by the Board of Directors.

It is assumed that employees will exercise discretion when traveling and use accommodations that are economical.

PERFORMANCE REVIEWS

Each performance review should be a positive and interactive process whereby both the ORGANIZATION and the individual being reviewed receive information about his or her success in meeting the responsibilities of the job, and the ORGANIZATION can learn about its strengths and weaknesses as an employer of that employee. In general, the goal of the ORGANIZATION is to conduct a performance review of each new employee during the sixth month of employment, after the first year of service and annually thereafter.
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TERMINATION

Resignation

Any employee of the ORGANIZATION may resign by submitting a letter of resignation to the Executive Director or in the case of the Executive Director, the Board of Directors at least ten working days prior to the effective date of the resignation.

At the time of the effective date of the resignation, the employee shall be able to use any accrued annual leave or the employee shall be paid for all unused accrued annual leave. If the employee has used all annual leave due prior to resignation, all hours used in excess of those earned shall be deducted from the employee's final paycheck at the rate of salary paid at the time of resignation. No employee shall be compensated for any unused sick leave at the time of resignation.

Other Discharges

Discipline and/or discharge may result for many reasons including, but not limited to, inappropriate behavior and/or unsatisfactory performance.

Inappropriate behavior is defined as including, but not limited to, misbehavior on the job, refusal to do work reasonably expected, wrongful use of or taking of agency property, conviction of a felony, or violation of any policies or practices of the ORGANIZATION.

Unsatisfactory performance means failure of an employee to meet performance standards, to complete tasks in a timely, competent way, or to maintain an adequate attendance record. Uncooperative behavior or negative attitudes that affect the work or morale of others may result in termination. At the discretion of the Executive Director, any staff member facing termination for unsatisfactory performance may be given the option to resign as described in the above section under "Resignation."

Layoffs

The ORGANIZATION attempts to hire highly qualified staff with broad capabilities. There may be occasions, however (due to program changes, loss of contract support, etc), when it may be necessary to initiate lay-offs. In such cases, it is the intent of the ORGANIZATION to attempt to avoid abrupt, arbitrary, and unfair actions whenever possible.

EMPLOYEE APPEALS (Grievance Procedures)

The purpose of the employee appeal procedure is to provide a means for employees to resolve their workplace concerns with management. All regular and temporary employees of the ORGANIZATION may file a grievance under this section.

Definition of an Appeal

A grievance shall be determined as an alleged misapplication of ORGANIZATION employee policies. This procedure represents an intent to offer a dispute resolution mechanism to the
employees of the ORGANIZATION. Failure by the ORGANIZATION to exactly follow this procedure shall not subject the ORGANIZATION to a breach of contract claim.

Timing for Appeals

In order to qualify for processing under this section, an appeal must be filed no later than thirty (30) calendar days after the date on which the aggrieved condition commenced.

Step One:

Any employee who is eligible may present an appeal to his/her immediate supervisor for discussion. The supervisor shall have five (5) regular working days in which to respond to the relief requested. Should the supervisor fail to respond within this time limit or if the employee finds the response unsatisfactory, the appeal may be reduced to writing, clearly specifying the policy allegedly misapplied, and the relief requested. The appeal should be submitted to the Executive Director within five (5) regular working days from the time the first step answer was due or was given. The Executive Director should respond in writing within five (5) days of receipt and if the Executive Director fails to respond within this time, or if the employee finds the response unsatisfactory, or in cases where the Executive Director is the immediate supervisor, the employee may proceed to Step Two.

Step Two:

The employee may submit an appeal to the Personnel Committee if Step One has not resolved the issue. Upon receipt of a written appeal, the Personnel Committee will inform the Executive Committee and the Board Chair of the appeal. The Personnel Committee shall also convene a meeting wherein statements shall be taken from the appealing employee and the employee's immediate supervisor, as applicable, either separately or jointly at the discretion of the Personnel Committee Chair. The Personnel Committee may also request statements from other employees. The Committee may refuse to grant the employee's request for appeal when the issues involved are minor in nature, or involve evaluations or judgments by management unless they appear to be contrary to policy, malicious or vindictive. The Personnel Committee shall have twenty (20) regular working days in which to respond to the employee in writing concerning the relief requested. If the Personnel Committee fails to respond within this time limit, the employee may petition the Chair of the Board of Directors. Failure on the part of the employee to petition the Chair of the Board of Directors within thirty (30) days of the result of Step Two shall result in the appeal being waived.

Step Three:

The Chair of the Board shall convene a meeting with the aggrieved employee, the Personnel Committee Chair, the Executive Director and the Immediate Supervisor, as applicable, either separately or jointly at the discretion of the Chair. The Chair may convene an Executive Committee meeting and within ten (10) working days shall respond to the grievant in writing with the final decision. In all instances, a thorough and fair investigation will take place, giving careful consideration to the rights and dignity of the people involved. The Chair will report the grievance and the result at the next regularly scheduled Board meeting.
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WORK PRODUCTS AND FILES

All supplies, materials, and work products of an employee if purchased by ORGANIZATION shall remain the property of the ORGANIZATION after resignation, discharge, or layoff of that employee. The employee may retain any personal files, but work files and other papers shall remain with the ORGANIZATION.

CONSULTANT FEES, HONORARIA, GIFTS

All employees are encouraged to participate in a variety of community and professional activities. In those instances where an employee's activities are part of their regular duties and responsibilities, any payment will be turned over to the ORGANIZATION. All fees derived from ORGANIZATION reports, activities, events, or speaking engagements while employed by the ORGANIZATION shall also be turned over to the ORGANIZATION.

In some instances, an individual may do work that is based on activities or experiences prior to or separate from their regular duties and responsibilities at the ORGANIZATION. To avoid actual or appearance of conflict of interest, any employee who engages in any remuneration activity in any field directly related to ORGANIZATION programs must have prior approval by the Executive Director. The Board of Directors will review these issues for the Executive Director. No employee may formally represent himself/herself as a spokesperson for ORGANIZATION without prior approval of his/her supervisor.

For more information contact:
Minnesota Council of Nonprofits
2700 University Ave. W. #250
St. Paul, MN 55114
Phone: (612) 642-1904
Fax: (612) 642-1517
E-mail: mcn@mncn.org
Sample Policy for Employee Use of Agency Electronic Communications

General Statement
The internal network is connected to the Internet. Everyone with computer access to the internal network has the ability to access the Internet, including use of electronic mail and the World Wide Web. While the Internet is a great resource, it is the responsibility of each employee to use this resource responsibly and respectfully. It is assumed that the predominant use of these resources will be for work use, and that any personal use of electronic mail or the World Wide Web will be very limited; never a priority over work matters. If an employee is found spending excessive time on personal use of these resources, this privilege may be revoked for that employee.

If documents viewed on the Internet are of questionable nature (e.g. obscene, harassing, threatening) the employee should check with her/his supervisor to receive approval for viewing such documents on agency computers and time.

Electronic Mail and Other Online Communication Tools
Electronic mail sent from agency accounts should be treated the same as any other communication that is sent. All communications represent the agency as a whole, and as such, should be written in a professional and appropriate manner. This also applies to any material that is published on the agency website.

Other agency staff may access e-mail that is normally under an employee’s control without the consent of the individual employee when necessary to carry out normal business functions, or if suspicious of possible misuse of any of the items. Employees will not delete or modify data files belonging to other employees without prior consent.

Whenever an employee sends an e-mail, her/his user name is attached to that e-mail. Each employee is responsible for all electronic mail originating from her/his user name. Attempts to delete or modify the email of other users is prohibited. Attempts at sending harassing, obscene, and/or other threatening e-mail to another user inside the agency or outside of the agency is prohibited.

Confidential conversations (e.g., personnel issues, messages regarding corrective/disciplinary actions) should not be sent over e-mail. Employees should be aware that messages may be forwarded to others by the recipient, printed in a location where individuals other than the intended recipient may view the message, or directed to the wrong recipient.

Employees shall not use agency provided e-mail media in a fashion that promotes discrimination on the basis of race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law or any unlawful activity.

These requirements apply to all other electronic communication used for agency business such as social media websites, instant messaging and text messaging communications.

Local Area Network and Electronic Files
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Ownership – All software, programs, applications, templates, data, and data files residing on the agency computers or storage media or developed on the agency computer system are the property of the agency. The agency retains the right to access, copy, change, alter, modify, destroy, delete, or erase this property without the consent of the individual employee should it be deemed necessary to carry out normal business.

Confidentiality – All electronic files should be considered as information appropriate for public domain.

Back Up of Data Files – Employees are expected to store all files on the network which are backed up on tape to avoid irretrievable loss through hardware failure. Files stored on employee workstations are not backed up and therefore agency is not responsible for the loss of those documents.

Phone Usage
Agency provides employees with phone accessibility. A portion of agency business is carried out over the telephone. However, it is the responsibility of each employee to use this resource responsibly and respectfully. It is assumed that the predominant use of these resources will be for work use, and that any personal use of telephones will be very limited; never a priority over work matters. If an employee is found spending excessive time on personal use of these resources, this privilege may be revoked for that employee.

Failure to Abide by Policies
Any employee attempting to damage, fabricate, or misrepresent the Local Area Network or Electronic Files will be denied privileges and may be subject to disciplinary action including termination.
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Sample Employee Grievance Procedure

A grievance is a written complaint by an individual employee expressing dissatisfaction in the administration of a policy or rule or dissatisfaction with a condition of employment. For instance, a grievance may involve discipline taken with regard to the employee or may involve a claim of discrimination or harassment. Employees may raise concerns, file grievances, and make reports in good faith without fear of reprisal.

If an employee has a grievance, the following procedure should be followed:

A. An employee who has a complaint should submit the complaint to the Executive Director within ten (10) working days of the event or within a reasonable time. The Executive Director will make every attempt to resolve the grievance within ten (10) working days thereafter. In the event the grievance is not resolved, the employee shall proceed immediately to the procedures set forth in B, hereafter.

B. If the employee is not satisfied with the Executive Director’s handling of the grievance, the employee may submit a grievance to the Personnel Committee Chair of the Board of Directors promptly after receiving the Director’s decision. Upon the receipt of such grievance, the Chair will call a meeting of the Personnel Committee. This committee will hear the grievance within ten (10) working days of receiving the notice, if possible, and will promptly render a decision and recommendation to the employee thereafter. This decision shall be rendered in writing and shall be considered final.

C. Grievances against the Executive Director may be submitted directly to the President of the Board of Directors of the Center. The President will call a meeting of the Executive Committee. The Executive Committee will hear the grievance promptly and, thereafter, promptly render a written decision. The decision of the Executive Committee shall be considered final.

Since all grievances and decisions are to be made in writing, it is important that the grievance contain sufficient information to render a decision and sufficient information to communicate a decision. The written grievance should:

A. Give a clear, detailed statement of the grievance, the full name and title (if applicable) of the person(s) involved, documents in support of the grievance (if any), and the date(s) pertinent to the grievance.

B. Provide a clear description of the specific action desired by the employee(s) regarding the grievance.

C. State reasons why the specific action should be taken.

D. State in a brief summary the results of previous discussions on the issues involved (if applicable).

E. Be signed by the employee(s).

Provided by Crisis Center Foundation
SECTION ONE

Sample Problem Solving Procedure

Occasionally, you may have a problem or grievance, which is not resolved through the informal open door policy. If that occurs, you may use the following problem solving procedure to assure that your problem or grievance receives prompt and fair handling by the Program.

The problem solving procedure is designed to be fair and fast and to be available at no cost to the employee. You may follow this procedure during your working time with no loss of pay. For the purpose of this procedure, a “problem” or “grievance” is defined as a dispute or question concerning the meaning, interpretation, or application of the provisions of this Employee Handbook. Only present employees may open themselves up for the problem solving procedure.

STEP ONE:
An employee having a problem/grievance shall first present it orally to the Executive Director within five working days of its occurrence or within five working days of when the employee first learned of the problem. The Executive Director will meet with the employee and attempt to solve, resolve, or adjust the problem.

STEP TWO:
If the employee is not satisfied with the answer received in step one, the employee may, in writing, request a review by the Executive Director. The Executive Director or his/her designee shall meet with the employee within five working days and discuss the problem. The Executive Director or his/her designee shall provide a written answer to the employee within five working days of the meeting.

STEP THREE:
If the employee is not satisfied with the response from the Executive Director, the employee may, within seven calendar days of receiving the Director’s answer, request in writing an appeal to the Program Board of Directors or designated Operations and Administration Committee. The Board or Committee shall within five working days, review the written material pertaining to the grievance and may, if it deems necessary, meet with the employee to solicit additional input from the employee. The Board or Committee shall render a written decision as soon as practicable. The decision of the Board or Committee shall be final.

Provided by Choices
Sample Employee Grievance Policy

1. **PURPOSE:**

The Center has a responsibility to address employee complaints and dissatisfaction through an expeditious and fair grievance process.

2. **SCOPE:**

This policy applies to all Center employees.

3. **RESPONSIBILITY:**

All employees have a responsibility to appropriately address complaints or grievances with their immediate supervisor, and all supervisory employees have a responsibility to consistently follow the grievance procedure. In certain cases, the Board of Directors has the responsibility to consider reviewing grievances.

4. **PROCEDURES:**

The following grievance procedure should be used in order of presentation to assure that the employee’s grievance is resolved fairly, equitably, and expeditiously.

   A. The employee must state his or her grievance in writing using the Employee Grievance Form. The grievance will be referred to the supervisor who shall take appropriate steps to resolve the grievance unless the grievance is concerning the Executive Director. In that case, the grievance is referred directly to the Executive Director as outlined in step 2.

   Appropriate steps by the supervisor for all other grievances may include discussing the concern and possible resolutions with the employee, gathering additional information, and reviewing the concern with the Executive Director for guidance.

      1) If a resolution is reached between the supervisor and the employee, the supervisor shall prepare a written statement documenting case particulars and resolution within ten (10) business days of the date the grievance was received from the employee. The employee will receive a copy of the resolution and all documentation shall be maintained in the grievance file as described below under Records.

      2) A grievance not resolved at step 1 shall be referred by the supervisor to the Executive Director.

   B. The Executive Director, employee, and supervisor if needed, shall meet in an attempt to resolve the grievance. Once a resolution is determined, the Executive Director shall prepare a written statement documenting case particulars and resolution within ten (10) business days of the date the grievance was received from the supervisor. The
employee will receive a copy of the resolution and all documentation shall be maintained in the grievance file as described below under Records. The decision of the Executive Director shall be final and binding on all parties involved.

C. If the Executive Director is the subject of the grievance AND the employee is not satisfied with the resolution reached in step 2, the employee may request, in writing, that the grievance be presented to the President of the Board of Directors for potential review. In that case, the Executive Director is responsible for and required to deliver the written grievance to the President. It is within the discretion of the Executive Committee of the Board of Directors to determine whether the grievance will be reviewed or not. The Executive Committee must state such decision in writing within five (5) business days from the receipt of the request for review.

1) If review is granted, the Executive Committee will set a hearing date and time within ten (10) business days at which the involved parties may appear and assert or defend their positions. At least three (3) members of the Executive Committee must be present for the hearing. If the employee who filed the grievance fails to appear at the hearing, the Executive Committee will render its decision based upon all written documentation previously submitted. A final decision shall be rendered by the Executive Committee in writing within five (5) business days of the hearing. The Executive Committee may confer with the full board at its discretion. The decision of the Executive Committee shall be final and binding on all parties involved.

2) If the review is denied, the grievance is considered settled with no further action required.

All original written responses and decisions by the Board of Directors shall be maintained in the grievance file. Copies shall be provided to the employee and the Executive Director.

Employees do not jeopardize their position by appropriately using the grievance procedure.

Normal job performance and professional conduct is expected by all employees during the grievance process.

5. RECORDS:

The grievance file shall be maintained and completed as follows:

A. The Executive Director shall initiate and maintain the grievance file until satisfactory adjustment has been made;

B. The file shall be considered confidential and shall be stored and handled as such according to the agency's Information Management Plan Policy;
SECTION ONE

C. The grievance file shall be independent, separate, and distinct from the employee’s personnel file. This file shall contain the employee’s original actions and all correspondence or information related to the grievance and to related decisions;

D. This file shall be the official mechanism through all steps in the grievance and appeal procedure.

6. **REVISION HISTORY:**

Initial Issue

Committee Approved: _____________________________ Date: _______________

Board Approved: _____________________________ Date: _______________

Implementer: _____________________________ Date: _______________

Reviewed by: _____________________________ Date: _______________

Revised by: _____________________________ Date: _______________

*Provided by Phoenix Crisis Center*
Sample Employee Grievance Form

Name:_________________________________
Position:________________________________
Supervisor:_____________________________ Date:
__________________________________

In this box, describe your grievance or concern. Please be specific.

Have you taken any steps so far to address this grievance or concern? _____ Yes     _____ No
If so, please explain in detail the steps you have taken:

Please turn in this form to your immediate supervisor unless your grievance directly concerns
the Executive Director. In that case, please turn in this form to the Executive Director for
presentation to and potential review by the Board of Directors.

Your grievance will be addressed according to the procedures outlined in the Employee
Grievance policy.
Principles Of Ethical Communication Within An Ongoing Group Of Women With Decision-Making Responsibility

1. UNDERMINING ANOTHER PERSON IS AN UNETHICAL MEANS OF ADVOCATING A POINT OF VIEW. - EVERY WOMAN HAS EXPERIENCED HER BELIEFS BEING DISCOUNTED. PEOPLE KNOW WHEN THEY OR OTHERS ARE BEING DISCOUNTED.

2. PERSONS HAVE A RIGHT TO INFORMATION THAT AFFECTS THEM.
   a. The obvious meaning deals with facts – “we are considering taking X action,” or “we are going to change our program in X way.”
   b. The more complex meaning is in terms of feelings we have about an individual or action. If we seek perspective on our feelings that is one thing, and quite another if we seek another to criticize and join us in our “judgment”. It is a gift to help a person confront a problem, and is a disservice to each to encourage avoiding confrontation.
   c. We cannot continue to deny each other honest feedback, or the right to make decisions based upon real interpersonal information; nor can we avoid feedback on our judgments and feelings. Neither can we create through secret discussions allegiances against each other, which weaken us as a group, dissolve our programs, degrade our work and the lessons we would teach others about constructive ways to use power.

3. EACH PERSON HAS AN OBLIGATION TO BE HONEST WITH EACH OTHER PERSON, TO BE STRAIGHTFORWARD AND TALK WITH THAT PERSON DIRECTLY, RATHER THAN TO ‘TALK IT OUT’ WITH OTHERS.
   a. In tribal societies, this process has a long history:
      i. If you have twice been moved to talk about your problems with another in private with someone else, then it is time to act.
      ii. Ask the person for an appointment with uninterrupted time.
      iii. Know that she/he may resist: she may be afraid of what you will say; she may not think having time with you is important to her.
      iv. Insist: it is your integrity you are maintaining.
   b. Confrontations: maintaining integrity – not a one-shot act or hit-and-run – not dumping or getting it off your chest – done with respect and honesty.
   c. It is foolish to believe that any conflict of personality or ideology is private business. If any persons are in serious and on-going discord, then the group will be affected.
   d. If we agree not to listen to one person about another except to help them to confront their feelings, then we must also agree to a process that will support, give safety and strength to those who have that courage.

4. FOR THE GROUP TO DISCUSS ANOTHER PERSON OUTSIDE HER/HIS PRESENCE IS UNETHICAL COMMUNICATION IN THE EXTREME.
   a. Most of us do not speak fully on painful or angry subjects, waiting until later to be with those who think or feel as we do. This blocks communication from members who would
speak but know that what they say will be dissected out of their presence, rather than confronted within the support and respect of all the members of the group.
b. If supportive and respectful confrontation is to occur, then the group must also build in safeguards for the sharing of feelings and for resolving conflicts.

5. IT IS THE GROUP’S RESPONSIBILITY TO AFFIRM EACH PERSON AS A VALUABLE MEMBER OF THE GROUP.
   a. When a person speaks her/his view, it is critical to remember that she/he is one of us.
   b. She/he alone may hold a view, and more important than the content of her view or ours, is the content of our behavior.
   c. Each of us has a responsibility to reach out and acknowledge the person who has the courage to be in a difficult stance with the rest of the group.

6. NO TRUE GROUP DECISION CAN BE REACHED IF ONE PORTION OF MEMBERS MANIPULATES, MISINFORMS, OR UNDERINFORMS ANOTHER. DECISIONS MADE UNDER THOSE CIRCUMSTANCES WILL NEVER HOLD.
   a. Everyone knows when a secret agenda is being played out. Dishonest communication is an effort to gain power over others. To lobby, deal or align is an inappropriate strategy for us and only means we remain dominated by the process. Decisions made when one group of members have been manipulated will be sabotaged, overturned, blocked; and will create hostility so great that old and new members alike leave in turmoil and disgust, not because they cannot support a decision, but because they cannot support a dishonest process.

7. SEEKING POWER OVER GROUP DIRECTION BY BLOCKING THE VOICES OF OTHERS IS NOT EFFECTIVE IN ACHIEVING AND MAINTAINING THE DESIRED OUTCOME.
   a. This can be done by seizing on a fragment of an issue and making it the central discussion, inciting feelings through rhetoric, or invalidating the speaker; this creates the lack of long-term support for a decision because persons who feel they were not allowed input will have no investment in upholding the decision and may, in fact, feel they have the right to undermine the group or the individual they see as having blocked/harassed them; when one of us blocks or harasses another into silence, the group operates without full information.

8. IT IS THE RESPONSIBILITY OF EACH GROUP MEMBER TO ENSURE THAT EACH OTHER MEMBER HAS ADEQUATE OPPORTUNITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS.
   a. Each person is responsible for noticing the group process: who is speaking, who is not speaking, who has made several attempts and has not been heard, and who has been cut off.
   b. It is common in groups of persons to be too absorbed in formulating their own thoughts and getting a chance to express themselves, and put no attention into easing the way for someone else.
c. Concentration by every person on the importance of the other’s view begins to create a sense of trust and safety that mitigates disagreement within the group.

d. No one leader can monitor participation completely; it must be a group and individual commitment.

9. THE PURPOSE OF EACH INDIVIDUAL’S COMMUNICATION WITHIN A GROUP NEEDS TO BE TO WORK TOWARD AGREEMENT, NOT TO SHAPE DECISIONS TO THEIR OWN IMAGE.

10. ACKNOWLEDGING FEELINGS IS NOT INCONSISTENT WITH CONDUCTING BUSINESS, AND TO IGNORE OR FAIL TO RESPOND TO CONFLICT, PAIN OR MISTRUST BETWEEN MEMBERS IS UNETHICAL COMMUNICATION.

a. Own up; we all know when there is conflict, pain, mistrust, alliances, and a sense of alienation or pre-planned decisions.

b. By not acknowledging this situation to each other, we maintain complicity in allowing each other to be hurting, angry, isolated and invalidated.

c. We each bear responsibility for speaking out; although the feelings do not have to be dealt with right at the moment, if they go unnoticed or ignored, we are all guilty of pretending that people’s needs, feelings, responses do not exist or are not important.

d. If our feelings are ignored, our anger will overturn us and overthrow our work.

11. EVERY PERSONAL RELATIONSHIP BETWEEN MEMBERS OF A GROUP AFFECTS THE GROUP AND THEREFORE MAY BE PERSONAL, BUT NOT ALWAYS PRIVATE.

a. Personal relationships often provide affiliations of thought and influence. To bond is legitimate, but the group has the right to monitor that power and to call individuals on it if they feel the power is being wielded in unethical ways.

b. We have all experienced the predictable and continual disagreement between members—a relationship based on sniping and depreciation regardless of subject. If there are such conflicts, then the group has to deal with it or the group may be asked to help resolve conflicts/interpersonal issues when those persons involved cannot.

12. THE MEANS IS THE END.

a. How we do our work will determine the product. How it will model for others. How long it will last. What, if any, value it will have to those who come after us.

Synopsis of paper presented to NCADV by Kit Evans, 1981.
In revision by TCFV Staff, 1987; this is a working draft.
Illinois Certified Domestic Violence Professionals Board, Inc.
Code Of Ethics

Certified Domestic Violence Professionals:

1. Have a primary commitment to provide the highest quality professional support for those who seek services.
2. Protect the safety of the domestic violence victim at all times.
3. Dedicate themselves to the best interest of clients and empower clients to help themselves.
4. Maintain confidentiality of the working relationship and information resulting from it, consistent with all legal obligations.
5. Do not exploit relationships with clients for personal advantage.
6. Do not solicit the clients of one’s agency for private practice.
7. Do not have sexual or romantic relationships with clients.
8. Avoid any action that will violate or diminish the legal and civil rights of clients.
9. Do not condone or engage in sexual or other harassment as defined by the law.
10. Do not discriminate against clients or professionals on the basis of age, gender, spiritual beliefs, race, ethnicity, sexual orientation, marital status, national origin or disability.
11. Develop knowledge, personal awareness, and sensitivity pertinent to the client populations served and incorporate culturally relevant techniques into their practice.
12. Are willing to release or refer a client to another program or individual when it is in the best interest of the client.
13. Do not perpetrate or condone domestic violence as defined in the Illinois Domestic Violence Act and its amendments.
14. Respect the rights and views of other professionals, agencies and organizations serving domestic violence victims.
15. Take personal responsibility for professional growth.
16. Do not knowingly misrepresent credentials or those of their employer.
17. Abide by all ICDVP requirements for professional certification standards.
Chapter 4 Volunteers

Volunteers are unpaid individuals who provide direct and indirect services to domestic violence programs. Direct service volunteers are those who have direct contact with the survivors of domestic violence in the program, supervise those who do, or have access to survivor records. Most volunteers generally fall under the category of direct service volunteers. Volunteers providing indirect services have no direct contact with survivors or their records, and instead perform other duties that benefit the program, such as clerical or fundraising activities.

Minimum Requirements in Administration

Programs funded by IDHS or ICADV must adhere to the following criteria in volunteer management:

- All volunteers working in the program who may be in a position to provide or supervise direct services to adults or children or who have access to confidential information must complete a minimum of 40 hours of training conducted by qualified domestic violence personnel. Training must cover the topics listed in Appendix D.
  - Volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples of such volunteers may include those conducting periodic trainings to survivors on topics other than domestic violence, or volunteers conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the volunteer at any time survivors are or may be present.

- To ensure that direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.

- All volunteers must sign a confidentiality agreement.

- Programs must designate a staff person, either paid or volunteer, to act as volunteer coordinator.

- Programs must have a written policy regarding screening, training, supervising, evaluating, and terminating volunteers.

- Programs must perform both CANTS and LEADS checks on volunteers coming in direct contact with children served by the program.

- Programs must have written policies that prohibit survivors from volunteering while receiving program services. Although survivors may choose to volunteer after completing program services, programs shall never require it. Policies must also include
procedures to follow when a survivor volunteering for the program is re-victimized by the perpetrator of domestic violence.

Suggestions for establishing effective volunteer programs are included in the Guidelines section of this chapter. The review tools used during ICADV and IDHS site visits to assess volunteer policies and documentation are included in Appendix C.

Minimum Requirements in Documentation

For every volunteer who is in a position to provide or supervise direct services or have access to confidential information, programs must maintain a file that includes at a minimum the following information:

- Application form
- Time spent at program
- Signed Declaration of Confidentiality
- Certificate of completion of 40-hour training
- Any statements requiring signature according to program policy, such as Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status or Policy Agreement Form
- CANTS and LEADS checks, if applicable
- Records of additional trainings attended
- Records of awards or recognition for contributions to the program

Records must also be kept for volunteers providing indirect services as well. These must include at a minimum the time they have spent volunteering and the contributions they have made.

Guidelines

To help recruit and utilize volunteers, programs are encouraged to develop a wide variety of both direct and indirect service tasks with which volunteers may be able to assist. The list will help potential volunteers determine if they are willing or able to contribute specific abilities to the program.

Potential direct service duties may include but not be limited to the following:

- Childcare
- Transportation
- Crisis intervention
- Counseling
- Legal or individual advocacy
- Technology safety advocacy
SECTION ONE

- Hotline coverage
- Recreational activities for adults or children
- Group counseling facilitation for adults or children
- Mentoring children
- Life skills training
- Job seeking skills and resume development
- Computer training or other job training
- Assistance with moving

Potential indirect services may include the following duties if they do not include direct contact with survivors in the program:

- Picking up/sorting donations
- Clerical duties that don’t involve confidential records
- Fundraising activities
- Event organizing
- Public speaking
- Answering non-hotline office phone calls
- Yard work
- Shelter maintenance and upkeep activities
- Cooking

Recruiting Volunteers

It is important to remember that many requirements for paid staff apply to direct service volunteers as well, including the mandatory 40-hour training, CANTS and LEADS checks for all those who will be in contact with children, and confidentiality agreements. Further information on these subjects is included in the Personnel chapter.

Just as with paid staff, it may be useful to have an interview and screening process for potential volunteers to help assess if they are appropriate to work with survivors. The tool Hiring the Right Individual: Sample Interview Questions is included in the Personnel chapter for reference.

Programs are encouraged to have written procedures to reach diverse groups of people from the communities of each county the program serves. It is important that programs have processes in place to promote a diverse representation of volunteers in race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law and other demographics that reflect the diversity of survivors. The program should be a welcoming and safe place for minority groups to volunteer.

Managing Volunteers

Once they have recruited volunteers, programs should have a well-organized system of volunteer orientation, training, support and supervision. The volunteer coordinator needs to be consistently available for volunteers to report to with questions, concerns or scheduling conflicts. Volunteers should have a reliable contact person as a support system for discussing experiences and day-to-day issues. When the volunteer coordinator is not present, the
program should designate another person to greet volunteers when they arrive and guide them to their duties.

In addition to ensuring regular contact with the volunteer coordinator, programs should facilitate a process of ongoing communication between volunteers and other paid staff as well. For instance, if a volunteer notices a behavior change in a child, the volunteer should know who to contact and feel comfortable bringing the issue to a staff member who can address it further. This type of ongoing communication between staff, volunteers and management allows for a seamless system of services.

The following additional guidelines are recommended for creating a supportive and successful volunteer program:

- Keep a sign-in sheet to document volunteer time. This helps not only with program records of volunteer hours, but also in later recognizing volunteers for their contributions.

- Have written job descriptions for each type of volunteer position, including all responsibilities. These descriptions should be provided to all volunteers to clarify roles and responsibilities.

- Assess volunteers for skills and abilities, and provide appropriate placements that best utilize each person. For instance, a volunteer who is very computer savvy but unable to work well with children may be more suited toward helping with administrative duties.

- Be creative and flexible in utilizing unusual or diverse volunteer skills. If volunteers are able to contribute special skills that lie outside of general program services but may still benefit survivors (e.g. hair styling or leading a yoga class), make efforts to accommodate these potential contributions.

- Provide a high level of program involvement for volunteers, including ongoing participation in program staff trainings, retreats and meetings as appropriate. This allows volunteers to learn more and feel recognized.

- Acknowledge the efforts of volunteers. This includes not only informal positive feedback and praise to volunteers on a day-to-day basis, but more formal recognition as well. A way to provide formal recognition might include an annual reception for volunteers at which they receive awards for their time and efforts.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Ohio Domestic Violence Network.
Chapter 5 Fiscal Responsibilities

Nonprofit agencies providing domestic violence services must responsibly manage the fiscal resources of the agency. This is to ensure that the agency is using funds for the purposes for which they were awarded, and to demonstrate the agency’s general responsibility to its funding agencies, donors, and community. The executive director and the agency staff act to maintain the fiscal health of the organization. The board of directors is responsible for monitoring the outcomes of their actions and, as a result, is ultimately responsible for the financial outcomes of the organization.

Minimum Requirements in Administration

The following responsibilities are required in the fiscal management of domestic violence programs funded by IDHS or ICADV. The party most commonly responsible for each requirement is shown in parentheses.

- Plan and develop the annual budget (Staff)
- Review, adjust and approve the annual budget (Board)
- Elect a board treasurer and appoint a finance committee and subcommittees to oversee the safeguarding and profitable management of the agency’s assets (Board)
- Research and arrange for adequate insurance policies (Staff)
- Administer contracts for any contractual services required by the agency (Staff)
- Oversee all insurance policies and contracts made by the agency (Board)
- Ensure that all requirements are met for 501(c)3 status (Board and Staff)
- Ensure that all services are provided to survivors free of charge (Board)
- Prepare the state and federal reports and tax forms (Either external accountants or Staff)
- Monitor the filing of state and federal reports and tax forms (Board)
- Budget and anticipate financial problems, including long-range financial forecasting (Both Staff and Board)
- Arrange for an annual audit of the organization’s books, including A-133 audits required for agencies receiving federal funding above specified amounts (Staff)
- Review all audit materials and strategize fiscal planning as needed (Board)
• Generate policies for internal financial controls (Board)

• Adopt and maintain procedures for internal financial controls (Staff)

• Periodically inspect the books and records of the organization (Board)

• Ensure that the agency manages resources in a manner consistent with sound fiscal standards and keeps written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts and risk management (Board)

• Ensure that the agency conducts all financial record keeping in accordance with generally accepted accounting principles consistently applied. Accounting transactions must be properly classified, adequately documented in appropriate books of original entry (journals), and posted to general ledgers on a monthly basis (Staff and Board)

• Keeps all fiscal records for at least six years beyond the fiscal year that the expenditure occurred or longer if there is an audit, in which case the records shall be maintained until the audit is completed (Staff)

• In programs funded by IDHS, ensure that money is never given directly to those receiving services (Staff)

Suggested guidelines and tools for fiscal processes are included in this chapter. The review tools used to assess fiscal procedures during ICADV and IDHS site visits are included in Appendix C.

Guidelines

It is important that nonprofit organizations providing domestic violence services have written fiscal policies and procedures that are understandable and complete. Samples of site review tools (not specific to IDHS or ICADV) and A Checklist to Assess Financial Activities in Nonprofit Organizations are provided in this chapter.

The following procedures are generally administered by staff members. The board of directors is responsible for ensuring that policies and procedures are in place to manage these fiscal concerns.

It is recommended that fiscal policy and procedures clearly address and outline the following:

• The accounting system, including who carries out the system and how often the board treasurer or finance chair reviews the books to ensure compliance with generally accepted accounting principles
• **Financial reports**, including who generates monthly reports, what they will contain, how often reports are given at board meetings and what information is provided

• **Authorized check signatories**, including who they are and the dollar amount limits

• **Banking procedures and accounts**, including how often deposits and withdrawals are made, by whom, and under what circumstances

• **Audits**, including how often they will occur, who will conduct them, and what processes will be used

• **Invoices**, including who will approve them

• **Petty cash**, including maximum amounts, who has access, uses, and periodic reconciliation

• **Purchasing/bid process**, including what supplies will be purchased, how often and by whom, and what approvals are necessary

• **Supply/equipment management**, including who is responsible for monitoring and when expenses and projected needs are reported

• **Donated materials**, including the processes for receiving and recording them

• **Donated funds**, including the processes for receiving, recording and depositing them

• **Staff travel expenses and other reimbursements**, including required forms and applicable mileage rates

• **Permits for zoning and occupancy**, as well as safety, fire and health inspections as local codes require

• **Grants/contracts/contractual agreements**

• **Process for monitoring** how compliance with above policies are followed
Tools and Samples

Sample Fiscal Site Review Tool
Sample Fiscal Review Tool
Sample Fiscal Site Review: Materials to Review
Checklist to Assess Financial Activities in Nonprofit Organizations
SECTION ONE

Sample Fiscal Site Review Tool

A. What information is given to the board at monthly meetings?

B. Does the treasurer or finance chair ever review the books?
   Yes ___ No ___
   Is it a standard procedure? Yes ___ No ___
   Is it written and if so, where? ________________________________

C. Is there a petty cash fund? Yes ___ No ___
   Is there a written policy establishing the petty cash fund?
   Yes ___ No ___
   Where? ________________________________
   Maximum amount? __________
   Uses _____________________
   Periodic Reconciliation? Yes _____ No _______
   By whom? ____________________________
   Who has access to petty cash? ________________________________

D. How often are deposits made? _________ where ________________
   And by whom ________________________

E. Has there been a recent audit? Yes _____ No _____
   What period did it cover? __________________________
   Did program receive a management letter? Yes ___ No ___

F. Is a physical inventory of equipment done? Yes ___ No ___
   In writing? Yes ___ No ___
   How often? ____________________________
   Who is responsible? ________________________________

G. Are Emergency Shelter Units (ESU’s) a part of your contract? Yes ___ No ___
   In-kind? Yes ___ No ___

H. Who fills out monthly reports? ________________________________

I. Who is (are) the agency check signer(s)? __________________________
   Is there a dollar amount limit? Yes ___ No ___
   Amount ______
   Check the balance system in place. Explain.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

J. Facility Y- Yes
Do local codes require:

<table>
<thead>
<tr>
<th>Required</th>
<th>On File</th>
<th>Date of Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zoning permits</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Occupancy Permits</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Safety Inspection</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Fife Inspection</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Health Inspection</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are there any problems meeting any of these requirements? ________________________________

Have there been any violations? Describe the problem and how it is being remedied.

Is the facility owned_________ leased_________
Sample Fiscal Review Tool

Date: ________________  
Site: ________________

BOOKS OF ACCOUNT CONTENT
Cash/Accrual:  
Cash Receipts:  
Cash Disbursements:  
Payroll Ledger:  
Computerized:  
Software Package:  
General Ledger:  
General Journal:  
Who is Responsible for the Books:  
Other:

CASH RECEIPTS CONTENTS
Date:  
Received From:  
Grant:  
Bank Account:  
Amount:  
Other:

PAYROLL LEDGER CONTENTS
Who prepares:  
Semi-weekly or Semi-monthly:  
Employee Name:  
Date Paid:  
Pay Period:  
Total Earnings:  
YTD Earnings:  
Funding Sources:  

PAID VOUCHERS CONTENTS
Voucher System:  
Date Paid:  
Amount:  
Paid to:  
Check #:  
Line Item:  
Grant:  
Voucher:  

CORPORATE MANAGEMENT PAPERS (WHO PREPARES)
990T/AG990:  
Annual State NP:  
W2’s:  
SUTA (St. Unemployment):  
941/L941:  
501 (c):  
State Sales Tax Exemption:  
Contractual Agreements:  
Bids:  

CASH DISBURSEMENTS CONTENTS
Date:  
Paid To:  
Check #:  
Line Item:  
Grant:  
Amount:  
Voucher #:  

CHART OF ACCOUNTS CONTENTS
Grants:  
Line Items:  
Programs:  
Core Match:  
Children’s Match:  

FINANCIAL REPORT CONTENTS
Who Prepares:  
Grants:  
Line Items:  
Income/Exp. By Month:  
YTD:  
Budget:  
Cash Balances:  

COST ALLOCATION PLAN CONTENTS
SECTION ONE

Agency:  
Program:  
Payroll:  

MATCH SOURCES
CORE:
Children:

INSURANCE POLICIES CONTENTS
D & O:
Property:
General Liability:
Staff Liability:
Bonding:
Non-Owned Car:
W.C.:
Other:

MANUALS
Admin. Manual:
Fiscal Manual:
Employee Handbook:
Others:

EMPLOYEE FILE CONTENTS
Resume:
Salary Information:
Record of Leave Time:
Immigration Form:
Disciplinary Action:
Training Certificates:
Resignation Letter:
Evaluations:
DCFS Mandated Reported Statement:
Signed Confidentiality Statement:
Other:

SAFETY/SECURITY CONTENTS
Locked Doors/Who May Answer:
Written Policy For Location Confidentiality:
Curfew:
Policy Regarding Visitors:
Who May Answer the Phone:
Policy Regarding Violence/Threats of Violence at Program:
Weapons:
Policy on Abuser Attempting/Gained Access to Building:

Storage of Cleaning Supplies:
Toxic Substances:
Storage of Medicine/Drugs:

INVENTORY REPORT CONTENTS
Date:
Amount:
Description:
Location:
Serial Number:
Date of Depletion:

BYLAWS CONTENTS
Purpose:
Membership:
Amendments:
Dissolution Clause:
Indemnification:
Corporation Clause:
Annual Meeting(s):

BOARD OF DIRECTORS
Powers:
Number:
Term:
Vacancies:
Quorum:

OFFICERS
Election:
Term:
Removal:
Vacancies:
Officer’s Duties:

COMMITTEES
Standing:
Duties:
Quorum:
Advisory Board:
SECTION ONE

Sample Fiscal Site Review: Materials to Review

PROGRAM: _______________________ DATE: ________________
REVIEWER: _______________________

_____ BYLAWS
_____ ADMINISTRATIVE MANUAL
_____ EMPLOYEE HANDBOOK
_____ FISCAL PROCEDURES AND POLICIES
_____ INSURANCE POLICIES
_____ CONTRACTS/CONTRACTUAL AGREEMENTS/LEASES
_____ FISCAL FORMS (BLANKS)
_____ CHART OF ACCOUNTS
_____ COST ALLOCATION PLAN/BUDGET
_____ LAST QUARTERLY PAYROLL TAX FORMS
_____ FINANCIAL REPORTS TO THE BOARD
_____ SOURCE DOCUMENTS (PAID BILLS)
_____ LEDGERS ______________
_____ JOURNALS ______________
_____ MATCH ACCOUNT TRACKED (CORE AND CHILDREN)
_____ LIST OF BOARD MEMBERS/ADVISORY COUNCIL
_____ ZONING PERMITS/INSPECTIONS
_____ INVENTORY
_____ AG990, 990, ANNUAL REPORT
_____ 501 (c) 3 /STATE SALES TAX EXEMPTION LETTER
_____ LAST BOARD MINUTES
_____ BANK STATEMENTS
# Checklist to Assess Financial Activities in Nonprofit Organizations

Be sure to read How to Use This Tool and Disclaimers before using information in this document.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Indicator</th>
<th>Met</th>
<th>Needs Work</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>1. The organization follows accounting practices that conform to accepted standards.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>2. The organization has systems in place to provide the appropriate information needed by staff and board to make sound financial decisions and to fulfill Internal Revenue Service requirements.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>R</td>
<td>3. The organization prepares timely financial statements including the Balance Sheet (or statement of financial position) and Statement of Revenue and Expenses (or statement of financial activities) which are clearly stated and useful for the board and staff.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>4. The organization prepares financial statements on a budget versus actual and/or comparative basis to achieve a better understanding of their finances.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>E</td>
<td>5. The organization develops an annual comprehensive operating budget that includes costs for all programs, management and fundraising and all sources of funding. This budget is reviewed and approved by the board of directors.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>6. The organization monitors unit costs of programs and services through the documentation of staff time and direct expenses and use of a process for allocation of management and general and fundraising expenses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>7. The organization prepares cash flow projections.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td>8. The organization periodically forecasts year-end revenues and expenses to assist in making sound management decisions during the year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>9. The organization reconciles all cash accounts monthly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>10. The organization has a review process to monitor that they are receiving appropriate and accurate financial information whether from a contracted service or internal processing.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>11. If the organization has billable contracts or other service income, procedures are established for the periodic billing, follow-up and collection of all accounts, and there is documentation that substantiates all billings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>12. Government contracts, purchase of service agreements and grant agreements are in writing and are reviewed by a staff member of the organization to monitor compliance with all stated conditions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>13. Payroll is prepared following appropriate State and Federal regulations and organizational policy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>14. Persons employed on a contract basis meet all Federal requirements for this form of employment. Disbursement records are kept so 1099's can be issued at year end.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION ONE

| E | 15. Organizations that purchase and sell merchandise take periodic inventories to monitor the inventory against theft, to reconcile general ledger inventory information and to maintain an adequate inventory level. |
| R | 16. The organization has a written fiscal policy and procedures manual and follows it. |
| E | 17. The organization has documented a set of internal controls, including the handling of cash and deposits, approval over spending and disbursements, including a plan for periodic assessment of appropriate implementation of those controls. |
| E | 18. The organization has a policy identifying authorized check signers and the number of signatures required on checks in excess of specified dollar amounts. |
| E | 19. All expenses of the organization are approved by a designated person before payment is made. |
| R | 20. The organization has a written policy related to investments. |
| R | 21. Capital needs are reviewed at least annually and priorities established. |
| R | 22. The organization has established a plan identifying actions to take in the event of a reduction or loss in funding. |
| R | 23. The organization has established, or is actively trying to develop, a reserve of funds to cover at least three months of operating expenses. |
| E | 24. The organization has suitable insurance coverage, which is periodically reviewed to ensure the appropriate levels and types of coverage are in place. |
| E | 25. Employees, board members and volunteers who handle cash and investments are bonded to help assure the safeguarding of assets. |
| E | 26. The organization files IRS Form 990's in a timely basis within prescribed time lines. |
| R | 27. The organization reviews income annually to determine and report unrelated business income to the IRS. |
| R | 28. The organization has an annual, independent audit of their financial statements, prepared by a certified public accountant. |
| R | 29. In addition to the audit, the CPA prepares a management letter containing recommendations for improvements in the financial operations of the organization. |
| R | 30. The board of directors, or an appropriate committee, is responsible for soliciting bids, interviewing auditors and hiring an auditor for the organization. |
| R | 31. The board of directors, or an appropriate committee, reviews and approves the audit report and management letter and with staff input and support, institutes any necessary changes. |
| E | 32. The audit, or an organization-prepared annual report that includes financial statements, is made available to service recipients, volunteers, contributors, funders and other interested parties. |
## Section One

| A | 33. Training is made available for board and appropriate staff on relevant accounting topics and all appropriate persons are encouraged to participate in various training opportunities. |

Indicators ratings: E=essential; R=recommended; A=additional to strengthen organizational activities

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**How to Use the Tool:** The checklist indicators represent what is needed to have a healthy, well-managed organization. Since it is a self-assessment tool, organizations should evaluate themselves honestly against each issue and use the response to change or strengthen its administrative operations.

**Ratings:** Each indicator is rated based on its importance to the operation and effectiveness of any nonprofit organization. The ratings are: 
- **E:** Indicators with an "E" are essential or basic requirements to the operations of all nonprofit organizations. Organizations that do not meet the requirements of these indicators could place their organizations in jeopardy.
- **R:** An "R" rating signifies that these indicators are recommended as standard practice for effective nonprofit organizations.
- **A:** Additional indicators which organizations can implement to enhance and strengthen their management operations and activities are rated with an "A/"

**Checklist Responses:** Organizations can respond in one of three ways to each indicator used:

1. **Needs work** - An indicator that is marked as "Needs Work" implies that work has been done towards achieving this goal. The organization is aware of the need for this indicator, and is working towards attaining it.
2. **Met** - All indicators marked as "Met" demonstrate that the organization has fulfilled an essential management need. However, the organization should review these indicators in the future to be sure that their management remains healthy in view of the many internal and external changes that constantly occur in all organizations.
3. **N/A** - Indicators marked as "N/A" can mean several things, including: - the indicator is not applicable to the management operations of this organization - the organization is not sure of the need to meet the requirements of this indicator - the organization has not met, nor is working on this indicator presently, but may address it in the future.

**All organizations should take note:** All responses to indicators should be reviewed carefully to see if they could improve management operations. Indicators checked "N/A" due to uncertain applicability to the organization must be further reviewed to determine if they should become a part of "doing business." If the assessors simply do not know what the indicator means, further information may be needed to accurately assess the feasibility of its application. Indicators marked "N/A" because they have not been met but that apply to the organization, may require immediate attention. Technical assistance, consulting, or training may be required to implement these indicators.

The indicators in this checklist should be informative and thought provoking. The checklist can be used to achieve not only a beginning level of good management, but improve existing management to provide the organization with greater stability, reliability and success in the nonprofit community. It is also a useful tool if an organization is experiencing management
problems, to help pinpoint any weaknesses so action can be taken or assistance sought to improve the organization's health. All organizations should use the checklist to re-assess themselves periodically to ensure compliance with established rules and regulations, and to continue improving administrative health through the indicator's helpful suggestions.

**Disclaimer:** This checklist is designed to provide accurate and authoritative information regarding the topics covered. Legal requirements and non-legal administrative practice standards reflected herein are capable of change due to new legislation, regulatory and judicial pronouncements, and updated and evolving guidelines. All stated legal requirements are in effect as of September 1, 1995. The same are utilized with the understanding that the provision of this checklist does not constitute the rendering of legal, tax or other professional services. If the organization requires professional assistance on these or other nonprofit tax, management, or accounting issues, please contact your own professional advisors.
Chapter 6 Data Collection and Reporting

Programs funded by IDHS or ICADV must develop a system to document services, maintain accurate and complete records, and submit documentation using InfoNet and program reports as directed by IDHS or ICADV. This data collection is essential in determining program policies, identifying and defining unmet needs, and shaping present programs or developing new programs to meet those needs.

The service documentation reported to IDHS and ICADV must include each survivor’s eligibility and identified needs, and the types and amounts of direct services provided to survivors. For details on the minimum requirements of documentation and which services must be documented in each service category, please refer to the Documenting Services chapter of this manual. Programs must also regularly report to IDHS and ICADV on the expenditures of funds required to carry out these services.

Minimum Requirements in Administration

Programs funded by IDHS or ICADV must adhere to the following data collection and reporting requirements:

- Programs must develop and maintain a data collection and record-keeping system for all services provided. This system must allow for the efficient retrieval of data needed to measure and report the program’s performance in relation to its stated goals and objectives. Documentation must include all services outlined in the Documenting Services chapter of this manual.

- Programs must provide summary documentation of use of IDHS and ICADV funds by line item of actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. Expenditures must be recorded in the program’s records in such a manner as to establish an audit trail for future verification of appropriate use of funds.

- Programs must make available to IDHS and ICADV access to all data, records and facilities to ensure compliance with the terms and conditions of funding. These include but are not limited to survivor records, records of requests for services and referrals, administrative records, and financial records. Programs may delete all survivor identifying data from such records prior to inspection, with the exception of identification numbers. If the reviewer is someone who could create a safety risk to a survivor in the program, the program should inform IDHS and ICADV. Prior to giving access to de-identified records, programs should have each reviewer sign a confidentiality agreement.

- Programs must provide program information to the Illinois Domestic Violence Help Line agency database as requested. In addition, programs must notify the Help Line of any updates to program services to ensure the database has the most current information.

- Programs must report to IDHS and ICADV by the next business day serious incidents or unusual occurrences that have:
The review tools used during ICADV and IDHS site visits to assess data collection and reporting are included in Appendix C.

Portions of this chapter adapted from materials produced by the New Mexico Children, Youth and Families Department.
Chapter 7 Evaluation

Evaluation is the process of assessing the effectiveness of a program in achieving its objectives. All programs funded by IDHS or ICADV must participate in evaluation efforts that have been approved by the funding agency. The purpose of evaluation is to gather information that can be used to measure results of services and make program improvements.

In addition to participating in statewide evaluation efforts, programs must also develop internal systems for collecting feedback from survivors for their own purposes of self-assessment. This will help programs to examine the quality of their own services, assess outcomes and determine what program improvements to make. More information on collecting outcome data is provided in the Service Outcome Measures chapter.

Minimum Requirements in Administration

All programs funded by IDHS and ICADV must adhere to the following criteria in evaluation.

- Programs must cooperate and participate in research and survey efforts that have been approved by IDHS or ICADV for the purposes of program evaluation and strategic plan initiatives. IDHS and ICADV will consider written requests from individual programs for waivers or modifications of research participation mandates.

- Programs must have processes in place by which feedback from those receiving program services is used to enhance programs.

- Evaluation information collected from survivors must be used for program research and evaluation purposes only, and must be kept confidential.

- Survivors will have the right to refuse to participate in evaluation or feedback processes.

Recommendations for meeting these requirements are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

Evaluation forms will differ by program depending upon program services and needs. Completed evaluation forms must be kept together in the confidential personnel file.
Guidelines

Programs are encouraged to make the opportunity to provide feedback available to all those served by the program, whether they have stayed in shelter or used non-residential services such as counseling, legal advocacy or other services. Guidelines for collecting and reviewing feedback from those receiving services are included in the Service Outcome Measures chapter. Although the guidelines focus on gathering the feedback of survivors, programs should also collect feedback from the community members who form the audience of outreach presentations.
Chapter 8 Service Outcome Measures

Programs funded by the Illinois Department of Human Services (IDHS) and/or the Illinois Coalition Against Domestic Violence (ICADV) must develop a system to collect service outcome data and submit this information using InfoNet. This data collection is essential in determining outcomes of services provided to clients seeking shelter, support groups, counseling, legal advocacy, other supportive services and advocacy, and/or children’s services.

Minimum Requirements in Administration

Programs funded by IDHS or ICADV must adhere to the following data collection and reporting requirements:

- Programs must collect outcome data for at least 5% (but not less than 30 individuals) of eligible clients in each client group. This includes clients seeking any combination of shelter, support groups, counseling, legal advocacy, other supportive services/advocacy, and/or children’s services.

- Clients should answer the outcomes questions in regard to the most intensive services received. In order of “intensity”, service groups are shelter, supportive services and advocacy including legal advocacy, counseling, support groups and children’s services. (i.e. if a client receives shelter and attends a support group then that client should answer the outcome questions in regard to the shelter service received, but not as a support group response).

- Data must be entered into InfoNet on no less than a quarterly basis. For each adult client service group, you should enter four or five records, depending on how many outcome questions apply to the specific client service group. The five distinct service groups for adults are: Shelter (four questions); Support Groups (five questions); Counseling (five questions); Legal Advocacy (four questions); and Advocacy and Other Supportive Services (four questions). If you have survey responses from clients in all five adult service groups, you need to enter minimally 22 records into InfoNet per quarter. There is an additional service group of Children’s Services that includes two questions for children to complete. See the InfoNet System Messages on the Welcome Screen for more detailed data entry instructions.

- Clients need only answer the questions once per service delivery episode or case (e.g. they don’t need to fill out an outcome measures survey at each group session they attend).

Guidelines
Programs may find the following guidelines helpful when collecting service outcome data from those receiving services:

- Collect the data in a way that allows for anonymity of the survivors, not only to protect confidentiality, but also to encourage genuine response.
- Seek responses from survivors in various stages of services.
- Ideally, include all those receiving services at the time of data collection.
- Employ a means to delineate between surveys answered by those in shelter, those receiving support services/advocacy, those receiving legal advocacy, those in counseling, those in support groups and those receiving children’s services. This could be done by using a different color of paper for each group of clients (e.g. yellow paper for shelter, pink paper for support services/advocacy, purple paper for counseling, green paper for support groups and blue for children’s services).
- Preface the delivery of the survey by asking clients who have already submitted a response during a previous service to decline from completing another. This will help reduce duplicate reporting.
- Establish a formal process for staff and board members to review the compiled information from all feedback, and use the information to assess, develop and improve program services.

Data collection survey forms are included in the Tools and Samples section for your convenience in both English and Spanish. There is a separate data collection survey for each of the five adult client service groups. Also included is an InfoNet Data Collection Form for compiling the total number of yes and no responses on all surveys. If your agency already collects outcome measures or client evaluation information and your methods for doing so follow all minimum guidelines provided herein, you may choose to incorporate the collection of these required outcome measures into the forms you already use.

The review tools used during ICADV and IDHS site visits to assess service outcome data collection procedures are included in Appendix C.
Tools and Samples

Domestic Violence Service Outcomes - InfoNet Data Collection Form

Service Outcome Survey: Shelter

Service Outcome Survey: Support Groups

Service Outcome Survey: Counseling

Service Outcome Survey: Legal Advocacy

Service Outcome Survey: Other Supportive Services

Spanish Service Outcome Survey: Shelter

Spanish Service Outcome Survey: Support Groups

Spanish Service Outcome Survey: Counseling

Spanish Service Outcome Survey: Legal Advocacy

Spanish Service Outcome Survey: Other Supportive Services
### Domestic Violence Service Outcomes - InfoNet Data Collection Form

**Reporting Period: ___/___/____ to ___/___/______**

#### SHELTER

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know more ways to plan for my safety.</td>
<td>Safety planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more about community resources.</td>
<td>Community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel safer from abuse by getting out of the abusive environment while in shelter.</td>
<td>Safer from abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more hopeful about my future.</td>
<td>Hopeful future</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### SUPPORT GROUP

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know more ways to plan for my safety.</td>
<td>Safety planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more about community resources.</td>
<td>Community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more hopeful about my future.</td>
<td>Hopeful future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a better understanding of the effects of abuse on my life.</td>
<td>Abuse effects on life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a better understanding of the effects of abuse on my children’s lives.</td>
<td>Safer from abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### COUNSELING

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know more ways to plan for my safety.</td>
<td>Safety planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more about community resources.</td>
<td>Community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more hopeful about my future.</td>
<td>Hopeful future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a better understanding of the effects of abuse on my life.</td>
<td>Abuse effects on life</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have a better understanding of the effects of abuse on my children’s lives.</td>
<td>Safer from abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### LEGAL ADVOCACY

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know more ways to plan for my safety.</td>
<td>Safety planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more about community resources.</td>
<td>Community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have an increased understanding of my legal rights as a domestic violence victim.</td>
<td>Legal rights</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### OTHER SUPPORTIVE SERVICES & ADVOCACY

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know I can report violations of my Order of Protection.</td>
<td>Report OP violations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more ways to plan for my safety.</td>
<td>Safety planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know more about community resources.</td>
<td>Community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more hopeful about my future.</td>
<td>Hopeful future</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel better able to support myself and my children.</td>
<td>Support myself and children</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHILDREN’S SERVICES

<table>
<thead>
<tr>
<th>Client Survey Questions</th>
<th>InfoNet Abbreviation</th>
<th># of Yes’</th>
<th># of No’s</th>
<th>Total Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>The abuse in my family is not my fault.</td>
<td>Abuse not my fault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know two things to do when I don’t feel safe.</td>
<td>Two things to feel safe</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Service Outcome Survey: Shelter

OUTCOME MEASURES DATA COLLECTION

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I know more ways to plan for my safety.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I know more about community resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel safer from abuse by getting out of the abusive environment while in shelter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel more hopeful about my future.</td>
</tr>
</tbody>
</table>

Our agency has a funder that requires us to report data on what you feel you have learned as a result of staying in our agency’s shelter. Please complete this form as instructed by the staff person that provided it to you. **Check YES OR NO for each question.**

(shelter – 1/2012)
Service Outcome Survey: Support Groups

<table>
<thead>
<tr>
<th>OUTCOME MEASURES DATA COLLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT SERVICE GROUP: SUPPORT GROUPS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I know more ways to plan for my safety.</td>
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<tr>
<td></td>
<td></td>
<td>I know more about community resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel more hopeful about my future.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have a better understanding of the effects of abuse on my life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have a better understanding of the effects of abuse on my children’s lives.</td>
</tr>
</tbody>
</table>
### Service Outcome Survey: Counseling

**OUTCOME MEASURES DATA COLLECTION**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I know more ways to plan for my safety.</td>
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<tr>
<td></td>
<td></td>
<td>I know more about community resources.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I feel more hopeful about my future.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have a better understanding of the effects of abuse on my life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have a better understanding of the effects of abuse on my children’s lives.</td>
</tr>
</tbody>
</table>

Our agency has a funder that requires us to report data on what you feel you have learned as a result of receiving counseling services from our agency. Please complete this form as instructed by the staff person that provided it to you. **Check YES OR NO for each question.**

(counseling – 1/2012)
SECTION ONE

Service Outcome Survey: Legal Advocacy

<table>
<thead>
<tr>
<th>OUTCOME MEASURES DATA COLLECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLIENT SERVICE GROUP: LEGAL ADVOCACY</td>
</tr>
</tbody>
</table>

Our agency has a funder that requires us to report data on what you feel you have learned as a result of advocacy you received from our agency, including but not limited to help with the legal system, orders of protection, etc. Please complete this form as instructed by the staff person that provided it to you. **Check YES OR NO for each question.**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>QUESTION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I know more ways to plan for my safety.</td>
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<td></td>
<td></td>
<td>I know I can report violations of my order of protection.</td>
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# Service Outcome Survey: Advocacy and Other Supportive Services

## OUTCOME MEASURES DATA COLLECTION

Our agency has a funder that requires us to report data on what you feel you have learned as a result of supportive services and advocacy you received from our agency, including but not limited to help with housing, education, employment, medical system, etc. Please complete this form as instructed by the staff person that provided it to you. Check YES OR NO for each question.

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<th>YES</th>
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<td></td>
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<td>I know more ways to plan for my safety.</td>
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<td>I know more about community resources.</td>
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<td>I feel better able to support myself and my children.</td>
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<td>I feel more hopeful about my future.</td>
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(advocacy & other supportive services – 1/2012)
Spanish Service Outcome Survey: Shelter

MEDI DAS DE LOS RESULTADOS DE LA RECOPI LACION DE DATOS
GRUPO DE SERVICIO AL CLIENTE: SERVICIO DE ALBERGUE

Nuestra agencia tiene un patrocinador que nos requiere reportar información de lo que usted siente que ha aprendido durante su permanencia en el albergue. Por favor llene ésta forma de acuerdo a las instrucciones de la persona que se la dió. Márque una casilla por pregunta.

¡Gracias por su opinión!

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<td>Si</td>
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<td>1. Yo sé de varias maneras para planear mi protección.</td>
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<td>2. Yo sé más acerca de recursos en la comunidad.</td>
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<td>3. Me siento más segura saliendo del ambiente abusivo mientras mi estancia en el albergue.</td>
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<td>4. Siento esperanza sobre mi futuro.</td>
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Spanish Service Outcome Survey: Support Groups

MEDI DAS DE LOS RESULTADOS DE LA RECOPILACION DE DATOS
GRUPO DE SERVICIO AL CLIENTE: GRUPOS DE APOYO

Nuestra agencia tiene un patrocinador que nos requiere reportar información de lo que usted siente que ha aprendido durante su permanencia en el albergue. Por favor llene ésta forma de acuerdo a las instrucciones de la persona que se la dió. Márque una casilla por pregunta.

Si usted ya ha terminado una encuesta o uno similar para nuestro programa, no complete esta encuesta por favor. ¡Gracias por su opinión!

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Spanish Service Outcome Survey: Counseling

MEDI DAS DE LOS RESULTADOS DE LA RECOPLACI ON DE DATOS
GRUPO DE SERVICIO AL CLIENTE: ASESORAMI ENTO

Nuestra agencia tiene un patrocinador que nos requiére reportar información de lo que usted siente que ha aprendido durante su permanencia en el albergue. Por favor llene ésta forma de acuerdo a las instrucciones de la persona que se la dió. Márque una casilla por pregunta.

Si usted ya ha terminado una encuesta o uno similar para nuestro programa, no complete esta encuesta por favor. ¡Gracias por su opinión!

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Spanish Service Outcome Survey: Legal Advocacy

MEDI DAS DE LOS RESULTADOS DE LA RECOPI LACION DE DATOS
GRUPO DE SERVICIO AL CLIENTE: DEFENSA LEGAL

Nuestra agencia tiene un patrocinador que nos requiere reportar información de lo que usted siente que ha aprendido durante su permanencia en el albergue. Por favor llene esta forma de acuerdo a las instrucciones de la persona que se la dio. **Márque una casilla por pregunta.**

Si usted ya ha terminado una encuesta o uno similar para nuestro programa, no complete esta encuesta por favor. ¡Gracias por su opinión!

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Spanish Service Outcome Survey: Advocacy and Other Supportive Services

MEDI DAS DE LOS RESULTADOS DE LA RECOPI LACION DE DATOS
GRUPO DE SERVICIO AL CLIENTE: SERVICIOS DE APOYO/ SOPORTE

Nuestra agencia tiene un patrocinador que nos requiere reportar información de lo que usted siente que ha aprendido durante su permanencia en el albergue. Por favor llene ésta forma de acuerdo a las instrucciones de la persona que se la dió. **Márque una casilla por pregunta.**

Si usted ya ha terminado una encuesta o uno similar para nuestro programa, no complete esta encuesta por favor. ¡Gracias por su opinión!

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1. Yo sé de varias maneras para planear mi protección.
2. Yo sé más acerca de recursos en la comunidad.
3. Siento esperanza sobre mi futuro.
4. Me siento más capaz de salir adelante y apoyar a mis niños.
Chapter 9 Grant Writing

Grant writing refers to the process of writing grant proposals in the attempt to obtain funding. This process usually involves responding to a Request For Proposals (RFP) from a funding agency. Carefully prepared proposals that clearly outline needs and services are generally most effective in obtaining funds.

Minimum Requirements in Administration

Requirements differ according to the individual grant, and will be clearly delineated in each RFP. The service and administrative requirements for IDHS and ICADV domestic violence program funding are outlined throughout this manual. The quality review tools used by ICADV and IDHS to assess programs during site visits are included in Appendix C.

IDHS and ICADV Requirements for Matching Funds

Programs funded by IDHS must provide matching funds at a rate determined by the Department and specified in the contract. Funds used for this match cannot be used to match other contracts or grants of the program.

For Victims of Crime Act (VOCA) funding, programs funded by ICADV must provide matching support of at least 20% from sources other than the VOCA program. For Violence Against Women Act (VAWA) funding, programs funded by ICADV must provide matching support of at least 25% from sources other than the VAWA program. These match funds cannot include other federal funding, but may include in-kind contributions and volunteer service hours. Programs applying for ICADV funding must also have had financial support from other sources for at least the previous two years. For additional information on ICADV requirements for VOCA/VAWA and VAWA funding, please refer to the ICADV VOCA/VAWA requirements listed in this chapter. Information on how to access more detail on VAWA can also be found in Appendix E.

Suggested guidelines for preparing and writing successful grant proposals are included in the following section.

Guidelines

It is important that grant proposals be well organized, clear and detailed. Most importantly, they should clearly answer each question put forth in the RFP. A list of requirements for VOCA/VAWA funding is included in this chapter for reference.

Preparation
Good preparation is important in proposal writing. The following steps may be useful to programs in preparing to write a proposal:

- Utilize listings such as the Federal Register or the Foundation Directory to investigate possible funding sources and opportunities.

- Research foundations and other potential funding agencies, and review their prior grant awards.

- Request a copy of the funding agency’s proposal guidelines and annual report.

- Submit a one to two page letter of inquiry if this is requested, and wait for a response before submitting the proposal.

- Create a reasonable and feasible schedule for writing, editing, revising, copying and sending the document. Allow enough time in the final stages to deliver proposals in time for their strict deadlines.

- Don’t hesitate to speak directly with a staff member of the funding agency to gain information.

- Ask other programs to share funded proposals, and use these for guidance; also ask about prior mistakes so as not to repeat them in the proposal.

- Find ways that the entire agency can provide support to ensure the proposed program is a success.

- Research your program’s successful history in managing grant finances, or partner with other community programs that have this history.

- Assign one point person to be the proposal manager.

**Writing Successful Proposals**

It is important to keep the proposal simple, organized and user-friendly. It is also essential to follow the RFP directions precisely, responding to each section of the RFP exactly as it asks. If a particular section does not apply you may write N/A, but do not skip it or leave it blank. It may be necessary to repeat statements already made if the proposal asks for something twice; this shows that the program is following the outline, organization and format of the RFP.

When writing proposals, it is especially important to be extremely clear in program goals, how they will be accomplished, why the program’s approach is effective, and why the program would be successful. Detail specific program policies and procedures, and never be vague. Then be consistent throughout the proposal with the goals that your program wants to accomplish, and don’t lose sight of your original plan.

Your program’s goals should be cited in measurable terms, using numbers whenever possible. These stated goals should be realistic in both outcomes and timelines. When in doubt, it is
better to underestimate rather than overestimate project deliverables. Finally, you should relate your goals back to those of the funding agency, stating how your program would support and promote the funding agency’s goals.

Additional tips for writing effective proposals include the following:

- Make a strong case of need for your program; use current research and local statistics for this that pertain to the specific issue your proposal is addressing.

- Identify staff with strong capabilities who will be responsible for carrying out the project, and cite their qualifications in the proposal.

- Use attention-grabbing devices to get the reader’s attention, but be careful to avoid anything potentially offensive.

- Use anecdotes where appropriate.

- Provide limited supplemental information but not too much; for instance, it is often more effective to provide one letter from a survivor describing the program’s services than twenty such letters.

- Be realistic and upfront about strengths and limitations.

**Budget**

- Include a realistic budget that includes all costs associated with the proposed projects.

- State other sources of program funding if applicable; this adds to credibility.

**Language and clarity**

- Mirror the terms and language used in the funding agency’s materials in order to avoid confusion, especially in personnel and service categories.

- Proofread the proposal thoroughly; simple math errors or unclear language can lead to the refusal of the request.

If applying for funding that is specified for direct services, remember these additional guidelines:

- Clearly describe the direct service responsibilities of different positions and the percentage of time each position spends providing direct services, especially if it is not made clear in the position title. For instance, if the executive director of a startup program spends time providing direct services, proposals should make this very clear.

- Be aware that some position titles, such as case manager, are considered administrative positions in other areas of the country; in such instances it’s especially important to outline the actual service duties.
Programs seeking further guidance in writing grant proposals may obtain samples through ICADV. The samples may be useful as examples in writing proposals for domestic violence programs; however, it is important to tailor any proposal not only to the individual program, but also to the particular requirements of the RFP.

Portions of this chapter adapted from materials produced by the Missouri Coalition Against Domestic Violence.
VOCA/VAWA Requirements
VOCA/ VAWA Requirements

The eligible agency:

- Has a principal mission to provide services to victims of domestic violence;
- Has a record of providing effective, victim-centered services to victims of domestic violence for the past two years;
- Has provided 40 hours of training in domestic violence to all of its direct service staff and volunteers. Staff trained after July 1, 2004, must be trained by a site approved by the Illinois Certified Domestic Violence Professionals;
- Is a legally incorporated nonprofit organization that provides services to victims;
- Has had financial support from other sources for at least the previous two years. At least one-fifth of its support (including in-kind contributions) shall be from sources other than the Victims of Crime Act program;
- Is able to provide an independent audit at the time of application;
- Utilizes volunteers;
- Promotes coordinated public and private efforts within the local community to aid crime victims; and
- Assists victims in seeking available crime victim compensation benefits;
- Provides 24-hour telephone accessibility by personnel trained in domestic violence without requiring the victim to make a second phone call or wait for a return phone call;
- Provides access to safe housing for victims of domestic violence including access to trained staff and services to effectively meet the needs of victims;
- Has a demonstrated ability to utilize an intake assessment to determine eligible clients and uses appropriate service plans for eligible clients;
- Has credibility within their service community regarding provision of services to domestic violence victims;
- Provides all victims of domestic violence with free, nondiscriminatory and confidential services; and
- Provides services to victims of federal crimes on the same basis as victims of state and local crimes.

Eligible agencies may be required to agree that ICADV funding will be used to provide the following activities for the direct benefit of individual crime victims:

- Making victims of domestic violence aware of the availability of crime victims’ compensation, and assisting them in completing the required forms and in gathering the needed documentation. Assistance may also include follow-up contact with the victim compensation agency on behalf of the victim.
• Acting on the crime victim’s behalf vis-à-vis other social service and criminal justice agencies, and referring to other sources of assistance, as needed.

• Assisting crime victims in participating in criminal justice proceedings including transportation to court, childcare, escort services, obtaining and enforcing Orders of Protection, and advocacy on behalf of victims with criminal justice system personnel.

• Providing ongoing training, and conducting advocacy with legal and criminal justice agencies on behalf of identified victims (training for implementing agency staff only, outside agencies may be invited to attend).

• Using funds from this grant for a designated position as applicable.

• Certifying that federal matching funds from state and/or local sources are available per contract specifications.
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Complete List of Minimum Requirements for Adult Survivor Services

The following is the complete list of requirements for services for adult survivors in domestic violence programs funded by IDHS or ICADV. Each of the following topics also has its own chapter, which includes requirements for documentation as well as suggested guidelines for best practices.

Eligibility

- Eligible participants must be people who state that they are or have been victims of or threatened with domestic violence, or if they are not able to state this, are referred with a credible story that indicates domestic violence dynamics. Services may be provided to adults and/or their unsafe family or household members, and minors who are or have been involved in dating or engagement relationships and/or their unsafe family or household members.
- Providers shall not discriminate in the provision of services on the basis of race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law. To do this, it is critical that programs promote a welcoming and safe environment for all.
- Services shall not promote a specific religion or lifestyle.
- Programs shall have clearly written criteria for determining eligibility for services.
- Programs shall provide all domestic violence services free of any charge to the survivor. In some instances other agencies may pay for services for survivors or their children; in these situations programs must be especially careful to avoid violating the confidentiality of survivors or their children.
- Programs shall not provide services to the perpetrator of domestic violence.
- Eligibility policies shall be designed to be inclusive, not to exclude from services.
- Neither shelter nor any other services shall be denied due to a survivor’s failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.
- If a non-sheltered survivor is under 17 and not an emancipated minor or living independently from parents or guardians, programs may provide five sessions of 45 minutes each without obtaining parental consent. After the initial five sessions, programs must make every effort to obtain consent from the parent or guardian before providing additional services. If the teen is living independently from parents or guardians and requires additional services, programs may determine how to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys. The youngster the child, the more stringent the need for consent.
- Any community member may be eligible for information and referral, community education, institutional advocacy, outreach, and prevention or training services. Programs may determine the eligibility of community members for these services.
SECTION TWO: Adult Services

Initial Contact, Intake and Service Assessment

- At the time of the survivor’s initial contact, via telephone or in person, programs shall:
  o Determine eligibility. Criteria for eligibility must be based on the individual’s status as a survivor without regard to income, race, age, gender, sexual orientation, language, disability or other factors.
  o Screen for risk of violence to the individual, minor children or any other unsafe family member.
  o Assist in the creation of an individualized safety plan.
- If the survivor is found eligible for services during the initial contact, programs will complete an intake process. Intakes for any service must minimally include, but not be limited to:
  o A determination of the survivor’s immediate needs, if any, including safety and legal assistance/IDVA advocacy.
  o An explanation of available services including current capacity limitations, time limitations associated with services, and the reasons that services may be involuntarily terminated or denied.
  o An explanation of the IDVA and its provisions.
  o An explanation of survivor’s rights regarding:
    • Confidentiality
    • Voluntary, survivor-driven service planning including referral options and refusal of offered services or referrals
    • Mandated reporting of child abuse
    • Mandated reporting of older adult abuse when older adults cannot report the abuse themselves
    • Survivor involvement in publicity or fund-raising
    • Nondiscrimination in service delivery
    • Description of the criteria and process the program uses for denial of services and the involuntary termination of services
    • The right to private space for counseling sessions
    • The right to have policies and procedures explained in an understandable way
  o A Survivor Rights/Responsibilities form signed by both survivor and advocate.
  o A description of the procedure for resolving grievances relating to the provision of services. The grievance procedure must:
    • Be given to the survivor in writing on a form signed by both survivor and advocate, as well as clearly outlined to the survivor verbally
    • Be designed to allow survivors participating in the program to make complaints without fear of retaliation
    • Comply with IDVA confidentiality requirements
- Intakes for shelter services will also involve the following:
  o An in-depth assessment of additional needs such as medical and dental care, food, housing, and clothing. This shall include any special accommodations needed due to special needs or disabilities, such as interpreters or personal care attendants.
  o An explanation to the survivor of shelter house guidelines/responsibilities, including policies regarding discipline of children.
Crisis Hotline and Walk-In Services

- Comprehensive On-Site and Off-Site programs must have trained staff and/or trained volunteers available on a 24-hour basis to answer calls directly from the statewide hotline and others for immediate crisis intervention. No answering machines or services are permitted.
- Specialized services must have trained staff and/or trained volunteers available to answer calls directly from the Illinois Domestic Violence Help Line and others for information and referral and crisis intervention. Voice mail systems are permitted at specialized services when the program is closed.
- All staff or volunteers answering hotline calls must have completed the 40-hour domestic violence training.
- TTY equipment with advocates trained in its use, access to a relay operator through 711, or access to video relay (866-327-8877) for the Deaf and Hard of Hearing is required at the program location.
- There shall be written procedures that address how the hotline advocates will meet the needs of non-English speaking, Deaf and Hard of Hearing survivors.
- If shelter can be accessed only by first calling the hotline, written procedures shall be developed for use by staff and volunteers describing the steps to be taken to access shelter or safe homes on a 24-hour basis.
- At the time of any survivor’s initial contact with the program, by hotline or other means, programs shall:
  - Determine eligibility;
  - Screen for risk of violence to the individual, minor children or any other unsafe family member; and
  - Assist in the creation of an individualized safety plan.

Information and Referral

- Programs must establish and maintain linkages with community agencies and individuals for the provision of those services that are required by survivors, their family members, or callers to the hotline.
- Each program will take an active role in developing and maintaining ongoing relationships with community agencies. Programs shall ensure service linkages through the development of a community resource list. Hotline and direct service advocates will have access to this list while they are on duty. This list shall include, at the minimum, the following services/resources:
  - Illinois Department of Children and Family Services
  - Local Illinois Department of Human Services offices
  - Local health department
  - Court personnel/legal services
  - Police
  - Protocol-compliant Partner Abuse Intervention Programs
  - Area agencies on aging
  - Area schools
  - Emergency service phone numbers
  - Substance abuse treatment programs
  - Medical and health care services; dentistry services
SECTION TWO: Adult Services

- Translation services/interpreter service, including the translation services available through the Illinois Domestic Violence Help Line
- Housing options/resources/alternatives
- Services for those with physical or cognitive disabilities
- Lesbian, gay, bisexual and transgender support services
- Counseling services for adults, children and unsafe family members
- Emergency and other transportation services
- Continuing education and job training
- Childcare services, parenting education, and resources
- Consumer credit and financial services
- Adolescent services and programs
- Sexual assault services
- School-based services
- Victim-Witness programs
- Illinois Department of Corrections, Juvenile Division
- Local mental health agencies

**Counseling and Advocacy**

- Programs will provide domestic violence counseling/peer support services to survivors. Counseling activities include but are not limited to collecting information for intake and to determine eligibility, developing safety plans, assessing lethality, identifying barriers and activities to remove barriers, providing emotional support, explaining program services, domestic violence education, life skills education, and developing or reviewing a service plan.
- Staff or volunteers providing counseling services of any type to survivors **must** have completed the 40-hour domestic violence training.
- The counselor/advocate and the survivor shall develop a service plan that identifies the survivor’s immediate and long-term needs. Identifying individualized survivor needs implies that the survivor will be asked specifically about comprehensive needs or empathically screened for comprehensive needs.
- All counseling with the survivor must be kept confidential in compliance with the Illinois Domestic Violence Act. Confidentiality does not apply in situations of child or older adult abuse or neglect, or in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person.
- Confidentiality and the limits of confidentiality must be discussed with the survivor.
- Off site or shared space locations must pay special attention to keep all files locked, keep all computers secured and ensure confidentiality for clients.
- Counseling must be provided in a manner that demonstrates sensitivity and respect for diverse cultural traditions, values and lifestyles, and that seeks to promote self-help/self-advocacy in survivors.
- Couples or family counseling that includes the perpetrator of domestic violence is prohibited.
- Domestic violence counseling/peer support and advocacy/social action shall not include therapeutic evaluations or therapeutic counseling.
- Therapeutic counseling must meet all the minimum requirements for domestic violence counseling/peer support and advocacy, and must additionally be provided by a licensed
or board certified mental health professional or master’s level counselor under supervision pending their licensure.

- Programs will provide individual advocacy, including but not limited to:
  - Providing information to survivors about community services and systems.
  - Contacting services, agencies, resources or systems on behalf of and in partnership with survivors.
  - Accompanying survivors to obtain resources and services in the community.

- Programs will provide legal advocacy to all survivors receiving services, including but not limited to:
  - Information, options and support for navigating legal systems.
  - Accompanying survivors through legal systems.
  - Advocating for survivors within legal systems.
  - IDVA advocacy, including:
    - An explanation of the Illinois Domestic Violence Act during the intake process.
    - Information on how to obtain a civil or criminal Order of Protection
    - Assistance in obtaining an Order of Protection, including intervention/contact on the survivor’s behalf with representatives of the civil or criminal justice system and law enforcement personnel.
  - Assisting survivors in participating in criminal justice proceedings including transportation and accompaniment to court, and childcare services.

- Programs funded by ICADV must inform survivors of the availability of crime victims’ compensation, and provide assistance in completing the required forms, gathering the needed documentation, and following up with agencies as needed. More information about compensation for crime victims is available at the Illinois Attorney General’s website at: www.ag.state.il.us/victims/index.html.

- A Waiver and Consent for Release of Information form signed by the survivor is required prior to any third-party contact on behalf of the survivor. If the individual is a dependent child, a Release of Information signed by the parent or legal guardian is required prior to a third-party contact.

- Programs will provide systems or social advocacy, including but not limited to:
  - Communications, presentations, education and training to community groups, agencies and systems for purposes of changing current policies, practices or attitudes that endanger survivors; or for preventing future violence.

Participation in coordinated response efforts that seek to end violence.

**Group Counseling**

- Group counseling services will provide support, domestic violence education, problem solving, listening, discussion of rights and options, safety planning and related services.
- Group counseling services must be facilitated by staff or volunteers who have completed the 40-hour domestic violence training requirements.
- Group counseling services must be confidential, in accordance with IDVA.
- Confidentiality must be discussed with participants as well as the limits of confidentiality, such as the mandated reporting of child or older adult abuse or neglect, and the risk of harm to self or others.
- Domestic violence programs are prohibited from providing group counseling services to perpetrators. Agencies overseeing domestic violence programs may provide group services to perpetrators through a separate program; however, they must hold
SECTION TWO: Adult Services

perpetrator group counseling services at a separate time or location from that of the survivor group services.

- Group counseling for survivors may include supportive friends or family members of the survivor as determined by program policy; involvement of perpetrators or other abusive family members in survivors’ group counseling is prohibited.
- If available, programs will provide translation and interpretation services to allow survivors of other languages and Deaf and Hard of Hearing survivors to participate in groups.

Transportation

- Programs shall provide transportation advocacy or provide direct transportation to survivors in furtherance of their service plan. Transportation advocacy may be in the form of:
  - Bus tokens.
  - Taxi vouchers or gas vouchers.
  - Information and guidance regarding public transportation options or other transportation resources in the community.
  - Arranging law enforcement transport for victims in crisis; this may include transportation to shelter, medical facilities, or to the circuit judge or associate judge to allow the survivor to file an Order of Protection.
- Staff and volunteers providing direct transportation must have a valid driver’s license.
- Vehicles used by the program must be insured, and must follow safety laws regarding seat belts and child safety seats.

Outreach and Prevention

- Programs will actively work to increase awareness of its services to survivors of domestic violence and their unsafe family members in the service area.
- Programs shall provide education and prevention programs and/or information to the community, and will have a policy addressing whether or not fees are charged or honoraria accepted for these services.
- Programs will reach out to diverse and traditionally underserved survivors of domestic violence and their unsafe family members in the service area.
- Programs will coordinate services with and provide systems advocacy to other systems in the service area, with the goal of creating a community-wide environment that is sensitive and responsive to the needs of survivors, their children and unsafe family members. This will include participation in local coordinated community response teams. The systems and services will include but not be limited to:
  - Courts
  - State’s Attorneys
  - Local law enforcement agencies
  - Illinois Department of Juvenile Justice
  - Illinois Department of Children and Family Services
  - Local probation departments
  - Local mental health agencies
  - Local schools/children’s programs
  - Local hospitals and health care programs
SECTION TWO: Adult Services

- Local substance abuse service providers
- Partner Abuse Intervention Programs
- Other related social service agencies

Programs will collaborate with other service providers to address any specialized needs of survivors that present barriers to accessing domestic violence services.

Shelter

Programs providing shelter shall:
- Be able to accommodate/accept survivors 24 hours per day, 365 days per year.
- Have written policies describing the circumstances that make survivors eligible for shelter services, including a complete exploration of all options to shelter male survivors or male dependent children of all ages.
- Have one or more advocates present at the on-site shelter at all times when survivors are present.
- Notify IDHS and ICADV of any interruption in shelter services.
- Have a 40-hour trained domestic violence advocate available 24 hours per day who will be able to assess requests for shelter and arrange for an immediate intake into a domestic violence shelter, safe home, or hotel/motel.
  - An advocate must be physically present to admit survivors into on-site shelter.
  - At off-site shelters, safe homes, or hotels/motels, an advocate or law enforcement officer may be present to assist with safety, or contact must be made with the survivor the following day.
- Offer referrals to alternative housing resources to anyone turned away.
- Never deny shelter or other services due to a survivor’s failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.
- Ensure that in keeping with the Family Violence Prevention and Services Act, survivor participation in program services and procedures is voluntary, and not imposed as a condition to enter or remain in shelter.
- Have procedures available that guide advocates in facilitating transitions when requested for survivors, their children and unsafe family members who are leaving shelter due to voluntary or involuntary termination of shelter services.
- Have procedures regarding the specifics of children residing in shelter.
- Have length of stay policies that are communicated to all incoming shelter residents, both verbally and through written materials.
  - If circumstances necessitate that the survivor stay beyond the program's length of stay policy or beyond 45 days, whichever comes first, the survivor's file must be updated stating the reason for continuing the stay at that time, and at every additional 45 days thereafter.
  - Examples of reasons for continued stays may include but are not limited to a lack of affordable housing in the community, or a continuing need for other services outlined in the service plan.
- Shelters will provide facilities and accommodations that include:
  - Compliance with all state and local health and safety codes and inspection requirements.
  - Private areas available for counseling.
  - Furnishings and structures in clean and good repair.
  - Lavatory and bathing facilities maintained in a clean, sanitary manner.
SECTION TWO: Adult Services

- Sleeping rooms with infant-safe beds and bedding meeting current safety standards.
- Lighting adequate to the use of each area.
- A plan to secure survivors’ belongings, including medication.
- A telephone available to survivors for the purpose of meeting their service plan goals.
- Structures on the grounds of the facility accessible to survivors that are maintained in good repair and are free from any undue hazard to health and safety; this includes all facilities necessary for compliance with the ADA, such as an accessible entrance, bathroom, bedroom, and community area.
- A plan to address personal hygiene needs for all survivors regardless of cultures and special needs.
- A plan to address all survivors having access to clean and well-fitting appropriate clothing.
- Preparation, handling, and storage of food in compliance with state and local requirements.
- Survivor access to at least three meals, or their equivalent, daily.
- Food and utensils for survivors in accord with their cultural and religious beliefs, or other personal needs. No survivor will be denied a meal at mealtime for any reason.

Follow-Up Services

- Programs must offer follow-up services to survivors departing the program as appropriate to the survivors’ needs.

Documenting Services

- Programs must develop and maintain a data collection and record-keeping system for the services provided. This system shall allow for the efficient retrieval of data needed to measure the program’s performance in relation to its stated goals and objectives.
- Programs must provide accurate and complete documentation including but not limited to the following services:
  - All crisis hotline calls coming directly to the program or coming from the Illinois Domestic Violence Help Line, including:
    - Date of call
    - Advocate taking call
    - Length of time of call
    - Caller type
    - Disposition of call
  - Community services, including:
    - Description of audience
    - Date and length of time spent
    - Number of attendees
    - Description of presentation or communications
    - Staff person or volunteer providing the community service
  - Survivor services, including:
    - Name
    - Demographic information, i.e. gender, race, age
    - Services provided
SECTION TWO: Adult Services

- Date service
- Amount of time
- Summary of contact
- Signature of worker
  - Shelter turn-aways, including:
    - Date
    - Number of survivors, children and other unsafe family members turned away
    - Alternative referrals
  - Individual files for survivors in the program, including:
    - Advocate and survivor/parent signed intake/eligibility form (phone intakes do not require a signature)
    - Service plans developed with the full involvement and signature of survivor (service plans developed over the phone do not require a signature)
    - Documentation of survivor receipt and understanding of shelter house guidelines/responsibilities, if applicable
    - Documentation of survivor receipt and understanding of survivor’s rights
    - Childcare releases, if applicable (the file cannot contain another survivor’s name)
    - Exit interview/service evaluation
    - Documentation of information released and release forms signed by the survivor
    - The names of the advocates assigned to work with the survivor
- Survivor records must include individualized, clear, and specific material pertinent to the survivor’s situation, eligibility, needs, benefit of service, and the types and amount of services provided that support the service plan and survivor data reported to IDHS and ICADV.
- All entries regarding services provided shall contain only sufficient information to document the individualized needs of the survivor and the individualized nature of the service provided. Survivor records shall be free of any reference to the advocate’s interpretation, judgment or projection of the survivor’s feelings, statements, or intentions.
- Records shall be free of any diagnoses or clinical terms unless the provider is licensed to provide clinical mental health services. Even then, these terms should be used with caution. Programs must have policies in place regarding whether or not to include documentation of diagnoses in documentation. These policies should weigh the needs of the survivors and their unsafe family members with how the documentation could potentially be used against them. Whenever possible, the decision of whether to include diagnoses or clinical terms in documentation should be made together with the survivor.
- Only records/documentation pertaining to the survivor shall be kept in the individual survivor’s file. Neither names nor identification numbers of other survivors shall appear in survivor files.
- All survivor records must be secured within an individual file to prevent loss of documentation or inadvertent placement into another survivor’s record. Survivor records shall be kept in a secured location to preserve confidentiality.
- Records developed or maintained concerning minor children or unsafe family members of survivors shall adhere to the same policies and procedures applicable to the survivor records.
- Programs must have written policies regarding the right of survivors to access their own records as well as the procedures for informing survivors of their rights and of the
process for obtaining access to their records. Policy statements shall reflect the following:

- The procedures to be followed for survivors to access their own files/records.
- Who, other than the survivor, is permitted access and under what circumstances.
- Who is responsible for handling all requests from survivors for access to a record?
- The time frame for responding to survivors’ requests for information.
- The manner in which the material is to be shared (e.g. oral discussion, reading the record, or duplicating the information).
- A procedure for survivors to correct, amend, or challenge in writing any inaccurate or incomplete information the record might contain, or any information with which the survivor disagrees.
- Procedures for children over age twelve to access their own records, and to deny their parents access to them.

**Confidentiality**

- Programs must develop confidentiality policies and procedures that adhere to IDVA and address the following:
  - Releasing information only with the written consent of the survivor, with the two exceptions of mandated reporting of child or older adult abuse or neglect, or the harm of self or others (see Release of Information Requirements below)
  - Access to records by others, including funding sources;
  - Definitions of confidential communications, observations, and information;
  - Security, retention and destruction of all records, including electronic;
  - Protecting survivors from program visitors who may disclose their identity;
  - Maintaining the confidentiality of deceased survivors;
  - Survivors in the program accessing and reviewing their own files;
  - Protecting the confidentiality of minors;
  - Responding to court orders, subpoenas and warrants.
- Programs must inform survivors verbally and in writing of their rights and limits of confidentiality.
- Programs must inform staff, volunteers, visitors, and board members verbally and in writing of their responsibility and obtain their written agreement to maintain confidentiality. Staff and volunteers must be informed that breaching confidentiality is a crime. The signed agreement must be kept in each personnel, volunteer or individual file. Confidentiality continues after employment or program involvement.
- Programs shall provide private space for service delivery to maintain confidentiality between survivor and counselor.
- Programs must obtain an informed and voluntary consent from the survivor for the disclosure of any information, including the receipt of services.
  - This Waiver and Consent for Release of Information form must be obtained before advocates can give any information to outside parties, with only two exceptions:
    - For mandated reporting in accordance with the Abused and Neglected Child Reporting Act or Adult Protective Services Act, or
    - In cases where the failure to disclose is likely to result in an imminent risk of serious bodily harm or death to the survivor or another person
  - The consent shall be in writing and shall include the following:
SECTION TWO: Adult Services

- The name of the person, agency, or organization to whom disclosure will be made (only one person, agency or organization per consent);
- The specific information to be disclosed;
- The purpose of the disclosure;
- A dated signature of the survivor or guardian entitled to give consent, witnessed by a person such as the advocate who can attest to the identity of the person so entitled;
- A dated signature of the advocate;
- An expiration date of the consent; and
- An indication that the consent is revocable at the written request of the person giving consent and that the survivor has been informed of this right.

A copy of the consent form must be maintained in the survivor's records.

Programs must be mindful of and address the specific issues pertinent to non-readers and those for whom English is not their primary language.

Programs must receive approval from the survivor prior to accepting a third-party consent to release information.

Programs shall not use “blanket release forms” or require a survivor to sign a blank Release of Information.

Programs may not re-disclose (continue to share information with the party indicated on the Waiver and Consent for Release of Information) unless the person who consented to the disclosure specifically consents to such disclosure.

Mandated Reporting of Older Adult Abuse and Neglect

- Every program shall have a written policy regarding older adult abuse, neglect, and exploitation reporting. This policy shall include the following:
  - Suspected older adult abuse, neglect and exploitation must be reported if the older adult is unable to report for themselves
  - All advocates are mandated reporters of older adult abuse and neglect
  - What procedures to follow if the suspected perpetrator of abuse, neglect, or exploitation is presently receiving services from the program
  - That information to be released without consent will be limited to only the incident of abuse and/or neglect that is being reported

The policy shall outline procedures for placing a hotline call. This shall include the following steps:
  - Document and prepare all information that is to be reported to the hotline
  - Call the hotline at (866) 800-1409
  - Provide the hotline the advocate's name, position, and reason for the call
  - Answer all questions to the best of the advocate's ability
  - Consult with program supervisory staff regarding the call

Denial of Service and Involuntary Termination

- When every attempt to include the survivor in services or alter the survivor's current services has been exhausted, denial of services or involuntary termination of services must be used based upon:
  - The survivor's current needs, including safety
  - The survivor's current behaviors
SECTION TWO: Adult Services

- The survivor’s current ability to benefit from services
- The safety of other past or present survivors receiving services
- The safety of program advocates

- Denial or involuntary termination of services will not be based on an adult survivor’s race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law.

- Programs shall have policies and procedures regarding the denial of services and the involuntary termination of services. These policies and procedures shall include:
  - Clearly defined reasons that all services, some services, or service accommodations cannot be provided or must be involuntarily terminated;
  - The process for determining that services cannot be provided or must be involuntarily terminated;
  - Notice to the survivor orally and in writing of the policy;
  - Grievance procedure;
  - Requirement to offer alternative referrals.

Additional Considerations: Substance Abuse and Mental Health

- Program policies, procedures and services shall address the barriers to accessing domestic violence services, including coordinating services with other service providers, to address the specialized needs of survivors.

Working With Partner Abuse Intervention Programs

- Every local domestic violence program shall establish linkage agreements and working relationships with local IDHS protocol-compliant PAIPs that seek collaboration.
  - If the program is not able to establish a working agreement with the local Partner Abuse Intervention Program, IDHS Bureau staff should be contacted to assist in addressing the issue.
  - Linkages may outline mutual training and/or in-service presentations, regular meetings to discuss cooperation, and joint systems advocacy promoting safety and accountability by institutions. The design and/or content of the agreement should address local needs and availability of resources.
Chapter 2 Adult Services-Eligibility

All programs funded by IDHS or ICADV must have policies and procedures in place to determine who qualifies for program services. Although programs may develop their own specific guidelines for eligibility, certain requirements for eligibility determination processes must be met.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements when determining eligibility.

- Eligible participants must be people who state that they are or have been victims of or threatened with domestic violence, or if they are not able to state this, are referred with a credible story that indicates domestic violence dynamics. Services may be provided to adults and/or their unsafe family or household members, and minors who are or have been involved in dating or engagement relationships and/or their unsafe family or household members.

- Providers shall not discriminate in the provision of services on the basis of race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law. Services shall not promote a specific religion or lifestyle.

- Programs shall have clearly written criteria for determining eligibility for services.

- Programs shall provide all domestic violence services free of any charge to the survivor. In some instances other agencies may pay for services for survivors or their children; in these situations programs must be especially careful to avoid violating the confidentiality of survivors or their children.

- Programs shall not provide services to the perpetrator of domestic violence. For guidance on determining which partner is the perpetrator, please refer to the Guidelines section of this chapter.

- Eligibility policies shall be designed to be inclusive, not to exclude from services.

- Neither shelter nor any other services shall be denied due to a survivor’s failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.

- If a non-sheltered survivor is under 17 and not an emancipated minor or living independently from parents or guardians, programs may provide five sessions of 45 minutes each without obtaining parental consent. After the initial five sessions, programs must make every effort to obtain consent from the parent or guardian before
providing additional services. If the teen is living independently from parents or guardians and requires additional services, programs may determine how to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys. The younger the child, the more stringent the need for consent. For more information please refer to the Teen Survivors and Witnesses chapter.

- If a non-sheltered survivor is an adult with a legal guardian, programs may provide five sessions of 45 minutes each without guardian consent.

- Any community member may be eligible for information and referral, community education, institutional advocacy, outreach, and prevention or training services. Programs may determine the eligibility of community members for these services.

Suggested procedures related to eligibility are included in the Guidelines section of this chapter. The review tools used during ICADV and IDHS site visits to assess Eligibility policies and procedures are included in Appendix C.

Minimum Requirements in Documentation

Documentation of eligibility determinations must include the following information:

- Survivor name or identification number
- Gender of survivor
- Race of survivor
- Age of survivor
- Date of the determination
- Summary of the contact
- Signature of the advocate

Eligibility information may be collected on the InfoNet Client Intake/Eligibility Determination Form or programs may also create their own forms that gather the required data. The form is then placed in the survivor's file.

Programs must also record all turn-aways of shelter. To be counted as a turn away, a person must be determined to be a survivor of domestic violence, eligible for domestic violence services, and in need of shelter, but due to lack of bed space the program is unable to provide on-site shelter.

Documentation of turn-aways must include the following information:

- Date
- Number of survivors, children and other unsafe family members turned away
- Alternative referrals offered
Programs may use the InfoNet Monthly Turn Away Data Collection form to record this data, or another form that collects the required information.

**Guidelines**

Eligibility is determined during the initial contact with the program, which often happens on the crisis hotline. Individual program policies will determine the specific guidelines for eligibility, but denial of services to survivors of domestic violence should only occur when there are health or safety concerns attached to the survivor’s involvement in the program.

**Determining Which Partner is the Perpetrator of Domestic Violence**

Because perpetrators of domestic violence will sometimes claim they are victims in order to influence court proceedings against them, it’s important to assess survivors carefully if there is any question as to who is the victim and who is the perpetrator (for example, if both partners are requesting services). When in doubt, advocates may consider whether those seeking services exhibit the following characteristics common to victims:

- Do they seem to blame themselves for the violence directed toward them?
- Do they seem to be kept isolated from friends and family?
- Have they experienced stalking behavior from the partner?
- Are they afraid of their partner?

If the answer to these questions is yes, the person is more likely to be the victim than the perpetrator. Advocates should consult with supervisors to help assess these situations. These determinations may also need to be reassessed as more information becomes available.

In some instances, programs may gain information only after beginning services that the client is actually a perpetrator, not a victim, of domestic violence. In these situations, a program may terminate services to a client if the client gave misleading or incomplete information at intake and the program has subsequent information that is consistent with a determination that the person is a perpetrator. The person should be referred to an IDHS protocol-approved Partner Abuse Intervention Program. This should not be used to deny services to victims of domestic violence who were defending themselves.

**Referrals**

As indicated under *Minimum Requirements in Services*, if the program is at capacity or the person is found to be ineligible, advocates must offer referrals to other resources appropriate to the person’s needs. Referrals should be offered whether or not the person seeking services is a survivor of domestic violence. Other appropriate referrals may include referrals to substance abuse treatment centers, health care services, the Illinois Department of Children and Family Services, or homeless shelters.

For more information on procedures for initial contact, hotline calls, and denial of service, please refer to the Initial Contact, Intake and Service Assessment chapter, the Crisis Hotline
and Walk-In Services chapter, and the Denial of Service and Involuntary Termination chapter of this manual. More information on supporting diverse groups, such as survivors with substance abuse or mental health issues, can be found in Additional Considerations chapter.
Chapter 3 Initial Contact, Intake and Service Assessment

The purpose of the initial contact is to identify the survivor’s safety level, need for domestic violence services, and how the program can best assist. The intake continues the process of collecting information, and documents the survivor’s profile at the time of admission into the program. The information gathered from both the initial contact and the intake can be used to identify needs of the survivor, begin service planning and set initial goals.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must comply with the following requirements to provide initial contact and intake services.

Initial Contact

At the time of the survivor’s initial contact, via telephone or in person, programs shall:

- Determine eligibility. Criteria for eligibility must be based on the individual’s status as a survivor without regard to race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law.
- Requirements for eligibility determination, including rules for services to minors, can be found in the Eligibility chapter.
- Screen for risk of violence to the individual, minor children or any other unsafe family member.
- Assist in the creation of an individualized safety plan.

Intake

If the survivor is found eligible for services during the initial contact, programs will complete an intake process. The length and detail of the intake process will depend upon the type of services offered through the program, with shelter services requiring the most in-depth intakes. Intakes for any service must minimally include, but not be limited to:

- A determination of the survivor’s immediate needs, if any, including safety and legal assistance>IDVA advocacy.
- An explanation of available services including current capacity limitations, time limitations associated with services, and the reasons that services may be involuntarily terminated or denied.
- An explanation of the IDVA and its provisions.
SECTION TWO

- An explanation of survivor’s rights regarding:
  - Confidentiality
  - Voluntary, survivor-driven service planning including referral options and refusal of offered services or referrals
  - Mandated reporting of child abuse
  - Mandated reporting of older adult abuse when older adults cannot report the abuse themselves
  - Survivor involvement in publicity or fund-raising
  - Nondiscrimination in service delivery
  - Description of the criteria and process the program uses for denial of services and the involuntary termination of services
  - The right to private space for counseling sessions
  - The right to have policies and procedures explained in an understandable way

- A Survivor Rights/Responsibilities form signed by both survivor and advocate.

- A description of the procedure for resolving grievances relating to the provision of services. The grievance procedure must:
  - Be given to the survivor in writing on a form signed by both survivor and advocate, as well as clearly outlined to the survivor verbally
  - Be designed to allow survivors participating in the program to make complaints without fear of retaliation
  - Comply with IDVA confidentiality requirements

Intakes for shelter services will require all of the above information, but will also involve the following:

- An in-depth assessment of additional needs such as medical and dental care, food, housing, and clothing. This shall include any reasonable accommodations needed due to unique needs or disabilities, such as interpreters or personal care attendants/personal assistants.

- An explanation to the survivor of shelter house guidelines/responsibilities, including policies regarding discipline of children.

Suggested procedures related to initial contacts and intakes are included in the Guidelines section of this chapter. These include the service assessment process, which is used to guide the service plan and the safety plan. The review tools used during ICADV and IDHS site visits to assess Intake procedures and documentation are included in Appendix C.

Minimum Requirements in Documentation

Information collected on an intake must include the following data:

- Survivor’s name or identification number
SECTION TWO

- Gender, race and age of survivor
- Date of the intake
- Amount of time the intake took
- Summary of the contact
- Signature of the advocate
- Signature of survivor if applicable

Programs may use the InfoNet Client Intake/Eligibility Determination Form to capture this information, or may choose to use their own forms to gather the same required data. The InfoNet Client Intake/Eligibility Determination Form can be used to document initial contacts as well.

It is possible to begin the intake with minimal information and leave fields blank if necessary. The amount of documentation collected from survivors will depend partly upon the program’s amount of contact with them and their length of stay. However, programs must collect as much intake data as possible over time, as this information is relevant to developing a comprehensive safety plan. Unknown or unassigned data must be kept to a minimum. If an intake is left incomplete due to an early departure, make a note of this in a case note.

Programs must also assign the survivor an identification number at intake. Programs may use their own system for assigning identification numbers; however, identification numbers must never contain identifiers such as survivor’s initials, name, date of birth or part of a social security number and must follow guidelines outlined for InfoNet Data Collection system purposes.

If the initial contact to the program is through the crisis hotline, either directly from the caller or through the Illinois Domestic Violence Help Line, the hotline call must be documented as well; please refer to the Crisis Hotline and Walk-In Services chapter for additional guidelines on crisis call documentation.

InfoNet has additional requirements and guidelines for intake documentation. For this information, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

The initial contact and intake processes overlap one another. Collecting information for an intake generally begins during the process of initial contact and eligibility determination. Once a person has been offered services, advocates then conduct the entire intake. The intake may also include some or all of the service assessment process, which will then guide the survivor’s services.

Initial Contact

At the time of the survivor’s initial contact with the program, advocates may use their program’s policy to determine if the individual is eligible for services. Survivors may be in crisis during
initial contact, especially if this contact is through the crisis hotline. To assess the immediate risk to the survivor and provide immediate safety, advocates may use the ICADV Flowchart for Handling Domestic Violence Crisis Calls. The Flowchart is included in Crisis Hotline and Walk-In Services chapter of this manual, along with additional information on providing hotline services.

Initial contacts will also involve safety planning with survivors. For information on safety planning with the survivor for before, during and after violent incidents, please refer to the Safety Planning section of the Counseling and Advocacy chapter.

**Intake**

Most of the information needed for the intake can be obtained by simply saying to the survivor “Tell me about your situation”. Advocates should not complete an intake with a survivor by quickly asking each question one by one, as is done in hospitals or large bureaucratic institutions. Neither should they simply hand the survivor the form saying: “Fill this out.” Instead, information should be gathered in a conversational, supportive way. Advocates who use this discussion style are likely to get all of the information and help survivors the most. Clients have the right to refuse answering one or more intake questions. If a client refuses to answer intake questions, advocates may explain that provision of services in need may be limited without the information, but that services will not be withheld as a result of her omission.

**Shelter Intakes**

Intakes at shelters should be done with special attention toward the survivor’s arrival and the crisis that brought them to the program. The following guidelines are recommended for effective intakes at domestic violence shelters:

- **Let the survivor guide the pace of the intake.**
  Often, the intake won’t be completed in the first session. Before proceeding with a full intake, assess if the survivor is ready to complete it. Survivors may need time to recover from the crisis that caused them to come to the program, or to make further arrangements to ensure safety for themselves and their family members. If this is the case, collect only what is needed for safety planning and eligibility, and to meet minimal program requirements, and continue the intake later. The rest of the information should be gathered within 24 hours of the survivor’s arrival.

- **When survivors initially enter into shelter, greet them and help them and their children to feel comfortable.**
  Offer water and something to eat, and ask what the survivor wants to do first, such as rest or talk. Provide any needed items such as clothes, personal care products, diapers or bottles. Briefly orient survivors to the facility by showing them the location of their bedroom, bathroom, shower, kitchen, phone, and laundry and storage areas.

- **Don’t provide all program details or inundate the survivor with verbal information during initial arrival.**
  If appropriate, advocates can provide survivors with written information to read at their convenience and discuss at a later time. When the survivor is ready, provide all of the
information about rights, services and policies in an unhurried way, allowing time for questions.

- **Encourage current residents to help in welcoming and assisting new residents.**
  This will help survivors to feel ownership of the program and to develop skills in leadership.

**Service Assessment**

Programs may determine how much information to gather at intake in addition to the required data. Conducting a domestic violence service assessment is an effective way to begin initial services. A service assessment provides information describing, assessing and identifying survivor strengths, coping skills, needs and behaviors without requiring a diagnosis. It includes telling the domestic violence story – with whom, what, when, for how long, intensity and severity over time, coping and survival skills, and other information. The service assessment:

- Determines the course of service and types of services that are to be provided and any accommodations needed
- Includes conversations around mental health, substance abuse, trauma, risk and lethality
- Provides the focus for the service plan and begins to inform the safety plan
- Determines eligibility and appropriateness for specific services and programs
- Provides information for possible referral outside of the agency
- Include external services that would enhance service and safety plans

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Tools and Samples

Sample Client Rights and Responsibilities, Confidentiality Agreement and Client Grievance Procedure Form

Sample Program Client Confidentiality Agreement

Spanish Sample Client Rights and Responsibilities, Confidentiality Agreement and Client Grievance Procedure Form

Sample Domestic Violence Program Client Grievance Process

Sample Client/Volunteer Grievance Policy

Sample Grievance Complaint

Sample Participant Grievance Policy and Procedures

Sample Grievance Procedure

Sample Grievance/Complaint Policy
Sample Client Rights and Responsibilities, Confidentiality Agreement and Client Grievance Procedure Form

1. Client Rights and Responsibilities

I understand that as a client my rights include:

- The right to receive services regardless of my race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law.
- The right to have all of my records kept confidential. Confidentiality means the Program staff will not tell anyone that I am a client or have been a client. No details of my situation will be disclosed without my written permission. This disclosure would occur when and if I sign a Release of Information form.
- The right to revoke a signed Release of Information form. A revocation must be done in writing and will be placed in my client file.
- The right to meet with staff in a private space.
- The right to receive a copy of the Program’s confidentiality policy.
- The right to make my own decisions. I have the right to accept or reject staff recommendations or services.
- The right to participate in the development of my service plan. I have the right to be informed of staff’s ideas and plans for assisting me and/or my children. I have the right to be informed of how the program may be beneficial for me and/or my children.
- The right to appeal staff decisions regarding the services offered to me.

11. The right to refuse to take part in any special projects that may occur such as research, film, fundraising, television, radio and interviews with media. My refusal will not affect the services offered to me.

12. The right to have all policies, procedures, rights, responsibilities and other necessary information explained to me in an understanding manner.

13.

I understand that as a client my responsibilities include:

1. The responsibility to respect the privacy and confidentiality of all other clients and staff members of the Program.
2. The responsibility to respect the Program as a non-violent, safe location. I will take part in services in a non-violent manner. I will not use physical discipline while at the Program.
3. The responsibility to use or receive services at the Program free of illegal substance or alcohol.
4. The responsibility to keep appointments I make or call at least 24 hours in advance to cancel them.
5. The responsibility to work toward the mutually agreed upon goals established in my service plan.

___________________________________   _______________________
2. Confidentiality Agreement

The Program's confidentiality policy is to respect all disclosures made by our clients in the course of receiving services from the Program. No information may be released without the signed consent of the client; to do so is a crime under the Illinois Domestic Violence Act. However, the Program is mandated by law to report to the appropriate parties when there is imminent risk of serious physical injury or death. Therefore, in such situations, the agency will take whatever action is necessary to protect the client or others from such injury or death.

The four situations that would require action and are exceptions to the confidentiality policy are:

1. The client plans to harm herself or himself.
2. The client threatens to harm or take the life of her/his partner or any other person.
3. The client discloses that there is abuse or neglect of any minor child.
4. The client discloses that there is abuse or neglect of any older adult (age 60 and above) who cannot advocate for themselves.

Only the Program staff has access to client files. Files may be occasionally reviewed for quality assurance and monitoring purposes by government or private funders. In the event a court subpoenas our client files, the Program will make every effort to prevent the release of such files. If the Program is mandated to release files, the client will be notified in writing and their signature will be required as an acknowledgment. If a client has not participated in services for a period of 5 years or more, their file will be destroyed.

Though the Program staff and volunteers are required by the Illinois Domestic Violence Act to maintain client confidentiality, clients are not so bound. Therefore, clients are asked to be careful about sharing their own private information. The Program cannot guarantee client-to-client confidentiality.

The Program makes every effort to ensure that information shared in a group is kept confidential. Since we cannot absolutely guarantee that all group participants will observe our policy, you may choose to take some protective measures. Please keep in mind when revealing information about yourself to other clients, that those clients are not legally responsible for upholding your confidentiality. If you have an extremely sensitive issue that you would like to discuss, you may opt to discuss it in private with your advocate.

As a client of the Program, I have read this policy, reviewed this policy with my advocate and understand the provisions of the confidentiality policy. I agree to the following:

1. I will abide by all the policies regarding client confidentiality as outlined in this document and explained by my advocate. I understand that a breach of confidentiality may result in immediate termination of any or all of the Program services.
2. I understand that while I participate in services at the Program, I may see or talk with other program participants. I agree that, for reasons of trust, respect and safety, I will
not reveal the identities of others or the content of their discussions to anyone. If I violate the confidentiality of others, I will be asked to leave the program or group service.

3. I will never divulge the location of the Program. I understand that this means that I will not inform my abuser, or anyone else of the Program's location. I understand that this is necessary to maintain the safety of all clients and staff of the Program. I also understand that if I inform my abuser or someone I know to be abusive of the location I will not be permitted to return to the Program's services.

4. I understand that while the Program staff and volunteers will respect confidentiality and obey the confidentiality provisions under the Illinois Domestic Violence Act, the agency cannot assure the confidentiality of information I share with other participants who are not required by law to maintain confidentiality.

5. I will consider these conditions binding even after I terminate my client status at the Program.

___________________________________   _______________________
Client's Signature      Date

3. Client Grievance Procedure

1. If a client has a grievance regarding their service at the Program, she/he has the legal right to request a review. This request must be in writing, must be addressed to the Program Director and must specify the area of concern.

2. The Program Director will respond to the request within two working days. This response will be in writing.

3. If the client is in disagreement with the findings of the Program Director, the client may request a review by the Executive Director. This request must be in writing.

4. The Executive Director will respond within two working days. This response will be in writing.

5. At all times during this process, the client will continue to receive domestic violence services to the best of the Program's ability. Referrals to agencies which may better serve the specific needs of the client will be included in the services offered to the client.

As a client of the Program, I have read the Client Grievance Procedure, reviewed this procedure with a Program staff member and understand the provisions of the Client Grievance Procedure.

_________________________________  ____________________________
Client's Signature     Date

_________________________________            ____________________________
Program Staff Member Witness Signature  Date

Provided by Sarah's Inn
Sample Program Client Confidentiality Agreement

I, ________________________, agree to abide by [PROGRAM NAME] Domestic Violence Program’s Confidentiality Policy as stated in the Procedure Manual and [PROGRAM NAME]’s Code of Ethics, the following:

1. I shall never, in verbal or written exchange, divulge any information about another client (including their families) receiving services through the [PROGRAM NAME] Domestic Violence Program.

2. I shall abide by this Agreement even when I am no longer receiving services at [PROGRAM NAME].

3. I understand that no information regarding my case will be disclosed to anyone outside of [PROGRAM NAME], without my signed Release of Information, except in the following cases:

   • In case of any disclosure involving physical or sexual abuse of children, the associate (staff or volunteer) reports it immediately to a “mandated reporter” or directly to the IL Department of Children & Family Services (DCFS), and then notifies appropriate supervisors and colleagues.

   • In case of any disclosure involving physical or sexual abuse of a person over the age of 60, the staff or volunteer reports it immediately to a “mandated reporter” or directly to C.H.E.L.P., and then notifies the appropriate supervisors and colleagues.

   • In case of a client/participant clearly threatening to harm any other person, the [PROGRAM NAME] associate makes every reasonable attempt to warn anyone in imminent danger and notifies law enforcement authorities. The associate then notifies the supervisor of action taken as soon as possible.

   • In case of a client/participant clearly threatening to harm self, the [PROGRAM NAME] associate immediately contacts a recognized suicide intervention organization (e.g. [local mental health center names here]).

4. I understand that information germane to the provision of services to current and past clients/participants is divulged within this agency only to those who have a legitimate need to know, including appropriate co-workers and supervisors. Revelation of crimes by clients/participants always prompts consultation with supervisor and preview of relevant law.

I understand that failure to abide by this Confidentiality Agreement will result in my termination of services from the program.

I further understand that when I reveal information about myself to another client, it does not make that client legally responsible in upholding client confidentiality.
### SECTION TWO

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<th>Staff Signature</th>
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SECTION TWO

Spanish Sample Client Rights and Responsibilities,
Confidentiality Agreement and Client Grievance
Procedure Form

Forma de Los Derechos y Responsabilidades de Cliente, Acuerdo de Confidencialidad y
Procedimiento de Agravio del Cliente

1. Derecho y Responsabilidades del Cliente

Yo entiendo que como cliente de Program mis derechos incluyen:

1. El derecho de recibir servicios sin importar la raza, religión, color, origen étnico, origen
nacional, el condado de origen, estación matrimonial, estación de ciudadanía, idioma
hablado, orientación sexual, incapacidad o edad.
2. El derecho a que todos los expedientes que contengan información personal sean
mantenidos en confidencialidad eso incluye que ningún empleado(a) de Program puede
divulgar mi presente o pasado participación en los servicios que ofrece esta agencia y
ningún detalle de mi participación en esta agencia será compartido sin autorización
escrita. Esto ocurre cuando y si yo firmo una forma para desglose el informacion.
3. El derecho de revocar el consentimiento firmado para desglose el informacion. Esta
revocación debe ser por escrito y deberá incluirse en mi expediente.
4. El derecho de reunirme con empleados de Program en un espacio privado.
5. El derecho de recibir una copia de la póliza de confidencialidad de Program.
6. El derecho de tomar mis propias decisiones. El derecho de aceptar o rechazar
recomendaciones hechas por los empleados de Program acerca de los servicios que se
me ofrezcan.
7. El derecho de participar en el desarrollo de mi plan de servicios. Yo tengo derecho de
ser informada de las ideas y planes para asistir a mi y/o mi hijo(s). Yo tengo el derecho
de saber como el programa puede beneficiarme a mi y/o a mi hijo(s).
8. El derecho de apelar las decisiones de los empleados (as) acerca de los servicios que se
me ofrecen.
9. El derecho de rehusarme a participar en proyectos que puedan ser presentados en una
investigación, películas, recaudación de fondos, televisión, radio o entrevistas con
cualquier otro medio de comunicación. Mi negación a participar en estas actividades no
afectará negativamente los servicios que se ofrecen.
10. El derecho a que toda la información necesaria así como las pólizas, mis derechos, mis
responsabilidades y los procedimientos, me sean explicados por una consejera de
manera que pueda entenderlos.

Yo entiendo que como cliente mis responsabilidades incluyen:

1. La responsabilidad de respetar la privacidad y confidencialidad de todas(os) las clientes y
empleados de Program.
2. La responsabilidad de respetar Program como un lugar seguro y no violento. Yo tomaré
parte en los servicios de manera no violenta. Yo no usaré la disciplina física con mis
hijos mientras recibo servicios en Program.
3. La responsabilidad de no presentarme a recibir servicios en Program bajo la influencia de Alcohol o drogas ilegales.
4. La responsabilidad de asistir a mis citas y si no puedo asistir deberá llamar para cancelar la cita por lo menos 24 horas antes.
5. La responsabilidad de trabajar mutuamente en las metas que se establecieron en mi plan de servicios.

Firma del Cliente __________________________
Fecha __________________________

2. Acuerdo de Confidencialidad

La póliza de Program acerca de la confidencialidad de nuestros clientes es de respetar toda la información proveída por nuestros clientes en servicios. Ninguna información puede ser revelada sin el consentimiento firmado del cliente; una revelación sin consentimiento escrito es un delito sobre la Acta de Violencia Doméstica de Illinois. Sin embargo Program es mandada por ley a intervenir cuando hay un riesgo inminente de muerte o herida físicas serias para el cliente o alguna persona cercana al cliente. Por lo tanto si se presenta esa situación la agencia tomará cualquier acción necesaria para proteger al cliente u otros de daños físicos o muerte.

Las cuatro situaciones que podrían requerir acción y son excepción a nuestra poliza son:

1. Si el cliente planes lastimarse
2. Si el cliente amenaza con lastimar o asesinar a su pareja u otra persona
3. Si el cliente informa que hay abuso o negligencia de un menor.
4. Si el cliente informa que hay abuso o negligencia de una persona mayor de edad. (60 años de edad o mayor) que no puede abogar por sí mismo

Solamente empleados de Program tienen acceso de los expedientes de nuestros clientes. Fondadores privados o del gobierno repasan los expedientes periodacamente para aseguramiento de calidad y monitorización de los servicios. En caso que recibamos ordenes de la corte para reviser los expedientes de nuestro cliente, Program hará hasta el último esfuerzo para evitar revelar la información. Si se require que Program revele los expedientes por la corte, el cliente será notificado por escrito y su firma será requerida como prueba de que el cliente esta enterado. Si un cliente no ha participado en servicios de Program por un periodo de cinco años o mas, sus expedientes serán destruidos.

Aunque los voluntarios y empleados de Program están requeridos por la Acta de Violencia Domestica de Illinois mantener la confidencialidad de el cliente, el cliente no esta atado a este requisito. Por lo cual se le pide a los clientes que tengan cuidado de compartir su propia información privada. Program no garantiza la confidencialidad de cliente a cliente.

Program hace todo el esfuerzo de asegurar que la informacion que se comparte en grupo se mantenga confidencial. Como no podemos asegurar absolutamente que todos los participantes de grupo observen nuestra poliza, pude elegir medidas protectivas. Por favor recuerden cuando revelan informacion personal a otros clientes, que esos clientes no son responsables.
legalmente de mantener su confidencialidad. Si tienes un tema extremadamente sensible en el cual quieres discutir tienes la opción de discutirlo en privado con su consejera/o.

Como cliente de Program yo he leído y revisado esta plóiza con mi consejera/o y entiendo las condiciones de esta plóiza. Yo estoy de acuerdo con lo siguiente.

1. Yo me guiaré por todas las reglas acerca de la confidencialidad según está escrito arriba y explicado por mi consejera(o). Yo entiendo que la violación de confidencialidad puede resultar en la inmediata terminación de algunos o todos los servicios de Program.
2. Yo entiendo que mientras estoy participando en los servicios de Program, puedo ver o hablar con otros participantes del programa. Estoy de acuerdo que, por razones de confianza, respeto y seguridad yo no revelaré a nadie la identidad de otros o el contenido de sus conversaciones. Si violo la confidencialidad de otros, me despedirán del programa o terminarán los servicios de grupos de apoyo.
3. Yo nunca divulgaré la dirección de Program. Yo entiendo que esto significa que yo no informaré a mi pareja (abusador), o a ninguna otra persona que tenga una conducta abusiva de la dirección de Program. Yo entiendo que esto es necesario para la seguridad de todos los clientes y del personal de Program. Yo entiendo que si informo a mi abusador, o a otra persona que yo crea que tiene conducta abusiva de la dirección no se me permitirá utilizar los servicios de Program.
4. Yo entiendo que los voluntarios y empleados de Program respetarán y obedecerán las leyes requerido en la Acta de Violencia Doméstica de Illinois, pero la agencia no puede asegurar la confidencialidad de la información que comparto con otros clientes que no estén obligados por ley a mantener la confidencialidad.
5. Yo entiendo que estas condiciones siguen vigentes aún después de que yo termine mi relación como cliente en Program.

___________________________________  ______________________________
Firma del Cliente     Fecha

3. Procedimiento de Agravio del Cliente

1. Si un cliente tiene una queja sobre sus servicios de Program, ella o el por ley tiene el derecho de solicitar una revisión de sus servicios. La solicitud tiene que ser en forma escrita, y dirigido al Director/a del Programa y tiene que esperar el área de preocupación.
2. La respuesta de su solicitud sera respondida por el Director/a del Programa en escrito entre dos días de la semana laborales.
3. Si el cliente no esta de acuerdo con la respuesta de Director/a del Programa , el cliente puede solicitar una revisión por el Director/a Ejecutivo/a en escrito.
4. La respuesta de su solicitud sera respondida por el Director Ejecutivo/a en escrito entere dos días de la semana
5. Durante todo el proceso de la revisión al cliente recibirá los servicios de violencia doméstica de Program de lo mejor de nuestra habilidad. Referidos a otra agencias que puedan server mejor sus necesidades específicas sera incluido entre los servicios a el cliente.
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Firma del cliente ___________________________ Fecha ___________________________

Firma del empleado/a de Program como Testigo ___________________________ Fecha ___________________________

Provided by Sarah’s Inn
Sample Domestic Violence Program Client Grievance Process

It is the policy of the Domestic Violence Program to provide confidential, victim-centered services to domestic violence victims and their children, without regard for race, creed, gender, sexual orientation, nation origin, or HIV status. Further, no services will be denied based upon inability to pay. We will make every effort to provide services in a fair and considerate manner.

Each person who requests services from the Domestic Violence Program shall have the right to voice a grievance if unsatisfied with the program’s action in relation thereto. Examples include, but are not limited to:

- Denial of a request for services
- Termination or modification of services
- Lack of confidentiality in rendering services.

Each person who requests services shall be notified of the right to voice a grievance at the intake interview. The grievance procedures will be available upon request.

GRIEVANCE PROCEDURES

A. Informal Resolution

The preferred method for responding to a grievance shall be by informal resolution. Open and direct communication is the best method of resolving a problem. The Domestic Violence Program and complainant shall make every effort to work towards a constructive resolution of the grievance.

A person who feels their rights have been violated should discuss the problem with the Director of Crisis Services. If these attempts do not result in satisfactory resolution, the formal grievance procedures below may be instituted.

B. Formal Resolution

Any person who requests services from the Domestic Violence Program has the right to voice a grievance concerning any action or inaction by the center which the person believes to be unfair or a violation of right. If informal resolution procedures are unsatisfactory, the following procedure shall apply:

1. Grievance

A grievance must be made within thirty (30) days of the last action complained of, unless good cause is shown for the delay. A grievance must be in writing. An anonymous or oral grievance will be examined and appropriately reviewed for possible action.
A grievance shall be made to the Director of Crisis Services; or to the Executive Director if the grievance is about the Director of Crisis Services. If the grievance is about the Executive Director, it should be made to the Board of Directors.

2. Response
The Director of Crisis Services will review the grievance within seven (7) working days and make an attempt to resolve the matter by:
   a. scheduling a conference and/or meeting with the staff member/volunteer to review the problem; and
   b. scheduling a meeting with the complainant, if so desired by complainant.

Only those persons directly involved or named in the grievance shall be present and the meeting will be confidential.

A written response shall be sent to the person making the grievance within five (5) working days of the completion of any meeting or conference scheduled pursuant to (a) and (b) above.

C. Request for Review
If the complainant disagrees with or is unsatisfied with the resolution by the Director of Crisis Services, a Request for Review may be made to the Executive Director within five (5) working days of receipt of the response. The Request for Review may be bypassed if the Executive Director has issued the response.

The Request for Review must be made in writing and shall state what action, if any the complainant believes would resolve the grievance. Within five (5) working days of receipt the Executive Director shall review the Request for Review, contact the complainant and necessary staff, and schedule a meeting, if needed or requested by the complainant.

At the conclusion of any meetings, the Executive Director shall respond to the Request for Review with a decision in writing within fourteen (14) calendar days. The decision shall be accompanied by a notice that states: If you are dissatisfied with this decision, you may request to present your case to the Board of Directors. To do this you must submit your request to the Board President; 100 Main Street; Anytown, IL 62704 within ten (10) days of your receipt of this decision.

D. Appeal to Board of Directors
The Board of Directors shall grant a complainant the right to appear and voice the grievance at its next scheduled meeting and shall further undertake any additional investigation it deems necessary to resolve the matter. The Board of Directors shall, to the extent possible, protect the privacy of the complainant. The Board of Directors shall issue a written conclusion to the complainant within thirty (30) days of the complainant’s appearance. The written conclusion of the Board of Directors shall be final.

Provided by YWCA of Sauk Valley
Sample Client/ Volunteer Grievance Policy

1. **Coverage**

   This policy can be used by any person served by the Program, or by any volunteer for the Program. It should be used when a client or volunteer feels that she/he has been unfairly treated by the Program. The person who files the grievance is the Complainant.

2. **Informal Resolution**

   The Complainant should first try to get the problem solved by discussing it informally with the Program Director, Volunteer Director, or Executive Director, whichever is appropriate. This should be done within seven (7) days of the action which caused the problem.

3. **Filing a Grievance**

   If informal discussions do not resolve the issue, the Complainant should file a written Grievance. This Grievance should state the nature of the problem, and what should be done to solve it. It must be signed and dated. The Grievance should be filed with the Chairperson of the Program Council within seven (7) days of the informal discussions.

4. **Hearing the Grievance**

   Each Program Council has a Grievance Committee. Staff shall not be voting members of this Committee. The Committee shall, within seven (7) days of receiving a Grievance, begin its investigation. The Committee may review files and interview involved persons. The Committee shall make a decision within fifteen (15) days of receiving the Grievance, and notify the parties involved.

5. **Appeal**

   If the Complainant wishes to appeal the decision, she/he may within seven (7) days of being notified of the decision, file a written Appeal with the Board President. A committee consisting of the President, Vice President, Secretary and Treasurer shall make any investigation deemed necessary, and shall, within fifteen (15) days of receiving the Appeal, issue its decision, which shall be binding on all parties.
Sample Grievance Complaint

Name of Complainant: ____________________________________________

1. NATURE: What is your grievance about? Please be exact.

2. EVIDENCE: What specific action(s) or inaction(s) occurred to cause this grievance? Please give names, dates & any other information needed to explain your complaint.

3. REMEDY: What do you want done to resolve the issue? Please be exact and precise.

4. DOCUMENTATION: State how you have met the steps required before filing this written grievance. Give names & dates.

Signature of COMPLAINANT___________________________________
Date ________________________________

Please attach any information you believe to be pertinent to this Complaint. All attachments are incorporated into the Grievance. Provide a list of all attachments on the reverse side of this page.

Provided by Dove, Inc.
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Sample Participant Grievance Policy and Procedures

I. Mission

The mission of the Center is to end abuse. Together, the Center offers prevention, education, advocacy, and intervention in partnership with the community so that everyone can live free from violence.

II. Introduction

It is the goal of the Center to provide confidential and compassionate service in a safe environment with one goal in mind - to empower people to live free from violence and abuse.

We believe that to accomplish this, we must provide forums for those we serve to give feedback. We offer written surveys and encourage open discussion and positive conflict resolution. However, there may be times when differences cannot be resolved through such methods. This document explains a procedure that can be used to address those differences.

III. Definitions

A “Participant” is anyone served by the Center. Some examples include but are not limited to: a survivor of domestic violence, sexual assault/abuse, older adult abuse/neglect/exploitation; a significant other of a survivor or violence; a parent, student or teacher involved in a prevention education program; a community professional.

A “Grievance” is a complaint by a participant about any issue thought to be unjust, unfair, or abusive. Participants should, to the best of their abilities, document in writing the events that created the Grievance. It is the responsibility of Center staff members to help participants read, understand, and follow through the grievance procedure.

IV. Policy

It is the policy of the Center to provide participants (or if participants are minors, their parent(s) or legal guardians) an opportunity to express concerns about services provided or denied to them by the Center. Participants have the right to file a grievance at any time without fear of retaliation or threat of reprisal. The Center is committed to consistently providing services to participants while a resolution of the grievance is formulated.

V. Procedures

In the event participants are dissatisfied with the provision of or denial of services, grievances must be resolved in the following manner:

Step 1: All questions, concerns, and issues regarding the Grievance should first be directed to the staff member who is most directly involved with the participant (his/her prevention educator, counselor, caseworker, or advocate). Those concerns should be given in writing on the Center's Participant Grievance Form. This should be done within 30 days from the date of the act giving rise to the Grievance. If the participant feels s/he cannot talk to the staff member in question, s/he may proceed directly to Step 3.
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Step 2: Within 5 working days of the date the Grievance is received, the staff member will consider the Grievance and provide a written decision to the participant.

Step 3: If the participant is dissatisfied with the decision of the staff member, or the staff member has not responded to the participant within the appropriate time frame, he or she may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the staff member’s decision, to the staff member’s immediate supervisor. These documents shall be sent to the Supervisor within 5 days of the date of the of the staff member’s decision.

Step 4: Within 5 working days of the date the Grievance is received, the Supervisor will consider the Grievance and provide a written decision to the participant.

Step 5: If the participant is dissatisfied with the decision of the Supervisor, or the Supervisor has not responded to the participant within the appropriate time frame, s/he may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the Supervisor’s decision, to the Executive Director. These documents shall be sent to the Executive Director within 5 days of the date of the Supervisor’s decision.

Step 6: The Executive Director will consider the Grievance, which may include contacting the participant, appropriate staff, legal counsel, and/or Board members. Every effort shall be made to protect the privacy and confidentiality of the client. Within 10 working days of the date the Grievance is received, the Executive Director will provide a written decision to the participant.

Step 7: If the participant is dissatisfied with the decision of the Executive Director, or the Executive Director has not responded to the participant within the appropriate time frame, s/he may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the Executive Director’s decision, to the President of the Board of Directors. Contact information for the Board President may be obtained from the Executive Director. These documents shall be sent to the Board President within 5 days of the date of the Executive Director’s decision.

Step 8: The Board President will consider the Grievance, which may include undertaking additional investigation he/she deems necessary to resolve the matter. Every effort shall be made to protect the privacy and confidentiality of the participant. Within 15 working days of the date the Grievance is received, the Board President will provide a written decision to the participant. This decision by the Board President will be considered the Center’s final agency action.

A written copy of the Grievance Form, as well as all decisions regarding the Grievance, whether from a staff member, Supervisor, Executive Director, or President of the Board of Directors, will be noted in the participant’s file. Every effort shall be made to ensure that caution is used in language that will be placed in the participant’s file.

Depending on the participant’s particular situation, a participant may have the right, at any time during the grievance procedure, to contact:

a. the Illinois Coalition Against Sexual Assault, 100 North 16th St., Springfield, IL, 62703-1102, or by telephone at (217) 753-4117; or
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b. the Illinois Coalition Against Domestic Violence, 801 South Eleventh Street, Springfield, IL 62703, or by telephone at (217) 789-2830; or

c. the Illinois Department on Aging, 421 East Capitol Avenue, #100, Springfield, IL, 62701, or by telephone at (217) 785-3356.

If unsure about which agency to contact, participants may ask a staff member for direction. If participants elect to file a grievance with any of the above agencies, the grievance must be within the guidelines of that agency.

This is to certify that I, ____________________________, have received the Participant Grievance Policy and have had it explained to me. I am satisfied with the explanation and understand the content of this policy.

Participant/guardian signature:________________________________ Date: _________

Staff Signature:____________________________________________ Date:__________

Provided by The Center for Prevention of Abuse
Sample Grievance Procedure

**Subject:** Client Appeal/Grievances  
**Policy:** Grievances will be handled in a timely manner according to agency procedure.  
**Procedures:** In the event that a client feels that she/he had been treated unfairly or has not received the services to which she/he is entitled, the following procedures will be instituted.

1. The client will be encouraged to work out difference with the assigned staff member with the assistance of the Program Director if necessary/requested.

2. If the client remains dissatisfied, the client may submit a written summary to the Program Director outlining the nature of the complaint.

3. The Program Director will investigate the nature of the complaint and take appropriate remedial action and inform the client, in writing, within 10 working days of receipt of the complaint. (The Program Director is not required to disclose the specific action(s) taken).

4. If this does not lead to successful conflict resolution, the client shall be informed of her/his right to speak with the Executive Director, to hear her/his grievance.

5. The Executive Director will review the situation and respond, in writing, within 10 working days of receipt of the grievance. (The Executive Director is not required to disclose the specific action(s) taken).

6. If the client remains unsatisfied with the response and/or action taken by the Executive Director, the grievance shall be forwarded, at the request of the client, to the Executive Committee of the Board of Directors. The client has the right to speak with the Committee to voice the grievance.

7. A written response will be reviewed by the Executive Director and the Executive Committee within 30 days of receipt of the grievance. The decision shall be final.

8. If not satisfied with the final decision, the client may contact the Illinois Department of Human Rights at 222 S. College Room 101-A, Intake Unit, Springfield, IL 62704 or by phone at (217) 785-5100 or (217) 785-5125 TTY. The report must be made within 180 days of the date of alleged incident.

9. All written correspondence pertaining to the complaint shall be filed in the Executive Director’s office.

**NOTE:** The program will ensure that this process does not unduly limit persons by virtue of the ability to communicate.

*Provided by the Crisis Center Foundation*
Sample Grievance/Complaint Policy

Policy:

To respond in a timely and appropriate manner to the grievances/complaints of all clients, staff, and volunteers.

Procedure:

1. Grievance forms, available in the front office, will be filled out and submitted to the Executive Director.

2. The Executive Director will review grievance and discuss with staff person and supervisor within five business days.

3. All grievances will be responded to by the supervisor or Executive Director and an attempt made to resolve the issue within ten business days of receipt of grievance form.

4. If all attempts to resolve the issue fail, the staff and clients have the right (as noted on the Clients Rights and Responsibilities form) to register a grievance about the Program with the Program Board President and the Board of Directors.

5. If the grievance is against the Executive Director, the grievance is submitted to the President of the Board of Directors.

If issue is not resolved, the grievance can be registered with the following agencies:

- County Mental Health Board 555-555-5555
- Equipped for Equality 800-537-2632
- Department of Human Services 217-524-6034

6. All grievances will be documented and filed in the Grievance Log Book upon the completion of the Grievance process.

7. Grievances are reviewed by the Board of Directors.

8. The grievance will not result in retaliation or barriers to services.

9. All grievances are reviewed for trends on an annual basis or more frequently if indicated.

10. The Grievance Log Book is kept in a locked and secured area.

Provided by Turning Point
Chapter 4 Crisis Hotline and Walk-In Services

Any Comprehensive domestic violence program funded by IDHS or ICADV must be available on a 24-hour basis to answer calls directly from the Illinois Domestic Violence Help Line and others for immediate crisis intervention. The primary purpose of crisis hotline and walk-in services is to provide crisis intervention that meets the urgent physical and emotional needs of survivors of domestic violence. Other important services provided on the hotline can include collecting information for the survivor's intake, assisting with developing a safety plan for the survivor, explaining program services, counseling the survivor, or providing information and referrals. All crisis hotline services may also be provided face-to-face through crisis walk-in services. Although the descriptions in this chapter are oriented toward providing these services by telephone, all requirements and guidelines for hotline services also apply to crisis walk-in services provided in person.

A program may have a special phone line designated specifically for receiving crisis hotline calls from the Illinois Domestic Violence Help Line. However, a crisis hotline or walk-in service can be any telephone or face-to-face contact coming into the program that is NOT related to agency administration or operations, but instead focused on services. These contacts can include:

- An incoming call or contact from a survivor who is interested in the program's services;
- An incoming call or contact from a survivor already participating in the program and in need of further assistance;
- An incoming call or contact from a survivor who is not interested in becoming a participant of the program, but who would like other information or assistance;
- An incoming call or contact from someone who is not a survivor of domestic violence but who is seeking information on other services such as food or homeless shelters;
- A call or contact made by a program advocate to provide urgent assistance to a survivor of domestic violence referred to the program from another source, such as the police department.

Minimum Requirements in Services

Programs providing domestic violence crisis hotline services must, at a minimum, adhere to the following criteria:

- Comprehensive On-Site and Off-Site programs must have trained staff and/or trained volunteers available on a 24-hour basis to answer calls directly from the statewide hotline and others for immediate crisis intervention. No answering machines or services are permitted.
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• Specialized services must have trained staff and/or trained volunteers available to answer calls directly from the Illinois Domestic Violence Help Line and others for information and referral and crisis intervention. Voice mail systems are permitted at specialized services when the program is closed.

• All staff or volunteers answering hotline calls must have completed the 40-hour domestic violence training.

• TTY equipment with advocates trained in its use, access to a relay operator through 711, or access to video relay (866-327-8877) for the Deaf and Hard of Hearing is required at the program location.

• Video Relay Services is another option for people who use American Sign Language to Communicate. Advocates will be trained in the use of VRS.

• Speech to Speech Relay service is available for survivors who may be difficult to understand on the phone. Advocates will be trained on this service.

• There shall be written procedures and a staff development plan that address how the hotline advocates will meet the communication needs of non-English speaking, Deaf and Hard of Hearing survivors.

• If shelter can be accessed only by first calling the hotline, written procedures shall be developed for use by staff and volunteers describing the steps to be taken to access shelter or safe homes on a 24-hour basis.

• At the time of any survivor’s initial contact with the program, by hotline or other means, programs shall:
  o Determine eligibility;
  o Screen for risk of violence to the individual, minor children or any other unsafe family member; and
  o Assist in the creation of an individualized safety plan.

The Guidelines section of this chapter contains suggestions for the most effective delivery of domestic violence crisis hotline services. The ICADV Hotline Crisis Call Flowchart, also included in this chapter, is a helpful visual reference tool for handling domestic violence hotline calls. The review tools used during ICADV and IDHS site visits to assess 24-hour crisis procedures are included in Appendix C.

Minimum Requirements in Documentation

Calls must be documented if there is any contact with the caller. For each crisis hotline or walk-in service, the advocate shall document the following data:

• Date
• Length of time the call or contact took
• Type of call or contact
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- Disposition of the call or contact

The InfoNet Hotline Call Log Sheet may be used, but programs may use their own forms as long as this information is included. The InfoNet Hotline Call Log Sheet Sample collects the additional information required for InfoNet documentation as well.

Programs must designate the type of each hotline call. The Illinois Criminal Justice Information Authority uses the following four call types to categorize crisis hotline or walk-in services:

- **Hotline - Victim, has Client ID**: this is an incoming call or contact to the program from a survivor of domestic violence that is a client of the program. If the survivor has a client identification number, document the call as this type. An example of this would be an existing client, with an identification number, in need of counseling who calls the program for assistance. **Note:** if staff speak to this type of caller for over 15 minutes, then the time must also be documented as the type of service provided, such as counseling or intake, in addition to being recorded as a hotline call.

- **Hotline - Victim, Not a Client**: this is an incoming call or contact to the program from a survivor of domestic violence that is NOT a client of the program. The caller is a survivor of domestic violence but does not have a client identification number in the program. An example of this would be a survivor of domestic violence in need of some information or counseling who calls the program for assistance, but is not interested in becoming a client of the program.

- **Hotline - Information and Referral (not a DV victim)**: any miscellaneous call or contact not regarding a survivor of domestic violence. An example would be a woman who calls and wants help dealing with her husband’s abuse toward their 3-year-old child. The domestic violence program may refer the woman on to another social service agency, maybe DCFS. If the agency housing the domestic violence program has several programs, an information and referral call can also be within the agency. For example, a woman who is not a survivor of domestic violence calls the hotline. What she really needs is assistance with food, a service that your agency also offers. This is an information and referral call.

- **Call Back - Non-Client**: a call or contact made by the program to a survivor of domestic violence who does not have a client identification number in the program. An example of this would be an advocate of the program, when it is safe to do so, contacting a woman who reported domestic violence to the local police department the previous night to try to provide her with information and assistance. An instance when it would be safe to call a survivor under these circumstances would be if she gave permission to an officer to have an advocate call her. This survivor of domestic violence does not currently have an identification number in the program.

The advocate may document the call or contact after it takes place or jot notes during the interaction, but information must be collected in an unobtrusive way. The documentation need not include survivors' names or any identifying information if they prefer not to share it; all hotline services and documentation shall allow for the anonymity of survivors.
Advocates whose positions are VOCA/VAWA funded must also enter their name on the form. Programs shall have a system in place so that the calls of all staff and volunteers supported by VOCA/VAWA grants are documented separately from the other staff members or volunteers. This is to allow ICADV to extract hotline call service supported by VOCA/VAWA grants. Call time must also be documented in minutes, not hours, for VOCA/VAWA funding.

Guidelines

The program’s hotline should be a phone line that is devoted solely to hotline purposes rather than shared for other program uses. To best ensure the confidentiality and security of the calls, programs are encouraged to use a landline for all hotline calls, and calls should take place in a private area within the program.

Staff Skills

Advocates answering hotline calls should be comfortable with crisis work and trained in listening and communication skills. Due to the critical nature of some calls, it is also important for advocates answering the hotline to have a supervisor or designated colleague available for added support and guidance when needed.

Advocates staffing the hotline should also reflect the community the program serves. In particular, bilingual staff should be available to answer the hotline calls of non-English speaking survivors. The Illinois Domestic Violence Help Line (877-863-6338) (also has translation services available. As stated under Minimum Requirements in Services, a TTY, access to a relay operator through 711, or access to video relay (866-327-8877) must be available to receive calls from Deaf and Hard of Hearing survivors. In general, video relay is considered the easiest system to use and available at the lowest cost; however, the TTY is still sometimes best for survivors who do not have knowledge of or access to the newer, more technological systems.

Hotline Procedures

Programs should have clear, user-friendly protocols for staff and volunteers to follow when answering hotline calls. The following procedures are recommended for safe and effective hotline services:

- **Address the immediate safety of the caller.** If the caller is a domestic violence survivor looking for assistance, begin by assessing immediate safety. Ask a question such as: “Are you in a safe place right now?” If the answer is no, make immediate plans with the survivor to get to a safe place before continuing. If survivors are in immediate physical danger, offer to contact someone for them while they stay on the line. If the perpetrator is near and the survivor is not able to directly say whether or not it is safe, it may be helpful to ask the survivor to say a number between 1 and 10 to signify the level of danger. Refer to ICADV’s Hotline Crisis Call Flowchart in this chapter for further guidance in addressing safety.
• **Listen and provide emotional support.** If it is safe for the survivor to talk, ask an open-ended question such as: “Can you tell me about what has been going on?” As the survivor talks, provide reassurance and sympathetic responses. Use the same empathic listening and communication techniques that would be used in face-to-face counseling, including the following:
  o Allow the survivor to direct the conversation.
  o Actively listen.
  o Empathize with the survivor.
  o Validate the survivor’s feelings and experiences.
  o Affirm belief in the survivor’s story.
  o Affirm the survivor’s strength.
  o Do not respond with judgments, opinions, suggestions or advice.
  o Because domestic violence can occur in same-sex relationships, use language that is gender-neutral until the survivor identifies the gender of the perpetrator.

When providing emotional support, if appropriate, begin to explain the dynamics of domestic violence, and spend time listening to and validating how the information relates to the situation the survivor describes. If the survivor seems to be interested, it may be appropriate to help identify and explore emotions such as fear, ambivalence and other barriers, and develop follow-up activities to help address these emotions. More information on counseling survivors of domestic violence can be found in the Counseling and Advocacy chapter of this manual.

• **Assist in individualized safety planning.** A minimum requirement of domestic violence programs is to screen for the risk of violence to survivors and their unsafe family members upon their initial contact with the program, and to assist them in creating a safety plan. To do this, gather as much information as possible about their safety level and the safety level of their family, the steps they have already taken to help remain safe, and other possible resources that will help to ensure their future safety. For more information on safety planning with survivors for before, during and after violent incidents, please refer to the Safety Planning tool in the Counseling and Advocacy chapter of this manual.

Remember that not all survivors have regular access to a private phone. Work with survivors to find creative ways to call back or link with services. Possible options may include the phone at their workplace, place of worship, a social service agency, a friend’s house, or their children’s school. If they are available, the program may also provide cellular phones to survivors.

• **Provide information about the program and determine eligibility.** As stated under *Minimum Requirements in Services*, eligibility must be determined upon the survivor’s initial contact with the program. While gathering information from survivors, help them to determine their service needs. If the survivor is interested in participating in program services, explain the policies and procedures, and if appropriate, begin an intake or service plan. Assist them with transportation to shelter if needed. For more information on determining eligibility and conducting intakes, refer to the Eligibility and Initial Contact, Intake and Service Assessment chapters of this manual.
Survivors may not be interested in taking advantage of program services, or may be ambivalent. If this is the case, spend time listening to the survivor and validating feelings about the abuse. Some survivors may call the program repeatedly and eventually seek further services as the advocate builds rapport with them; others may never request other services. Whatever the survivor’s decisions, it is important to provide emotional support and help the survivor to develop tools for safety.

- **Provide information about other community services.** If survivors seem interested in other services or resources in the community, provide them with resource information and help link them with appropriate services. Offer referrals to all callers in need of assistance, whether or not they are survivors of domestic violence.

Remember that the intent of a hotline is to provide survivors with support, solutions, and instructions if needed, not to simply provide quick referrals with no other support. If survivors are not able to access services due to transportation or other issues, assist them in finding the additional resources needed. This may include finding accessible services or locating shuttle services. It may also be helpful to assist survivors with a back-up plan of what to do if the referral agency does not address their needs.

More information and guidelines on helping survivors to link with community resources can be found in the Information and Referral chapter of this manual.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.
ICADV Hotline Crisis Call Flowchart
Chapter 5 Information and Referral

Comprehensive or Specialized domestic violence services funded by IDHS or ICADV must provide information and referral services to domestic violence survivors to assist them in obtaining other services and resources in the community. Providing this assistance is critical in helping survivors meet their needs and service goals.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements in providing information and referral services to survivors:

- Programs must establish and maintain linkages with community agencies and individuals for the provision of those services that are required by survivors, their family members, or callers to the hotline.

- Each program will take an active role in developing and maintaining ongoing relationships with community agencies. Programs shall ensure service linkages through the development of a community resource list. Hotline and direct service advocates will have access to this list while they are on duty. This list shall include, at the minimum, the following services/resources:
  - Illinois Department of Children and Family Services
  - Local Illinois Department of Human Services offices
  - Local health department
  - Court personnel/legal services
  - Police
  - Protocol-compliant Partner Abuse Intervention Programs
  - Area agencies on aging
  - Area schools
  - Emergency service phone numbers
  - Substance abuse treatment programs
  - Medical and health care services; dentistry services
  - Translation services/interpreter service, including the translation services available through the Illinois Domestic Violence Help Line
  - Housing options/resources/alternatives
  - Local agencies supporting people with physical, intellectual or developmental disabilities
  - Services for those with physical or cognitive disabilities
  - Lesbian, gay, bisexual and transgender support services
  - Counseling services for adults, children and unsafe family members
  - Emergency and other transportation services
  - Continuing education and job training
  - Childcare services, parenting education, and resources
  - Consumer credit and financial services
  - Adolescent services and programs
  - Sexual assault services
  - School-based services
  - Victim-Witness programs
  - Illinois Department of Corrections, Juvenile Division
  - Local mental health agencies
SECTION TWO

Suggestions for providing effective information and referral services to survivors are included in the Guidelines section of this chapter. The review tools used during ICADV and IDHS site visits to assess information and referral procedures are included in Appendix C. Appendix E provides information on applicable laws relating to information and referral procedures.

Minimum Requirements in Documentation

Documentation of information and referral services provided to survivors involved in the program must include the following data:

- Survivor name or identification number
- Type of referral provided
- Date of the service
- Length of time the service took

This information is then placed in the survivor’s file. If the referral was given to someone not involved in the program calling on the crisis hotline, it may be documented on a hotline call log sheet.

Referrals made to survivors may be documented on the InfoNet Hotline Call Log Sheet, the InfoNet Client Intake/Eligibility Determination Form, the InfoNet Adult Services Contact Form, the InfoNet Adult Legal Services Contact Form, or the InfoNet Adult Non Legal Services Contact Form, depending on the type of referral and when it was given. Programs may also choose to use their own forms as long as the required information is recorded.

Guidelines

Programs are encouraged to keep the required community resource list organized and easily accessible to all program advocates. The list should include all the relevant information for each agency, such as the address, phone number, e-mail, contact person and services provided, as well as any other information that may be important to know before referring survivors. This information will need to be frequently updated as staff and agencies change.

It is important that advocates be knowledgeable about the different local agencies so they can give realistic and informed referrals to survivors, including the time limits, admission criteria, costs, and limitations of the resources available. Advocates should not recommend survivors to agencies or programs with which they are not themselves familiar, and should be careful to avoid creating false expectations.

Referral Procedures

The following practices are recommended for providing safe and effective information and referral services to survivors.

Safety Issues

- Be aware of the need for confidentiality, and avoid systems that could put the survivor at risk of being tracked by the perpetrator. For instance, some services identify survivors by name, social security number or fingerprint on computer systems, or by another identifying number such as a driver’s license number or child’s social security number. Make survivors aware of the potential or known risks of systems like these, so
they can make informed decisions about whether to utilize the services. Even authorized users of such systems are risks for breaching confidentiality and possibly compromising safety. Advise survivors that social security numbers should never be required to receive services.

- Encourage the agencies and systems that could potentially put survivors of domestic violence at risk to develop policies that better protect them. Offer assistance in making changes, and approach the agencies in a constructive way to encourage collaboration. Informed consent for the clients of these outside systems is crucial to maintain safety. For more information on advocating with different service systems, please refer to the Counseling and Advocacy chapter of this manual.

**Underserved Populations**

- Stay well informed of agencies in the community that specialize in underserved populations. This will help not only with providing referrals, but also with coordinating services for those survivors in the program with unique needs. Helpful agencies may include those that provide specialized services for older adults, teen, lesbian, gay, bisexual or trans-gendered communities, those that provide services for people with disabilities, or those that provide services for a specific nationality or culture. These agencies can assist in providing or finding special services such as interpreters, and can help provide peer support for marginalized groups.

- Investigate and be aware of the resources and options available to various populations. Examples of special resources for underserved populations include but are not limited to the following:

  - Survivors who receive Temporary Assistance to Needy Families (TANF) may be eligible for the TANF domestic violence exclusion. TANF recipients who qualify for the family violence exclusion are not required to participate in work and training activities, and the 60-month time counter for benefits temporarily stops.

  - Programs may call the Adult Protective Services Hotline at (866) 800-1409 to obtain assistance for survivors with disabilities who are being abused, neglected or exploited. Programs are required to make this report if the person's disability makes them unable to seek assistance for themselves, but may also voluntarily use this resource to assist survivors with disabilities. An investigation will be conducted and, if founded, a service plan will be created to eliminate further abuse. Services may include assistance such as helping to find independent living arrangements apart from abusive family members, or providing legal assistance in removing abusive guardians.

  - Advocates may call the Adult Protective Services Hotline at (866) 800-1409 for assistance with older adult survivors who have difficulty calling for themselves. Older adult abuse legislation accommodates not only reports of older adult abuse and neglect, but any situation of self-neglect in which a person over 60 has difficulty meeting basic needs such as accessing food, clothing, shelter, health care, or other services needed to maintain well-being and safety. Assessments are conducted with older adult survivors to help connect them to specific services, such as Meals on Wheels, in-home health care, homemaker services, housing or other services.

- Be cognizant of survivors’ unique needs when making referrals. Any written referral information given to survivors should be available in the survivor’s primary language, for instance, or in larger type if the survivor has low vision. Consider the unique situations of underserved populations when providing referrals, and be careful to tailor the referrals to their needs. For example, advocates should not refer undocumented survivors to obtain public assistance if doing so would jeopardize their ability to stay in the country. Additionally, consider reviewing all forms provided to survivors to ensure that “Universal Design” has been implemented.
Community Collaborations

- To become better informed about local resources, meet with the managers of referral agencies, and attempt to form personal connections and relationships with the people representing local agencies. One way to do this is to invite agencies to come to speak to the program about their services or resources, and offer to provide cross training to their agency staff as well.

- Take part in any interagency, multidisciplinary or networking groups that bring together service providers in their community, or start such groups if none exist. Taking part in these groups not only helps build linkages with individual programs, but also helps to create a community-wide safety net of interrelated services. Further detail on community collaborations can be found in the Outreach and Prevention chapter of this manual.

Transportation

- When contacting community agencies, ask if transportation is provided in their services. For more information on transportation services, please refer to the Transportation chapter of this manual.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Chapter 6 Counseling and Advocacy

Counseling and advocacy services in domestic violence programs include three distinct areas: domestic violence counseling/peer support, therapeutic counseling or therapy, and advocacy/social action.

**Domestic violence counseling/peer support** is a one-to-one interaction between a domestic violence advocate and an adult or child survivor for the purpose of benefiting the survivor. Examples of domestic violence counseling include support, education on dynamics of domestic violence and power and control, problem solving and discussing options. Domestic violence counseling shall be provided with the survivor’s service plan in mind, and may be provided by telephone or in person. Safety must always be the primary consideration of any counseling interaction.

Domestic violence counseling/peer support also seeks to promote self-advocacy and self-help in survivors. Toward this end, the empowerment model of counseling is used in domestic violence counseling/peer support services. This philosophy is based upon empowering survivors in nondirective ways to make their own choices. The empowerment model is described in further detail in the Guidelines section of this chapter.

**Therapeutic counseling or therapy** is a one-to-one interaction between a licensed or board-certified mental health professional and an adult or child survivor for the purpose of addressing the trauma that interferes in the survivor’s ability to effectively use a safety plan or benefit from other services. Therapeutic counseling may also be provided by a master's level counselor under supervision pending their licensure. An example of therapeutic counseling is processing and integrating feelings dealing with trauma with the purpose of self-empowerment. As with domestic violence counseling, therapeutic counseling shall be provided with the survivor’s service plan in mind, and may be provided by telephone or in person. Safety must always be the primary consideration of any therapeutic counseling interaction.

**Advocacy/social action** is the active support of and speaking on behalf of a person, group or cause. The primary focus of advocacy is empowerment; counselor/advocates act as agents to create an environment that allows survivors to empower themselves to become self-reliant and live violence free. Advocacy is divided into the following four categories:

- **Self-advocacy/self-help** is the empowered process of speaking on behalf of oneself to insure one's own rights and safety. Survivor self-advocacy/self-help is one of the main goals in all domestic violence services.

- **Individual advocacy** is the process of speaking on behalf of an individual survivor or family to ensure their rights and safety. This is done in partnership with the survivor. Examples of individual advocacy include accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals or talking to referral sources on behalf of a survivor.

- **Legal or court advocacy** refers to empowering methods of assisting a survivor or group of survivors in obtaining legal and human rights. This may include providing survivors with legal information and options, accompanying them through the legal system or advocating for them...
within the legal system. It also includes emotional support, encouragement and problem solving related to legal issues.

The most common form of legal advocacy is **IDVA advocacy**, which specifically includes:
- An explanation of the Illinois Domestic Violence Act given at intake
- Information on how to obtain a civil or criminal Order of Protection
- Assistance in obtaining an Order of Protection, including intervention/contact on the survivor's behalf with representatives of the civil or criminal justice system and law enforcement personnel

Although much of legal advocacy is the IDVA advocacy specifically related to the Illinois Domestic Violence Act, legal advocacy can also include assistance with any other legal issues in systems such as DCFS, housing, the police, or the State's Attorney's office.

- **Systems or social action advocacy** refers to the process of changing and influencing systems in ways that will benefit survivors of violence. Rather than interacting with organizations on behalf of individual survivors, systems advocacy focuses on making system-wide changes to services and institutions on behalf of survivors as a whole. This includes working to make changes to the law, government, service policies, and community attitudes. Systems advocacy on behalf of all survivors of violence and to prevent future violence has been one of the major goals of the domestic violence movement. This is sometimes also referred to as institutional advocacy.

### Minimum Requirements in Services

IDHS and ICADV require that all Comprehensive programs provide domestic violence counseling/peer support and advocacy/social action. The following criteria are required for any domestic violence programs receiving IDHS or ICADV funding:

**Domestic Violence Counseling/ Peer Support Requirements**

- Programs will provide domestic violence counseling/peer support services to survivors. Counseling activities include but are not limited to collecting information for intake and to determine eligibility, developing safety plans, accommodations needed, assessing lethality, identifying barriers and activities to remove barriers, providing emotional support, explaining program services, domestic violence education, life skills education, and developing or reviewing a service plan. More information on these processes is provided in the *Guidelines* section of this chapter.

- Staff or volunteers providing counseling services of any type to survivors **must** have completed the 40-hour domestic violence training.

- The counselor/advocate and the survivor shall develop a service plan that identifies the survivor's immediate and long-term needs. Identifying individualized survivor needs implies that the survivor will be asked specifically about comprehensive needs or empathically screened for comprehensive needs.
• All counseling with the survivor must be kept confidential in compliance with the Illinois Domestic Violence Act. Confidentiality does not apply in situations of child or older adult abuse or neglect, or in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person.
  o Confidentiality and the limits of confidentiality must be discussed with the survivor.
  o Off site or shared space locations must pay special attention to keep all files locked, keep all computers secured, and ensure confidentiality for clients.

For more information on confidentiality requirements and limits, refer to the Confidentiality chapter of this manual.

• Counseling must be provided in a manner that demonstrates sensitivity and respect for diverse cultural traditions, values and lifestyles, and that seeks to promote self-help/self-advocacy in survivors.

• Couples or family counseling that includes the perpetrator of domestic violence is prohibited.

**Therapeutic Counseling Requirements**

• Domestic violence counseling/peer support and advocacy/social action shall not include therapeutic evaluations or therapeutic counseling.

• Therapeutic counseling must meet all the minimum requirements for domestic violence counseling/peer support and advocacy, and must additionally be provided by a licensed or board certified mental health professional or master’s level counselor under supervision pending their licensure.

**Advocacy/ Social Action Requirements**

• Programs will provide individual advocacy, including but not limited to:
  o Providing information to survivors about community services and systems.
  o Contacting services, agencies, resources or systems on behalf of and in partnership with survivors.
  o Accompanying survivors to obtain resources and services in the community.

• Programs will provide legal advocacy to all survivors receiving services, including but not limited to:
  o Information, options and support for navigating legal systems.
  o Accompanying survivors through legal systems.
  o Advocating for survivors within legal systems.
  o IDVA advocacy, including:
    • An explanation of the Illinois Domestic Violence Act during the intake process.
    • Information on how to obtain a civil or criminal Order of Protection
    • Assistance in obtaining an Order of Protection, including intervention/contact on the survivor’s behalf with representatives of the civil or criminal justice system and law enforcement personnel.
  o Assisting survivors in participating in criminal justice proceedings including transportation and accompaniment to court, and childcare services.
• Programs funded by ICADV must inform survivors of the availability of crime victims’ compensation, and provide assistance in completing the required forms, gathering the needed documentation, and following up with agencies as needed. More information about compensation for crime victims is available at the Illinois Attorney General’s website at: www.ag.state.il.us/victims/index.html.

• A Waiver and Consent for Release of Information form signed by the survivor is required prior to any third-party contact on behalf of the survivor. If the individual is a dependent child, a Release of Information signed by the parent or legal guardian is required prior to a third-party contact.

• Programs will provide systems or social advocacy, including but not limited to:
  o Communications, presentations, education and training to community groups, agencies and systems for purposes of changing current policies, practices or attitudes that endanger survivors; or for preventing future violence.
  o Participation in coordinated response efforts that seek to end violence.

Procedures for providing effective domestic violence counseling/peer support and advocacy/social action services are included in the *Guidelines* section of this chapter. The review tools used during ICADV and IDHS site visits to assess counseling and advocacy procedures are included in Appendix C.

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**Minimum Requirements in Documentation**

**Domestic Violence Counseling and Therapeutic Counseling**

The documentation of each domestic violence counseling or therapeutic counseling service must include the following data:

- Survivor name or identification number
- Date of the interaction
- Length of the interaction
- Type of service provided
- A case note summarizing the contact
- Name and signature of counselor/advocate

All documentation shall then be placed in the survivor’s file.

Programs may use the InfoNet Adult Services Contact Form or InfoNet Adult Non Legal Services Contact Form to document counseling and individual advocacy services, or may choose to use their own forms as long as the required information is included. The InfoNet forms collect the additional data required for InfoNet documentation. For more information on InfoNet requirements and guidelines, please refer to the Frequently Asked Questions section of the InfoNet Manual.

**Case Notes**

Because information in a case note can be misused against the survivor by courts, it is important that counseling services be documented accurately and appropriately. Case notes for counseling services
must be brief, relevant and objective. They should not contain the survivor’s views, religion, or intimate personal details unless they have direct and very important relevance to the intervention.

Psychological or psychiatric terms and diagnoses should not be included in case notes unless the provider using them is a licensed and certified mental health professional. Even then, such terms should be used with caution. Programs must have policies in place regarding whether to include diagnoses in documentation. These policies should weigh the needs of the survivor and unsafe family members with the dangers of how documentation could potentially be used against them by others. In addition, programs should have practices in place to engage survivors in decisions regarding what is included in their documentation whenever possible.

Children’s counseling services must be kept separately from that of their parent or guardian. Children’s information is subject to being subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements. It also might be possible for a child’s abusive parent to obtain access to the child’s record.

For more guidelines on documenting case notes and other requirements regarding confidentiality, please refer to the Documenting Services and Confidentiality chapters of this manual. Additional and more extensive information on documentation and confidentiality can be found through ICADV’s web-based training on confidentiality and other in-person training opportunities.

**Individual Advocacy**

Individual advocacy services must be documented and placed in the survivor’s file. This documentation shall include the following data:

- Survivor name or identification number
- Date of the service
- Length of time spent
- Type of service provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service

Programs may gather this information on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or may develop their own forms to collect the required data.

**Legal Advocacy**

Legal advocacy shall be recorded as such, though it may overlap with other services. The documentation must include the following information:

- Survivor name or identification number
- Date of the service
- Length of time spent
- Type of legal advocacy provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service
SECTION TWO

If legal advocacy is done with more than one survivor at once, it must be documented as a group service. The InfoNet Adult Legal Service Contact Form and InfoNet Adult Services Contact Form can be used for this documentation, but programs may create their own forms for these services if the information above is captured.

To assist in holding perpetrators accountable, programs may also choose to document violent incidents involving medical, police or court intervention. This documentation can include information on Orders of Protection and any applicable medical, police or prosecution information. The offender’s criminal information can also be included, such as arrests made, charges filed, type of charge, disposition and sentencing. This documentation is placed in the survivor’s file. The InfoNet Medical/Criminal Justice Process Form may be used, but programs may use their own forms to collect this information.

Counselor/advocates must complete case notes for legal advocacy services. However, depending on the needs of individual programs, case notes completed by counselor/advocates attending court may need to be less detailed and extensive. Some programs have a high volume of survivors seen at court in short periods of time, which prevents sufficient time for extensive individual case notes. Court counselor/advocates may use a formatted case note where specific information about a survivor’s court case (e.g. type of Order of Protection sought, whether an Order of Protection was granted, courtroom or judge survivor saw, next court date, remedies granted on Order of Protection, etc.) is written into blanks on a prewritten form. The InfoNet Legal Report Form is an example of this. Situations that are unusual, or when the court counselor/advocate spends an unusual length of time with a survivor, must be reflected in a case note. Court counselor/advocates shall still record all other contacts with a survivor outside of court, as well as advocacy and collateral contacts.

Systems or Social Action Advocacy

Programs are required to maintain complete and accurate records of systems advocacy provided to the community for the purposes of educating, raising awareness and creating a community-wide environment that is sensitive to domestic violence. Programs shall maintain documentation that includes:

- Description of audience
- Date of the service
- Length of time spent
- Description of presentation or communications
- Number of attendees
- Counselor/advocate providing the systems advocacy

The InfoNet Community and Institutional Services Log Sheet may be used, but programs may use their own forms. Systems advocacy may overlap with other services, such as outreach and prevention services.

InfoNet has additional requirements related to documenting advocacy services. For more information on these requirements, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines
 Domestic violence counseling/peer support, therapeutic counseling and advocacy/social action encompass a wide range of domestic violence services. The following guidelines are first divided into general counseling skills and some of the important types of domestic violence counseling: crisis intervention, service planning, safety planning, lethality assessments and suicide/homicide assessments. Guidelines are also outlined for individual, legal and systems advocacy/social action. Finally, tools and samples for counseling and advocacy are included for reference.

**COUNSELING GUIDELINES**

Whether it is focused on domestic violence education, service planning, safety planning or general emotional support, counseling in domestic violence programs should be done from an empowerment perspective. Empowerment means not telling survivors what to do, but enabling them to make their own life changes and gain control over their lives. This means that counseling domestic violence survivors is a mutually shared effort between the counselor/advocate and the survivor. The counselor/advocate’s role is to encourage the survivor, not to direct the interventions. The survivors will address the issues they want, when they want, and set the goals for the healing process. In this way, programs promote self-advocacy and self-help in survivors.

**Counseling Skills**

In all types of counseling interventions, it is critical that counselor/advocates employ excellent listening and communication skills. Staff and volunteers learn effective counseling skills in the 40-hour training, but will also need ongoing support and supervision in this area. When counseling adult and teen domestic violence survivors, it is important to remember the following guidelines:

- Remain calm.
- Look directly at the survivor (if culturally inappropriate, find another way to show attendance to their disclosures).
- Insure privacy, including from any of the following until determined to be safe:
  - Verbal age children
  - Interpreters
  - Friends/family accompanying the survivor
  - Personal care attendants/personal assistants
- Avoid a series of questions and answers and try to have a conversation instead.
- Avoid "sequential interviewing" (e.g. "And then what did you do? And then what did you do?").
- Establish an environment of respect and trust by:
  - Normalizing the situation and the need for questions.
  - Disclosing why certain questions must be asked and how the information will be used.
  - Allaying fears that admissions will jeopardize the help available.
- Proceed from the least to most sensitive topics.
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- Use caution and tact to alleviate guilt, shame, fear, or defensiveness regarding the abusive partner.

- Show sufficient interest and concern to probe vague answers and validate body language ("You seem scared"). Ignoring validates the shame and guilt, as well as the belief survivors have that they should not tell.

- Support the survivor by use of the six things to say:
  - I’m afraid for you and your children.
  - You are not alone.
  - It is not your fault.
  - You do not deserve to be abused.
  - Help is available.
  - How can I help?

- Let the survivor do most of the talking.

- Listen in a nonjudgmental way.

- Explore and help the survivor to define the problem.

- Mobilize resources and explain information thoroughly; do not assume survivors are aware of their rights or the services available.

- Avoid judgmental responses such as imposing values, advising, ordering, lecturing, preaching, moralizing, blaming, analyzing or diagnosing.

- Do not convey disappointment if the survivor decides to return to an abusive relationship or makes other choices the counselor/advocate feels are unsafe. It is possible to point out concerns about the survivor’s safety while still being supportive.

- Do not avoid subjects that may be embarrassing or uncomfortable for the counselor/advocate.

Crisis Intervention

It is important that counselor/advocates be adept at crisis intervention when working with survivors. A crisis occurs when a stressful event takes place and the survivor’s usual coping methods fail, creating a sense of insurmountable difficulty. Crisis situations place survivors in very unsafe positions; counselor/advocates should therefore be particularly careful in crisis situations to not impose their own values, thoughts, opinions, or viewpoints onto the survivor. It is the counselor/advocate’s job to offer support, education and counseling that enables survivors to function in a manner that reduces their stress and enables them to develop their future goals and plans.

Objectives for crisis intervention include the following:

- Assessing the survivor’s safety needs
- Finding out what the survivor wants
- Building rapport and validating the survivor’s feelings
Assessing the survivor's capacity for collaborative work is also critical in crisis interventions. While the counselor/advocate never makes decisions for the survivor, there are times when a more directive approach is appropriate if the survivor is completely immobilized by the crisis.

Crisis interventions may require assistance from a supervisor depending on the situation. Programs should have procedures in place to facilitate the process of counselor/advocates seeking needed support. Staff and volunteers should always be encouraged to ask for help, support and feedback from supervisors or other counselor/advocates.

Service Planning

A service plan is an individualized plan for each survivor’s services that is personalized to the needs and goals of each survivor. Working together with the survivor to create a service plan guided by the survivor’s needs and safety is an important part of domestic violence counseling. Service planning includes but is not limited to the following:

- Setting goals
- Defining what challenges and obstacles have interfered with meeting goals
- Setting up building blocks toward reaching goals
- Evaluating potential options
- Selecting options and discussing their implementation
- Generating alternative solutions or action steps
- Using the plan as a road map to guide other services
- Being consistent with updating service plans during services to document activities and progress

In updating service plans, counselor/advocates look to see that the survivor’s needs, wishes and rights are being addressed in the service plan and through collaborative survivor and counselor/advocate interaction. Counselor/advocates should note the survivor’s changes and achievements in the service plan as well. Both the survivor and the counselor/advocate must sign off on the plan.

Recommendations for service plan timelines are as follows:

- Shelter/Residential - Developed within three days of being admitted, with weekly updates thereafter, or as changes in the situation warrant.
- Walk-In/Counseling - Developed within two visits, with updates at each subsequent visit, or as changes in the situation warrant.
- Legal Advocacy - Developed during the first visit, with updates at each subsequent visit, or as changes in the situation warrant.
Processes should also be in place for supervisory review of the service planning process. Supervisors should develop a plan for how they will monitor service planning. The longer the survivor is part of the program, the more important this is.

Examples of recommended service plan forms for residential, legal and walk-in programs and a sample service plan update form are included in this chapter.

**Safety Planning**

A safety plan is a tool to help survivors plan what they can do to protect themselves from abuse. It involves discussing with the survivor ways to safely prepare to leave or stay with the abuser. Counselor/advocates work with survivors to develop safety plans that are specifically tailored to the survivor’s individual situation, and assess with the survivor whether each potential safety plan will increase safety or increase the danger. Because the survivor is the most knowledgeable about the situation, it is particularly important to use the empowerment model in safety planning, rather than giving advice or directing the survivor. Counselor/advocates should be prepared to work with survivors in a variety of settings (in court, by phone, at the program, etc.) to develop and implement safety plans, and to update plans as situations require. Tools for safety planning for adult survivors are included in this chapter.

**Lethality Assessment**

In counseling survivors of domestic violence, it is important to recognize potential lethality in perpetrators, and to have procedures to follow if an assessment shows the survivor to be in extreme danger. Possible indicators of lethality in perpetrators can include a history of threats of or attempts at homicide or suicide, access to weapons, depression, obsession, rage over the survivor’s leaving, addiction to drugs or alcohol, stalking, escalation in violence, and access to the survivor. A sample lethality assessment is included in this chapter.

Use extreme caution when assessing and discussing potential danger with the survivor. Lethality scales that use a number total can be inaccurate; do not assume a survivor is safe based on such a scale. Instead, it’s important to respect the survivor’s assessment of high risk; the survivor is the most knowledgeable of the level of danger the abuser presents. If the counselor/advocate feels that the situation could be lethal, it is important to share this information with the survivor and express concern for the survivor’s safety level.

**Suicide/Homicide Assessment**

Suicidal or homicidal survivors can be program participants or callers to the hotline. It is critical to take every threat or comment of suicide or homicide very seriously. If a counselor/advocate is suspicious that a survivor may be considering suicide or homicide, it is important to ask. Counselor/advocates should never leave a suicidal or homicidal person alone; recommend professional mental health services for the survivor immediately. Counselor/advocates need to be aware of the warning signs and intervention strategies for suicidal or homicidal survivors, and must seek supervision and consultation on these issues if they arise. In these situations, confidentiality may be breached if the failure to disclose is likely to result in an imminent risk of serious bodily harm or death.

**ADVOCACY GUIDELINES**
SECTION TWO

Individual Advocacy

Individual advocacy involves providing survivors information and assistance with third parties in an empowering way. As opposed to general case management-style services wherein a service provider might simply arrange resources for a client, the focus of individual advocacy must be to encourage self-reliance. This means fostering the ability in survivors to effectively cope with their situations, make decisions, and act on their own behalf in a way that will ensure their own rights and safety.

The following steps are recommended for providing empowering individual advocacy to survivors:

- Provide options for services and let the survivor decide; don't direct the survivor toward one particular service or action. Respect the ability of survivors to make their own choices and control their own lives.

- Ask survivors which resources they need help navigating. Base the assistance on what the survivors have requested, while encouraging them to take steps on their own behalf. For instance, don't make a series of phone calls to obtain a particular service if the survivor has not voiced the need for this help. If counselor/advocates feel they are doing all the work or "rescuing" survivors, they are not using the empowerment model.

- Work in partnership with the survivor in navigating systems, and keep them involved in the interactions and decisions with third parties. Don't start discussing what the survivor needs with other service providers without the survivor's input.

Providing individual advocacy for survivors overlaps with the services of information and referral. For more details on how to provide these services, please refer to the Information and Referral chapter.

Legal Advocacy

Legal advocacy is focused on providing legal information and resources to survivors in a way that helps empower them to navigate the legal system. Therefore, legal counselor/advocates need to be very knowledgeable of the legal system and how to navigate it. In particular, all legal counselor/advocates shall be knowledgeable of the following areas:

- The remedies of the IDVA
- Process to obtain an Order of Protection (OP)
- Differences between emergency, interim and plenary Orders of Protection
- Differences between Orders of Protection heard in civil and criminal court
- Enforcement of Orders of Protection, including Full Faith and Credit Provision of VAWA
- Law enforcement’s responsibilities
- Related crimes
- Violations of Orders of Protection
- Definitions of domestic battery, aggravated domestic battery, stalking, aggravated stalking, aggravated battery
- Immigration issues, e.g. undocumented immigrants can still obtain Orders of Protection and press charges against the abuser
- Issues of violation, e.g. petitioners should not be charged with violating Orders of Protection
SECTION TWO

- Financial and other resources available to survivors of domestic violence
- Guardianship

The above list is by no means comprehensive of the legal information that programs will need to assist survivors effectively. For more legal information and access to the full texts of several applicable laws, please refer to Appendix E. Because legal advocacy is so information intensive, programs should consider recruiting staff, consultants or volunteers who have the particular expertise needed for complex, in-depth or specialized legal services.

The main job of the legal advocate is to translate the legal system and processes for the survivor, so it’s important that counselor/advocates explain the legal information in a clear and understandable way. In addition to explaining the legal process verbally, counselor/advocates may also provide other written materials that may include shorter explanations of the IDVA or other relevant laws, a list of legal terms and definitions, or a flow chart of the legal system to help the survivor visually follow a case.

Although the focus of legal advocacy is providing information, it requires empowerment-based counseling skills as well. This involves listening, providing support, and if necessary, helping to develop a safety plan. As in individual advocacy, legal counselor/advocates should never “push” a specific option onto survivors, especially if survivors feel it will put them in greater danger.

Finally, an essential part of legal advocacy is assisting survivors with immigration issues. Immigration systems and laws are complex and change frequently, so it is helpful to develop a working relationship with a local immigration expert who can answer questions in this area. A list of resources to help with legal issues related to immigration is included in this chapter.

Systems or Social Action Advocacy

Because an unsupportive response to domestic violence from the medical, legal, criminal justice, social service, mental health or other communities can put survivors and their children at further risk, it is important for programs to put efforts toward systems advocacy/social action as well as individual advocacy. It can be ineffective to advocate individually for survivors without also attempting to address the shortcomings of systems they rely on for safety.

Communicating with Agencies and Systems

Systems advocacy/social action can be something as simple as contacting a key staff person in a local agency to discuss a particular policy that is harmful to survivors. However, programs need not wait until there are problems to approach agencies. It is better to proactively request meetings with agencies such as local hospitals, mental health agencies, law enforcement, and substance abuse programs to review their local protocols for domestic violence.

When advocating with systems, it is important to provide information in an assertive yet non-aggressive way. Counselor/advocates may simply discuss and explain what happens to survivors when specific steps are taken or not taken. It’s also important for counselor/advocates to review their own services to let the staff of other agencies know the resources they provide and how they can help. Counselor/advocates should always offer to help in changing and implementing any policies or protocols that they are suggesting be revised. If local agencies do not have domestic violence
protocols, counselor/advocates should discuss the possibility of working together to develop and implement them.

Presentations

Providing presentations about domestic violence to agencies and community groups is another key part of systems advocacy/social action. It is essential to offer trainings or cross trainings for all significant personnel involved in systems responding to domestic violence. Presentations to community groups and stakeholders can also help in changing community attitudes toward domestic violence, and therefore the overall community response. For more information on presentations and trainings, please refer to the Outreach and Prevention chapter of this manual.

Working with Groups

Systems advocacy/social action is often more effective when done as part of a coalition of people from different sections of the community. Taking part in or developing a local coordinated community response team to address domestic violence is another critical part of this process. For more information on this, please see the Coordinated Community Response section of the Outreach and Prevention chapter.

Finally, it is important that programs be aware of the larger-level statewide or national issues that affect survivors of domestic violence, and take part in the groups that respond to these issues. Participating in statewide workgroups that address domestic violence is one way for programs to stay informed and make their concerns heard at a larger systems level. Programs should also stay up to date in national, state and local domestic violence public policy, and make their concerns known to legislators who are voting on bills that will affect survivors of domestic violence.

CONSIDERATIONS IN COUNSELING AND ADVOCACY

Language Considerations

To provide effective counseling and advocacy services, programs are encouraged to hire multilingual staff and volunteers, especially in multilingual communities, and to arrange for on-call translators trained in domestic violence dynamics. Children or other relatives of the survivor should not be used as translators, as this may place them in danger or force them to hear disturbing disclosures.

Programs should use alternate means when translation is needed and no counselor/advocates are available, such as calling the Illinois Domestic Violence Help Line at (877) 863-6338 (877- TO END DV) or the National Domestic Violence Hotline at (800) 799-SAFE (7233). Both numbers provide access to translators in 140 languages through a language bank. Another resource is the Language Line at: (877) 886-3885 or www.languageline.com; this is a fee-for-service program providing interpretation in 150 languages.

In addition, programs are required to have licensed interpreters on call to facilitate communication with Deaf/Hard of Hearing survivors. To find licensed interpreters locally, programs may use the Illinois Deaf and Hard of Hearing Commission’s website at: http://www.illinois.gov/idhhc/licensure/Pages/default.aspx. Programs should have processes in place to ensure that licensed interpreters and translators have no connections with the perpetrator.
Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.
SECTION TWO

Tools and Samples

Tool for Safety Planning with Survivors

Sample Service Plan

Sample Service Delivery Plan—Survivor Goals

Sample Legal Advocacy Service Plan

Sample Service Plan—Weekly Review

Sample Lethality Assessment Tool for Domestic Violence Situations

Sample Informed Consent Notice For Outside Agency Data Collection

Resources for Immigration Law
General Effective Communication Requirements Under Title II of the ADA

In this chapter, you will learn about the requirements of Title II of the ADA for effective communication. Questions answered include:

- What is effective communication?
- What are auxiliary aids and services?
- When is a state or local government required to provide auxiliary aids and services?
- Who chooses the auxiliary aid or service that will be provided?

A. Providing Equally Effective Communication

Under Title II of the ADA, all state and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with others. This requirement is referred to as “effective communication” and it is required except where a state or local government can show that providing effective communication would fundamentally alter the nature of the service or program in question or would result in an undue financial and administrative burden.

What does it mean for communication to be “effective”? Simply put, “effective communication” means that whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities. This is important because some people have disabilities that affect how they communicate.

How is communication with individuals with disabilities different from communication with people without disabilities? For most individuals with disabilities, there is no difference. But people who have disabilities that affect hearing, seeing, speaking, reading, writing, or understanding may use different ways to communicate than people who do not.

The effective communication requirement applies to ALL members of the public with disabilities, including job applicants, program participants, and even people who simply contact state or local government agencies seeking information about programs, services, or activities.

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1. Providing Equal Access With Auxiliary Aids and Services

There are many ways that you can provide equal access to communications for people with disabilities. These different ways are provided through “auxiliary aids and services.” “Auxiliary aids and services” are devices or services that enable effective communication for people with disabilities.³

Title II of the ADA requires government entities to make appropriate auxiliary aids and services available to ensure effective communication.⁴ You also must make information about the location of accessible services, activities, and facilities available in a format that is accessible to people who are deaf or hard of hearing and those who are blind or have low vision.⁵

Generally, the requirement to provide an auxiliary aid or service is triggered when a person with a disability requests it.

⁵ 28 C.F.R. § 35.163 (a).

2. Different Types of Auxiliary Aids and Services

Here are some examples of different auxiliary aids and services that may be used to provide effective communication for people with disabilities. But, remember, not all ways work for all people with disabilities or even for people with one type of disability. You must consult with the individual to determine what is effective for him or her.

- qualified interpreters
- notetakers
- screen readers
- computer-aided real-time transcription (CART)
- written materials
- telephone handset amplifiers
- assistive listening systems
- hearing aid-compatible telephones
- computer terminals
- speech synthesizers
- communication boards
- text telephones (TTYs)

- videotext displays
- description of visually presented materials
- exchange of written notes
- TTY or video relay service
- email
- text messaging
- instant messaging
- qualified readers
- assistance filling out forms
- taped texts
- audio recordings
- Brailled materials
- large print materials
B. Speaking, Listening, Reading, and Writing: When Auxiliary Aids and Services Must be Provided

Remember that communication may occur in different ways. Speaking, listening, reading, and writing are all common ways of communicating. When these communications involve a person with a disability, an auxiliary aid or service may be required for communication to be effective. The type of aid or service necessary depends on the length and complexity of the communication as well as the format.

1. Face-to-Face Communications

For brief or simple face-to-face exchanges, very basic aids are usually appropriate. For example, exchanging written notes may be effective when a deaf person asks for a copy of a form at the library.

For more complex or lengthy exchanges, more advanced aids and services are required. Consider how important the communication is, how many people are involved, the length of the communication anticipated, and the context.

Examples of instances where more advanced aids and services are necessary include meetings, hearings, interviews, medical appointments, training and counseling sessions, and court proceedings. In these types of situations where someone involved has a disability that affects communication, auxiliary aids and services such as qualified interpreters, computer-aided real-time transcription (CART), open and closed captioning, video relay, assistive listening devices, and computer terminals may be required. Written transcripts also may be appropriate in pre-scripted situations such as speeches.

Computer-Aided Real-Time Transcription (CART)

Many people who are deaf or hard of hearing are not trained in either sign language or lipreading. CART is a service in which an operator types what is said into a computer that displays the typed words on a screen.

2. Written Communications

Accessing written communications may be difficult for people who are blind or have low vision and individuals with other disabilities. Alternative formats such as Braille, large print text, emails or compact discs (CDs) with the information in accessible formats, or audio recordings are often effective ways of making information accessible to these individuals. In instances where information is provided in written form, ensure effective communication for people who cannot read the text. Consider the context, the importance of the information, and the length and complexity of the materials.
When you plan ahead to print and produce documents, it is easy to print or order some in alternative formats, such as large print, Braille, audio recordings, and documents stored electronically in accessible formats on CDs. Some examples of events when you are likely to produce documents in advance include training sessions, informational sessions, meetings, hearings, and press conferences. In many instances, you will receive a request for an alternative format from a person with a disability before the event.

If written information is involved and there is little time or need to have it produced in an alternative format, reading the information aloud may be effective. For example, if there are brief written instructions on how to get to an office in a public building, it is often effective to read the directions aloud to the person. Alternatively, an agency employee may be able to accompany the person and provide assistance in locating the office.

**Don’t forget . . .**

Even tax bills and bills for water and other government services are subject to the requirement for effective communication. Whenever a state or local government provides information in written form, it must, when requested, make that information available to individuals who are blind or have low vision in a form that is usable by them.

3. **Primary Consideration: Who Chooses the Auxiliary Aid or Service?**

When an auxiliary aid or service is requested by someone with a disability, you must provide an opportunity for that person to request the auxiliary aids and services of their choice, and you must give primary consideration to the individual’s choice. “Primary consideration” means that the public entity must honor the choice of the individual with a disability, with certain exceptions. The individual with a disability is in the best position to determine what type of aid or service will be effective.

The requirement for consultation and primary consideration of the individual’s choice applies to aurally communicated information (i.e., information intended to be heard) as well as information provided in visual formats.

The requesting person’s choice does not have to be followed if:

- the public entity can demonstrate that another equally effective means of communication is available;
- use of the means chosen would result in a fundamental alteration in the service, program, or activity; or
- the means chosen would result in an undue financial and administrative burden.

**Video Remote Interpreting (VRI) or Video Interpreting Services (VIS)**
VRI or VIS are services where a sign language interpreter appears on a videophone over high-speed Internet lines. Under some circumstances, when used appropriately, video interpreting services can provide immediate, effective access to interpreting services seven days per week, twenty-four hours a day, in a variety of situations including emergencies and unplanned incidents.

On-site interpreter services may still be required in those situations where the use of video interpreting services is otherwise not feasible or does not result in effective communication. For example, using VRI / VIS may be appropriate when doing immediate intake at a hospital while awaiting the arrival of an in-person interpreter, but may not be appropriate in other circumstances, such as when the patient is injured enough to have limited mobility or needs to be moved from room to room.

VRI / VIS is different from Video Relay Services (VRS) which enables persons who use sign language to communicate with voice telephone users through a relay service using video equipment. VRS may only be used when consumers are connecting with one another through a telephone connection.

7 See Title II Technical Assistance Manual II-7.1100.

4. Providing Qualified Interpreters and Qualified Readers

When an interpreter is requested by a person who is deaf or hard of hearing, the interpreter provided must be qualified.

A “qualified interpreter” is someone who is able to sign to the individual who is deaf what is being spoken by the hearing person and who can voice to the hearing person what is being signed by the person who is deaf. Certification is not required if the individual has the necessary skills. To be qualified, an interpreter must be able to convey communications effectively, accurately, and impartially, and use any necessary specialized vocabulary.8

Similarly, those serving as readers for people who are blind or have low vision must also be “qualified.”9 For example, a qualified reader at an office where people apply for permits would need to be able to read information on the permit process accurately and in a manner that the person requiring assistance can understand. The qualified reader would also need to be capable of assisting the individual in completing forms by accurately reading instructions and recording information on each form, in accordance with each form’s instructions and the instructions provided by the individual who requires the assistance.

Did You Know That There are Different Types of Interpreters?

Sign Language Interpreters
Sign language is used by many people who are deaf or hard of hearing. It is a visually interactive language that uses a combination of hand motions, body gestures, and facial expressions. There are several different types of sign language, including American Sign Language (ASL) and Signed English.
Oral Interpreters
Not all people who are deaf or hard of hearing are trained in sign language. Some are trained in speech reading (lip reading) and can understand spoken words more clearly with assistance from an oral interpreter. Oral interpreters are specially trained to articulate speech silently and clearly, sometimes rephrasing words or phrases to give higher visibility on the lips. Natural body language and gestures are also used.

Cued Speech Interpreters
A cued speech interpreter functions in the same manner as an oral interpreter except that he or she also uses a hand code, or cue, to represent each speech sound.

8 28 C.F.R. § 35.104.
9 28 C.F.R. § 35.104.

5. Television, Videos, Telephones, and Title II of the ADA

The effective communication requirement also covers public television programs, videos produced by a public entity, and telephone communications. These communications must be accessible to people with disabilities.

a. Public Television and Videos

If your local government produces public television programs or videos, they must be accessible. A common way of making them accessible to people who are unable to hear the audio portion of these productions is closed captioning. For persons who are blind or have low vision, detailed audio description may be added to describe important visual images.

b. Telephone Communications

Public entities that use telephones must provide equally effective communication to individuals with disabilities. There are two common ways that people who are deaf or hard of hearing and those with speech impairments use telecommunication. One way is through the use of teletypewriters (TTYs) or computer equipment with TTY capability to place telephone calls. A TTY is a device on which you can type and receive text messages. For a TTY to be used, both parties to the conversation must have a TTY or a computer with TTY capability. If TTYs are provided for employees who handle incoming calls, be sure that these employees are trained and receive periodic refreshers on how to communicate using this equipment.

A second way is by utilizing telephone relay services or video relay services. Telephone relay services involve a relay operator who uses both a standard telephone and a TTY to type the voice messages to the TTY user and read the TTY messages to the standard telephone user. Video relay services involve a relay operator who uses both a standard telephone and a computer video terminal to communicate voice messages in sign language to the computer video terminal user and to voice the sign language messages to the standard telephone user.
Public employees must be instructed to accept and handle relayed calls in the normal course of business. Untrained individuals frequently mistake relay calls for telemarketing or collect calls and refuse to accept them. They also may mistakenly assume that deaf people must come into a government office to handle a matter in person even though other people are allowed to handle the same matter over the telephone.


C. Planning Ahead to Provide Effective Communication

Even before someone requests an auxiliary aid or service from your public entity, plan ahead to accommodate the communication needs of persons with disabilities. Prepare for the time when someone will request a qualified interpreter, Braille documents, video relay, or another auxiliary aid or service.

- **Identify local resources for auxiliary aids and services.** Even if you do not think there is anyone with a disability in your community, you need to be prepared.

- **Find out how you can produce documents in Braille or acquire other aids or services.** Technology is changing, and much of the equipment needed to ensure effective communication is less expensive than it once was. Consider whether it makes sense to procure equipment or obtain services through vendors. If your needs will be best met by using vendors, identify vendors who can provide the aids or services and get information about how much advance notice the vendors will need to produce documents or provide services.

- **Contract with qualified interpreter services and other providers so that interpreters and other aids and services will be available on short notice.** This is especially critical for time-sensitive situations, such as when a qualified interpreter is necessary to communicate with someone who is arrested, injured, hospitalized, or involved in some other emergency.

- **Use the checklist included in this Chapter to assess your agency’s ability to provide effective communication and to figure out the next steps for achieving ADA compliance.**

- **Train employees about effective communication and how to obtain and use auxiliary aids and services.** All employees who interact with the public over the telephone or in person need to know their role in ensuring effective communication.
Emergency/ Safety Plan for People with Disabilities

PURPOSE OF the ONE TO ONE DISCUSSION OUTLINE:


Functional Needs Framework:
This approach looks at the needs a person may have in an emergency, rather than the disability—for example, “a person who has a spinal cord injury and uses a wheelchair.” The Functional Needs Framework asks: “What are the needs a person with a spinal cord injury will have in these functional areas in the event of an emergency or disaster?” This format allows you to capture information quickly.

It is helpful to begin an emergency preparedness planning process by first understanding the five categories of the Functional Needs Framework and then using it to self-assess, gather, and organize information: The interaction today is only meant to be a beginning. This format can also be completed for your family as you begin to assess more about your family’s preparedness needs.

C-MIST

☐ Communication
☐ Medical
☐ Independence
☐ Supervision
☐ Transportation

Looking at needs through this lens allows us to creatively plan. There are also many people who do not identify as “a person with a disability,” but will have needs in one or more of the functional areas. Additional information is included in the ONE TO ONE DISCUSSION OUTLINE.
Other Items to Include in Emergency Kit or Other needs:
Communication: Could be related to:
- Hearing
- Vision
- Speech
- Cognitive or intellectual impairments
- Limited English proficiency

How will you communicate if you do not have your communication device, hearing aids or access to an interpreter?__________________________

Consider storing copies of a word or letter board, paper and writing materials and preprinted messages in your emergency kit, purse and/or wallet.

Complete an emergency health information card with communication information. This should explain the best method to communicate with you.

Consider putting batteries for hearing aids or other devices or chargers for communication devices in emergency kits.

Notes:
### Medical: Could be related to:
- Terminal or contagious conditions
- On-going medical treatment
- IV therapy or Tube feeding
- Dialysis or Oxygen
- Suction administration
- Managing wounds
- Power dependent equipment that sustains life

Do you need medical supervision? If so, what could you do if it is not available?

---

**IMPORTANT:** Keep the names of your doctors, medicines, allergies, pharmacies, durable medical equipment provider, oxygen vendors and copies of your insurance cards in your emergency kit.

Make sure you have extra supplies for your medical needs in your emergency kit. What will this consist of?

---

What if the electricity was off for several days?

Notes:
# Maintaining Independence: Could be related to:
- Consumable medical supplies (diapers, formula, bandages, ostomy supplies)
- Durable medical equipment (wheelchairs, scooters, cpap machines, etc.)
- Service animals
- Attendants/caregivers

Do you have a supply of consumable medical supplies in your emergency kit? What would this consist of:

**IMPORTANT:** Keep the name and contact information of your durable medical equipment supplier/ or vendor in your emergency kit.

Have an emergency kit for your service animal. Keep in mind that service animals may become confused, panicked, frightened or disoriented in and after a disaster. It may be advised to keep them confined or securely leashed or harnessed. Be prepared to use alternative ways to negotiate your environment.

How long can you go without an attendant or caregiver? Plan a personal support network.

Notes: ________________________________________________________________

______________________________________________________________
### SECTION TWO

**Supervision or intensive Support Needs: May be related to**

- Persons with Alzheimer’s, or other issues including mental health concerns
- Young children
- People who may need intense supports

Have a plan in place that helps you or individuals that need supervision or intensive support to be with family, friends or some support network that understands them, their needs and knows how to assist them.

What would be needed if separation from family, friends and/or support network occurred?

| ____________________________________________________________________________________________ |
| ____________________________________________________________________________________________ |
| ____________________________________________________________________________________________ |

Keep identification or emergency communication messages to assist others (wallet card, emergency bracelet, or other health notification?)

| ____________________________________________________________________________________________ |
| ____________________________________________________________________________________________ |

Notes:

<p>| ____________________________________________________________________________________________ |
| ____________________________________________________________________________________________ |
| ____________________________________________________________________________________________ |</p>
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<tr>
<th><strong>Transportation: Could be related to the Need for:</strong></th>
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<tr>
<td>• Accessible vehicle</td>
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<td>• Mass Evacuation Transportation</td>
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<tr>
<td>• Getting out of the house - having at least two exits in case one is blocked.</td>
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What options could be available for you to evacuate in the event of an emergency?

If you use an electric chair - Do you have or can you use a lightweight manual wheelchair in the event of an emergency or evacuation due to a gas leak? They may be most safe or convenient in an evacuation.

Make sure you have puncture proof tires or a patch kit in your emergency kit for your wheelchair or scooter tires. Keep leather gloves available if you need to roll through glass.

Notes:
Tool for Safety Planning with Survivors

The following may be used in safety planning with survivors, depending upon individual situations and needs.

Examples of things to suggest that survivors consider before a violent incident might include:

- Identifying a neighbor they can tell about the violence and ask that person to call the police if they hear a disturbance.
- Devising a code word or signal for them to use with family, friends, or neighbors when they need them to call the police.
- Opening their own savings account to increase their independence.
- Leaving money, an extra set of keys, copies of important documents, and extra clothes with someone they trust.
- Deciding where they will go if they leave their home, even if right now they don’t think it will come to that.
- Encouraging them to call the program’s crisis line at any time.
- Finding out if they have a friend or relative that will let them stay with them or lend them money.
- Keeping the shelter number or Illinois Domestic Violence Help Line number close at hand and keeping change or a calling card on them at all times.
- Identifying which door, window, stairwell, or elevator offers the quickest way out of their home, and practice their escape route.
- Teaching their children to dial 911.
- Keeping cell phone charged and with them at all times.
- Packing a bag and having it ready to go in case they must leave home, and keeping it in a private but accessible place where they can grab it quickly. Items in the bag may include:
  - Money - cash, your checkbook, credit cards, ATM cards, etc.
  - Identification - driver’s license and registration, Social Security card, passport, green card, public assistance ID, work permit, etc.
  - Important papers - such as divorce papers; school and vaccination records; and birth certificates for yourself and your children
  - Clothing
  - Keys - house, car, or work
  - Medications
- Keeping any Order of Protection they already have with them at all times.
- Assessing extent of victim’s use of technology such as cell phones, Internet, email, and other technologies, and risk of abuser’s ability to misuse technologies to perpetrate further abuse.
- Reviewing their safety plan as often as possible.
Examples of things survivors can consider **during** a violent incident include:

- Staying close to a room or area with easy access to an exit, and staying away from the bathroom, kitchen, or anywhere near weapons.
- Getting away, bringing the emergency bag of possessions on the way out if possible, but if it’s too dangerous, leaving without it.
- Going to a relative, friend, or shelter.
- Calling 911 or the local police. Police are required to arrange transportation to a hospital or other safe place.
- Using judgment and intuition; if the situation is very dangerous, giving the abusers what they want to calm them down. Survivors have to protect themselves and any children until they are out of danger.

Examples of things survivors can consider **after** a violent incident might include:

- Getting medical attention immediately; asking the medical provider to take pictures of the injuries.
- Making a police report, whether or not they want the abuser arrested. The report will become evidence of past abuse, which might prove helpful to them in the future. The report should be made as soon as possible after the abuse.
- Saving evidence in case they decide to take legal action now or later. Evidence includes medical records and police reports, dated photos of their injuries or the house in disarray, torn clothing, any weapons used, and statements from anyone who saw the attack.
- Going to court to get an Order of Protection from domestic abuse. The domestic violence program can provide more information about this option and help with court action.
- Seeking out people who want to help them, and deciding who they can talk openly with to receive the support they need.
- Planning to attend a survivor’s support group to learn more about themselves and the relationship.
SECTION TWO
Sample Service Plan

☐ Survivor was not here long enough to establish plan

Name__________________________ Date_____________ Client ID ______________
Case Manager _________________________ Counselor _____________________________
Entrance Date ____________ Departure Date ___________ Extended End Date ___________
Date of Birth _____________ Age ___________ Grade Completed ______________________
Partner Status ________________________ Abuser Name ___________________________
Type of Abuse ________________________________________________________________

CHILDREN
F/M AGE
_________________________   _______   _______  
_________________________   _______   _______  
_________________________   _______   _______  

IMMEDIATE NEEDS
Safety _______________________________________________________________
Counseling  ____________________________________________________________
Legal  ________________________________________________________________
Referrals  ______________________________________________________________
Medical (if applicable) _____________________________________________________

IMMEDIATE GOALS

Completed by 2-Week Review?  
(If No, transfer the Goal to 2-Week Goals)
(1) ________________________________________________________ Y/N
(2) ________________________________________________________ Y/N
(3) ________________________________________________________ Y/N

Two Week Review Date __________________

SERVICES RECEIVED UPON ENTRY TO PROGRAM

I agree to participate in all groups, counseling sessions, and case management meetings for the Program. I understand that my lack of participation will result in points and/or departure.

CLIENT SIGNATURE: _____________________________ DATE: _________________
CASE MANAGER: ________________________________ DATE: _________________
Sample Service Delivery Plan—Survivor Goals

Name________________________________________   ID# DE___________________
Case Opened __________________________________ Date of Plan _______________
Updated On ___________________________________
Staff Name _____________________________________    Date_________________________

My goals are:
1. _____________________________________________    Completion Date_______________
The specific steps I need to take to accomplish this goal are:
   Step1:_________________________________________________________________________
   Step 2:________________________________________________________________________
2. ______________________________________________  Completion Date_______________
The specific steps I need to take to accomplish this goal are:
   Step 1:________________________________________________________________________
   Step 2: ______________________________________________________________________________
3. ________________________________________________     Completion Date____________
The specific steps I need to take to accomplish this goal are:
   Step 1: ________________________________________________________________________
   Step 2: ________________________________________________________________________

My financial goal while in the shelter is:
1._______________________________________________   Completion Date______________
The steps I need to take to accomplish this goal are:
   Step 1: ________________________________________________________________________
   Step 2: ________________________________________________________________________

I understand my stay at the domestic violence shelter is partly based on my active work toward meeting my goals.

Non-Resident Signature________________________________  Date______________________
Staff Signature _______________________________________  Date______________________

******************************************************************************
Sample Legal Advocacy Service Plan

Client: ________________________  Advocate: __________________

Type of Abuse: Physical  Emotional  Sexual  Other ___________

Client was provided the following services:
EOP  POP  Legal Advocacy  Referrals  Other ______________

Referrals made to: _________________________________________________

Client requests these additional services:
Legal  Counseling/Advocacy  Shelter  None  Other ______________

Appointments scheduled for: _________________________________________

_________________________________  __________________________
Client Signature      Date

_________________________________  __________________________
Advocate Signature     Date

LEGAL ADVOCACY SERVICE PLAN UPDATE

Has client followed through with recommendations or services requested?  Y / N

If yes, explain: _________________________________________________

______________________________________________________________

_________________________________  __________________________
Advocate Signature     Date
Sample Service Plan – Weekly Review

Referred to Extended Program: Yes or No
If yes: How long is extension: ____________________________________________
If no: Reason for Denial: ________________________________________________

Transitional application given: Yes or No
If no, reason for Denial: ________________________________________________

Other suggested action: ________________________________________________

Safety Plan: ____________________________________________________________

CURRENTLY EMPLOYED? Yes No

FT/PT Hours per Week Employer

_________________________ ________________________________
_________________________ ________________________________

OTHER AGENCIES INVOLVED

AGENCY CONTACT PHONE NUMBER RELEASE SIGNED Y/N

_________________________ ________________________________
_________________________ ________________________________
_________________________ ________________________________

ASSETS: _____________________________________________________________

_________________________ ________________________________
_________________________ ________________________________

NEEDS: _____________________________________________________________

_________________________ ________________________________
_________________________ ________________________________

DEBTS/BILLS

COMPANY LENGTH OVER DUE AMOUNT OWED

_________________________ ________________________________
_________________________ ________________________________
## SECTION TWO

Long Term Goals

1. ____________________________________________________________________
2. ____________________________________________________________________
3. ____________________________________________________________________
4. ____________________________________________________________________
5. ____________________________________________________________________

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SEC 2-CHAP 6-ADULT SERVICES-COUNSELING AND ADVOCACY  93
### SECTION TWO

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Sample Lethality Assessment Tool for Domestic Violence Situations

The Law Enforcement Committee of the Third Judicial Circuit Family Violence Coordinating Council has developed these general guidelines that may be used to assess the potential for lethal attacks in domestic violence situations. If three or more of these are present in a relationship, there is real danger of homicide. However, victims are the ones who can provide the best assessment of danger to themselves and others, and certainly there have been homicides when only one of the following applies. Key risk factors are indicated when the abuser:

☐ Has a history of domestic violence, made threats of suicide or homicide
☐ Is unemployed
☐ Has access to guns (firearms are the number one weapon of choice in domestic violence homicides)
☐ Abuses the victim in public locations
☐ Has fantasies of homicide or suicide
☐ Blames the victim for the injuries she has suffered
☐ Holds obsessive or possessive beliefs or attitudes
☐ Has made statements such as, “I’ll never let you go”
☐ Is unwilling to end the relationship with the victim
☐ Has taken victim hostage
☐ Has attempted to strangle the victim
☐ Increases in frequency and severity of domestic violence episodes
☐ Threatens to kidnap, injure, or kill children
☐ Increases use of drugs and alcohol
☐ Has been left by the victim, or the victim threatens separation
☐ Beats pregnant victim
☐ Repeatedly violates Orders of Protection
☐ Abuses animals
☐ Is extremely jealous, and monitors victim’s time away from him
☐ Has prior or additional criminal activity

Sample Informed Consent Notice For Outside Agency Data Collection

*Prior to entering any information in [data system], this Notice must be handed to and explained to every person who arrives for service.

**SPECIAL NOTICE***
For PERSONS WHO MAY BE VICTIMS
OF DOMESTIC VIOLENCE

If you are or have been a victim of violence or abuse by:

- a member of your family (related by blood or marriage)
- a current or former member of your household
- a current or former spouse
- a current or former domestic or dating partner
- a personal caregiver

You may fear for your safety if you are found.

Our agency is entering information about the people who use services into a database used by our agency staff. Personal identifying information such as your name, social security number, and date of birth will be put into the database.

*Abusers sometimes try to track down their victims, and even look for them in computer databases.*

Extensive security protections have been put in place in the [data system]. However, no database is completely secure.

If your identifying information is entered into the database, it will be seen by staff at our/other agencies if you go to them for services. It may be seen by staff of the [other agencies or related organizations] and its contractors who manage the database.

If you are concerned about your safety if your abuser saw your information, you need to make an important choice about how to best protect yourself. You can decide whether your information should be put into the database. To make your choice, read and complete the attached Notice & Consent.
NOTICE & CONSENT
FOR PERSONS WHO MAY BE VICTIMS OF DOMESTIC VIOLENCE

If you are or have been a victim of violence or abuse, you may fear for your safety if you are found. You may be at risk if your information is entered into the [data system]. You need to make an important choice about how to best protect your safety.

You have the right to refuse to give information. You will not be denied services if you decide that your information should not be put into the [data system]. (note: this may need to be specific to service requested depending on service agency.)

You can make your choice by checking ONE of the boxes below.

☐ I do not permit my information to be entered into the database. Only the staff at this Agency will see my information.

OR

☐ I permit my name, social security number, and date of birth to be entered into the database, but request that they be hidden from other agencies other than [this agency]. I understand that this identifying information will be hidden from other service agencies. I understand that my identifying information may be seen by staff of [agency] and the contractors who manage the database.

OR

☐ I permit my name, social security number, and date of birth to be entered into the database. I understand that the staff who work at this agency, other agencies, and the contractors who manage the database will be able to see my identifying information.

Client Name (please print) ____________________________ Client Signature ____________________________ Date ____________

Legal Guardian Name (please print) ____________________________ Legal Guardian Signature ____________________________ Date ____________

Agency Personnel Name (please print) ____________________________ Agency Personnel Signature ____________________________ Date ____________

Agency Name ____________________________
Resources for Immigration Law

The following agencies provide assistance with legal issues related to immigration:

- Heartland Alliance For Human Needs and Human Rights
  208 South LaSalle Street, Suite 1818
  Chicago, Illinois 60604
  Phone: (312) 660-1300
  Fax: (312) 660-1500
  www.heartlandalliance.org

- The Illinois Coalition for Immigrant and Refugee Rights
  36 South Wabash Avenue, Suite 1425
  Chicago, Illinois 60603
  Phone: (312) 332-7360
  Fax: (312) 332-7044
  www.icirr.org

- The Immigration Project
  510 East Washington St., Suite 318
  P.O. Box 3065
  Bloomington, IL 61702-3065
  Central Illinois: (309) 829-8703
  Southern Illinois: (618) 452-7018
  Toll Free: (800) 298-3235
  Fax: (309) 807-2753
  www.immigrationproject.org
Chapter 7 Group Counseling

Group counseling services are meetings of two or more domestic violence survivors facilitated by one or more advocates for the purpose of sharing concerns and support. These group services provide emotional support to survivors by decreasing their sense of isolation and allowing them to discuss issues with other participants confronting the same difficulties.

Although group therapy falls under the category of group counseling services, there is a difference between group counseling and group therapy. While group counseling focuses on general emotional support and domestic violence education, group therapy is a more intensive therapeutic service that must be provided by a licensed therapist.

Minimum Requirements in Services

The following minimum requirements apply to any domestic violence program funded through IDHS or ICADV that provides group counseling services to survivors:

- Group counseling services will provide support, domestic violence education, problem solving, listening, discussion of rights and options, safety planning and related services.

- Group counseling services must be facilitated by staff or volunteers who have completed the 40-hour domestic violence training requirements.

- Group counseling services must be confidential, in accordance with IDVA. Confidentiality must be discussed with participants as well as the limits of confidentiality, such as the mandated reporting of child or older adult abuse or neglect, and the risk of harm to self or others.

- Domestic violence programs are prohibited from providing group counseling services to perpetrators. Agencies overseeing domestic violence programs may provide group services to perpetrators through a separate program; however, they must hold perpetrator group counseling services at a separate time or location from that of the survivor group services.

- Group counseling for survivors may include supportive friends or family members of the survivor as determined by program policy; involvement of perpetrators or other abusive family members in survivors’ group counseling is prohibited.

- If available, programs will provide translation and interpretation services to allow survivors of other languages and Deaf and Hard of Hearing survivors to participate in groups.

Suggestions for implementing effective group counseling services are included in the Guidelines section of this chapter.
Minimum Requirements in Documentation

Documentation of group counseling sessions must include the following data:

- Date of group
- Number of attendees
- Length of session
- Name of each facilitator
- Case note summarizing the session

Group documentation showing the names or identification numbers of multiple group members may be placed in a separate group file, but may not be placed in an individual’s file. Any group documentation placed in an individual survivor or child’s file must not have other group members identified, either by name or identification number.

For information and guidelines on the different types of group case notes, please refer to the case notes tool in the Documenting Services chapter of this manual.

A minimum of two survivors must be present to document a session as a group service; if only one survivor attends, then the service must be recorded as the appropriate individual service depending on the services provided.

Programs may document group counseling services on the InfoNet Group Services Log Sheet to record the group session as a whole, or on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form to document each survivor’s individual participation. Programs may also use their own forms as long as the required data is gathered. The InfoNet forms capture the additional information required for InfoNet documentation. For more guidance on InfoNet requirements, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Group counseling services provide domestic violence survivors an opportunity for personal growth, education, or work toward a goal. They may provide information regarding domestic violence, exploring personal situations, and/or providing support and safety planning. Facilitators may use group time to lead a discussion on a specific topic, facilitate group exercises, or provide speakers on various subjects. Some issues that are often presented in domestic violence group counseling for discussion include:

- How to identify domestic violence
- Defining domestic violence and the different types of abuse
- Progression of violence in a relationship
- How to leave safely
- Effects of domestic violence on children
- Support systems
SECTION TWO

- Substance abuse or other issues complicating the abuse
- Navigating the courts, criminal justice or child protection systems
- Housing
- Reactions of family, work or community

Planning the Group

Programs may determine if the group is open only to those currently receiving other program services or to survivors in the outside community as well. When scheduling groups, the following steps are recommended to promote participation:

- Base group times on the convenience of group members. Where possible, a variety of times and days is best to accommodate differing schedules.
- Provide childcare during group time, or arrange for a children’s counseling group to be held simultaneously.
- Provide a safe, confidential location that is convenient to group members.

Group Facilitation

It is important that group facilitators be skilled in listening, communication, problem-solving and conflict resolution. An empathic, nonjudgmental attitude toward survivors is essential in an effective facilitator. Group facilitators should also be able to appropriately confront group members if needed (for instance, if a participant breaches confidentiality). In this way they will serve as positive role models to group participants. In addition, it is important that facilitators are able to appropriately address their own issues on the topic of domestic violence.

The following practices are recommended for facilitating group services:

- Make the group a safe environment for participants to express themselves (especially feelings they may not feel safe to express to their partner) and share experiences. Respecting all opinions expressed in the group will help create this atmosphere.
- Discuss with each group member the importance of confidentiality: not only the confidentiality requirements of the program outlined in the Minimum Requirements section, but also the importance of confidentiality among group members.
- Allow the group participants to take ownership of the group process by developing ground rules and topics, and allowing them to guide the environment and direction of the group. Facilitators can provide guidance without controlling this process.
- Encourage active participation from group members, but don’t pressure them to take part in discussions they may not be ready to join.
- Have two facilitators lead a group if possible. This is helpful if a group member becomes emotional and needs individual attention; one facilitator can provide support for that group member while the other continues to facilitate the rest of the group.
• End groups on time, because a survivor may need to be accountable to the perpetrator in order to stay safe.

• Provide closure for group participants at the end of each session by allowing time to “wrap up” rather than abruptly ending the session.

Provide culturally specific group counseling if possible, such as Spanish-speaking groups, Deaf groups or groups for survivors based on race, age, ability, sexual orientation, gender identity, religion.

• This will allow survivors the opportunity to process barriers specific to being a minority with others facing similar issues. Give survivors the choice of which groups to attend.

• Establish a process to collect feedback from group attendees. Please refer to the Service Outcomes Measures chapter for more information on this process.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Chapter 8 Transportation

Transportation is a required service for any Comprehensive domestic violence program funded by IDHS or ICADV. Transportation services may include directly transporting a survivor from one place to another, assisting the survivor in finding transportation, or traveling to provide a specific service on behalf of the survivor. These services are often necessary in order for survivors to meet their basic needs, gain access to community resources, or fulfill the goals of their service plans. Other times, emergency transportation services are needed to provide immediate safety for the survivor.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following criteria:

- Programs shall provide transportation advocacy or provide direct transportation to survivors in furtherance of their service plan. Transportation advocacy may be in the form of:
  - Bus tokens.
  - Taxi vouchers or gas vouchers.
  - Information and guidance regarding public transportation options or other transportation resources in the community.
  - Arranging law enforcement transport for victims in crisis; this may include transportation to shelter, medical facilities, or to the circuit judge or associate judge to allow the survivor to file an Order of Protection.

- Staff and volunteers providing direct transportation must have a valid driver’s license.

- Vehicles used by the program must be insured, and must follow safety laws regarding seat belts and child safety seats.

Suggestions for providing transportation services are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

Transportation services must be documented whether the advocate provided the transport directly, spent time arranging it, or traveled to provide a specific service on behalf of a survivor. This documentation shall include at a minimum the following information:

- Name or identification number of survivor
- Date of the service
- Type of transportation service provided
- Length of time it took to provide the transportation or to arrange for it
SECTION TWO

- Name of the advocate

The documentation is then placed in the survivor’s file.

If the advocate provided a survivor with transportation but other services took place during the time of travel, (for example, counseling or legal advocacy), the contact should be documented as the more meaningful service rather than as transportation.

Transportation may be documented on the InfoNet Adult Services Contact Form or InfoNet Adult Non Legal Services Contact Form if the service was provided to an individual, and the InfoNet Group Services Log Sheet if it was provided to a group. Programs may also use their own forms if they capture the required information. For additional guidelines on InfoNet documentation of transportation services, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Whenever advocates provide survivors with information about other community resources, it is recommended that they also assess the survivor’s transportation needs, and then provide whatever assistance is needed in order to access the service. To provide guidance for advocates in providing transportation services for survivors, programs are encouraged to have a policy in place that outlines the steps they take to provide these services.

Programs may allow staff to transport survivors directly and recruit volunteers to do so; however, these arrangements must be made with caution based on the safety of the staff or volunteers providing the service. For instance, an advocate should never be sent to transport a survivor from the survivor’s home when the perpetrator would be there or watching. When safety is an issue, police may need to escort or provide the transportation.

The following practices are recommended in accessing or providing transportation services. Because transportation needs and resources vary widely by geographic area, not all recommendations will apply to every location.

- Be knowledgeable in directions and public transportation routes, both to the program and to the resources that survivors frequently use.

- Research and be aware of any potential transportation resources in the community. Consider alternative methods such as church vans or other sources of transportation that may be available.

- Whenever contacting community agencies to ask about services on behalf of a survivor, ask if they provide transportation as well; service providers such as community health workers or local Red Cross groups sometimes provide transport.

- Develop and maintain linkages and partnerships with transportation providers in the community, such as cab or shuttle services.
• Attempt to recruit organizations or individuals who will donate cars or car repair services.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Chapter 9 Outreach and Prevention

Outreach and prevention services are efforts aimed toward increasing community awareness of domestic violence and the related services available. By educating the public on services available in the program, a program will not only reach out to more survivors, but also to those who may be able to assist survivors in accessing services. In raising general awareness on the existence and extent of domestic violence, the program also helps the community as a whole to address the issue more effectively.

Because outreach and prevention services are so often focused on service systems, they can also be considered a form of systems advocacy, depending on the service. For more information on systems advocacy and the other types of advocacy services, please see the Counseling and Advocacy chapter of this manual.

Minimum Requirements in Services

Comprehensive domestic violence programs funded by IDHS or ICADV must adhere to the following criteria:

- Programs will actively work to increase awareness of its services to survivors of domestic violence and their unsafe family members in the service area.

- Programs shall provide education and prevention programs and/or information to the community, and will have a policy addressing whether or not fees are charged or honoraria accepted for these services.

- Programs will reach out to diverse and traditionally underserved survivors of domestic violence and their unsafe family members in the service area.

- Programs will coordinate services with and provide systems advocacy to other systems in the service area, with the goal of creating a community-wide environment that is sensitive and responsive to the needs of survivors, their children and unsafe family members. This will include participation in local coordinated community response teams. The systems and services will include but not be limited to:
  - Courts
  - State’s Attorneys
  - Local law enforcement agencies
  - Illinois Department of Juvenile Justice
  - Illinois Department of Children and Family Services
  - Local probation departments
  - Local mental health agencies
  - Local schools/children’s programs
  - Local hospitals and health care programs
  - Local substance abuse service providers
  - Local Centers for Independent Living
SECTION TWO

- Local disability service agencies
- Partner Abuse Intervention Programs
- Other related social service agencies

- Programs will collaborate with other service providers to address any unique needs of survivors that present barriers to accessing domestic violence services.

Suggested procedures for providing outreach and prevention presentations to the community are included in the Guidelines section of this chapter. The review tools used during ICADV and IDHS site visits to assess outreach and prevention procedures are included in Appendix C.

Minimum Requirements in Documentation

Programs are required to maintain complete and accurate records of outreach and prevention services provided to the community. Programs shall maintain documentation that includes:

- Description of audience
- Date
- Length of time spent
- Number of attendees
- Description of presentation
- Name of advocate providing the service

A sign-in sheet is helpful for capturing the total number of attendees at a presentation.

Outreach and prevention services may be recorded on the InfoNet Community and Institutional Services Log Sheet, or programs may use their own forms to document these services if they collect the same data. The InfoNet form gathers additional data required for InfoNet documentation. For more guidelines on InfoNet documentation, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Outreach and prevention presentations indirectly assist domestic violence survivors by educating and assisting those who work with them in other systems. It is therefore important to consider a wide range of community agencies and systems in outreach efforts.

In addition to the organizations listed in the Minimum Requirements section, potential audiences for outreach and prevention presentations can include organizations including but not limited to the following:

- Civic organizations
- Legal Aid
- Government officials
Conducting presentations to different groups and agencies helps advocates not only to raise awareness, but also to learn of other resources available, and to increase linkages and two-way communication with other organizations. For instance, at a presentation to substance abuse center staff, an advocate may learn that free services are available to qualifying participants.

**Outreach to Underserved Populations**

An effective way to reach diverse and underserved populations of survivors is to outreach to groups or agencies that serve or connect with them in the community. Examples include agencies that serve the older adults; people with disabilities; teens; lesbian, gay, bisexual and trans-gendered communities; or specific nationalities or cultures.

Linkages with agencies that serve specific communities are important not only for conducting specialized outreach, but also for addressing the unique needs of survivors already receiving domestic violence services. For example, forming strong linkages with local mental health agencies will allow programs to better access and coordinate services with survivors who may be in need of these specific services.

Outreach efforts should also be tailored to best reach specific groups. For instance, programs are encouraged to distribute brochures and materials in multiple languages to reach those who speak languages other than English. Promotional material such as posters, safety plans, and guideline cards are available in multiple languages through the Illinois Domestic Violence Help Line at (877) TO-END-DV. Programs should also distribute written outreach materials geared toward specific underserved communities, such as the Deaf and Hard of Hearing community. An example is included in this chapter. Materials tailored to specific communities help to send the message that survivors from the community will be welcome in the program.

**Conducting Outreach and Prevention Presentations**

Outreach and prevention presentations generally include information on the following topics:

- Domestic violence
- Services provided by the program
- How systems impact survivors
- Barriers survivors face
- What the audience can do to help
The following action steps are recommended in developing and conducting effective presentations:

Planning the Presentation

- Discuss with the hosting agency ahead of time what the presentation will involve.
- Plan a convenient accessible location for the presentation.
- Address any language or unique needs.
- Find out the number of expected attendees, time expected to speak, and specific location directions from the hosting agency.
- Notify the hosting agency of any equipment needed.

Preparing the Information

- Prepare the presentation so that it is clear, interesting and respectful.
- Tailor the presentation to the audience's background knowledge on domestic violence, and what is most important for them to know given their job descriptions.
- Tailor the presentation with universal design in mind so that the widest range of audience members can fully participate.
- Be culturally sensitive, and sensitive to the fact that audience members may have a personal or family history of domestic violence.
- Refrain from using labels, generalizations or acronyms.
- Focus on domestic violence as a community safety issue, not a family problem.

Conducting the Presentation

- Arrive on time, or early if time is needed to set up equipment or displays.
- Dress professionally.
- Provide information and connections to services to interested audience members.
- Be prepared for disclosure of personal experiences by audience members.
- Provide individual support to any audience members who disclose information; this must be done in a private area for confidentiality. Having a second advocate there during the presentation is helpful for providing this support if needed.
- Be prepared to address hostility or resentment from members of the audience.
Collect feedback to evaluate the presentation. Evaluation forms should ask the audience to rate the presentation, information, and how helpful the information will be in their job or other settings. Demographic information can also be collected on these forms as a way to help track the communities the program has reached.

**Following Up**

- Keep any commitments made during the presentation to provide further information.
- Follow up with audience members or organizations that offer to provide more information or arrange further presentations.

Programs are encouraged to have policies in place that determine how the program contacts agencies to initiate prevention and outreach presentations, as well as how the program responds to requests for community presentations. If community agencies are reluctant to host a presentation on domestic violence, it may be helpful to remind them that domestic violence is not only a family issue, but also a social problem that affects the whole community.

**Coordinated Community Response**

Forming a coordinated community response team is the ideal way to not only coordinate services with other local programs, but also to provide a clear, uniform response to domestic violence and a safety net to survivors throughout the entire community. To create a coordinated community response team, it is necessary to bring together an interdisciplinary team of professionals from the various local systems and services involved in responding to domestic violence. These include leaders from domestic violence programs, the courts, law enforcement, and the many other systems listed in the *Minimum Requirements* section.

The following action steps are recommended for those interested in creating a local coordinated community response team or contributing to one:

- If a local team does not yet exist, begin with a core group of interested parties committed to facilitating the project.
- Seek to include key stakeholders of the community and those from within the systems the team hopes to influence.
- Outline a clear set of goals that includes:
  - Safety, support and advocacy for domestic violence survivors and their children or any other unsafe family or household members.
  - A criminal justice response to domestic violence that includes the consistent arrest, prosecution and sentencing of perpetrators, including incarceration as needed.
  - Civil protection including the enforcement of Orders of Protection.
  - Mandated perpetrator services that work in coordination with law enforcement to hold perpetrators accountable for their violence.
  - Collaboration and coordination among community services and systems, represented in their written policies and procedures.
SECTION TWO

- Participation of domestic violence survivors and accountability to them.
- Gather information on responses of local systems and agencies to domestic violence in the community.
- Meet with the coordinated community response team to review the domestic violence program’s services to survivors of domestic violence. Inform them of the types of advocacy the program provides, and how this can be of value to the team.
- Ask for meetings with agencies such as local hospitals, law enforcement, and the State’s Attorney’s office to review their policies and procedures relating to domestic violence. If the agencies do not yet have protocols, offer to work with them as a team to create and implement them.
- Develop and institute cross trainings for the staff involved in response systems in the community.
- Collaborate with other team members on developing a grant to form a response team, establish a service advocate position, or write policy.
- Assess the domestic violence program’s own policies, protocols and service delivery on a regular basis to ensure it is helping survivors.

Focused Outreach: Domestic Violence in the Workplace

Programs should tailor their outreach not only to diverse populations, but also to varying situations. One area of focused outreach is that of the workplace; programs are encouraged to conduct outreach to local companies and organizations. The goal of this outreach is to help companies put into practice the following actions:

- Implement programs that educate employees regarding domestic violence.
- Develop benefits, policy and procedures that address problems in the workplace resulting from domestic violence.
- Implement measures to help survivors, including:
  - Moving the survivor’s desk to a safer area.
  - Screening/monitoring phone calls and using caller ID.
  - Accompanying survivors as they walk to their car, or carpool together.
  - Assessing the security and safety of the office; developing a safety plan to prepare the office in case of a threatening episode.
- Provide information to employees regarding the Victims’ Economic Security and Safety Act (VESSA), which entitles survivors of domestic violence, their families and household members to up to 12 weeks of unpaid leave from employment to address domestic violence. Information on VESSA, including the statute in its entirety, is available online at: https://www.illinois.gov/idol/laws-rules/eow/pages/vessa.aspx.
Additional training materials on domestic violence in the workplace are available through the ICADV lending library. The library can be accessed on the web at: www.ilcadv.org/resources/lending_library/default.html.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.
Chapter 10 Shelter

A domestic violence shelter is a facility that provides survivors of domestic violence and their unsafe family or household members with a safe, protective temporary residence and the related necessities such as food and clothing. Shelter services may be on-site at a residential domestic violence program, or off-site at a hotel/motel or safe home arranged by the domestic violence program.

Minimum Requirements in Services

Domestic violence programs funded by IDHS or ICADV to provide shelter services must adhere to the following criteria.

Programs providing shelter shall:

- Be able to accommodate/accept survivors 24 hours per day, 365 days per year.
- Have written policies describing the circumstances that make survivors eligible for shelter services, including a complete exploration of all options to shelter male survivors or male dependent children of all ages.
- Have one or more advocates present at the on-site shelter at all times when survivors are present.
- Notify IDHS and ICADV of any interruption in shelter services. Please refer to the Data Collection and Reporting chapter for more information on reporting interruptions in service.
- Have a 40-hour trained domestic violence advocate available 24 hours per day who will be able to assess requests for shelter and arrange for an immediate intake into a domestic violence shelter, safe home, or hotel/motel.
  - An advocate must be physically present to admit survivors into on-site shelter.
  - At off-site shelters, safe homes, or hotels/motels, an advocate or law enforcement officer may be present to assist with safety, or contact must be made with the survivor the following day.
- Offer referrals to alternative housing resources to anyone turned away.
- Never deny shelter or other services due to a survivor’s failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.
- Ensure that in keeping with the Family Violence Prevention and Services Act, survivor participation in program services and procedures is voluntary, and not imposed as a condition to enter or remain in shelter.
SECTION TWO

- Have procedures available that guide advocates in facilitating transitions when requested for survivors, their children and unsafe family members who are leaving shelter due to voluntary or involuntary termination of shelter services.

- Have procedures regarding the specifics of children residing in shelter.

- Have length of stay policies that are communicated to all incoming shelter residents, both verbally and through written materials.
  
  o If circumstances necessitate that the survivor stay beyond the program’s length of stay policy or beyond 45 days, whichever comes first, the survivor’s file must be updated stating the reason for continuing the stay at that time, and at every additional 45 days thereafter.

  o Examples of reasons for continued stays may include but are not limited to a lack of affordable and accessible housing in the community, or a continuing need for other services outlined in the service plan.

Facilities

Shelters will provide facilities and accommodations that include:

- Compliance with all state and local health and safety codes and inspection requirements.

- Private areas available for counseling.

- Furnishings and structures in clean and good repair.

- Lavatory and bathing facilities maintained in a clean, sanitary manner.

- Sleeping rooms with infant-safe beds and bedding meeting current safety standards.

- Lighting adequate to the use of each area.

- A plan to secure survivors’ belongings, including medication.

- A telephone available to survivors for the purpose of meeting their service plan goals.

- Structures on the grounds of the facility accessible to survivors that are maintained in good repair and are free from any undue hazard to health and safety; this includes all facilities necessary for compliance with the ADA, such as an accessible entrance, bathroom, bedroom, and community area.

- A plan to address personal hygiene needs for all survivors regardless of cultures, gender and unique needs.

- A plan to address all survivors having access to clean and well-fitting appropriate clothing.
Preparation, handling, and storage of food in compliance with state and local requirements.

Survivor access to at least three meals, or their equivalent, daily.

Food and utensils for survivors in accord with their cultural and religious beliefs, or other personal needs. No survivor will be denied a meal at mealtime for any reason.

Recommended processes for providing quality shelter service to survivors of domestic violence and their unsafe family members are included in the Guidelines section of this chapter. The review tools used during ICADV and IDHS site visits to assess shelter policies and procedures are included in Appendix C. For applicable legal information relating to shelter services, please refer to Appendix E.

Minimum Requirements in Documentation

Documentation of shelter must include the following:

- Survivor intake (see Initial Contact, Intake and Service Assessment chapter for intake documentation requirements)
- Beginning and end dates of shelter
- Whether the shelter was on-site, off-site, or transitional housing
- Record of survivor receipt and understanding of any applicable shelter house rules, guidelines and responsibilities
- Statement of explanation for each stay lasting longer than the length of stay policy or 45 days, whichever comes first, and every 45 days thereafter

Shelter may be recorded on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or programs may use their own forms for this. The information is then placed in the survivor’s file.

Shelter Logs

Shelters may have specific documentation or logs pertaining to whether survivors are meeting requirements of shelter stay. These are generally for the purpose of documenting survivor compliance to shelter rules and responsibilities rather than service benefits, and for informing each shift of staff what has occurred during the previous shift or day. These notes must be brief and specific, and are not kept in the survivor’s file.

Shelters should also have policies and procedures to shred shelter logs on a regular basis throughout each 12-month period. Although the length of time to keep log documentation is an individual program decision, programs are encouraged to keep these logs no longer than 14-30 days.
Documentation of injuries, threats, or other events that might result in an injury or other legal action should be kept in a separate log that is saved as long as the requirements of the funders. Programs should consult staff attorneys regarding issues related to documentation in these logs.

**Turn-Aways**

Programs must document all turn-aways. To be counted as a turn-away, a person must be determined to be a survivor of domestic violence, eligible for domestic violence shelter services, and in need of shelter, but due to lack of bed space the program is unable to provide on-site shelter. Turn away data must include the following information:

- Date
- Number of survivors, children and other unsafe family members turned away
- Alternative referrals
- Name of the advocate

The InfoNet Monthly Turn Away Data Collection form may be used for reference, but programs may also use their own forms if they collect the required data. The InfoNet form gathers additional data required for InfoNet documentation.

**Guidelines**

In addition to providing physical safety, programs are encouraged to have the following goals in providing shelter to survivors and their families fleeing domestic violence:

- To provide a sanctuary of emotional safety in a nurturing environment.
- To decrease isolation by building a supportive community of survivors within the shelter.
- To restore a sense of dignity to survivors and support them in leading violence-free lives.
- To provide an environment that fosters choices, independence, rights, opportunities and autonomy.

All shelter services and guidelines may be based on the goals above, as well as the primary goal of physical safety. Programs support these goals by providing other important services in conjunction with shelter, such as crisis intervention, counseling, group counseling and children’s services. These services are addressed in other parts of this manual.

**Shelter Rules**

Shelters are encouraged to have clear rules for the purpose of creating a safe and supportive environment. While some rules will be based on statewide requirements for programs, others may be based on individual program policies. Whichever the case, these rules should be explained clearly to survivors during the intake process. Examples of common safety-based shelter rules include the following:
• No physical, sexual, verbal or emotional abuse
• No corporal punishment of children
• Confidentiality of survivors, information and locations
• No drugs, alcohol or weapons on the premises
• Curfews
• No visitation by perpetrators or those who may share information with the perpetrator
• Phones and doors answered in a way that protects safety of survivors
• Doors and windows kept locked

Shelters may also have rules and guidelines pertaining to responsibilities such as program participation, or daily activities such as cooking or cleaning. In keeping with the philosophy of empowerment, the content of such rules should support the autonomy and self-determination of the survivors. This means that they should provide structure without being overly restrictive or intrusive. The following guidelines are recommended in creating and maintaining empowering shelter rules:

• As much as possible, support survivors in regaining control over their lives by permitting them to make their own decisions regarding their schedule, money, personal property, or contact with their support systems.

• Allow survivors to have choices in their level of participation in other program services. Survivors should be encouraged, but not forced, to take advantage of the services offered.

• Allow for flexibility in the enforcement of rules to respect individual situations.

• To help empower survivors in making decisions affecting their lives, develop a process wherein they can contribute to the creation of shelter guidelines and expectations.

• Share responsibilities for shelter upkeep and maintenance by balancing duties and chores between residents, volunteers and staff.

• State the rules in positive ways that are geared toward personal responsibility, not limits. For instance, curfews may be listed as “safe hours”, while responsibilities can be called “shelter contributions.”

• Make sure that rules foster, not hinder, the community connections that reconnect survivors with family, friends or community participation such as church involvement.

• Review the rules at least annually, utilizing input of survivors, to continue to evaluate for controlling or unnecessary practices.
SECTION TWO

It is especially important that shelter rules be guidelines that are encouraged, but not forced or required as a condition of shelter residence. The successful experiences of programs that changed their shelter rules from mandatory to voluntary are outlined in the manual *How the Earth Didn't Fly Into the Sun*, available through the Missouri Coalition Against Domestic and Sexual Violence at www.mocadsv.org/publications.aspx, or through the National Resource Center on Domestic Violence Technical Assistance Team at nrcdvta@nrsv.org.

Diversity in the Environment

Shelters should promote a safe, inviting and welcoming environment to survivors of all backgrounds and communities. Posters, magazines and reference materials in the shelter should reflect people of different cultural backgrounds, race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law. Reading materials should include materials in multiple languages, and in larger type to accommodate those who have low vision.

Finally, shelter services should be available for survivors or their unsafe family members with disabilities that may hinder independent living. Programs seeking assistance or resources in providing shelter services to those with disabilities may contact the Illinois Network of Centers for Independent Living at (800) 587-1227 or at www.incil.org.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence, the Ohio Domestic Violence Network, and the Missouri Coalition Against Domestic Violence.
Chapter 11 Follow-Up Services

Follow-up services refer to ongoing or additional services provided to survivors after their completion of initial services. The term is generally used in relation to survivors leaving shelter services; however, non-residential programs may offer follow-up services as well. Follow-up services can include ongoing participation in group or individual counseling, continuing advocacy, referrals, or other services as appropriate. These services can be important in assisting survivors to fully utilize the benefits of the program.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must offer follow-up services to survivors departing the program as appropriate to the survivors’ needs.

Suggested procedures for providing effective follow-up services are provided in the Guidelines section of this chapter. Applicable legal information relating to follow-up services can be found in Appendix E.

Minimum Requirements in Documentation

Follow-up services are documented as the type of service provided. Documentation of each follow-up service shall include the following:

- Survivor name or identification number
- Date
- Length of the interaction
- Type of services provided
- Summary of the contact
- Name of the advocate

All documentation is then placed in the survivor’s file.

Programs may document follow-up services on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or may use their own forms if the required data is captured.

Guidelines

At the time of survivors’ departure from a program, programs are encouraged to make them aware of the follow-up services available, and to invite them to continue contact with the program as needed. An example of this may be encouraging a survivor leaving a shelter program to participate in ongoing group counseling. However, programs should also be
creative in the types of follow-up services they provide to survivors. For instance, programs may provide more concrete tasks such as assisting the survivor in moving into a new apartment, or related support such as helping to find necessary furniture or kitchen utensils. Providing this type of support after a survivor leaves a program can help the survivor in establishing ongoing independence.

Programs may also wish to schedule follow-up contact with survivors to be available to provide services they may need in the future. When planning any follow-up contact, it is important to use caution and attend to safety issues. One way to do this is to give survivors the option of completing a follow-up services form that gives advocates permission to contact them at a safe number at an established time, such as three to six months. The program can then call the survivor at that time to ask if any further services or support are needed. This system should only be used if the safety of the phone number is guaranteed and the call won’t jeopardize the survivor’s safety.

Programs may also give survivors the option to contact the program in three to six months. Advocates may provide departing survivors with a stamped postcard on which they can send the program safe contact information in the future if they choose. The program can then call the survivor at the number they provide.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Chapter 12 Documenting Services

Documentation refers to the process of recording and collecting data that reflects the services provided by the program. Accurate documentation is essential in identifying and defining unmet needs, and in determining program policy, shaping present services or developing new programs to meet those needs.

Documenting interactions with survivors or on behalf of survivors also helps advocates to improve and maintain effective services at the individual level. Recording services with complete and accurate case notes and other documentation allows advocates to:

- Maintain an accurate record of all services a survivor receives and when possible, the results of these interventions. This helps to ensure that services are not duplicated and that unsuccessful interventions are not repeated.
- Track the survivor’s progress in the program.
- Communicate important information with other advocates.
- Review past services and their results to explore their effectiveness in helping the survivor meet service goals.
- Prevent survivors from having to unnecessarily repeat themselves about information already collected at intake or in their service plan.
- Use the process as a counseling tool with the survivor. Survivors can be involved in discussion of what goes into the case note. This helps survivors become aware of their progress and what they have done that has worked for them.
- With the survivor’s written permission, convey a history of services the survivor received to outside agencies in order to assist the survivor.

Confidential communications between the advocate and the domestic violence survivor (including case files) are protected under the Illinois Domestic Violence Act (IDVA). Documentation is therefore intimately related to issues of survivor confidentiality. For more information on confidentiality requirements and guidelines as they relate to documentation, please refer to the Confidentiality chapter of this manual.

Minimum Requirements

Programs funded by IDHS or ICADV shall adhere to the following criteria in providing documentation.
Programs must develop and maintain a data collection and record-keeping system for the services provided. This system shall allow for the efficient retrieval of data needed to measure the program’s performance in relation to its stated goals and objectives.

Programs must provide accurate and complete documentation including but not limited to the following services:

- All crisis hotline calls coming directly to the program or coming from the Illinois Domestic Violence Help Line, including:
  - Date of call
  - Advocate taking call
  - Length of time of call
  - Caller type
  - Disposition of call

- Community services, including:
  - Description of audience
  - Date and length of time spent
  - Number of attendees
  - Description of presentation or communications
  - Staff person or volunteer providing the community service

- Survivor services, including:
  - Name
  - Demographic information, i.e. gender, race, age
  - Services provided
  - Date service
  - Amount of time
  - Summary of contact
  - Signature of worker

- Shelter turn-aways, including:
  - Date
  - Number of survivors, children and other unsafe family members turned away
  - Alternative referrals

- Individual files for survivors in the program, including:
  - Advocate and survivor/parent signed intake/eligibility form (phone intakes do not require a signature)
  - Service plans developed with the full involvement and signature of survivor (service plans developed over the phone do not require a signature)
  - Documentation of survivor receipt and understanding of shelter house guidelines/responsibilities, if applicable
  - Documentation of survivor receipt and understanding of survivor’s rights
  - Childcare releases, if applicable (the file cannot contain another survivor’s name)
  - Exit interview/service evaluation
  - Documentation of information released and release forms signed by the survivor
  - The names of the advocates assigned to work with the survivor
SECTION TWO

Individual Files

Programs shall adhere to the following criteria for individual file records:

- Survivor records must include individualized, clear, and specific material pertinent to the survivor’s situation, eligibility, needs, benefit of service, and the types and amount of services provided that support the service plan and survivor data reported to IDHS and ICADV.

- All entries regarding services provided shall contain only sufficient information to document the individualized needs of the survivor and the individualized nature of the service provided. Survivor records shall be free of any reference to the advocate’s interpretation, judgment or projection of the survivor’s feelings, statements, or intentions.

- Records shall be free of any diagnoses or clinical terms unless the provider is licensed to provide clinical mental health services. Even then, these terms should be used with caution. Programs must have policies in place regarding whether or not to include documentation of diagnoses in documentation. These policies should weigh the needs of the survivors and their unsafe family members with how the documentation could potentially be used against them. Whenever possible, the decision of whether to include diagnoses or clinical terms in documentation should be made together with the survivor.

- Only records/documentation pertaining to the survivor shall be kept in the individual survivor’s file. Neither names nor identification numbers of other survivors shall appear in survivor files.

- All survivor records must be secured within an individual file to prevent loss of documentation or inadvertent placement into another survivor’s record. Survivor records shall be kept in a secured location to preserve confidentiality.

- Records developed or maintained concerning minor children or unsafe family members of survivors shall adhere to the same policies and procedures applicable to the survivor records.

Survivor Access to Files

Programs must have written policies regarding the right of survivors to access their own records as well as the procedures for informing survivors of their rights and of the process for obtaining access to their records. Policy statements shall reflect the following:

- The procedures to be followed for survivors to access their own files/records.

- Who, other than the survivor, is permitted access and under what circumstances.

- Who is responsible for handling all requests from survivors for access to a record?

- The time frame for responding to survivors’ requests for information.
The manner in which the material is to be shared (e.g. oral discussion, reading the record, or duplicating the information).

A procedure for survivors to correct, amend, or challenge in writing any inaccurate or incomplete information the record might contain, or any information with which the survivor disagrees.

Procedures for children over age twelve to access their own records, and to deny their parents access to them. For more information, please refer to the Mental Health & Developmental Disability Confidentiality Act information in the Counseling and Advocacy chapter.

**InfoNet**

The InfoNet data collection system often requires further specification in recording the services listed here. These distinctions help to clarify the particular service provided. For instance, InfoNet divides survivor services into categories of in-person counseling, life skills and others. Similarly, the area of community services is subdivided into categories such as public education, professional training or institutional advocacy depending upon the service provided. Further requirements and guidelines for InfoNet documentation can be found in the Frequently Asked Questions section of the InfoNet Manual.

Recommended practices for writing accurate and appropriate case notes are included in the *Guidelines* section of this chapter. The review tools used during ICADV and IDHS site visits to assess documentation policies and procedures are included in Appendix C.

**Guidelines**

Programs are encouraged to have clear policies regarding what is and is not documented or entered into survivor files, and should devote time to training new advocates on the procedures. Advocates should be allowed enough time in their schedule to be able to both provide services and adequately document them.

As stated under *Minimum Requirements*, advocates must add a summary of contact (case note) to the survivor's file whenever a significant service takes place. Case notes are the most detailed form of service documentation, and require special care to ensure they are accurate and complete. The tool for case notes in this chapter provides guidance in recording case notes for each type of domestic violence service.
Tool for Writing Complete and Accurate Case Notes
SECTION TWO

Tool for Writing Complete and Accurate Case Notes

WHEN TO MAKE A CASE NOTE

Advocates must make case notes whenever the following takes place:

**Face to face and phone contacts** - A case note must be written for in-person contacts and significant phone contacts. Examples of situations that would necessitate a case note are: counseling session, phone call during which survivor’s concerns are discussed, crisis call, significant contact an advocate has with a survivor in a shelter.

**Advocacy contacts** - Case notes must also be written when contacts are made with others and when advocacy is performed on behalf of a survivor. Examples include: researching employment programs in the area, talking with staff at another agency to facilitate a referral, contact with others on behalf of survivor such as child’s school, therapist from another agency, DCFS caseworker, etc. Case notes for advocacy primarily document the action taken by the advocate and the outcome.

CONTENT OF A CASE NOTE

A. Basic Elements
   Every case note must include:
   1. **Date** of interaction
   2. **Any other required elements for agency** (i.e. service hours, type of service, etc.)
   3. **Signature of advocate/case worker** (good idea to include job title, i.e., intern, court advocate)

B. Narrative
   The content of a case note must be:
   1. **Brief and reflect the length of time spent**
      (i.e., 15 minute contact will likely be shorter than 1 hour session).
   2. **Objective about the interaction and the survivor instead of subjective.**
      Examples of objective and subjective notes are as follows:
      - **Objective:** Survivor said she was anxious about seeing her abuser and asked questions about the court process.
      - **Subjective:** Survivor was really nervous and didn't seem prepared for court date.
      - **Objective:** Survivor cried when discussing her divorce.
      - **Subjective:** Survivor was upset in group.

Subjective statements are **not** as useful as objective statements because they:
- Are generally based on the caseworker’s impressions or opinions, which can be biased and/or inaccurate. Impressions or opinions vary from advocate to advocate, but objective observations are generally consistent
- Can be widely interpreted to potentially hurt a survivor in court or with an outside agency
- Do not convey specific information that will be useful to other advocates reading the record
C. Format

**SOAP** (Summary Objective Action Plan) - SOAP can be used as a pneumonic device to recall the essential “ingredients” of a complete case note. This format can be used in case notes for individual and group contacts, face-to-face or lengthy phone contact, and with adults and children. This is one proposed format; others also exist. This one is appropriate for domestic violence agencies.

**FORMAT OF A CASE NOTE**

**SOAP (Summary Objective Action Plan)**

**SUMMARY:** Brief description of the interaction that captures the basic focus or important information the survivor conveyed or the group addressed. Includes the survivor’s description of feelings, concerns, plans and thoughts.

**Examples**

- We talked about survivor’s visit with her father this weekend. She described feeling scared about seeing her father and also sad that he wasn’t coming home with her.

- Survivor said her husband came to her house last night and threatened her. She called the police. She described feeling angry at him for violating the OP, but also proud of herself for taking steps to protect herself and her children.

- Group members discussed the cycle of violence and warning signs of abuse. Several group members shared that they have noticed the severity of abuse escalating in their relationships.

**OBJECTIVE:** Relevant observations of the mood or physical presentation of the survivor or group (e.g., appearance, behavior). Any visible signs of abuse must be recorded (e.g. bruises, swelling, torn clothing, etc.). Descriptions of injuries shall be specific and accurate. **Note:** A case note for a phone contact may not include this section.

**Examples**

- Survivor was quiet during the session and did not make eye contact while discussing the pictures she drew.

- Survivor had a large bruise over her left eye and a scratch on her right cheek.

- Seven women attended the group, two of whom were attending for the first time.

**ACTION:** Brief description of action or intervention taken by advocate/ advocates.

**Examples**

- I helped the child survivor to identify her feelings using dolls.
SECTION TWO

I supported survivor as she shared her story and provided her with information on the IDVA and the resources available. I gave her times of our support groups and encouraged her to come.

Group facilitator provided members with information about their rights under the IDVA and how they could obtain an Order of Protection. Facilitator also encouraged members to develop a safety plan and group members assisted each other in making these plans.

**PLAN:** Brief description of services planned for individual survivor or group.

**Examples**

We will continue to use the dolls to help the child survivor express her feelings about her parents' separation.

Survivor will return next week for individual counseling session. We plan to review the cycle of violence. I will bring a list of legal referrals.

Next week in group we will continue to discuss safety planning.

**WHAT NOT TO INCLUDE IN A CASE NOTE**

Subjective or irrelevant material shall not be included in a case note, especially if it could potentially be used against the best interests of the survivor or child in court or with another agency. Also, survivors have a right to read their files, and advocates need to consider the effect material would have on survivors if they read the file.

Some things that are NOT included in a case note include:

- Advocate's opinions, impressions or judgment

- Information regarding a **survivor’s political, religious or other personal views** unless it has direct and very important bearing on the counseling process (e.g., you might include that a survivor does not want to leave and/or divorce the spouse because the survivor’s religion states that it would be a sin)

- Intimate, personal details that have little or no relevance to the helping process (i.e., you would not include that a survivor has had multiple sexual partners, or survivor has smoked marijuana)

- Information about other survivors

- Details that could be misinterpreted or misused by other agencies or courts. This can sometimes be difficult to determine, as even the fact that a survivor left home to stay in a shelter has been used against survivors in court proceedings. Some examples of things that could be used against a survivor are: information about emotional stability; the survivor’s difficulty in handling stressful situations; advocate opinions or judgment. Advocates must discuss situations they are unsure about with their supervisors.
• **Anything that could be hurtful or surprising to survivors if they were to read their own files** (e.g., a survivor could be surprised by “survivor is in denial about her husband’s abusive behavior”, or hurt by “survivor is not strong enough to leave her abuser.”) Nothing in the case file should be a surprise to the survivor. If the advocate has a concern significant enough to be noted in the case file then it is significant enough to warrant a direct discussion with the survivor.

• **Psychological or diagnostic terms** must never be in the case file unless the person providing the service is a licensed, certified psychologist or therapist. Even then, the psychologist or mental health professional must use them carefully. A term may not be fully understood by the survivor if the survivor were to read the file, or could cause undue concern. This type of language could also easily be misunderstood or misinterpreted by outside agencies or the courts (e.g., “survivor’s repression of her core issues prevent her from processing the trauma” could be re-written as “survivor said she doesn’t like to discuss the night her boyfriend raped her”).

**DIFFERENT TYPES OF CASE NOTES**

**Intake Case Notes**

When an intake is done, a more comprehensive note must be written to include the survivor’s presenting situation, relevant history, needs expressed, and plan for services and/or referrals given.

**Things to include in an Intake Case Note:**
Survivor’s description of the current situation

• Survivor’s reason for seeking services at this point - it may be useful to know “why now?” Has the abuse escalated? Have the children been exposed to abuse? Have the police gotten involved? etc. Be especially careful not to ask these questions in a way that is blaming to the survivor for not seeking services sooner.

• The services the survivor is seeking. Be careful to distinguish between what the survivor is seeking versus what you think is needed. For example, “the survivor wants to learn more about how she can deal with the abuse” (survivor’s stated need) versus “survivor needs to leave the situation” (advocate’s opinion)

• Relevant history (i.e., relationship to abuser, presence of children, length of relationship with the abuser, types and severity of abuse, frequency of abuse, previous attempts to seek help or leave the relationship and the outcome)

• Support available (i.e., friends, family, financial)

• Referrals given at time of intake

• Plan, including what services have been offered and what the survivor says s/he will pursue
**Court Advocate Case Notes**

Depending on the needs of individual programs, case notes completed by court advocates may need to be less detailed and extensive. Some programs have a high volume of survivors seen at court in short periods of time, which prevents sufficient time for extensive individual case notes. Court advocates may use a formatted case note where specific information about a survivor’s court case (i.e., type of Order of Protection sought, whether an Order of Protection was granted, courtroom or judge survivor saw, next court date, remedies granted on Order of Protection, etc.) is written into blanks on a prewritten form.

Situations that are unusual, or when the court advocate spends an unusual length of time with a survivor, must be reflected in the case note. Court advocates must of course still record all other contacts with a survivor outside of the court, as well as advocacy and collateral contacts.

**Case Notes for Group Sessions**

There are two main ways to complete group case notes: the group case note or the individual group note. Each choice is appropriate, and programs may select the one that suits them best after consideration of advantages and disadvantages.

**Group Case Note** - One case note is written to document what took place in the group. The case note describes the group content, activities, benefits of the group and the group process. An individual’s level of participation and issues discussed by an individual are not recorded. Individual members are also not identified in the Case Note to maintain confidentiality. The one case note is generally photocopied and a copy goes in each group member’s file.

**Example**
Seven women attended group. Group addressed how to obtain an Order of Protection. Members discussed common characteristics of perpetrators and how they feel their situations compare. Facilitator provided information on perpetrators’ characteristics and encouraged members to share their experiences. Members expressed wanting to learn more about how to recognize early warning signs of abuse in next week’s group.

**Advantages of group case note:**
- Only have to write one note
- Minimizes specific information available that can be used against a survivor
- Gives more information about the process of the group, which can be useful when advocates reflect on the therapeutic benefit of the group

**Disadvantages of group case note:**
- Doesn’t record how an individual participated

**Individual Group Note** - A separate case note is written for each group member’s file. These are generally very brief.

**Example**
Survivor shared that her husband prevented her from going to work this week. She expressed feeling scared and talked about a safety plan.

Advantages of individual group note:
- Records an individual’s participation
- Advocate can look back over successive group notes to see patterns in survivor’s participation

Disadvantages of individual case note:
- Doesn’t record the group process
- Only have a record of individual’s participation in isolation of what was happening in group

A third option for group services is the mixed note. To make a mixed note, the advocate writes a general group case note and photocopies it so that there is one copy for each group member’s file. The advocate then records each group member’s participation in the session on the individual’s own copy and places it in the individual’s file.

Whichever option is used, any group documentation that includes names or identification numbers of other group members may not be placed into individual survivor or child files. Group documentation that contains multiple names and identification numbers may only be placed in a separate group file.

Child Case Notes

Children’s case notes for individual and group sessions can have the same general format as those of adults. The advocate will be documenting contact with the parent/guardian as well as contact with the child. When the advocate discusses information with the parent/guardian that relates to the child’s goals or progress, or the parent/guardian’s concerns, these must be recorded in the case note. Any information that the parent shares related to the parent’s own goals or issues shall not go into the child’s file.

Any suspicion of child abuse or neglect must be thoroughly documented along with actions taken by the advocate. Evidence of abuse must be specifically recorded (i.e., exact location of bruises or marks). The child’s own words shall be used if s/he is reporting abuse to the advocate.

Shelter Case Notes

Shelters may have specific case notes pertaining to whether survivors are meeting requirements of shelter stay. These are generally for the purpose of documenting survivor compliance versus clinical benefit. These notes would be generally very brief and specific. It is recommended to keep these notes in a separate file or log.
Chapter 13 Confidentiality

Confidentiality is the guarantee that information will be kept private and not shared with other parties. In domestic violence services, confidentiality is critical to maintaining the safety of survivors and their families. The disclosure of written or other information regarding survivors in the program to family, friends, law enforcement, other organizations or individuals is therefore prohibited. This applies to information regarding those who are currently receiving program services as well as those who have received services in the past.

Confidentiality is defined by statute in the Illinois Domestic Violence Act (750 ILCS 60/227). Confidential communications include any communications between a survivor and an advocate, including all records kept in the course of providing services. Violation of confidentiality by any staff or volunteer advocates who have completed the 40-hour training is a crime; advocates may be charged with a Class A misdemeanor if they disclose any confidential communications without a written Release from the survivor. More information on the Illinois Domestic Violence Act, including access to the full text of the law, can be found in Appendix E.

The survivor has the legal right to disclose or not disclose information, and may sign a Waiver and Consent for Release of Information form if they would like their information to be shared with others outside of the program. Advocates must fully inform survivors about what type of information will and will not be shared when they sign a Release, and the advantages and disadvantages of sharing information.

Licensed sign language interpreters are required by their profession to maintain confidentiality and follow a strict Code of Ethics. Note: Spoken language translators do not have licensure requirements, including adhering to confidentiality and/or Code of Ethics.

Minimum Requirements in Services

The following criteria for confidentiality policies and procedures are required for programs funded by IDHS or ICADV:

- Programs must develop confidentiality policies and procedures that adhere to IDVA and address the following:
  - Releasing information only with the written consent of the survivor, with the two exceptions of mandated reporting of child or older adult abuse or neglect, or the harm of self or others (see Release of Information Requirements below)
  - Access to records by others, including funding sources;
  - Definitions of confidential communications, observations, and information;
  - Security, retention and destruction of all records, including electronic;
  - Protecting survivors from program visitors who may disclose their identity;
  - Maintaining the confidentiality of deceased survivors;
  - Survivors in the program accessing and reviewing their own files;
  - Protecting the confidentiality of minors;
  - Responding to court orders, subpoenas and warrants.
• Programs must inform survivors verbally and in writing of their rights and limits of confidentiality.

• Programs must inform staff, volunteers, visitors, and board members verbally and in writing of their responsibility and obtain their written agreement to maintain confidentiality. Staff and volunteers must be informed that breaching confidentiality is a crime. The signed agreement must be kept in each personnel, volunteer or individual file. Confidentiality continues after employment or program involvement.

• Programs shall provide private space for service delivery to maintain confidentiality between survivor and counselor.

Release of Information Requirements

• Programs must obtain an informed and voluntary consent from the survivor for the disclosure of any information, including the receipt of services.
  o This Waiver and Consent for Release of Information form must be obtained before advocates can give any information to outside parties, with only two exceptions:
    • For mandated reporting in accordance with the Abused and Neglected Child Reporting Act or Adult Protective Services Act, or
    • In cases where the failure to disclose is likely to result in an imminent risk of serious bodily harm or death to the survivor or another person
  
  o The consent shall be in writing and shall include the following:
    • The name of the person, agency, or organization to whom disclosure will be made (only one person, agency or organization per consent);
    • The specific information to be disclosed;
    • The purpose of the disclosure;
    • A dated signature of the survivor or guardian entitled to give consent, witnessed by a person such as the advocate who can attest to the identity of the person so entitled;
    • A dated signature of the advocate;
    • An expiration date of the consent; (see Guidelines for best practice recommendations) and
    • An indication that the consent is revocable at the written request of the person giving consent and that the survivor has been informed of this right.
  
  o A copy of the consent form must be maintained in the survivor’s records.
  
  o Programs must be mindful of and address the specific issues pertinent to non-readers and those for whom English is not their primary language.
  
  o Programs must receive approval from the survivor prior to accepting a third-party consent to release information.
  
  o Programs shall not use “blanket release forms” or require a survivor to sign a blank Release of Information.
  
  o Programs may not re-disclose (continue to share information with the party indicated on the Waiver and Consent for Release of Information) unless the person who consented to the disclosure specifically consents to such disclosure.
Minimum Requirements in Documentation

All survivor files must contain a signed Waiver and Consent for Release of Information form as described in the Minimum Requirements in Services section for each disclosure of information. A sample Waiver and Consent for Release of Information form is included in this chapter. Survivor files must also have a signed confidentiality agreement form indicating that they understand their rights and limitations of confidentiality. All records must be kept for a minimum of six years, or longer if deemed necessary by the agency.

All staff, volunteer and board member files must also contain a confidentiality agreement indicating their understanding of the confidentiality policy and their responsibilities. A file of visitors’ signed agreements must also be maintained. Samples of these forms are provided in the Personnel and Board of Directors chapters.

Guidelines

Confidentiality encompasses a wide range of activities in domestic violence programs. This chapter describes training and documentation as they relate to confidentiality, as well as procedures regarding any breach of confidentiality. Sample Waivers and Consents for Release of Information are also included. The review tools used during ICADV and IDHS site visits to assess confidentiality policies and procedures are included in Appendix C.

It is important that all staff and volunteer advocates understand the importance of confidentiality, and have a thorough understanding of all related program policy and procedures. Programs are encouraged to outline specific rules of confidentiality when training staff rather than simply implying them or assuming they are understood through broader program policies. Examples of specific confidentiality procedures may include the following:

- Advocates cannot bring home files.
- Advocates must not use names or any identifying information when discussing survivors or their children to anyone outside the program. This is especially important in small towns or communities. For example, stating that a survivor in the program has five children may make it easy for others to identify who the person is.
- When out in public, advocates shall not acknowledge survivors who are or were in the program, unless the survivor initiates contact.

Survivor Files

Confidentiality is closely linked with issues of documentation. To protect confidentiality in record keeping, it is important not to refer to survivor names or identification numbers in other survivors’ files, with the exception of children’s files, which may be referenced in the parent’s file. The child’s file may also reference the parent’s name. Group counseling files that reference multiple group members by name or identification number must be kept in a separate group log book, and may not be placed in individual survivor or child files.
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It is important to limit documentation to factual content and not to enter information that could be used against a survivor. This is particularly important when working with survivors who have been mandated for services by DCFS or the courts, since their information is most likely to be requested. For more guidelines on documentation, please refer to the Documenting Services chapter of this manual.

Release of Information Procedures
The National Network to End Domestic Violence (NNEDV), Illinois Coalition Against Domestic Violence (ICADV), and the Illinois Department of Human Services (IDHS) support as best practice expiration terms of no longer than 15-30 days. If there is a need to execute a release of information for a term of more than 30 days, it is helpful to include in their file an explanation of the survivor’s need for the longer release.

As stated in the minimum requirements, programs must obtain an informed and voluntary consent from the survivor for the disclosure of any information, including the receipt of services. Sample Waiver and Consent for Release of Information forms are included in the Tools and Samples section of this chapter.

If there is concern that information in the file will be used against the survivor, discuss with the survivor the option of releasing a summary report of involvement in services rather than the whole file. Survivors may sign a release that significantly limits the kinds of information that the program can disclose. For instance, a survivor may sign a release that only permits the program to report on the dates of group counseling attendance, but does not permit the agency to share anything the survivor said or did in the group. This option can be helpful for survivors who have been mandated for services by the courts or DCFS. A sample Limited Release of Information Form is included in this chapter in both English and Spanish.

When survivors are considering releasing their whole file or parts of their file, advocates should also employ the following procedures:

- Sit with the survivors and let them review their file so they are aware of its contents before they sign a Waiver and Consent for Release of Information form.
- Make it clear to survivors that they have the legal right to disclose or not disclose the domestic violence program’s information about their case to others outside of the program.
- Discuss the potential advantages or problems that may result from releasing information, and make it clear that once the Release is signed, the program cannot protect information from how it may be used.

Confidentiality Agreements: Advocates
As stated under Minimum Requirements, a signed confidentiality agreement is required for all advocates, whether they are paid or volunteer. It is recommended that this form include the following statements and elements:

- Staff and Volunteers are required by the Illinois Domestic Violence Act to maintain each survivor’s confidentiality; failure to do so is a crime.
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- Information can be released without survivor consent only under one of the following three circumstances:
  - When the survivor has given prior specific written consent through a Waiver and Consent for Release of Information form
  - When it is required by the Abused and Neglected Child Reporting Act (ANCRA) or Adult Protective Services Act, or
  - In cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.

- Advocates must maintain confidentiality even after their employment/affiliation ends.

- Definitions of confidential communications, observations, and information.

- How the program addresses illegal breaches of confidentiality, including sanctions.

- Possible repercussions of not abiding by the program’s confidentiality expectations; for example, jeopardizing the safety of survivors and advocates.

- A statement that the staff/volunteer has read and understands all of the program’s confidentiality policies and procedures.

- A signature/date line for staff/volunteers.

A sample Declaration of Confidentiality for staff and volunteers is included in the Personnel chapter of this manual.

Confidentiality Agreements: Survivors

It is recommended that the required confidentiality agreement for survivors include the following statements and elements:

- Staff and Volunteers are required by the Illinois Domestic Violence Act to maintain each survivor’s confidentiality.

- Information can be released only if written consent is given; or as required by the Abused and Neglected Child Reporting Act or Adult Protective Services Act; or in cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.

- Confidentiality expectations of survivors, such as keeping the location of the shelter or other survivors’ identities and communications confidential.
SECTION TWO

- A warning that survivors in the program are not legally responsible to uphold the confidentiality of others in the program. Survivors can then keep this in mind when choosing to disclose information to others in the program.

- A warning of the possible repercussions of not abiding by the program’s confidentiality expectations; for example, jeopardizing the safety of other survivors and advocates.

- A description of documentation procedures and maintenance, including:
  - What information is recorded and why, and the methods of collection.
  - The program’s policy for responding to court orders for records.
  - Processes for survivors viewing their own files.
  - A description of what kind of information will remain on file once a survivor terminates services, and timelines for when records will be destroyed.

- A signature/date line for the survivor and witness.

Sample confidentiality agreements for survivors are included in the Initial Contact, Intake, and Assessment chapter.

When to Breach Confidentiality
It is critical that advocates be trained on when it is necessary to breach confidentiality and how to proceed in such circumstances. The Mandated Reporting chapters of this manual outline procedures for breaching confidentiality in cases of suspected child or older adult abuse or neglect. Reports must be made in situations when the advocate is concerned that a lack of action will compromise the safety of children or older adults. Supervisory or peer consultation is encouraged for guidance, but advocates must then make their own decisions.

Other than the mandated reporting of child or older adult abuse or neglect, confidentiality may only be breached when the failure to share information may create a safety risk to the survivor or others. An example of this might be if a perpetrator appears at a program threatening to kill a survivor and the survivor’s parents, and disappears again; but the survivor has already left the program and is out of contact. This may be a case of when to breach confidentiality to alert the survivor’s family and the police. Programs must carefully assess each situation in order to determine the safest way to breach confidentiality, and if breaching confidentiality is necessary.

Procedures for Survivor Records: Responding to Subpoenas
As stated under Minimum Requirements, programs must have procedures in place for responding to subpoenas for survivors’ files. It is recommended that these procedures include the following information:

- Actions for advocates to take, including how to respond to initial subpoenas and whom to contact.
SECTION TWO

- A designated custodian of records who is responsible for responding to requests for information.

- Processes for consulting with a staff attorney prior to responding to subpoenas.

- Processes for discussing with the survivor which information, if any, can be released and obtaining a Waiver and Consent for Release of Information for that information. This process includes reviewing the information with the survivor before releasing it.

- Processes for when the survivor does not sign a Waiver and Consent for Release of Information form. In these instances domestic violence programs have an obligation to protect survivor confidentiality, usually by filing a Motion to Quash the subpoena. In the years since the passage of the IDVA of 1986, agencies have established a track record of successfully protecting the survivor's records from release.

Procedures for Survivor Records: Retention and Destruction

Policies on the retention and destruction of records should encompass all case notes and files, paper and electronic in nature, staff to staff communications, written and verbal, and all documentation required by funding agencies. Programs are encouraged to use the following guidelines in procedures for the retention and destruction of records:

- Records must be maintained for a period of six years beyond the fiscal year the service occurred unless there is an audit, in which case the records shall be maintained until the audit is completed.

- Staff-to-staff communications that cannot be made verbally due to staffing patterns must be destroyed as soon as possible.

- In determining which records to retain, programs shall weigh the need for information against the potential for the misuse of the record.

- Paper files must be kept locked. Electronic files must be kept appropriately stored in a secure location. The files shall not be removed from the program without written permission from the custodian of records.

Policies for the retention and destruction of records should include procedures in the event that the agency closes. A sample policy of confidentiality procedures for when an agency closes is included in this chapter.

Procedures for Survivor Records: Deceased Survivors

The Illinois Domestic Violence Act states that when a survivor or domestic violence is deceased or has been adjudged incompetent by a court of competent jurisdiction, the guardian of the deceased victim or the executor or administrator of the estate of the domestic violence victim may waive the privilege of confidentiality, except if any of the following apply:
• The guardian, executor or administrator of the estate has been charged with a violent crime against the domestic violence victim

• An Order of Protection was entered against the guardian, executor or administrator of the estate at the request of or on behalf of the domestic violence victim

• The guardian, executor or administrator of the estate otherwise has an interest adverse to that of the domestic violence victim with respect to the waiver of the privilege.

If any of the above apply, the court shall appoint an attorney for the estate of the domestic violence victim.

Program Procedures: Visitors

Program visitors may include donors or funders taking a tour of the facility, people bringing donations, or other guests. In addition to having visitors sign the required confidentiality agreement, the following processes are recommended to address program visits:

• Inform visitors of the reasons and importance of maintaining the confidentiality of the survivors participating in the program, and the location if applicable.

• Give survivors advance notice of any upcoming tours, and give them the options to stay in rooms not included in the tour or to leave the facility during the visit.

• Ensure that advocates escort the guests during the entire visit.

• Cancel or reschedule the visit if a survivor cannot leave the program during the visit and expresses concern about it.

• Keep visits to a minimum to best create a confidential environment.

A sample confidentiality agreement for program visitors is included in the Personnel chapter.

Program Procedures: Shared Telephones

The following are suggested practices to protect confidentiality on shared phones in domestic violence programs:

• Advocates and survivors answering shared phones must receive clear instructions on how to protect the confidentiality of others in the program. These instructions shall be posted by the phone and reviewed periodically with survivors.

• Those answering the phone shall not disclose who is in the program to any callers, whether the caller is a friend or family member of the survivor, or another organization.

• Programs may implement a system whereby the person answering the phone offers to post a message without confirming or denying that a survivor is there.
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- A survivor may choose to sign a Waiver and Consent for Release of Information form to allow certain callers to be immediately connected to the survivor rather than called back. Even with this Release of Information, however, programs must have procedures in place to screen calls or verify callers’ identities. For instance, if a caller says they are phoning from a certain organization, it is prudent to take a message and let the survivor call the person back through that organization’s main switchboard number. These procedures will help to ensure that information is not shared with a perpetrator posing as someone else.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.
Sample Waiver and Consent for Release of Information
Sample Limited Release of Information Form
Spanish Sample Limited Release of Information Form
Sample Policy: Confidentiality When an Agency Closes
All communications between you and domestic violence program staff are confidential and are protected by the Illinois Domestic Violence Act (IDVA). The only exceptions are child or older adult abuse or neglect, or if failure to disclose might result in imminent risk of bodily harm to someone. All staff are mandated reporters of child and older adult abuse and neglect.

I authorize:

Client/parent or guardian of child under age  
DV program

To release the following:  
☐ Written information  
☐ Verbal information (including name of child)

Description of exactly what is being released

To:  
Person and agency (use only one form per person and agency)

For the purpose of:

This consent expires by said date:

You have the right to revoke this consent, and no information will be released to the above-mentioned person(s) or agency. If you revoke this consent after action is taken, DV Program will not release any further information to the abovementioned person(s) or agency.

If this is an authorization for release of written information, you have the right to inspect and copy the information to be disclosed and this consent is granted with full knowledge of the information contained herein.

Date  
Client/Parent or Guardian of Child Under 12

Date  
Witness: DV Program Staff Member

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

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

I, ___________________________, authorize [Program Name] to share the following specific information with: [Name]

Who I want to have my information:

Name:
Specific Office at Agency:
Phone Number:

The information may be shared: ☐ in person ☐ by phone ☐ by fax ☐ by mail ☐ by e-mail
☐ I understand that e-mail is not confidential and can be intercepted and read by other people.

What info about me will be shared: (List as specifically as possible, for example: name, dates of service, any documents).

Why I want my info shared: (purpose) (List as specifically as possible, for example: to receive benefits).

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

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

This release expires on ___________ ___________ Date Time

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

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

Date: _______________ Signed: __________________________
Time: _______________ Witness: _________________________

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

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

Signed: ___________________________ Date: _______________ Witness: ___________________________
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Spanish Sample Limited Release of Information Form
[PAPEL CON MEMBRETE APROPIADO DE LA AGENCIA]

Lea Primero: Antes de que usted decida si desea que [Programa] comparta información confidencial con otra agencia o persona, un abogado de [Programa] discutirá con usted todas las alternativas y cualquier riesgo y ventajas potenciales que podrían resultar por compartir su información confidencial. Si usted decide que si desea que [Programa] comparta alguna información personal confidencial, usted puede utilizar este formulario para elegir lo qué se comparte, cómo se comparte, con quién, y por cuánto tiempo.

Entiendo que [Programa] tiene la obligación de mantener confidencial mi información personal, información de identificación personal, y mis expedientes. También entiendo que puedo permitir que el [Programa] comparta algo de mi información personal con ciertos individuos o agencias.

Yo, __________________, autorizo a [Programa] que comparta la siguiente información específica con:

| A quien deseo que tenga mi información: | Nombre:                        |
|                                        | Oficina específica dentro de la Agencia: |
|                                        | Numero de Teléfono:              |

La información puede ser compartida:
- [ ] en persona
- [ ] por teléfono
- [ ] por fax
- [ ] por correo
- [ ] por correo electrónico

Entiendo que el correo electrónico (E-mail) no es confidencial y puede ser interceptado y leído por otras personas.

| Qué información sobre mí será compartida: | (Anote lo más detalladamente posible, por ejemplo: nombre, fechas del servicio, cualquier documento). |
| Porqué deseo compartir mi información:    | (Anote lo más detalladamente posible, por ejemplo: para recibir beneficios del estado). |

Por favor tome nota: existe el riesgo de que un lanzamiento limitado de su información potencialmente podría abrirle el acceso a otros a toda su información confidencial guardada por [Programa].

Yo entiendo:
- [ ] Que no tengo que firmar un formulario del lanzamiento. No tengo que permitir que [Programa] comparta mi información. El firmar un formulario de divulgación es totalmente voluntario. Que esta autorización está limitada a lo que he escrito arriba. Si quisiera que [Programa] divulgue mi información en el futuro, necesitaré firmar otra autorización por tiempo limitado y por escrito.
- [ ] Que al divulgar información sobre mí podría darle información a otra agencia o persona sobre mi ubicación y podría confirmar que he estado recibiendo servicios de [Programa].
- [ ] Que [Programa] y yo tal vez no podremos controlar lo qué suceda con mi información una vez haya sido divulgada a la persona o a agencia antedicha, y que la agencia o persona que obtenga mi información se le pueda requerir por ley o práctica compartirla con otros.

La expiración debe considerar las necesidades de la víctima, que es típicamente no más de 15-30 días, pero puede ser más o menos tiempo.

Esta autorización se vence el ____________________________ Fecha: __________________ Hora: __________________

Entiendo que este formulario es válido cuando lo firme y puedo retirar mi consentimiento a este en cualquier momento, en forma oral o escrita.

Fecha: _______________ Firma: __________________________ Hora: _______________ Testigo: ____________________________

Reafirmación y extensión (si tiempo adicional es necesario para resolver el propósito de esta divulgación)

Confirmo que esta autorización sigue siendo válida, y quisiera extender la autorización hasta ____________________________ Nueva Fecha Nueva Hora

Firma: __________________________ Fecha: __________________________ Testigo: ____________________________
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Sample Policy: Confidentiality When an Agency Closes

This policy should only be used in tandem with a Document Retention/Destruction Policy. Before considering the transfer of any data due to agency closing, that agency must determine why it is in possession of the data, whether retention of that data currently serves victim needs, and when the data is due for destruction.

In the event that a domestic violence agency must close, the agency still remains responsible for securing confidential client information. The following sample policy/procedures provide guidance for how to maintain confidentiality in the event of any agency closure.

As a general matter, the closing agency should transfer any remaining open or closed client files or personally identifying client information or data that is not due for destruction to an agency that has the same confidentiality obligation as the closing agency. For example, in the case of the closing of a VAWA or FVPSA funded domestic violence shelter that is covered by a state law protecting confidential information, the shelter’s confidential information should be transferred to a domestic violence program that is similarly protected by state law and VAWA or FVPSA protections. The closing agency should work with the receiving agency to ensure that confidential client information is protected.

CLOSING AGENCY OBLIGATIONS:

- The closing agency should identify a client services organization that has the same confidentiality obligations as the closing agency to receive the client files and the personally identifying client data.

- The closing agency should have in place a current document retention/destruction policy. If it does not have a current document retention policy, it should identify the agency that will be taking over the confidential client information from the closing agency, and apply the document retention policy of the receiving agency.

- Before transferring any files, the closing agency should destroy documents that are due to be destroyed under the closing agency’s document destruction policy.

- The closing agency should notify any clients who are currently receiving services about the impending closing of the agency, and direct them to the receiving agency for services. The closing agency client information can be shared with the receiving agency if the client signs an informed, written, reasonably time-limited consent that permits the sharing of the information. Without the informed, written, reasonably time-limited consent, the information from the closing agency is not to be shared with the receiving agency. In either event, the receiving agency should serve the clients as though they were new clients to the receiving agency.

- The closing agency should secure the documents/information that are not scheduled to be destroyed under the document retention policy. Examples of how to secure the information include the following:

  o Paper documents/files: seal paper files/documents in boxes, or lock in a file cabinet and move the sealed boxes/locked file cabinet. Mark the file boxes/cabinets by date or other means that does not include personally identifying or individual client information on the exterior. Dates should be noted on the exterior of the closed files so that the documents/files can be destroyed in accordance with the document retention/destruction policy of the receiving agency.

  o Computerized documents/data: remove the hard drive from the computer, and label it by date or other means that does not include personally identifying or individual client information on the
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Dates should be noted on the exterior of the hard drives so that the data can be destroyed in accordance with the document retention/destruction policy of the receiving agency. To properly destroy the computerized data, the hard drive itself should be dismantled.

- The receiving agency should sign a receipt indicating the receipt of the files/documents/hard drive, including a statement that the receiving agency understands its obligation to maintain the confidentiality of such information.

- Access to the closing program files will be limited to the executive director (or her designee) of the receiving agency. Access will be limited to a request from a client to access her/his files.

- The closing agency should notify active clients of the closing of the program and refer existing clients to the receiving agency for services and file access. If necessary and possible, the receiving program could acquire the closing program’s phone number and answer calls directly. If that is not possible, then the closing agency may consider keeping a phone number active for a short time (say 30 days) after the program closes with a notice on outgoing voice mail that refers callers to the receiving program. Referral agencies in the community should be notified that the closing agency is closed, and that the receiving agency is available to provide domestic violence services to those in need in the community.

RECEIVING AGENCY OBLIGATIONS:

- The receiving agency has an obligation to protect the confidential information of the clients that have used the services of the closing agency.

- The receiving agency should have in place a current document retention policy that applies to its records. Its current document retention policy will apply to its records and to the records of the closing agency that it is receiving and protecting.

- The receiving agency may not access a client’s information unless it is contacted by a client requesting access to her/his files. In the event that a client contacts the receiving agency and requests her files, the executive director or her designee will unseal the box/unlock the file cabinet/access the password-protected database on the hard drive and pull the client’s file.

- The policies of the receiving agency will govern the client’s access to and release of her/his information (e.g., the requirement of an informed written, reasonably time-limited release before the client’s information can be shared with the receiving agency or with any other agency, such as child protective services, counselors, etc.).

This information provided by The Confidentiality Institute, www.confidentialityinstitute.org

Limited Release of Information Forms created for adaptation by Julie Kunce Field, J.D. and the National Network to End Domestic Violence (NNEDV)
Chapter 14 Mandated Reporting of Abuse and Neglect of Older Adults

Older adult abuse is the mistreatment of people aged sixty or over. This abuse or neglect is usually committed by the grown children of older adults, but can also be committed by abusive spouses or other people in the person’s community. The abuse or neglect can be committed in a number of ways: physical abuse, psychological abuse, sexual abuse, financial abuse such as theft or fraud, or the denial of basic rights.

All staff are mandated reporters of older adult abuse and neglect. Advocates must report all suspected abuse, neglect, and exploitation of persons sixty and over who are unable to report for themselves. The reports are required by the Adult Protective Services Act (320 ILCS 20/1 et. Seq.) For all legal obligations relating to older adult abuse and reporting, programs must consult with their staff attorneys or other legal counsel. For more information on the Adult Protective Services Act, including the website in which the full text of the law can be accessed, please refer to Appendix E.

The Adult Protective Services Act legislation also allows for the use of the older adult abuse hotline to voluntarily obtain resources for people age 60 or over who have difficulty caring for themselves. For further information on utilizing the older adult abuse hotline as a voluntary resource in situations of older adult self-neglect, please refer to the Information and Referral chapter.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following criteria:

- Every program shall have a written policy regarding older adult abuse, neglect, and exploitation reporting. This policy shall include the following:
  - Suspected abuse, neglect and exploitation must be reported if the older adult is unable to report for themselves
  - All advocates are mandated reporters of older adult abuse and neglect
  - What procedures to follow if the suspected perpetrator of abuse, neglect, or exploitation is presently receiving services from the program
  - That information to be released without consent will be limited to only the incident of abuse and/or neglect that is being reported

- The policy shall outline procedures for placing a hotline call. This shall include the following steps:
  - Document and prepare all information that is to be reported to the hotline
  - Call the hotline at (866) 800-1409
  - Provide the hotline the advocate’s name, position, and reason for the call
  - Answer all questions to the best of the advocate’s ability
  - Consult with program supervisory staff regarding the call
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Procedures related to this process are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

The hotline call and all of the related information must be documented and placed in the older adult's file. This information shall include the following data:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Result of the report
- Supervision that took place

Steps taken by advocates to address the issues with the family and arrange for care

Guidelines

It is important that advocates be familiar with the Adult Protective Services Act, the types of older adult abuse and neglect, and when to report. Guidelines for identifying older adult abuse are outlined below. Further information related to older adult abuse and neglect is available at the Illinois Department on Aging website at: www.state.il.us/aging.

Identifying Older Adult Abuse

Advocates should be aware of the following common signs of physical and emotional older adult abuse and neglect:

- Bruises, burns, cuts, lacerations, sprains or broken bones
- Neglect in medical problems being treated
- Dehydration or malnutrition
- Symmetrical injuries on two sides of the body
- Signs of being restrained, such as rope marks
- Underutilization or over-utilization of medications
- Inadequate clothing
- Poor personal hygiene
• Missing or poorly maintained assistive devices such as glasses, dentures, hearing aid(s), walker, wheelchair, etc
• Bed sores or other untreated wounds or sores
• Prescriptions that are not filled
• Service animals not being cared for properly

In addition to physical abuse and neglect, older adults and people with disabilities can also suffer from financial abuse and exploitation as well. Advocates should be aware of the following common signs of financial older adult abuse:

• Numerous or large cash withdrawals
• Objects or money missing
• Early withdrawals from investments
• Sudden changes to beneficiaries or deeds
• Taking out a second mortgage

**Determining Older Adult’s Ability to Self-Report Abuse**

Advocates who suspect that older adult abuse or neglect is taking place need to then determine if the older adult has a physical or mental condition that would prevent self-reporting the abuse. Such conditions might include dementia, paralysis, some speech disorders, or unable to get out of bed, or reach and use a telephone. It is up to the advocate’s judgment as to whether the older person is able to report the abuse.

Advocates may ask themselves the following questions to help them determine if a person has the mental capacity to self-report:

• Does the person understand the facts of their situation?
• Does the person express a free choice about their situation?
• Does the person understand the risk and benefits of that choice?

If a potential reporter is unsure whether an older person is able to report for themselves, but suspects that they are being abused, neglected or exploited, the Illinois Department on Aging encourages the reporter to voluntarily report the situation to the Adult Protective Services Program. To determine how to proceed, programs may consult with the Adult Protective Services Program in their area without violating the confidentiality provided by the IDVA.

Program policy must outline what steps to take after placing a hotline call, including discussing the report with the older adult and referring to any additional appropriate services.

Portions of this chapter adapted from materials produced by the Illinois Department on Aging.
Chapter 15 Denial of Service and Involuntary Termination

Denial of service occurs when individuals applying for program services are found to be inappropriate for a service and therefore denied. Involuntary termination of service occurs when programs discontinue current services to survivors without their concurrence. Although sometimes necessary, these procedures shall happen only as the last option after all other methods for service inclusion have failed.

Minimum Requirements in Services

Programs funded by IDHS and ICADV will determine their own policies regarding what is acceptable for program entry or involvement, and what constitutes service denial or involuntary termination; however, the policies must meet the standards below. For minimum requirements regarding program eligibility determination, please refer to the Eligibility chapter of this manual.

- When every attempt to include the survivor in services or alter the survivor’s current services has been exhausted, denial of services or involuntary termination of services must be used based upon:
  - The survivor’s current needs, including safety
  - The survivor’s current behaviors
  - The survivor’s current ability to benefit from services
  - The safety of other past or present survivors receiving services
  - The safety of program advocates

- Denial or involuntary termination of services will not be based on an adult survivor’s race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law. Programs shall have policies and procedures regarding the denial of services and the involuntary termination of services. These policies and procedures shall include:
  - Clearly defined reasons that all services, some services, or service accommodations cannot be provided or must be involuntarily terminated;
  - The process for determining that services cannot be provided or must be involuntarily terminated;
  - Notice to the survivor orally and in writing of the policy;
  - Grievance procedure;
  - Requirement to offer alternative referrals.

Minimum Requirements in Documentation

Programs will maintain a system for documenting cases of service denial or involuntary termination. Documentation of involuntary terminations of services may be maintained in the survivor file or in a separate file determined by program policy. This written documentation will include:
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- An explanation of why services were denied or involuntarily terminated;
- The process used to make the determination, including attempts made to avoid denial or involuntary termination;
- The name of the advocate denying or involuntarily terminating services;
- Referrals provided to the individual at the time services were denied or terminated;
- Written documentation of supervisory review of all denied services and involuntary terminations;
- Copy of the survivor’s notice of the right to grieve the termination or denied service (program’s grievance procedure, signed at intake).

Guidelines

Individual program policy will define what determines denial of services or involuntary termination of services. However, it is recommended that denial and involuntary termination of domestic violence services only be based only on a violation of the health and safety standards of the facility or a breach of confidentiality. Survivors cannot be denied services or be involuntarily terminated because of a disability and/or need for a reasonable accommodation.

In some instances, programs may gain information after beginning services that the client is actually the perpetrator of domestic violence rather than the victim. In these situations, a program may terminate services to a client if the client gave misleading or incomplete information at intake and the program has subsequent information that is consistent with a determination that the person is a perpetrator. The person should be referred to an IDHS protocol-approved Partner Abuse Intervention Program. This is not intended to be used to deny services to victims of domestic violence who were defending themselves.

Avoiding Discriminatory Practices

In addition to the requirements for nondiscrimination listed in the Minimum Requirements section, advocates must be careful not to let subjective or judgmental attitudes toward survivors influence denial or termination decisions. Unless they are creating a health or safety risk to the program, the following behaviors or characteristics of survivors should not be used to deny or involuntarily terminate services:

- Waits to report a violent incident
- Fails to work toward ending the relationship, continues to have contact with the perpetrator or returns to the perpetrator
- Fails to obtain an Order of Protection or take other legal action against the perpetrator
- Appears angry and hostile or does not have a warm, friendly personality
- Does not seem appreciative of services
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- Uses drugs or alcohol outside of the facility
- Has difficulty controlling children
- Does not follow rules or stick to a regular schedule
- Has been diagnosed with a mental illness or takes medication
- Is sexually provocative
- Is HIV positive
- Has past participation with the program
- Has a service animal and/or assistive devices

Avoiding Involuntary Terminations

Guidelines to avoid involuntary terminations will vary according to the situation. Depending upon the circumstances, the following steps may be appropriate:

- Address any issues or incidents of concern at the time they occur.
- Use conflict resolution skills to intervene with any survivors involved.
- When intervening in a conflict, present a variety of possible options that the survivor can choose from in order to avoid escalation of the issue.
- Take the opportunity to teach survivors methods for effective conflict resolution. This can help survivors not only in avoiding terminations, but also in learning healthy and empowering ways to solve conflicts.
- If appropriate, ask survivors who have taken part in successful conflict resolution in the past to serve as mentors for other survivors when conflicts occur.
- If termination is being considered, include the involved survivor in the decision-making process whenever possible. Discuss the issue with the survivor, naming specific behaviors and why they are unsafe or disruptive. Then problem solve with the survivor on how to change these behaviors. If appropriate, advocates may offer survivors the option to stay in the program as long as the unsafe behavior stops. This involvement allows survivors to take part in important decisions affecting their lives.

Addressing Involuntary Terminations

Programs are encouraged to have a consensus-based system of when and how to terminate services after all other solutions have been attempted. Programs may choose to have a quality assurance system that involves the survivor, advocate, administrative staff, childcare staff and
other designated people reviewing each instance of potential involuntary termination to assess if it is necessary.

If the program has decided to ask a survivor to terminate services, the following steps are recommended:

- Meet with the survivor in person to plan for the departure and provide the required referrals. Referrals may include those for shelter and services at other agencies or for other programs in the same agency. Although it is involuntary, make the process as supportive as possible.

- Reassess survivors who have been involuntarily terminated or denied services each time they apply to re-engage. Depending on the situation, an agreement with the survivor may need to be in place as part of the re-admittance process.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Ohio Domestic Violence Network.
Chapter 16 Survivors at Greater Risk

Within the domestic violence client population, there are circumstances in survivors’ lives that may put them at greater risk. Some of these victims are impacted by substance use and/or by mental health issues. Victims who have disabilities or who are deaf must also be included in the greater risk category. Impacted can mean many things to a survivor or the advocate striving to assist them.

Chemical Dependency
Victims may use substances to cope with the abuse, may be introduced to substances by their abuser, may have joined in use to be near their partner or may have their attempts towards sobriety thwarted by their abusive partner.

Mental Health
Many victims of domestic violence are long-term survivors of abuse whether from their childhood, a significant traumatic incident or a series of abusive relationships which in turn have impacted their mental wellness.

Disabilities or Deaf
Research suggests that people with disabilities or deaf people are more likely to suffer domestic violence and sexual assault than people without disabilities. People with disabilities also report more intense and long-lasting abuse than people without disabilities. This often occurs with multiple perpetrators. Caregivers and support staff or family members are the most frequently reported perpetrators for people with disabilities. Additionally, despite limited data on the issue, available research suggests that Deaf individuals may experience domestic and sexual violence at significantly greater rates than hearing individuals. Data from an eight-year survey of college students at Rochester Institute of Technology indicated that deaf and hard of hearing individuals are 1.5 times more likely to be victims of relationship violence, including sexual harassment, sexual assault, psychological abuse and physical abuse, in their lifetimes.

Advocates are encouraged to support victims in all realms of domestic violence while taking into consideration a victim’s distinct, individual needs. Additionally, accommodations for survivors at greater risk can be another challenge that advocates will need to consider when advocating on their behalf.

Minimum Requirements in Services

Accessing services and service engagement includes asking survivors about abuse, attending to safety planning, addressing specialized needs, trauma recovery that focuses on the impact of interpersonal and other forms of violence and support for their children. Service provider strategies are also enhanced with focus on abuser and system accountability. It is important to address fear, anxiety or stress that a survivor may have in working with other community partners. It is not uncommon that survivors may feel judged, undeserving and hopeless. Advocating on behalf of a survivor provides a model of asserting both self-esteem and fairness.

Domestic violence programs, policies, services and practices shall focus on providing services to all eligible persons and to reducing any barriers to accessing services. Domestic violence services shall work collaboratively with other community resources to address the needs of
survivors in their community. Recommended practices to address safety issues and accommodations are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

Services that address unique considerations must be documented as the type of service provided, whether it is counseling, advocacy, outreach or another service. For details on accurate documentation, please refer to the Documenting Services chapter describing the specific services provided.

As noted in the Documenting Services chapter, psychological or psychiatric terms and diagnoses should not be included in case notes unless the provider using them is a licensed and certified mental health professional. Even then, such terms should be used with caution. Programs must have policies in place regarding whether to include diagnoses in documentation. These policies should weigh the needs of the survivor and unsafe family members with the dangers of how documentation could potentially be used against them by others. Whenever possible, the decision of what to include in documentation should be made together with the survivor.

Guidelines

Addressing greater-risk situations

Survivors who have experienced trauma have a variety of needs and responses. On occasion, there may be a survivor who escalates and causes others to feel unsafe. In this situation, it is important that staff have some basic de-escalation skills that are effective in helping people calm down. When trauma informed de-escalation techniques do not work, the agency must employ strategies that keep everyone safe and provide the best service outcome for the person who is upset.

• **Train advocates in trauma informed concepts that may prevent survivors from escalating to the point of possible violence.**
  o Trainings include observation and early intervention; active listening; empowerment; respectful communication; and conflict resolution.

• **Train advocates in de-escalation techniques.**
  o Trainings include strategies such as posture and body language; tone of voice; problem-solving; active listening; grounding strategies; and person-specific techniques

• **Train advocates to know when and who to call for help.**
  o Information includes peer support; community resources; hotlines for variety of health services; when to call 911; etc.

• **If any survivor’s behavior puts others at risk, alternative services should be offered.**
  o Attention should be focused on the safety of everyone present. Arrange for necessary care of the survivor in the least restrictive setting. The program should
still provide advocacy and any other needed services for the survivor after the survivor leaves the program, if appropriate.

- **No matter what the behavior, do not operate outside of your area of expertise.**
  - Advocates need to know their limits and be able to ask for help. Advocates must not attempt to diagnose the survivor or use diagnostic terms in case notes.

**Supporting Survivors Who Experience Substance Use Issues**

Survivors in your program may have used substances to cope with the aftermath of domestic violence and other trauma. These issues can hinder their ability to access services, plan for safety or recover from trauma. Working with survivors who use substances can be challenging yet rewarding. Advocates have a chance to reframe the causes of substance use with survivors and to explore coping mechanisms. Initially these coping mechanisms were intended to help but instead escalated the dire circumstances of victims trying to leave or stop using. The following are recommended program practices for providing effective domestic violence services to survivors with substance use issues:

- **Train advocates in identifying and addressing substance use/chemical dependency and its common characteristics, such as denial and coping/survival strategies.**
  - It is important that trainings include processes for advocates to examine and attend to their own bias, beliefs, feelings and prejudices about substance users.
  - Trainings should include use of all mood-altering substances, i.e. pharmaceutical, over the counter drugs, alcohol and illicit drugs.

- **Seek out trainings that address substance use within the context of domestic violence and other forms of interpersonal violence.**
  - Rather than at intake, **talk with survivors entering the program about substance use within the first few interactions.** These conversations should not be used to screen survivors out of shelter if they have a chemical dependency challenge, but rather should center on how substance use impacts safety.
  - If those conversations lead to a concern about substance use, the advocate should talk with the survivor about the value of an assessment by a qualified practitioner in relation to their safety.
  - Further information on timing these conversations and remaining client-centered in this process can be found:
    - National Center on Domestic Violence, Trauma and Mental Health and site the following articles from the resources: Substance use in the Context of Domestic Violence, Sexual Assault and Trauma. Real Tools: Responding to Multi-Abuse Trauma - a Tool Kit, Resources for Advocates, and Mental Health & Substance Abuse Coercion Surveys Report

- **Provide domestic violence service options for survivors who use substance whether they are in treatment or not,** unless the substance use will impact theirs or other program participants’ safety or prevent them from benefiting from the services. Employing supportive strategies for safety and sobriety are important. Use frameworks of trauma informed, motivational counseling and harm reduction to problem solve the situation and define service options with the survivor.
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- **Link survivors with substance use treatment services and abstinence-based support groups in the community.** The more you can tell the substance user about the particulars of the referrals you are recommending, the more likely they will accept the referral.
  - This requires that advocates be informed about community substance use services and have ongoing communications with them. The Substance Abuse and Mental Health Services Administration provides an online treatment services locator at: [http://findtreatment.samhsa.gov](http://findtreatment.samhsa.gov).
  - **Before referring survivors to any outside agencies or professionals, make sure the advocate and survivor have filled out a release of information.** It is important the survivor understands who information is getting released to and ultimately think through any consequences that could impact victim safety.
  - Keep informed on which local substance use programs and support groups provide the highest degree of physical and emotional safety for survivors, and refer survivors with substance use issues to these programs.
  - Inform both the survivor and substance use treatment provider of the risks of conjoint couples counseling that includes perpetrators.
  - **Promote cross trainings** with substance use agencies to facilitate linkages, and to educate them on domestic violence issues.

- **Determine clear program rules regarding substance use and chemical dependency.** Individual program policy will determine what these are. Most shelters have firm policies against substance use on the premises. This is not always a reason to terminate shelter services. However, if shelter services are terminated due to putting others at risk, the program may still provide non shelter services to the survivor as appropriate.

Counseling Survivors Who Use Substances

The following are recommendations for advocates in providing effective domestic violence counseling to survivors who also have substance use issues:

- Minimize blame and moral judgment for use or relapse, as blame and judgment can further disempower the survivor and empower the perpetrator. It is not unusual for individuals in recovery to have difficulty with concentration and focus, managing emotions and being withdrawn. Consider what adaptations you make in your program to best support survivors in recovery. Partnering with a substance/chemical dependency program can help increase the advocate’s knowledge on how to be supportive to a survivor.

- Help survivors recognize the role substance use plays in keeping them tied to abusive relationships, increasing their risk of harm, and impairing their safety planning ability.
  - Provide information and a supportive environment for the survivor to think through and talk about their use of substances.
  - Discuss substance use as a survival technique and give positive feedback in reference to their ability to cope with the domestic abuse. A non-judgmental response, such as, “you did what you needed to do to get through this and cope with the trauma.”
  - Educate survivors about the impact of substance use on domestic violence and ongoing safety.
SECTION TWO

- Invite survivors to explore alternative methods and support engagement in recovery activities, i.e. treatment, self-help groups.
- Assist survivors by helping them to find an alternate means of empowerment as replacement for the sense of power induced by substances.
- Include plans for sobriety as part of the safety plan. Help the survivor understand the ways the perpetrator may attempt to sabotage sobriety before the survivor completes program services.

For much more information and resources regarding services to survivors who use substances, please refer to the:
- The Substance Abuse and Mental Health Services Administration online treatment services locator at: [http://findtreatment.samhsa.gov](http://findtreatment.samhsa.gov).

**Supporting Survivors Who Experience Mental Illnesses**

Some survivors of domestic violence also experience mental illnesses. It is common for people who experience domestic violence to also experience depression, anxiety, or signs of trauma that require interventions with an advanced degree professional who can provide trauma-informed services with an interpersonal violence framework, even if there is not a diagnosis of mental illness(es).

The following are recommended program-wide practices for domestic violence services in supporting survivors who experience mental illnesses:

- **Train advocates in identifying and supporting survivors who may be experiencing a mental health crisis.**
  - Trainings should include processes for advocates to examine and attend to their own stigmas, beliefs, feelings and prejudices about mental illness.

- **When concerned about the mental health of a survivor, provide information about treatment and or service options.**
  - Use the empowering approach outlined in this chapter (See the “Discussing Mental Health Issues with Survivors” section below)
  - It may also be necessary to make a referral to a doctor or therapist who is able to assist the survivor. Working collaboratively with community behavioral health providers can enhance domestic violence services.
  - It is important to develop relationships with therapists and doctors who are sensitive to the needs of survivors and knowledgeable about the impact of domestic violence on an individual’s wellbeing.

- **Offer to collaborate and conduct cross trainings with local mental health agencies and practitioners.** This will help to facilitate linkages and to sensitize mental health professionals to domestic violence issues. The IDHS website has an “Office Locator” which includes mental health offices and services by county, and in Cook County by zip code, at [www.dhs.state.il.us](http://www.dhs.state.il.us). The IDHS Division of Mental Health can also be reached by calling (800) 843-6154 and following the prompts.
More information and resources on domestic violence and mental health issues can be found on the National Center for Domestic Violence, Trauma and Mental Health website at: www.nationalcenterdvtraumamh.org.

Discussing Mental Health Issues with Survivors

It is important that advocates use an empowerment approach (see dot points below) when supporting survivors who experience mental illnesses. Many times, it may not be clear if a survivor is experiencing a mental health issue that requires further support to address. Rather than simply screening for mental health issues in survivors and making referrals based upon their own judgment, advocates should focus on empowering survivors to make their own decisions regarding mental health treatment whenever possible.

Advocates should use the following general guidelines when discussing mental health issues with survivors:

- Be aware of the stigma surrounding mental health issues.
- Create an environment that encourages self-empowerment for the survivor with the following steps:
  - Inform the survivor about the mental health impact on domestic violence, trauma and lack of safety.
  - Provide the survivor with information about signs and symptoms responses.
  - Let the survivor know about mental health resources in the community.
  - Let the survivor know how you can help.
- Always offer referrals to professional mental health services when the following circumstances are present:
  - When the survivor requests therapy.
  - When the survivor has questions about prescribed medications.
  - When the survivor has made threats of suicide.
  - When the survivor seems unclear or disoriented or shows behavior that is not easily explained.
  - When the survivor is experiencing consistent lack of sleep or prolonged loss of appetite.
- Before referring survivors to any outside agencies or professionals, make sure the advocate and survivor have filled out a release of information. It is important the survivor understands who information is getting released to and ultimately think through any consequences that could impact victim safety.

Accommodations

People with disabilities and Deaf people may need accommodations to participate equally and fully in domestic violence services. An accommodation is anything the survivor may need to participate in services. Accommodations can include: an ASL Interpreter; large print documents; pictures on documents; Braille document, etc. One woman with a disability stated, “I feel most welcome when accommodations are not a big deal.” Providing accommodations in a proactive manner is a way to widen the welcome to survivors with disabilities and deaf survivors. This contributes to a sense of belonging and feeling safe.
Proactive Approach to Accommodations

- **Service provider prepare in advance in their programs policies and practices for survivors with disabilities and deaf survivors.**
  - This could include having agreements with local ASL interpreters and their contact information; have standard documents in alternate formats; enhance physical accessibility. Centers for Independent Living (CIL) can provide assistance in this area. See [www.incil.org](http://www.incil.org) for the CIL in your area.

- **People in the disability and deaf communities need to know domestic violence services are open to them.**
  - Written materials should indicate that people can request accommodations. Community education should target self-advocacy groups; Centers for Independent Living; disability organizations; Deaf organization; etc. Allow people with disabilities and Deaf people to provide feedback on policies and practices.

- **Survivors with disabilities and deaf survivors receive needed accommodations.**
  - Programs should ask survivors what they need to be comfortable; what they need to participate. Programs should work with the survivor and community resources to provide needed accommodations.
Tools and Samples

Short Michigan Alcoholism Screening Test (SMAST)

Michigan Alcoholism Screening Test (MAST)

Conversation Guide: Activities For Staff Meetings And In-Service Trainings

Model Medication Policy For DV Shelters

Talking About Mental Health And Medications With Survivors In Shelter
SECTION TWO

Short Michigan Alcoholism Screening Test (SMAST)

Name or ID # ___________________________ Date of Birth__________________

Date of Administration ___________________________________________

Yes  No

1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)
2. Does your partner, a parent, and/or other near relative ever worry or complain about your drinking?
3. Do you ever feel guilty about your drinking?
4. Do friends or relatives think you are a normal drinker?
5. Are you able to stop drinking whenever you want to?
6. Have you ever attended a meeting of Alcoholics Anonymous?
7. Has drinking ever created problems between you and your partner, a parent or other near relative?
8. Have you ever gotten into trouble at work or school because of drinking?
9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
10. Have you ever gone to anyone for help about your drinking? If YES, was this other than Alcoholics Anonymous or a hospital? (If YES, code as YES; if NO, code as NO.)
11. Have you ever been in a hospital because of drinking? If YES: Was this for (a) detox; (b) alcoholism treatment; (c) alcohol-related injuries or medical problems, e.g. cirrhosis or physical injury incurred while under the influence of alcohol (car accident, fight, etc.)
12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
13. Have you ever been arrested, even for a few hours, because of other drunken behavior?

Note: The terms husband and wife are replaced by partner.
<table>
<thead>
<tr>
<th>Yes (0)</th>
<th>No (2)</th>
<th>1. Do you feel you are a normal drinker?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>2. Have you ever awakened in the morning after some drinking the night before and found you could not remember a part of the evening before?</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>3. Does your partner (or do your parents) ever worry or complain about your drinking?</td>
</tr>
<tr>
<td>Yes (0)</td>
<td>No (2)</td>
<td>4. Can you stop drinking without a struggle after one or two drinks?</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>5. Do you ever feel bad about your drinking?</td>
</tr>
<tr>
<td>Yes (0)</td>
<td>No (2)</td>
<td>6. Do friends or relatives think you are a normal drinker?</td>
</tr>
<tr>
<td>Yes (0)</td>
<td>No (0)</td>
<td>7. Do you try to limit your drinking to certain times of the day or to certain places?</td>
</tr>
<tr>
<td>Yes (0)</td>
<td>No (2)</td>
<td>8. Are you always able to stop drinking when you want to?</td>
</tr>
<tr>
<td>Yes (5)</td>
<td>No (0)</td>
<td>9. Have you ever attended a meeting of Alcoholics Anonymous (AA)?</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>10. Have you ever gotten into fights when drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>11. Has drinking ever created problems with you and your partner?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>12. Has your partner (or other family member) ever gone to anyone for help about drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>13. Have you ever lost friends or girlfriends/boyfriends because of drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>14. Have you ever gotten into trouble at work because of drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>15. Have you ever lost a job because of drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?</td>
</tr>
<tr>
<td>Yes (1)</td>
<td>No (0)</td>
<td>17. Do you ever drink before noon?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>18. Have you ever been told you have liver trouble? Cirrhosis?</td>
</tr>
<tr>
<td>Yes (5)</td>
<td>No (0)</td>
<td>19. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?</td>
</tr>
<tr>
<td>Yes (5)</td>
<td>No (0)</td>
<td>20. Have you ever gone to anyone for help about your drinking?</td>
</tr>
<tr>
<td>Yes (5)</td>
<td>No (0)</td>
<td>21. Have you ever been in a hospital because of drinking?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was a part of the problem?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, a social worker, or clergy for help with an emotional problem in which drinking played a part?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>24. Have you ever been arrested, even for a few hours, because of drunk behavior?</td>
</tr>
<tr>
<td>Yes (2)</td>
<td>No (0)</td>
<td>25. Have you ever been arrested for drunk driving after drinking?</td>
</tr>
</tbody>
</table>

A score of 4 or more suggests evaluation by an AOD professional. 
Note: The term wife is replaced by partner.
CONVERSATION GUIDE: ACTIVITIES FOR STAFF MEETINGS AND IN-SERVICE TRAININGS

This Conversation Guide series can be used to help increase the capacity of domestic violence programs in working with survivors who are experiencing mental health symptoms and/or psychiatric disabilities. You can use this guide to begin a conversation about these topics or as a way to focus or deepen conversations that have already started. Each one will lead you through discussions and activities that you can modify or adapt for your specific program’s needs. This Conversation Guide is designed to help you create and/or implement a medication policy that is accessible, inclusive, and trauma informed.

Purpose and Variations:
Your program may be in the beginning stages of thinking about a new medication policy or you may be experiencing challenges with implementing a new medication policy. Feel free to use and adapt the exercises here to best suit the needs of your program. These activities can be used together as one longer conversation, broken up into multiple conversations, or used as stand-alone activities to supplement other conversations you are having as a staff.

Additional Resources:
• Model Medication Policy (National Center on Domestic Violence, Trauma & Mental Health), available by request.
• Develop relationships with physicians, nurse practitioners, and agencies in the communities your organization serves who can support survivors around medication issues, access, and/or who can be a resource to survivors and advocates if questions arise.

Materials:
• Copies of the Model Medication Policy and your current medication policy.
• Notecards, pens, paper, flipchart paper, and markers.

Ground Rules and Emotional Safety:
These activities should be used to encourage exploration in an atmosphere of as much safety as possible for participants. That means that the discussion should help all of us to think and talk openly about our work with survivors and our individual goals in the work. The discussion should not be used as a place to criticize other staff members; instead, each of us can approach these discussions as a time for personal learning and for joint exploration. Ground rules can often be helpful in this process. Below are some ground rules to get you started, but feel free to use your own. It may be helpful to spend the first few minutes discussing the ground rules every time you come together as a staff to work on these activities.

Potential ground rules:
• Speak from your own experience
• Identify your own learning points
• Join with an understanding that all of us are learning
• Commit to making the discussion safe for each person to be, learn, and grow

### Activity #1: Reflecting on our own beliefs about medication

**Suggested Time:** 10-15 minutes

**Instructions:**
1. Pass out notecards. Let participants know that the main purpose of this activity is self-reflection and that they will have the opportunity to share, but will not be required to.
2. Ask each person to write down their thoughts on the following questions:
   a. What do you think/believe about medication in general (i.e., that it always helps, that it never helps, etc.)?
   b. What has influenced your thinking about medications?
   c. How have these beliefs affected your work with survivors who are taking medications in shelter?
3. Ask if anyone wants to share what they have written (any or all of their answers). Allow time for discussion.

### Activity #2: Understanding the role of medication in our shelter/program

**Suggested Time:** 5-10 minutes

**Instructions:**
1. Ask the group to brainstorm some of the situations or challenges that you have faced around medication in your program, as well as people’s fears or concerns around medication.
2. Make a list on flipchart paper to refer to throughout the conversation.

### Activity #3: Looking at our policies in the context of our goals and values

**Suggested Time:** 20-30 minutes

**Preparation:**
- Put two pieces of flipchart paper on the wall, one with “values” written on top, the other with “goals.”

**Make copies of your current medication policy.**

**Instructions:**
1. Using flipchart paper to record, ask staff to brainstorm your organization/program’s values and goals. (They do not need to be only the ones written in the mission statement but unspoken or unwritten ones that staff actually work by as well.)
2. Pass out a copy of your current medication policy (if you have a written policy) and give people time to review it. If you don’t have a written policy,
make a list of your current practices around medication. Even if you have a written policy, you may want to spend a few minutes discussing your practices around medications, including any practices that supplement or deviate from your written policy.

3. Lead a discussion: In what ways does this policy reflect our values and goals? In what ways does it conflict with our values and goals? Which parts? Referring back to people’s concerns or fears, ask: how do we create policies that address our concerns and that center a survivor’s self-determination?

Activity #4: Developing a new medication policy

Suggested Time: 1 hour (or more depending on your end goal)

Preparation:
- Make copies of your current medication policy (if you haven’t already).
- Make copies of the Model Medication Policy.

Instructions:
1. Using your work from Activities #1-3, brainstorm with staff:
   a. What is the goal of our medication policy?
   b. What might we want include or not include in a new policy?
   c. What concerns do we have?
2. Pass out the Model Medication Policy and give people time to read it.
3. Either in small groups or as a large group, discuss these questions:
   a. How well does this model policy meet the goals and values we’ve been discussing?
   b. How would a new policy change the environment of the shelter?
   c. Are there parts of it that would be challenging to implement? Which ones? Why?
   d. Does this new policy address the situations/concerns we raised in the opening activity? What would we need to modify?
   e. Brainstorm with the group strategies to address concerns that were raised (for example, if staff are worried about medication overdoses/emergencies, could you bring in a physician or organization to do a training for staff about recognizing and responding to medical/medication emergencies?)
4. Come back as a larger group to develop a plan:
   a. What steps would be needed to put in place a new policy?
      i. This will depend on your program’s process for policy change, e.g., do you create a committee, does it go to the Board of Directors with suggestions from staff, will you meet as full staff several more times, etc.?
b. How do we engage shelter residents in changing this policy?

Activity #5: Follow-up and Implementation

Suggested Time: 20 minutes

Instructions:
Create a plan for follow-up and implementation:
1. What would we need to do to create and/or implement a new medication policy that fits our values and goals?
   a. It can be helpful to make a list with the item, person(s) responsible, and date by which the item should be completed.
2. What next steps should our agency take toward this end?
3. What additional resources or support do we need? Identifying additional resources or support may be a step in the action list.
4. When will we meet again to review action steps and/or to check in on how the implementation process is going?

If you’ve used this conversation guide in your work, we would love to hear from you! Let us know: How did you use it? What worked well? What can we revise or improve? What did you learn? What suggestions would you have for other people who want to use this idea in their work?

Send us your feedback at info@nationalcenterdvtraumamh.org.
Phone: (312) 726-7020
TTY: (312) 726-4110
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MODEL MEDICATION POLICY FOR DV SHELTERS

Introduction

As state domestic violence coalitions and local domestic violence programs across the country work to create more accessible and trauma-informed shelter programs, staff and advocates have sought guidance on designing medication policies that better serve survivors who are experiencing mental health symptoms or living with mental health disabilities.

This Model Medication Policy for Domestic Violence Shelters, developed in response to these requests, is intended to provide coalitions and programs with guidance on designing medication policies that reflect survivor-centered values and to help to create more accessible and trauma-informed shelter environments. It also responds to requests from domestic violence programs for guidance on drafting policies that comply with their ethical and legal obligations under the Americans with Disabilities Act (ADA),\(^1\) the Fair Housing Act (FHA),\(^2\) and Section 504 of the Rehabilitation Act.\(^3\) These three federal statutes have implications for how domestic violence shelters screen and admit survivors and how they store and handle medications.

While this Model Policy is intended to guide domestic violence coalitions and programs as they work to draft medication policies and train staff in ways that support survivors and their children who are experiencing mental health symptoms or living with mental health disabilities, it is not a substitute for legal counsel. Domestic violence programs should consult with an attorney to ensure that their policies comply with all relevant local, state, and federal laws.

For more information or to provide feedback on this Model Policy, please contact the National Center on Domestic Violence, Trauma & Mental Health at 312-726-7020 (P), 312-726-4110 (TTY), or info@nationalcenterdvtraumamh.org.

Shelter Policy on Medications

I. Purpose

______________ (“the shelter”) is committed to providing a safe, accessible, and trauma-informed environment for survivors of domestic violence and their children. In addition, the shelter acknowledges its ethical and legal obligations to serve survivors of domestic violence and their children without regard to disability status. To these ends, the shelter has adopted this medication policy. All staff and volunteers will receive training on and copies of this policy.

\(^{1}\) The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).
\(^{2}\) The Fair Housing Act (FHA Amendments Act of 1988, 42 U.S.C. §§ 3601 et seq.).
SECTION TWO

Staff and volunteers are responsible for complying with the policy and for seeking guidance from a supervisor if they have any questions or concerns about the policy.

II. Definitions

For purposes of this policy, the following definitions will apply:

1) Medication means any drug that is legally in the possession of the survivor, her children, or a person seeking admittance to the shelter or her children; this definition includes prescription medications and medications available for legal purchase without a prescription.

2) Dispensing medication means distributing or providing medication to a person staying at the shelter by opening a locking closet or container and handing the medication container or individual dosage to another person.

3) Mental health disability, as defined by the ADA, means a mental health related (1) “impairment that substantially limits one or more major life activities,” (2) “a record of such an impairment,” or (3) “being regarded as having such an impairment.”

The World Health Organization International Classification of Functioning, Disability and Health (ICF) defines disability as “the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives.” Thus, disability is not a static state of impairment but “falls on a continuum from enablement to disablement.” Trauma and mental health conditions can precede psychiatric disability but do not always do so. Psychiatric disability occurs when the effects of trauma and/or mental health conditions significantly interfere with the performance of major life activities. Psychiatric disability may come and go, remit, or be more persistent. Safety and support can reduce psychiatric disability. A person who is in recovery from an addiction to illegal drugs or alcohol is considered disabled and protected from discrimination under the ADA. However, disability status is not conferred by the use of illegal drugs. Current users of illegal drugs and persons convicted for illegal manufacture or distribution of a controlled substance are not considered disabled by virtue of that activity or status.

4 The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).
5 Neither the ADA nor the FHA prohibits programs from serving survivors who are currently using illegal drugs. The survivor would simply not be protected under the ADA and FHA on that basis. While not considered a disability under the ADA or FHA, use of alcohol or other drugs can be disabling and is often a form of self-medication for the traumatic effects of abuse or mental health conditions. Survivors may also be coerced into using alcohol or other drugs by an abusive partner. Therefore, while not the focus of this policy, employing strategies to support survivors with regard to alcohol and other drugs is a critical part of ensuring that DV services are accessible and survivor centered.
III. Policy Provisions

A. Advocacy Related to Mental Health and Medications

The shelter seeks to create a welcoming and inclusive environment in which all survivors are empowered to identify and access the support and resources that they need. The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. However, the shelter recognizes that offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

1) Staff and volunteers will not ask questions about survivors’ or their children’s mental health status, disability, or use of medications as part of the screening process.

2) Staff and volunteers will provide every survivor who is residing at the shelter with a copy of this medication policy and/or an explanation of the policy.

3) Staff and volunteers will offer every survivor information and advocacy related to mental health, disability, and medications. Here are some examples of how staff and volunteers can start this conversation:

   • “Experiencing abuse can affect how we feel and respond to other people and the world around us.”
   • “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done in a day.”
   • “I hope that this can feel like a safe space to talk about how you’re feeling.”
   • “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
   • “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
   • “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”

4) Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children; instead, staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor.

B. Storage and Dispensation of Medications
The shelter seeks to afford shelter residents with the greatest possible privacy and autonomy, while also providing a safe shelter environment.

1) Staff and volunteers will not store or dispense medication or monitor how survivors access medications.

2) The shelter will provide every survivor with an individual locking box, locker, or locking cabinet ("locked space") for storage of medications and valuables.

3) The shelter will not limit or monitor the survivor’s access to her locked space, such as by holding the key in the shelter office.

4) If a survivor indicates that she needs access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy.

C. Safety Agreement

During a survivor’s stay at shelter, staff and volunteers will ask her to make sure that any medications she has are safety secured.

1) The shelter will ask every survivor to sign an agreement that she will store any medications in her individual locking box, locker, or locking cabinet provided, or if it is one requiring refrigeration, as otherwise provided. The agreement will provide that survivors who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).

2) In the event that the survivor has concerns about signing the agreement, staff or volunteers will ask the survivor if an accommodation or change to the policy would allow her to comply. If the staff or volunteer and the survivor cannot find a reasonable accommodation to the policy and non-compliance poses a direct threat to the safety of the survivor or to others, the survivor can be asked to leave shelter.

D. Accommodations

The shelter recognizes that survivors come to the shelter with many diverse needs. As advocates, we are committed to meeting the individual needs of each survivor. Whenever possible, we will make accommodations to ensure that our shelter is accessible to all survivors.

1) Survivors will not be required to take medication as a condition of shelter or receipt of services.
2) If a survivor has difficulty following any rule or policy of the shelter because of her mental health condition or use of medication, the shelter staff will work with the survivor to find a reasonable accommodation.6

3) If a survivor engages in behavior that is related to her mental health condition or use of medication and that poses a direct threat to herself or other people, the shelter will (1) take steps to ensure the immediate safety of all individuals and then (2) work with the survivor to find a reasonable accommodation that is aimed at eliminating future threats.

4) A survivor will not be asked to leave shelter unless (1) her behavior or inability to follow a rule or policy poses a direct threat to herself or other people, (2) there is no reasonable accommodation that would eliminate the direct threat, and (3) all possible and appropriate referrals are made to ensure the safety and well-being of the survivor and others.

E. Providing Access to Information About Medications

1) Staff and volunteers will not provide advice about medications unless they are authorized by law and the shelter to do so.

2) Staff and volunteers may provide Internet access for clients to find out information about medications.

F. Nurse and Physician Visits

The shelter recognizes that abuse can affect a person's mental health and that mental health services can sometimes be a critical component of the services that survivors and their children need to heal from trauma. The shelter also recognizes the right of each person to control her own mental health care.

1) The shelter will make every effort to provide access to mental health services including, when possible, arranging for a mental health professional to visit the shelter on a regular basis to answer questions about medications, to provide medication evaluations, and/or to prescribe medication.

2) Survivors and their children will not be required to meet with mental health professionals, participate in mental health treatment, or take medication as a condition of shelter or receipt of services.

6 Examples: (1) A client whose medication causes her to experience nausea will not be required to participate in meal preparation. (2) A client whose medication makes it difficult for her to sit through group meetings may be excused when she feels she must leave. (3) A client whose medication makes her very sleepy and/or who needs extra sleep may work out an alternative schedule with staff for her attendance at job training or other required activities.
G. Policy Violation

1) If a staff member or volunteer becomes aware of a violation of this policy by another staff or volunteer, she is required to report the violation to her direct supervisor or to the appropriate person as indicated in the employee manual.

2) If a supervisor becomes aware of a violation of this policy, the supervisor is responsible for addressing the issue with the staff member or volunteer observed violating the policy or that person’s supervisor.

3) When addressing a violation of the policy with a staff member or volunteer, the supervisor will employ reflective supervisory practices, including discussion about the individual’s understanding of the policy and rationale for violating it, steps to remediate, and plan for follow-up supervision.

4) Violation of this policy by a staff member or volunteer can result in verbal warning, written reprimand, temporary suspension, or termination, depending on the nature of the violation.

This policy was adopted on ____________________ (date).

________________________________________
Authorized Signature
TALKING ABOUT MENTAL HEALTH AND MEDICATIONS WITH SURVIVORS IN SHELTER
TALKING POINTS FOR DV ADVOCATES

As advocates, we are committed to making every survivor and child feel welcomed at the shelter. We know that everyone comes to shelter with different needs and we are committing to providing everyone with the support and advocacy that she needs to access safety and heal from trauma.

The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. At the same time, offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

Don’t ask. Offer.

When speaking with a survivor, you should not ask her to reveal information about her or her children’s mental health status, disability, or medications. Instead, you should simply offer the same advocacy related to these issues to every survivor by using conversation starters such as the following:

• “Experiencing abuse can affect how we feel and respond to other people and the world around us.”
• “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done.”
• “I hope that this can feel like a safe space for you to talk about how you’re feeling.”
• “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
• “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
• “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”

MEDICATION SAFETY AGREEMENT

Welcome to the shelter. We are committed to providing you with the greatest possible privacy and autonomy during your shelter stay, while also providing a safe shelter environment for everyone.

We recognize that you or your children may have medications with you. If so, you must keep them secured during your stay. We will provide you with an individual locking box, locker, or locking cabinet (“locked space”) for storage of these medications. You are responsible for
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making sure that any medications belonging to you or your children are safety secured in this locking space at all times. You may also use the locked space to store other belongings.

If you have medications that must be taken in the event of a medical emergency, you may carry them on your person (e.g., in a fanny pack). You are responsible for keeping these medications out of the reach of children at all times.

If you have any questions or concerns about this policy, or if you need a change or accommodation to this policy, please alert a staff member before signing. We would be happy to work with you to find a reasonable accommodation.

If you agree to this policy, please sign below.

_____________________________________
Name

_____________________________________
Signature

_____________________________________
Date
Chapter 17 Working With Partner Abuse Intervention Programs

To be an effective part of a coordinated community response to domestic violence, it is important to build collaborations that protect survivors of domestic violence and their unsafe family members and that hold perpetrators accountable. As part of this process, programs funded by IDHS and ICADV are encouraged to develop linkages and cooperative working arrangements with programs that provide appropriate services for perpetrators.

Programs are encouraged to partner only with perpetrator services that have as their goal the safety of survivors and their children. To do this, it is recommended that domestic violence programs form linkages with Partner Abuse Intervention Programs (PAIPs) that are compliant with the Illinois Protocol for Partner Abuse Intervention Programs developed by IDHS.

To be compliant with the IDHS protocol, a Partner Abuse Intervention Program must adhere to the following basic principles:

- The safety of survivors and their unsafe family members is the highest priority
- The cessation of violence, not saving the relationship, is the primary goal
- Perpetrators of domestic violence are solely responsible for their acts and must be held accountable for their violence
- The attitudes, beliefs and behaviors that lie behind domestic violence must be addressed in interventions
- Addressing domestic violence requires a system-wide response that includes law enforcement and courts

Programs may search by county for protocol-compliant programs on the ICADV website at www.ilcadv.org/get_help_now/abuser_services.asp or on the IDHS website at www.dhs.state.il.us/page.aspx?item=30276.

Minimum Requirements in Services

PAIP programs are required to initiate a cooperative working agreement with domestic violence victim services as a part of their initial application as well as ongoing compliance with the Illinois Protocol for Partner Abuse Intervention Programs (see IL Administrative Code 89 CH IV 501 for details - http://www.ilga.gov/commission/jcar/admincode/089/08900501sections.html). Programs funded by IDHS or ICADV must adhere to the following criteria in responding to the request from PAIPs to establish a working relationship:

- Every local domestic violence program shall establish linkage agreements and working relationships with local IDHS protocol-compliant PAIPs that seek collaboration.
  - If the program is not able to establish a working agreement with the local Partner Abuse Intervention Program, IDHS Bureau staff should be contacted to assist in addressing the issue.
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Linkages may outline mutual training and/or in-service presentations, regular meetings to discuss cooperation, and joint systems advocacy promoting safety and accountability by institutions. The design and/or content of the agreement should address local needs and availability of resources.

Suggestions for effective partnering and joint activities are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

Programs are required to maintain complete and accurate records of services provided to other programs for the purpose of creating a community-wide environment that is sensitive to domestic violence. This documentation must include the following data:

- Date
- Length of time spent
- Description of the presentation or communications
- Description of the audience
- Number of attendees
- Name of advocate providing service

Programs may use the InfoNet Community and Institutional Services Log Sheet, or may develop their own forms.

Guidelines

Victim Service providers and Partner Abuse Intervention Programs can strengthen the response to domestic violence by engaging in activities that promote a united front on core principles, such as victim safety and empowerment, perpetrator accountability, and children’s needs. Activities may include:

- Joint education projects, such as teen dating programs through schools or community presentations during domestic violence awareness month.

- Cross training that benefits each provider by enhancing skills and knowledge of program. Topics such as group facilitation skills, impact of domestic violence on children, or assessment and planning can be mutually beneficial.

- Co-facilitation of groups offered through each program. This activity allows each professional to gain a better understanding of the other’s work and gives the program participants further opportunities to learn.

- Combined advocacy efforts, such as participation in the local family violence coordinating council or co-authored letters to the judicial system promoting victim safety and perpetrator accountability.
SECTION TWO

- Joint development of a plan addressing outreach to victims of abusers in the PAIP program.

**Assistance to PAIPs**

To help PAIPs in establishing perpetrator accountability and ensuring survivor safety, representatives of domestic violence programs should be receptive toward partnerships with IDHS-approved PAIPs that approach them with this goal. Suggested action steps for promoting quality programming include the following:

- Offer input, direction and assistance on all PAIP policies and curriculum, as well as any other program decisions that may affect survivors.

- Hold periodic meetings with PAIPs to discuss mutual problems and concerns such as monitoring, influencing the criminal justice system, safety issues or programmatic changes.

- Attend ongoing case review meetings to provide consultation as requested.

- Serve on the board of directors or on the advisory board if requested.

If the program is not able to establish a working agreement with the local Partner Abuse Intervention Program, IDHS Bureau staff should be contacted to assist in addressing the issue.

**Partner Abuse Programs That Are Not Yet Protocol-Compliant**

If partnering with a program for perpetrators that has not yet been found to be compliant with the IDHS protocol, programs should use caution to ensure that the program model is not one that puts survivors and their children or other unsafe family members at risk.

Domestic violence programs are encouraged to provide the partner abuse program with information on effective interventions for perpetrators, and to offer to help with modifying policies, procedures and service models. The domestic violence program should also inform the perpetrator program about the IDHS Partner Abuse Intervention Program approval process, encourage the program to make the adjustments necessary to become compliant with the IDHS protocol, and offer assistance in this process if possible.
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Chapter 1 Introduction to Children’s Services

Since the inception of domestic violence services, there has been significant growth in understanding in how exposure to domestic violence impacts children. It is now universally understood that childhood exposure to violence harms children and may have lifelong adverse impacts to the child’s social, emotional and cognitive development. Domestic violence program advocates must embrace these findings and continue to expand their skill sets in children’s services to properly intervene.

The children’s services your program provides may encompass a wide variety of interventions to address the emotional, behavioral, and cognitive effects of witnessing or experiencing violence. These services include intakes, screenings, service planning, safety planning, domestic violence education, and individual or group counseling. Depending upon the age and needs of the child and your program’s resources, your program may also include parenting services, caregiver-child facilitated interventions, individual or group therapy, art therapy, or other services. Whatever combination of services your program provides for each child, it is important to use a victim-centered, trauma-informed approach in all children’s services.

While all children exposed to domestic violence can benefit from violence prevention services, some children require additional intervention services based upon the behaviors they may exhibit associated to exposure to violence. These factors can only be addressed through a thorough history and screening, and if indicated, evaluation for trauma. In addition to outlining the foundational guidelines and best practices for providing domestic violence services to children, this chapter will also outline the specific steps required for trauma screening and evaluation, and provide resources for tools that your program may use.

The requirements and guidelines in this chapter apply to all child witnesses of domestic violence, including teen witnesses; however, teens have additional requirements and guidelines that are specific to their age group. For requirements, guidelines and tools specific to teen witnesses, as well as those for teens who are survivors of dating violence themselves, please refer to the Teen Survivors and Witnesses chapter.

Children’s Counseling Services and a Trauma-Informed Approach

Counseling services for children in domestic violence programs include two distinct types: children’s counseling and children’s therapy. While children’s counseling is conducted by advocates for the purpose of generally benefiting the child, children’s therapy is only conducted by licensed or board-certified mental health professionals, and its purpose is specifically to treat the effects of trauma. Because so many children from violent homes display symptoms of trauma, programs should seek to connect children to therapy services, whether onsite or through referral. The Children’s Counseling and Trauma-Informed Intervention chapter has more information on how to do this, including steps to take when mental health services are scarce or lacking in the community.

Although only children’s therapy specifically seeks to treat trauma, programs should ensure that all of their children’s counseling services, and indeed all of their interventions with children, are...
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trauma-informed. Being trauma-informed means being educated about, and attentive to, trauma-related issues present in children. When all children's services and practices are infused with awareness, knowledge and skills regarding the impact of trauma, programs will be better able to facilitate healing in child witnesses.

The goal of this portion of the manual is therefore twofold. First and foremost, the goal is to raise the level of all children's services and interventions to ensure that they are fully trauma-informed. The second part of the goal is to ensure that all children needing therapeutic interventions have access to the more intensive services they need, whether it is through therapy provided by the program, or through effective referral systems. More information on trauma-informed services and therapy is included in the Children’s Counseling and Trauma-Informed Intervention chapter.

Guiding Principles in Children’s Services

The following guiding principles are recommended in providing or developing any services for children exposed to domestic violence:

- Childhood exposure to violence harms children and may have lifelong adverse impacts to the child’s social, emotional and cognitive development.
- Exposure to domestic violence impacts each child differently due to the type and amount of exposure and the types of risk and protective factors in the child's life.
- Caregivers have varying degrees of parenting strengths that can be both applied and nurtured to promote and support the child’s recovery from trauma.
- Prevention and intervention services should increase the non-abusive caregiver’s understanding of the impact of violence on her children.
- The relationship to the non-abusive caregiver is key to the child's ability to thrive and flourish.
- Prevention and intervention services should support the non-abusive caregiver's access to safety in order to keep children safe.
- If services do not present a safety risk from the perpetrator, intervention services should begin as soon as possible with children and families. Any potential safety concerns about services should be reviewed with the caregiver before children's services begin.
- Intervention services should be developed from a sound knowledge base and be developmentally appropriate.
- There are many programmatic or therapeutic interventions applicable to all children exposed to violence. Most have similar themes that can be integrated into existing domestic violence intervention services with adequate training and support.
- All prevention and intervention services should be developed from a sound knowledge base and should incorporate research findings into programmatic activities.
- All prevention and intervention services should be culturally sensitive to the families receiving services.
- Cross-training, professional development and technical assistance are needed to build the capacity of all staff, the service delivery system and the community.
Documenting Children’s Services

Children’s information is subject to being subpoenaed and is not fully confidential due to child abuse laws and reporting requirements. In addition, it is also possible for a child’s abusive parent to obtain access to the child’s record. Information in children’s records can therefore be particularly vulnerable to misuse against them or the non-offending caregivers by the perpetrators or courts. For this reason, it is especially important for children’s advocates and all program staff to keep children’s service records and counseling service notes separate from those of the non-offending caregiver, and to ensure that all documentation is accurate and objective.

Distinguishing Children’s Services from Adult Services

Children’s services may sometimes seem to overlap with adult services, and it is important to categorize and document them correctly. When determining whether a service will be documented as a children’s service or a service for the adult, advocates should consider whom the service most benefited. For instance, childcare services are documented in the survivor’s records, not the child’s, since they are a service provided to the survivor. Conversely, time spent distributing medication to adult survivors for their children is documented in the child’s file, not the survivor’s.

When advocates spend time discussing children’s needs and goals with adult survivors, and how their behavior is connected to trauma, this is documented as a service to the child. This includes the time advocates spend with adult survivors discussing the child’s intake, as well as any other time spent educating caregivers on the effects of childhood exposure to violence, including trauma symptoms and developmental delays.

In some instances, however, time spent discussing the child with the adult survivor could fall under the category of parental services for the adult, in which case it would be placed in the adult survivor’s file. An example of this would be strategizing with the adult on parenting skills to address a child’s behavior. In situations where it is difficult to determine if a service should be recorded as a service to the adult or a service to the child, advocates should again ask themselves whom the service was most intended to benefit. As long as the primary beneficiary of the service is the child, the service should be recorded as a service to the child, even if the child was not present during the conversation.

Counseling and Therapy

Just as in adult services, it is important to separate counseling from therapy when documenting children’s services. If a children’s intervention is therapeutic and led by a licensed therapist, it is documented as therapy, not counseling. Conversely, counseling services led by an advocate who is not a licensed therapist are never documented as therapy. To be documented as therapy, a service must be provided by a licensed therapist. However, not all services provided by a therapist are automatically documented as therapy; the content of the service is the primary consideration in determining how to record it.

Case Notes
SECTION THREE: Child & Teen Services

Children’s case notes that include contact with the adult survivor shall follow the same process outlined above. When the advocate discusses information with the adult survivor that relates to the child’s goals or progress, or the adult survivor’s concerns about the child, this is recorded in the child’s case note and placed in the child’s file. However, any information that adult survivors share related to their own goals or issues must never go into the child’s file.

Due to the greater potential accessibility of children’s files, it is also particularly important that children’s counseling services be documented accurately and appropriately, just as adult counseling services are. Case notes for children’s services must be brief, relevant and objective. They should not contain information on intimate personal details of the child or non-offending caregiver unless they have direct and very important relevance to the intervention.

Psychological or psychiatric terms and diagnoses should also be excluded from case notes unless the provider using them is a licensed and certified mental health professional. Even then, such terms should be used with caution. Programs must have policies in place regarding whether to include diagnoses in documentation. These policies should weigh the needs of the child with the dangers of how documentation could potentially be used against them by others. In addition, programs should have practices in place to engage survivors in decisions regarding what is included in their children’s documentation whenever possible.

For more guidelines on documenting case notes and other requirements regarding confidentiality, please refer to the Documenting Services and Confidentiality chapters of this manual. Additional and more extensive information on documentation and confidentiality can be found through ICADV’s web-based training on confidentiality as well as in-person training opportunities.

Portions of the Children’s and Teens Services section adapted from materials produced by the Illinois Domestic Violence Advisory Council’s Children’s Trauma Task Force, the Illinois Violence Prevention Authority’s Safe From the Start Guiding Principles Document, the Arizona Coalition Against Domestic Violence, the Missouri Coalition Against Domestic Violence, the Ohio Domestic Violence Network, and Family Resources, Inc.
Chapter 2 Complete List of Minimum Requirements for Children’s Services

Access to children’s services is a required part of Comprehensive programs funded by IDHS and ICADV. Programs funded by IDHS and ICADV that serve children must adhere to the following criteria in providing children’s services. Each grouping of these minimum requirements is detailed in its own chapter. Suggestions for providing effective children’s services in each of these service areas are included in the Guidelines section of each chapter.

Children’s Staff

- Programs will have a staff person trained in the needs of children who will respond to the needs of child participants in an age-appropriate manner. Staff training shall include the effects of domestic violence on children, symptoms and effects of trauma, and developmental stages. Training shall be ongoing and take place at least annually.
- If an individual, group or caregiver-child intervention goes beyond children’s counseling into children’s therapy, the staff member providing the service must be a licensed or board-certified mental health professional, or a master’s level counselor under supervision pending their licensure.
- Staff and volunteers providing any direct services to children must have completed the 40-hour training as well as the CANTS and LEADS background checks as specified in the Personnel chapter. This includes childcare services.

Initial Contact and Children’s Intake

- Programs shall provide a child intake for each child entering services.
- Safe and secure play areas will be provided for children.

Screening and Evaluation

- Programs must provide screening for trauma and developmental delays, and if indicated, referrals for evaluations and services.

Children’s Service Planning

- Programs shall help each caregiver identify each child’s immediate and long-term needs, and develop individualized service plans to meet their children’s identified needs.
- Age-appropriate child program participant service plans shall address, at the minimum, the following needs:
  - Domestic violence education, including that the violence is not their fault, and the nonviolent expression of feelings
  - Safety planning
  - Needs due to trauma
  - Prevention services
  - Medical needs
  - Education, including school enrollment
  - Parent-child bond with the non-offending caregiver

Children’s Safety Planning

- Programs shall provide age-appropriate family safety planning for all children receiving services.
Children’s Counseling and Trauma-Informed Intervention

- Programs must provide individual age-appropriate children’s counseling to all verbal children receiving services, including age-appropriate information about domestic violence.
- Programs must distinguish between children’s counseling/advocacy and children’s therapy in providing and documenting services.
- All children’s counseling must be kept confidential. Confidentiality does not apply in situations of abuse or neglect of children, the elderly, or people with disabilities, or in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the child, adult survivor or another person. Confidentiality and the limits of confidentiality must be discussed with the child.
- Child or family counseling or therapy that includes the perpetrator of domestic violence is prohibited.

Children’s Group Services

- Children’s group services will provide support, domestic violence education, listening, safety planning and related services.
- Programs must distinguish between children’s group counseling and children’s group therapy in providing and documenting services.
- Confidentiality must be discussed with group participants as well as the limits of confidentiality, including but not limited to the mandated reporting of child abuse or neglect.
- Group counseling for children may include the non-offending caregiver or other supportive friends or family members of the child as determined by program policy. Involvement of perpetrators or other abusive family members in children’s group services is prohibited.

Childcare Services

- Programs shall have written policies and procedures regarding childcare. These policies must address acceptable procedures for survivors arranging babysitting services among one another for their children.
- As with any other direct services for children, staff and program volunteers providing childcare services must have completed the required 40-hour training requirements listed in the Personnel chapter, and must have completed the required background checks.
- If staff members provide onsite childcare in a manner that rises to the level of needing licensure, the childcare must be in accordance with all state regulations.

Parenting

- Programs will provide education to each caregiver on the effects of childhood exposure to domestic violence, including trauma symptoms and developmental delays.
- Programs shall have a policy prohibiting the use of corporal punishment of children by either the parent or the provider of care while a family is receiving services under the organization’s auspices, and shall provide each participant with a copy of the policy to be signed and kept in the file. This need not be a separate form from other program policies. No staff member, volunteer or intern will use corporal punishment on any child.
Mandated Reporting of Child Abuse and Neglect

- Programs must report any suspected child abuse or neglect to the Illinois Department of Children and Family Services.
- Every program shall have a written policy regarding child abuse and neglect reporting that meets the requirements of the Abused and Neglected Child Reporting Act. This policy shall include the following:
  - Suspected child abuse and neglect must be reported
  - All advocates are mandated reporters
  - What steps advocates must take to inform the parent/guardian of the child who has been abused and/or neglected
  - What procedures to follow if the suspected perpetrator of abuse or neglect is presently receiving services from the program
  - Information released without consent will be limited to the incident of abuse and/or neglect that is being reported
- The policy shall outline procedures for placing a hotline call that include the following steps:
  - Document in writing and prepare all information that is to be reported to the hotline
  - Call the DCFS hotline at (800) 252-2873 (800-25-ABUSE) after receiving the information
  - Provide the hotline the advocate’s name, position, and reason for the call
  - Answer all questions to the best of the advocate’s ability
  - If the hotline refuses to take a report, request that the hotline take the report as information
  - Follow up each report with the written report (CANTS 5) required by DCFS within 48 hours
  - Consult with program supervisory staff regarding the call

Community Resources for Children

- Programs must provide the following services for children:
  - Advocacy with outside systems
  - Education advocacy, if appropriate
  - Information and referral sources
  - Other services as agreed upon with the child and the child’s caregiver

Teen Survivors and Witnesses

- Programs must provide services that address the needs of teens who have experienced or witnessed domestic violence.
- If a non-sheltered teen is at least 12 but under 17, and not an emancipated minor or living independently from parents or guardians, programs may provide five counseling sessions of 45 minutes each without obtaining parental consent. Programs must make every effort to obtain consent from the parent or guardian to provide additional services. This applies to any domestic violence service, whether it is provided by an advocate or a licensed therapist.
- If a teen is not emancipated but living independently from parents or guardians and requires more than five counseling sessions, programs may determine how best to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys. The younger the child, the more stringent the need for consent.
Chapter 3 Children’s Staff

In order to run effective and successful children’s services, it is essential to employ staff and volunteers who are highly skilled in working with children. An important part of this is regular, ongoing training and support for children’s advocates and all staff who have regular contact with children.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following criteria in providing staff for children’s services:

- Programs will have a staff person trained in the needs of children who will respond to the needs of child participants in an age-appropriate manner. Staff training shall include the effects of domestic violence on children, symptoms and effects of trauma, and developmental stages. Training shall be ongoing and take place at least annually.

- If an individual, group or caregiver-child intervention goes beyond children’s counseling into children’s therapy, the staff member providing the service must be a licensed or board-certified mental health professional, or a master’s level counselor under supervision pending their licensure.

- Staff and volunteers providing any direct services to children must have completed the 40-hour training as well as the CANTS and LEADS background checks as specified in the Personnel chapter. This includes childcare services.

Minimum Requirements in Documentation

It is important to have clear delineations between children’s counseling and children’s therapy, and to likewise clearly differentiate between them in documentation. Staff therapists must document the therapy they provide as such; however, not all services provided by a therapist are automatically classified as therapy. Therapists may also conduct counseling, advocacy and other services. The interaction itself determines what will qualify as therapy in the services conducted by a therapist. For more information on recording children’s services, please refer to the Documenting Children’s Services section.

Guidelines

Your program may choose to hire children’s advocates who can provide children’s counseling but not therapy, advocates who are licensed to provide therapy as well as counseling, or both. Children’s counseling includes many of the supportive interactions and education provided to children, and can include services like safety planning, service planning, and other individual interventions. Children’s therapy moves beyond this into more intensive, clinical intervention to
SECTION THREE

assist in overcoming intense reactions to trauma. The Children’s Counseling and Trauma-Informed Intervention chapter includes the full definitions of children’s counseling and children’s therapy.

Although staff must be licensed or board-certified mental health professionals in order to provide children’s therapy, it is important to remember that staff members need not be therapists to provide supportive, trauma-informed services. All staff working in children’s services should be knowledgeable on the effects of witnessing domestic violence and how trauma affects the life of a child. In addition, they should be skilled in recognizing and responding to trauma in supportive ways that promote healing. This includes knowing how to identify children who may need more intensive clinical services, and knowing how to avoid triggering any further trauma responses in interventions. More information on responding to trauma can be found in the Children’s Counseling and Trauma-Informed Intervention chapter.

Recommendations for Children’s Staff

In addition to being well versed in how to respond to trauma, recommendations for all staff providing children’s domestic violence services include the following:

- Staff should be nonjudgmental, particularly to the non-offending caregiver. In particular, they should be able to nonjudgmentally explain the impact of witnessing violence to non-offending caregivers, while acknowledging their efforts to be safe.

- Knowledge of normal child development stages and tasks is essential. Staff should be able to easily recognize when a child is experiencing developmental delays or not performing at their age level.

- Staff need to be comfortable and familiar with child-oriented, child-friendly intervention approaches and use them in all their interventions with children, including taking histories, screening, service planning, counseling or any other services.

- Staff should be aware of and intervene with culturally sensitive practices in all services.

- Staff should be comfortable teaching nonviolent methods of parenting and discipline that don’t rely on intimidation, emotional, verbal or physical abuse, and teaching these methods in ways that respect the non-offending caregiver’s autonomy and cultural experience.

- Staff should be trained and comfortable in performing trauma and developmental screenings, and in referring to more specialized services when screenings indicate the need.

- Staff should be well versed in developmental assets that promote a child’s success.

Staff need to be able to tolerate the intense feelings that might come up when helping children process trauma, and to maintain good boundaries.

It is important that programs not only require staff to complete an initial minimum number of
training hours in the skills outlined above, but also ensure that staff training is ongoing and thorough. The minimum requirements stipulate that the required annual trainings include the effects of witnessing violence, symptoms and effects of trauma, and developmental stages; however, staff training should endeavor to include the competencies listed above as well.

Providing Support to Children’s Staff

Domestic violence programs need to provide an environment that supports staff to continue doing this emotionally challenging work. Ideally, the agency should create a safe space for staff to reflect on their ongoing work together, with regular opportunities to emotionally process the trauma to which they have been exposed, and their own reactions.

Three supports should be specifically provided:

- Regular supervision by staff with skills that surpass the minimum training outlined above, and that also include skills in trauma supervision, counter-transference and vicarious trauma.
- An environment that provides needed emotional support and safety for staff. This includes regular opportunities to share and process their own reactions with one another and build an effective team with peers, and a safe place to do so.
- Readily available consultation with other professionals within the community, including their counterparts at other domestic violence programs.
Chapter 4 Initial Contact and Children’s Intake

Given that families entering services have been exposed to overwhelming stress and interpersonal violence, and are most often in crisis at the time of seeking help, domestic violence programs should provide an environment that conveys an atmosphere of safety at the point of entry. In order to put children entering services at ease and to make the transition as smooth as possible, it is important that the initial contact reassures them that the program is safe, understanding and welcoming.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements:

- Programs shall provide a child intake for each child entering services.
- Safe and secure play areas will be provided for children.

Minimum Requirements in Documentation

Documentation for children must follow the same policies and procedures as documentation for adult survivors. Each child must have his or her own file, which includes the child’s intake, service documentation, and any other information relevant to the child. Because domestic violence perpetrators can more easily access children’s files than those of the adult survivor, children’s information must be kept in a separate file from that of the adult survivor.

Child Intakes

Information collected on a child intake shall include basic demographic data including:

- Name or ID number
- Gender
- Race
- Age
- Date of the intake
- Length of time the intake took
- Summary of the contact
- Name of the advocate
- Signatures of both the advocate and adult survivor

The InfoNet Child Information Form is an example of a child intake form, but programs may use their own forms as well. The InfoNet Child Information Form captures additional important information required for InfoNet such as emotional, physical, social and educational issues the child may be experiencing.

Just as with adult survivors, it is possible to begin the intake with minimal information and leave fields blank if necessary. However, advocates must fill in all information as it becomes
available, since this information is relevant to developing comprehensive service and safety plans. Unknown and unassigned data must be kept to a minimum.

Children must be assigned identification numbers at intake. Programs may use their own numbering system for assigning child identification numbers, but numbers must not contain any identifying information such as initials or parts of social security numbers, and must follow applicable InfoNet data collection guidelines.

Whether the conversation is with the child or the adult survivor, the time advocates spend discussing children’s needs and goals at intake is documented as a children’s service and placed in the child’s file. For more information, please refer to the Documenting Children’s Services section.

### Guidelines

#### Procedures for Initial Contact

The child’s intake process begins with the initial contact with the child, which sets the tone for all further services. To best provide a successful initial contact for children entering services, the following steps are recommended.

1. **Talk with the caregiver to prepare for the interview.**
   - Prior to the first contact with the child or children, explore with the caregiver what she has told them about entering domestic violence services. Many times, children have not been told the reason the family is entering services. If possible, talk with the caregiver about how to tell their children about the shelter or program.

2. **Introduce yourself to the child.**
   - Begin the conversation by introducing yourself and explaining your role at the agency. Assure the child that you are a safe person to talk to.

3. **Explain to the child why the family is there.**
   - Explore with the child their knowledge and understanding of why they are entering the program.
   - Provide a straightforward account of why the family is in services, using terms the child can understand. Give honest answers to the child’s questions; however, do not go into disturbing details of the violence. Disclosing details of the violence is not necessary and can be harmful, especially to younger children.

4. **Describe the program and services.**
   - Explain your program’s children’s services in which they may participate, and what to expect when they are in the program.
   - Tell the child that the program is meant to be a safe and nonviolent place. Explain the safety procedures and rules. Examples of this may include procedures such as doors being kept locked, and staff and participants being let in with a buzzer. This also
includes explaining the special rules of the program based on safety, such as the “no hitting” rule, and the reasoning behind them.

• Explain program procedures on confidentiality, including the limits of confidentiality, and program procedures on mandated reporting.

5. **Conduct the full child intake.**
   • Complete the child intake, if the child seems comfortable doing so (see rules below). Often intakes can be conducted with the non-offending caregiver. The full intake will help assess the child’s needs, including any physical, emotional, social or other issues, and recommend services. The child’s full intake should be developed within three days of shelter admittance, and within the first two visits of walk-in or counseling services. A sample intake tool is included in the *Tools and Samples* section of this chapter.

6. **Give the child a welcome bag.**
   • At any point of the interview, provide each child staying in your shelter with a “goody bag” or welcome bag if it is feasible. An example of a welcome bag might be a tote bag or string backpack filled with things such as a stuffed animal, tissues, drawing paper, coloring book, journal, pencils, crayons, new socks, underwear and pajamas, small blanket, small flashlight, etc. Bags can be premade into age- and gender-appropriate categories or put together when a family arrives. Churches, scout troops and other agencies are often willing to donate bags and items.

**Best Practices to Remember When Talking With Children**

• Approach the child with warmth and calmness. Situate yourself at the child’s eye level when possible.
• Speak using age-appropriate terms that the child can understand.
• **DO NOT** push children to self-disclose or answer a particular question if they do not yet seem comfortable doing so. Attend to the children’s level of comfort and follow their lead.
• Respect the child’s refusal to participate or engage with you at all if he or she is not ready. If the child seems uncomfortable or upset, let the child know you will take a break and come back at a later time or on another day.
• Ensure that you do not appear to take sides with either the perpetrator or non-offending caregiver.
• **Do not** make promises you cannot keep.

**Creating a Welcoming Setting**

The children’s play area of your program should be one that helps create a welcoming first impression and warm atmosphere for children. Recommendations for providing a hospitable children’s space include the following:

• Provide items for creative expression, including arts and crafts
• Supply materials for activities and games
SECTION THREE

• Provide toys and books for all ages, from toddlers to teens
• Furnish the room with child-size chairs for all ages
• Ensure that the area is free from violent toys or media
Sample Child Intake Interview
SECTION THREE

Sample Child Intake Interview

Date: ______________________

Child Name: ____________________ Race / ethnicity: ________

Sex M / F _______ Age _______ Birth date ______________________

Mother / Caregiver Name: ________________________________

Information on Home:
Child presently lives with (Circle all that apply)
  Mother
  Father
  Sister(s)
  Brother(s)
  Other
  (Specify): __________________________________________

Total number of brothers and / or sisters: __________
Number of siblings living with child: ______
Child's birth order position: ______
Total number of individuals living in household: __________
Caregiver's marital status (please circle which one applies)
  Married
  Divorced
  Separated
  Never Married
  Parent deceased
  Other
  (Specify): __________________________________________

Have the caregivers ever been separated? Yes ______ No ______

If yes, how old was the child when they separated? __________________________

How often does the absent caregiver see the child? (Please circle which one applies)
  Monthly
  Weekly
  Not at all
  Other (specify) ________________________________

Who are the other significant adults in the child's life and what are their relationships?
____________________________________________________________________

____________________________________________________________________
What, if anything, would you like to change about your parenting?

__________________________________________________________________
__________________________________________________________________

Information on abuse/neglect

Has the child ever been physically/sexually abused?
Yes_______No_______

If yes, please explain: ____________________________________________
__________________________________________________________________

Has the child ever witnessed abuse to the mother/caregiver?
Yes_______No_______

If yes, what has his/her reaction been? ______________________________
__________________________________________________________________

Has the child ever witnessed eviction or been asked to leave residence?
Yes_______No_______

If yes, what has his/her reaction been? ______________________________
__________________________________________________________________

Is the Department of Children and Family Services involved with or have they ever been involved with your family?
Yes_______No_______

If yes, please explain: ____________________________________________
__________________________________________________________________

Beyond violence, has your child experienced any traumatic events throughout his/her life? (death, injury, separation, etc.)
__________________________________________________________________
__________________________________________________________________

How do you think your child has been affected by the violence/abuse in your family?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

-----
Developmental Information

How was the pregnancy and delivery of this child?
Normal? _________ Complications? _________
Please describe: ___________________________________________
___________________________________________________________
___________________________________________________________

Was there any physical abuse during the pregnancy?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What are your child’s favorite and most frequent forms of play?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How does your child relate to other children?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How do you know when your child is angry?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How do you know when your child is afraid?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

What things do you and your child like to do together?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How do you set limits or discipline your child?
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

How did your partner set limits or discipline your child?
_________________________________________________________________
_________________________________________________________________
How does your child resolve conflict (with siblings, etc.)?
__________________________________________________________________
__________________________________________________________________
______________________________________________________

Is your child like other children of their age?
__________________________________________________________________
__________________________________________________________________
______________________________________________________

12. Please indicate any special patterns of behavior we may need to know about (e.g. bedwetting, sleepwalking, playing with fire).
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Have you noticed any of the following changes in behavior recently or when your child was under stress?
___ Withdrawing    ___ Crying, whining
___ Fears            ___ Harms self
___ Concentration problems ___ Destruction of property
___ Eating or appetite problems ___ Sleeping problems
___ Temper outbursts  ___ Missing school
___ Yelling          ___ Bed wetting

School Information

1. Name & location of school_________________________________________
__________________________________________________________________

2. Grade________

3. Is your child having any problems at school?_______________________
__________________________________________________________________

4. Is your child in any special educational programs at school?
   Yes _______ No _______
   If yes, please explain___________________________________________
__________________________________________________________________

5. Is your child in any recreational programs at/ after school?________
__________________________________________________________________
6. What are your plans for your child’s education while at this program? __________
   __________________________________________________________________________
   __________________________________________________________________________

Medical Information

Does your child have a pediatrician? If so, what is his/her name & location: ______
   __________________________________________________________________________

Does your child have any of the following health problems?
   a. Vision/wears glasses: __________________________________________________________
   b. Hearing: ___________________________________________________________________
   c. Appetite: ___________________________________________________________________
   d. Lead level: __________________________________________________________________
   e. Allergies: ___________________________________________________________________
   f. Communicable diseases: _________________________________________________________
   g. Dental: _____________________________________________________________________
   h. Other (specify): _______________________________________________________________

3. Is your child taking any medications? If yes, please specify: _______________________
   __________________________________________________________________________

4. Are your child’s immunizations up to date?
   Yes____ No____

Agency Information

What have you told your child about coming here?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

How has your child adjusted to being here?
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Please indicate any unique needs (e.g. clothing, formula, school supplies, etc.): _____
   __________________________________________________________________________
Recommendations:
Chapter 5 Screening and Evaluation

Childhood exposure to domestic violence has been linked to post traumatic stress disorder (PTSD), depression, learning problems, separation anxiety, other mental and behavioral disorders, and developmental delays. Research suggests that all children who witness domestic violence should be assessed for trauma in order to accurately treat them.

Conducting screenings on children exposed to domestic violence will increase the ability to identify specific trauma symptoms and developmental delays for each child. This will allow domestic violence program staff to develop individualized plans for children based on their specific needs, rather than on the general needs of children exposed to domestic violence. It is likely that some of the children assessed will have experienced multiple traumas, requiring a more diverse set of approaches to care.

It is also important that all primary caregivers who accompany children to services receive education on the effects of childhood exposure to domestic violence. Although much of parent education will take place during the general parenting services outlined in the Parenting chapter, parental education regarding trauma and delays is also an important component of the screening process. Learning about the effects of violence may help caregivers to identify symptoms of trauma or developmental delays in their children.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following criteria in children’s services:

- Programs must provide screening for trauma and developmental delays, and if indicated, referrals for evaluations and services.

As stated in the Parenting chapter, programs must also provide education to each caregiver on the effects of childhood exposure to domestic violence, including trauma symptoms and developmental delays.

Minimum Requirements in Documentation

All screenings, referrals, and time spent educating the caregiver on the effects of childhood exposure to violence must be recorded as a service for the child and placed in the child’s file. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate
Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data.

A Waiver and Consent for Release of Information form signed by the caregiver or legal guardian is also required prior to a third-party contact on behalf of a dependent child.

---

### Guidelines

#### Procedures for Trauma Screening and Evaluation

1. **Screen for trauma.**
   Conduct at a minimum a short, basic screening for trauma symptoms on all children who enter into services. A sample screening tool is included in this chapter, along with resources for obtaining additional tools.
   - Many screens, such as the one included in this chapter, may be administered by staff members such as intake coordinators or advocates. However, other screens may require clinical licensure to conduct. When you obtain screens for your program, it is important to review the requirements needed to administer them.
   - All staff members conducting screenings that require added training must complete the additional training in order to adequately and ethically conduct such screenings for children.
   - Screenings for trauma should include both the primary caregiver’s feedback and the child’s self-report (for children age six and older).

2. **Refer for trauma evaluation if indicated.**
   Implement a protocol for referring children who screen positive for trauma symptoms for a more detailed evaluation.
   - The mental health evaluation must consist of validated, evidence-based psychological evaluation tools that will garner a more complete picture of the child’s trauma symptoms.
   - Mental health evaluations should be informed by a thorough history of the child and caregivers’ strengths and resources in addition to their exposure to violence.
   - The mental health evaluation may be provided in-house if the program also provides mental health services, and has staff qualified to conduct it. Any provider administering the evaluation must be a licensed or board certified mental health professional, or a master’s level counselor under supervision pending their licensure.
   - If the domestic violence program does not offer mental health services with staff holding the required qualifications, the referral must go to a community mental health service provider with the appropriate credentials. Programs may use the IDHS Office Locator website at [www.dhs.state.il.us](http://www.dhs.state.il.us) to find the nearest mental health services provider to their program.

NOTE: If appropriate mental health services are lacking in your community, inform IDHS of the need for additional training and support for the domestic violence agency or partnering community agencies.
Procedures for Developmental Delay Screening and Evaluation

1. Screen for developmental delays.
Implement a system for identifying potential developmental delays in all children entering services. Delays can occur in speech and language, thinking and cognition, movement and motor skills, or social-emotional skills.

- This process can be as simple as asking the primary caregiver if she has noticed or suspected any delays.
- Children's advocates should have a basic familiarity with developmental milestones for each age. If a child does not appear to be meeting the milestones, then a referral for an evaluation may be indicated. The Center for Disease Control provides a list of developmental milestones for each age level up to age five. This can be found on its website at: www.cdc.gov/ncbddd/actearly/milestones/index.html.
- Your program may choose to screen for developmental delays with a formal screening tool such as the Ages and Stages Questionnaire. Information about this screening tool and how to obtain it is included in the Tools and Samples section of this chapter.

2. Refer children with suspected delays for evaluations.
Refer children under age three to an Early Intervention Child and Family Connections (CFC) office for an evaluation.

- A referral to an Early Intervention program is made through a local Child and Family Connections (CFC) office. The name and phone number of your local CFC office can be found by calling 1-800-323-4769, or by using the online Illinois Department of Human Services office locator at www.dhs.state.il.us. Early Intervention services are available statewide.
- The CFC office will meet with the child and caregiver and schedule evaluations or assessments to determine if the child is eligible for the Early Intervention Program, and to help identify the child's need for services. The evaluation and services are provided at the caregiver's residence or another agreed-upon location. The evaluation is free, as are planning and coordinating services. Ongoing Early Intervention services are paid by health insurance or state program funds. Services are free for families who meet income guidelines; families above certain income levels may be charged a small fee, which is often covered by insurance.

Refer children age three and over with suspected delays to Special Education services for an evaluation.

- Special Education evaluation services are provided through each local school district. If the child qualifies for services, the services are provided free through a local school.

Educating Caregivers on the Effects of Witnessing Domestic Violence

Whether or not the screenings identify trauma symptoms or developmental delays, advocates need to provide education on the effects of childhood exposure to domestic violence to all primary caregivers who accompany children to services. At a minimum, caregivers should receive education on the following:

- How childhood exposure to domestic violence is a potentially traumatic event
- How children can be affected by trauma, including developmental delays
- How trauma relates to children's behaviors
How caregivers can be supportive to children as they begin to recover from their traumatic experience

This education should begin as soon as possible after the survivor has acclimatized to services, and be a consistent component of services throughout the course of involvement. Advocates should use their own judgment as to the pace of information depending on where the primary caregiver is in her own trauma recovery. Ideally, education on the effects of childhood exposure to violence should consist of a combination of the following methods:

- Individual counseling with the caretaker and peer-to-peer sharing
- Group counseling sessions with the effects of domestic violence on children as the main topic
- Pamphlets and other written materials

For more information on educating caregivers about childhood exposure to domestic violence, please refer to the Parenting chapter.

**Screening and Evaluation Tools**

A trauma screening tool and information on how to obtain additional screening tools are included in the *Tools and Samples* section of this chapter. It is critical that any screening tool only be administered by staff with the specific training, qualifications and licensure required for that particular tool. The screening tool included in this chapter can be administered by any children’s advocate; however, other screening tools may require further qualifications. Furthermore, all clinical mental health evaluations should only be administered by a licensed or board certified mental health professional, or master’s level counselor under supervision pending their licensure. If a program does not have staff qualified to use mental health evaluation tools, it must refer the child to an outside agency for evaluation.

Your program may decide which tools to utilize based upon the following program considerations:

- Cost and materials of training required to use the tool
- Current qualifications of domestic violence program staff
- Number and types of tools already being utilized
- Availability of tool in multiple languages
- Average age of children in program
- Time constraints on program staff
Tools and Samples

Child Trauma Screening Questionnaire (CTSQ)

Screening Tool Resources
Child Trauma Screening Questionnaire (CTSQ)

This 10-item self-report screen can be used to assist in the identification of children at risk of developing PTSD. The questions are designed to assess traumatic stress reactions in children following a potentially traumatic event.

Children respond to each question with either a 'yes' (scored 1) or a 'no' (scored 0) indicating whether or not they have experienced the symptom since the event. Children who answer 'yes' to 5 or more questions are identified as being at high risk of developing PTSD.

**Please indicate whether any of these things have happened to you since the event.**

1. Do you have lots of thoughts or memories about the event that you don't want to have?
   
   Yes   No

2. Do you have bad dreams about the event?
   
   Yes   No

3. Do you feel or act as if the event is about to happen again?
   
   Yes   No

4. Do you have bodily reactions (such as a fast-beating heart, stomach churning, sweating and feeling dizzy) when reminded of the event?
   
   Yes   No

5. Do you have trouble falling or staying asleep?
   
   Yes   No

6. Do you feel grumpy or lose your temper?
   
   Yes   No

7. Do you feel upset by reminders of the event?
   
   Yes   No

8. Do you have a hard time paying attention?
   
   Yes   No

9. Are you on the “look-out” for possible dangerous things that might happen to yourself and others?
   
   Yes   No
10. When things happen by surprise or all of a sudden, does it make you “jump”?

   Yes   No


NOTE: Children’s advocates and caseworkers may conduct this screening. Children answering yes to five or more questions should be referred for a mental health evaluation to a mental health professional holding a master’s degree in a clinical discipline.
### Screening Tool Resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Type</th>
<th>Age</th>
<th>Cost</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Trauma Screening Questionnaire (CTSQ)</td>
<td>Screen to assess traumatic stress reactions in children to help determine risk of developing PTSD</td>
<td>6 to 18</td>
<td>Free. May be reproduced from the copy in this manual for program use. May not be used for commercial purposes.</td>
<td><a href="http://www.som.uq.edu.au/childtrauma/ctsq.aspx">www.som.uq.edu.au/childtrauma/ctsq.aspx</a></td>
</tr>
<tr>
<td>Ages and Stages Questionnaire</td>
<td>Physical, social and emotional development screen</td>
<td>1 month to 5 ½ years</td>
<td>$225-$275 for starter kits. Copies can be made from originals.</td>
<td><a href="http://agesandstages.com/">http://agesandstages.com/</a></td>
</tr>
<tr>
<td>Devereaux Early Childhood Assessment for Infant and Toddlers (DECA-I/T)</td>
<td>Measure of protective factors and screening for potential risks in the social and emotional development of very young children</td>
<td>4 weeks to 18 months (infant), 18 to 26 months (toddler)</td>
<td>Infant forms $19.95 for 20; toddler forms $29.95 for 30. Cannot be reproduced. $199.95 for starter kit with 50 forms (20 Infant and 30 Toddler) and scoring guides.</td>
<td><a href="http://www.kaplanco.com/product/16139/deca-i-t-kit">www.kaplanco.com/product/16139/deca-i-t-kit</a></td>
</tr>
<tr>
<td>Parental Stress Index</td>
<td>Short Form: screen of parental stress</td>
<td>1 month to 12 years; separate tool for teens</td>
<td>$75 for 25. Cannot be reproduced.</td>
<td><a href="http://www4.parinc.com/">www4.parinc.com/</a></td>
</tr>
<tr>
<td>Child Behavioral Checklist (CBCL)</td>
<td>Measure of behavioral and emotional problems</td>
<td>1 ½ to 5, 6 to 18, separate tool for age 11-18 to self-administer</td>
<td>$25 for 50, starter kit with scoring DVD $415.</td>
<td><a href="http://www.aseba.org/">www.aseba.org/</a></td>
</tr>
<tr>
<td>Child and Adolescent Functional Assessment Scale</td>
<td>Measure of day-to-day functioning across critical life subscales</td>
<td>5 to 19</td>
<td>Cost for web maintenance and per assessment fee</td>
<td><a href="http://www2.fasoutcomes.com/">www2.fasoutcomes.com/</a></td>
</tr>
<tr>
<td>Preschool and Early Childhood Functional Assessment Scale</td>
<td>Measure of day-to-day functioning across critical life domains</td>
<td>3 to 5</td>
<td>Cost for web maintenance and per assessment fee</td>
<td><a href="http://www2.fasoutcomes.com/">www2.fasoutcomes.com/</a></td>
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<tr>
<td>ULCA PTSD Index</td>
<td>Screen for DSM PTSD symptoms</td>
<td>7 to 18</td>
<td>Free with permission</td>
<td><a href="http://www.nctsn.org/content/ucla-posttraumatic-stress-disorder-reaction-index-dsm-iv">www.nctsn.org/content/ucla-posttraumatic-stress-disorder-reaction-index-dsm-iv</a></td>
</tr>
<tr>
<td>Trauma Symptom Checklist for Children (TSCC)</td>
<td>Measure of posttraumatic stress and related psychological symptomatology in children. 54 items.</td>
<td>8 to 16</td>
<td>$172 for 25 male and 25 female</td>
<td><a href="http://www4.parinc.com/Products/Product.aspx?Productid=TSCC">www4.parinc.com/Products/Product.aspx?Productid=TSCC</a></td>
</tr>
<tr>
<td>Strengths and Difficulties Questionnaire</td>
<td>Brief behavioral screening questionnaire</td>
<td>3 to 16</td>
<td>Free</td>
<td><a href="http://www.sdqinfo.org/a0.html">www.sdqinfo.org/a0.html</a></td>
</tr>
</tbody>
</table>
Chapter 6 Children’s Service Planning

Just as service plans are necessary for planning and guiding the services of adult victims, so are they essential for serving the children in your program. This chapter provides guidance in providing effective, individualized service planning with children. Sample children’s service plan forms are included in the Tools and Samples section of this chapter; the templates are useful in guiding and organizing service plan development.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must conduct children’s service planning as follows:

- Programs shall help each caregiver identify each child’s immediate and long-term needs, and develop individualized service plans to meet their children’s identified needs.

- Age-appropriate child program participant service plans shall address, at the minimum, the following needs:
  - Domestic violence education, including that the violence is not their fault, and the nonviolent expression of feelings
  - Safety planning
  - Needs due to trauma
  - Prevention services
  - Medical needs
  - Education, including school enrollment
  - Parent-child bond with the non-offending caregiver

Minimum Requirements in Documentation

All service planning provided for the child must be recorded and placed in the child’s file. This includes the time spent discussing the child’s service plan with the adult survivor. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate

Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data. Advocates in shelter or walk-in counseling programs should conduct service planning with all children entering services. Children’s needs vary significantly with their age and situation, so it is important that children’s service plans be highly individualized, just as adult service plans are.
It is particularly important that service plans address any trauma the child may be experiencing from exposure to violence. The Children’s Counseling and Trauma-Informed Intervention chapter lists detailed goals for service plans that are helpful in addressing this trauma. These goals include learning to talk openly about the violence, processing feelings, countering feelings of guilt, expressing anger appropriately, and learning to feel empowered through safety skills. More detail on addressing trauma can be found in the Children’s Counseling and Trauma-Informed Intervention chapter.

Service Planning for Young Children

The required and suggested goals of service plans are oriented toward children old enough to be verbal; however, it is important to remember that even preverbal children and infants should have service plans. These can focus on safety, attachment to the primary caregiver, medical needs and developmentally appropriate behavior. The sample service plans included in this chapter can be adapted for use with very young children.

Timelines

Timelines for children’s service plans will be based upon the child’s intake timelines as follows:

- Shelter/Residential – Developed within ten days of the child’s intake, with weekly updates thereafter, or as changes in the situation warrant. The child’s intake must be developed within three days of admission.
- Walk-In/Counseling – Developed by the third visit, with updates at each subsequent visit, or as changes in the situation warrant. The child’s intake must be developed within the first two visits.

Updates

Service plans should be reviewed and updated with the child and/or caregiver. In reviewing the services and results, advocates should ensure that the child’s needs and wishes are being met. Progress on current goals or the addition of new goals or services should be noted on the service plan and reflected in the advocate’s written case notes. The child or caregiver should apply their signature to any changes made to the service plan.

Service Planning for Teens

Teen witnesses of adult violence have additional considerations to include in service plans. For more information on service planning for teen witnesses, as well as information on service planning for teens who are themselves survivors of dating violence, please refer to the Teen Survivors and Witnesses chapter.
Tools and Samples

Sample Child Service Plan 1
Sample Child Service Plan 2
Sample Child Service Plan 3
### Sample Child Service Plan 1

Name: _________________________________  ID#: _________________________  Intake Date: _______________________

<table>
<thead>
<tr>
<th><strong>My Goals</strong></th>
<th><strong>My Action Steps</strong></th>
<th><strong>My Progress</strong> (Include update dates)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DV Education &amp; Counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Safety Planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Caregiver-Child Bond</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Trauma Intervention</td>
<td></td>
<td></td>
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<tr>
<td>5. Education</td>
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</tbody>
</table>
### SECTION THREE

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>6. <strong>Prevention</strong></td>
<td></td>
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<tr>
<td>7. <strong>Medical Needs</strong></td>
<td></td>
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<td>8.</td>
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<td>9.</td>
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<tr>
<td>10.</td>
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</tbody>
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_Caregiver Signature & Date_  
_Choice 12 Years or Older Signature & Date_  
_Staff Signature & Date_
Sample Child Service Plan 2

Name: __________________________   ID#: __________________   Intake Date: ______________

*****************************************************************************
* My Goals Are: *
  1.  Receive DV Education & Counseling

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________________________
Step 2:________________________________________________________________________
Step 3:________________________________________________________________________

Progress and Review Dates:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

  2.  Work on Safety Planning

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________________________
Step 2:________________________________________________________________________
Step 3:________________________________________________________________________

Progress and Review Dates:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

  3.  Work on Caregiver-Child Bond

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________________________
Step 2:________________________________________________________________________
Step 3:________________________________________________________________________

Progress and Review Dates:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

  4.  Receive Trauma Intervention

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________________________
Step 2:________________________________________________________________________
SECTION THREE

5. Address Education Needs

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________
Step 2:________________________________________________________
Step 3:________________________________________________________
Progress and Review Dates:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Receive Prevention Education

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________
Step 2:________________________________________________________
Step 3:________________________________________________________
Progress and Review Dates:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Address Medical Needs

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________
Step 2:________________________________________________________
Step 3:________________________________________________________
Progress and Review Dates:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. ________________________________

The specific steps I need to take to accomplish this goal are:
Step 1:________________________________________________________
Step 2:________________________________________________________
Step 3:________________________________________________________
SECTION THREE

Progress and Review Dates:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

9. __________________________________________________________________________

The specific steps I need to take to accomplish this goal are:
Step 1: _______________________________________________________________________
Step 2: _______________________________________________________________________
Step 3: _______________________________________________________________________

Progress and Review Dates:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

*****************************************************************************
*

___________________________________  ______________
Caregiver Signature     Date

___________________________________  ______________
Child 12 Years or Older Signature   Date

___________________________________  ______________
Advocate Signature     Date
## Sample Child Service Plan 3

<table>
<thead>
<tr>
<th>Goals</th>
<th>Case#</th>
<th>Date</th>
<th>Progress (with dates)</th>
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<tbody>
<tr>
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<td></td>
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<tr>
<td>Safety Planning</td>
<td></td>
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<td></td>
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<tr>
<td>Caregiver-Child Bond</td>
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<tr>
<td>Trauma Intervention</td>
<td></td>
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<tr>
<td>Education</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Case#</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>Plan</td>
<td>Progress (with dates)</td>
</tr>
<tr>
<td>Prevention</td>
<td></td>
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<td>Medical Needs</td>
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<td></td>
</tr>
<tr>
<td>Strengths</td>
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</tr>
</tbody>
</table>
SECTION THREE

Caregiver Signature
Signature

Child 12 yrs. or older signature

Staff
Chapter 7 Children’s Safety Planning

Just as it is with adult survivors, safety planning is a critical service to provide to children witnessing or experiencing domestic violence. This chapter outlines the guidelines to follow in this process. Sample safety plans are also included in the Tools and Samples section.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirement:

- Programs shall provide age-appropriate family safety planning for all children receiving services.

Minimum Requirements in Documentation

All safety planning services provided to the child must be recorded and placed in the child’s file. This includes time spent discussing the child’s safety plan with the adult survivor. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate

Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data.

Guidelines

When safety planning with children, it is important to let them know they are not responsible for the violence, and cannot stop it. Their job is to stay as safe as they can. It is also critical that any safety plan is developmentally appropriate. Safety plans should cover any location where the child regularly spends time (home, school, daycare, visitation with perpetrator, etc.).

Topics of Safety Planning

The process of safety planning should also involve the non-offending caregiver. Topics for safety planning with the caregiver for the child should always include the following:

- The plan developed by the child and his or her advocate
- How to review the plan with your child
- How to help your child not feel responsible for the violence or for keeping the family safe
Topics for children’s safety planning with the caregiver may also include the following:

- How perpetrators use children for control
- Talking with your children about the violence and staying safer
- Thinking about age appropriate steps your child can take to stay as safe as they can
- Helping your child identify warning signs that a situation is unsafe

**Recommended Practices in Children’s Safety Planning**

The following are recommendations for effective safety planning with children in domestic violence programs:

- Keep it simple.

- Listen to the child and let the child be in control of the conversation; direct the safety plan to the areas in which the child expresses fear. It is helpful to have an understanding of what the child has witnessed and experienced prior to having these conversations.

- Ask if there are friends or family members the child can talk to about the abuse.

- Ask the child what would help him or her to feel safer in situations that frighten them.

- Acknowledge and respect the child’s plan, even if you don’t think it’s feasible. It is important to not dismiss the children’s ideas, but to encourage and praise children for thinking about what they can do. Explore the pros and cons of their plan with them; then help guide them to a plan that is safe, feasible and developmentally appropriate.

- Let the child know that it is OK if they can’t or don’t follow the safety plan. Things can change in the household, so give the child permission not to follow the plan if the situation changes or if they are too scared to follow the original plan.

- Develop the safety plan with both the non-offending caregiver and child, being sure to speak individually with the child as well. This will provide the caregiver an opportunity to support the child, and will make carrying out the plan more successful.

- With children and teens using technology, discuss how to use it in a safer way. Because a cell phone is often the only phone in the household, some children may have little or no access to the phone. It’s also important to remember that a record of each call can be easily retrieved on cell phones by the perpetrator. Conversations should also include safer use of social media.

- Safety plan actions should be specific to the family and their experiences. Examples of safety plan actions include the following:
  - Using code words
  - Hiding in safe places within the location
  - Going to safe places outside of the location
  - Not interfering in the violence
 SECTION THREE

- Answering the door or telephone in safer ways
- Safer uses of social media
- Determining when to consider dialing 911

- If the child expresses fear that the perpetrator will come to the school, daycare or other location, discuss this with the non-offending caregiver and follow up with the child. If the caregiver has an order of protection, discuss the need for providing copies and instructions to staff at all of those locations.

- Check in with both the child and non-offending caregiver to see if the plan has been helpful, needs to be revised or has increased the anxiety of or danger to the child.

- At every interaction about safety planning, remind the child that he or she is not responsible for stopping the violence.

NOTE: During children’s safety plan meetings, information may emerge that causes concerns about the child’s safety. If this happens, assess the child’s level of danger by considering what the child says about the violence, if the child is living with or soon returning to the abuser, and whether the non-offending caregiver is minimizing violence toward the child and the child’s needs. This information should help advocates determine if they need to report child abuse. For more information on identifying and reporting child abuse and neglect, please refer to the Mandated Reporting of Child Abuse and Neglect chapter.

Safety Planning With Teens

Teen witnesses of violence have considerations to take into account in safety planning in addition to the ones listed here. Teens who are themselves survivors of dating violence will have safety plans that share many elements of those of adult survivors. For more information on safety planning with teens and sample safety plans for teen survivors, please refer to the Teen Survivors and Witnesses chapter.
Sample Child Safety Plan

Sample Child Safety Plan for Visitation
Sample Child’s Safety Plan

When people are fighting remember to be SAFE:

S  Stay out of the fight
A  Ask for help
F  Find an adult who will help you
E  Everyone knows it is not your fault

What can I do to be safe?

_________________________________________________________________
_________________________________________________________________

Where can I go to be safe?

_________________________________________________________________
_________________________________________________________________

These are the safe exits from my house:

_________________________________________________________________
_________________________________________________________________

Who are my safe people I can talk to about my problem?

_________________________________________________________________
_________________________________________________________________

Practice calling 911…

My name is ____________________________
I am ________ years old.

I need help. Someone is hurting my mom.

I live at ____________________________________________

The phone number here is _______________________________

Remember: It’s not your fault!
Sample Child’s Safety Plan for Visitation

My safety companion is _________________________________________
(a toy, a book, something the child identifies that can be taken on the visit)

Where will I be for the visit?
______________________________________
(address, phone number, description of the place)

What can I recognize in the area of the place I visit?
___________________
(street names, buildings, landmarks, a park, a restaurant)

People to call if I need help:

Name _____________________________ Phone ________________
Name _____________________________ Phone ________________

Where are the telephones in Dad’s house? ________________

Where is the phone at the neighbors’?

Where is the nearest pay phone?

If I need to get away quickly and safely, I will
________________________
(practice how to get out safely with a safe escape route)

If I have to leave I will go to
______________________________________

I can call 911, and I have practice calling 911.

I know what policeman’s uniform looks like, and I know what to say to a policeman to ask for help.
I know the safety code mom has taught me, and I know who is close that knows the code.
Chapter 8 Children’s Counseling and Trauma-Informed Intervention

Just as domestic violence can affect the mental health of adult victims, the mental health of children can also be impacted. In many cases, exposure to domestic violence causes symptoms of trauma in children and adolescents. Mental health treatment and trauma intervention should therefore be part of the continuum of care provided to children in domestic violence services to foster healing and recovery.

Minimum Requirements in Services

Programs funded by IDHS and ICADV must adhere to the following requirements:

- Programs must provide individual age-appropriate children’s counseling to all verbal children receiving services, including age-appropriate information about domestic violence.
- Programs must distinguish between children’s counseling/advocacy and children’s therapy in providing and documenting services.
- All children’s counseling must be kept confidential. Confidentiality does not apply in situations of abuse or neglect of children, the elderly, or people with disabilities, or in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the child, adult survivor or another person. Confidentiality and the limits of confidentiality must be discussed with the child.
- Child or family counseling or therapy that includes the perpetrator of domestic violence is prohibited.

Minimum Requirements in Documentation

All counseling, mental health, and trauma intervention services provided to children, including time spent discussing the child’s needs with the adult survivor, must be recorded and placed in the child’s file. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate

Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data.
As stated in the Documenting Children’s Services section, children’s files are particularly vulnerable to court subpoenas and misuse by perpetrators. For this reason it is especially important to keep children’s counseling records and case notes separate from those of the adult survivors, and to ensure they are accurate and objective. Just as with adult survivors, it is also important that children’s therapy services be distinguished from children’s counseling and advocacy services in documentation. For more information on classifying and recording children’s services, including more guidelines on recording case notes, please refer to the Documenting Children’s Services section.

Guidelines

Because of the high rate of trauma symptoms in children who experience domestic violence, children’s services in domestic violence programs should be highly trauma-informed to address any potential effects of trauma. This applies to all interventions for children in your program, not only counseling services. Being trauma-informed means being knowledgeable about, and attentive to, issues of trauma present in the child. All children’s advocates in the program should understand the impact of trauma and know how to respond to traumatic stress in children in ways that promote healing and recovery. This includes knowing how to identify when a child needs services beyond general children’s counseling or advocacy, and understanding the vulnerabilities and triggers of child trauma survivors.

Interventions with children should address not only any immediate, obvious trauma reaction from direct exposure to violence, but also any potentially long-term effects of trauma on ongoing development. These effects can include issues in attachment to caregivers, social development, cognitive growth and learning, and emotional self-regulation and self-esteem.

Counseling and Therapy

Counseling services for children in domestic violence programs fall into two distinct types: children’s counseling and children’s therapy.

- **Children’s counseling** is an interaction between a domestic violence advocate and a child witness for the purpose of benefiting the child. Examples of children’s counseling include but are not limited to providing emotional support, teaching the child that domestic violence is not their fault, and teaching nonviolent ways of expressing feelings. These services are oriented toward all children from violent homes, whether or not they seem to be experiencing trauma.

- **Children’s therapy** is an interaction between a licensed or board-certified mental health professional and a child witness for the purpose of treating trauma that may be interfering in the child’s ability to function or flourish. These services are oriented toward children who seem to be experiencing symptoms of trauma. An example of children’s therapy is helping a child to process and integrate feelings dealing with trauma with the purpose of learning to regulate intense emotional responses. The minimum requirements specify that children’s therapy must only be provided by a
Many of the interventions outlined in this chapter can fall into the realm of children's therapy, depending on the intensity of the service and the child's needs. In such cases, the service must be provided by a licensed mental health professional. Programs should endeavor to employ staff qualified to provide children's therapy, so that children needing more intensive services have access to them onsite. If this is not possible, then programs should have referral systems in place so that children who need services beyond what the program can provide will still get the care they need. Programs in communities with scarce mental health services may use the IDHS Office Locator website at www.dhs.state.il.us to find the nearest mental health services provider to their program. In communities where mental health services are lacking, programs should inform IDHS of the need for additional services in their area or program.

Whether the service provided falls under children's counseling or children's therapy, it is important that all services be trauma-informed, and that all children's staff, whether licensed therapists or not, are adept at providing trauma-informed interventions. Programs are therefore encouraged to provide easy access to children's therapy for the children who need it; however, the purpose of these guidelines is first and foremost to ensure all children's counseling and interventions become more trauma-informed.

Goals in Children's Services and Trauma Intervention

Trauma-informed interventions are based upon the premises that children need to be affirmed through their primary attachment relationships that help sustain development and provide unconditional love; and that children need an environment of safety, security and consistency. These two principles should always guide the children's services provided by the program.

In order to best address the trauma to which children have been exposed, the service plans of all verbal children should include the following goals, based upon the needs identified in the intake:

- **Break the secret.**
  Many children learn explicitly or implicitly that domestic violence should not be talked about. Many perpetrators insist on the secret in order to maintain power and control. In an attempt to maintain safety for themselves and their children and avoid repercussions from the perpetrator or the child welfare system, non-offending caregivers are often complicit with this demand for secrecy. Talking about the violence openly begins the process of breaking this silence.

- **Identify and express emotions safely.**
  Many children exposed to domestic violence must deal with strong emotions before they have the ability to self-regulate feelings of tension. They often do not have effective role models for the ability to identify a wide range of feelings, appropriately express feelings, or contain anxiety. You may help children learn to regulate their emotions by helping them to identify, normalize, and process their intense feelings.

- **Counter feelings of self-blame, responsibility or guilt.**
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Children often blame themselves for the violence. Due to the overwhelming demands from violence, caregivers may also occasionally abdicate their authority to children, or give older children parenting roles in caring for younger children. When violence occurs, children may be placed in a role to make very adult decisions about their or their siblings’ safety, and may feel guilty about any resulting decisions. Providing children with an accurate explanation of the violence can help absolve them from feeling responsible for the event or for the safety of family members.

- **Empower a sense of safety.**
  One of the many results from exposure to trauma is the loss of safety, security, and the expectation that parents or caregivers will be able to protect them. Interventions that enhance and restore a child’s sense of safety are critical. This might entail such activities as safety planning skills taught individually or in a group, instructing the caregiver on interventions for the parent-child relationship, or other methods.

- **Learn appropriate anger and conflict resolution skills.**
  Children have difficulty with the appropriate expression of anger and conflict resolution for two reasons. First, they have role models who have difficulty regulating emotions in a healthy and productive way. Children acquire their abilities based on their models for behavior. Second, there is mounting evidence that children exposed to violence suffer early developmental ruptures and nervous system responses that affect their ability to regulate anger and anxiety. Intentional interventions of a behavioral nature may be necessary to teach children new skills to process anger and interpersonal conflict.

**Service Structure**

The format or structure of services to accomplish the above goals may encompass any combination of the following three methods:

- **Individual interactions with the child.** This can be educational one-on-one counseling with advocates that model a trusting, open relationship, or therapy delivered to the child by licensed mental health professionals.

- **Group services** assembled by children’s age level. For more information on group services, please refer to the Group Services chapter.

- **Caregiver-child interactions.** This is especially recommended for children from the age of birth to five years old. These interventions may include the following:
  - Providing educational materials to the non-offending caregiver about the impact of exposure to domestic violence on the child
  - Developmental guidance when appropriate
  - Methods to help the caregiver reestablish safety, promote a sense of security, and foster healing and recovery from the exposure to trauma
  - Therapeutic services that focus on the attachment between the non-offending caregiver and child.

Caregiver-child interactions in counseling and therapy refer to the child and the non-offending caregiver. Just as in adult survivor counseling, the minimum requirements
specify that child or family counseling that includes the perpetrator of domestic violence is prohibited.

Things to Remember in Trauma-Informed Children’s Services

- **All services and interventions for children must be developmentally appropriate.** Interventions for children must take into consideration their developmental age to ensure that the interventions are neither too advanced, nor too simple, for the child’s age level and cognitive abilities.
  - Children under the age of seven may need to have interventions structured with play, art, and activities to facilitate their emotional expression.
  - Groups can be very effective for adolescent youth, who naturally affiliate and identify with peer groups.
  - Very young, preverbal children should also be provided with services; these can focus on caregiver-child interactions, developmental milestones, and safety.
  - Because trauma can affect development, some children’s “developmental age” may be younger than their chronological age in years or months, and they may not be able to complete tasks normal for their age. It is important to remember to provide these children’s interventions at their younger developmental level.

- **Interventions should enhance self-esteem and encourage resilience.** Many children who are exposed to domestic violence manifest low self-esteem. Their caregivers may be too preoccupied with the violence to have the energy to attend to the children’s emotional needs in the family. Additionally, children might also be emotionally and verbally abused by the offending caregiver. Intervention strategies should focus on increasing the child’s sense of self-esteem. This can be accomplished in part by nurturing and building on the child’s strengths, interests, and special talents, and through the reparative experience of feeling special and loved by the child’s primary caregiver and other care providers in the child’s life.

- **Interventions should help to strengthen and repair the relationship between the child and non-offending caregiver.** Domestic violence can affect the quality of the caregiving relationship with the non-offending caregiver, creating additional risks for the child’s development. The advocate’s ability to establish safety within the context of a trusting, respectful relationship that holds both the child and caregiver in mind at the same time is key to helping both the child and non-offending caregiver begin the journey of healing and recovery from the trauma of exposure to domestic violence. For more information, please refer to the Parenting chapter.

Additional Goals in Trauma Intervention

The following are two additional goals to consider in children’s services to help process trauma, depending upon the individual child’s situation. These goals are oriented toward therapeutic interactions with children rather than children’s counseling, so it is again important to remember that if an intervention goes beyond counseling or advocacy into therapy, a licensed or board certified mental health professional must administer the service.
Help children experience trauma as past by differentiating between remembering as past and reliving traumatic flashbacks as present. A frequent aspect of trauma is the flooding of intrusive recollections of the traumatic event. Young children will most likely manifest this behaviorally through reenactment with play and actions. Older children with cognitive development past the age of six may do this through intrusive thoughts or flashbacks. It is important to help children understand the connection of what they are feeling and doing in the moment to the past traumatic experience, and then help them differentiate between past and present circumstances to increase their awareness of current safer environments.

Help children construct an integrated, coherent life narrative that includes the traumatic events in proper proportion. Many children may respond to a traumatic event in one of two ways in an attempt to cope: (1) they may become preoccupied with violence and hyper-vigilant in an attempt to control their safety, or (2) they may avoid conscious memory of the violence altogether as a way to defend themselves against these feelings. Adults’ misguided attempts to help children “forget” about the trauma may also contribute to the latter. Children and their caregivers should be encouraged to remember the violence as important events in their narrative, but with a decrease in preoccupation with it.
Chapter 9 Children’s Group Services

Regardless of the level of exposure, children who are exposed to domestic violence can often benefit from group services. Children’s group services are meetings of two or more child witnesses facilitated by one or more advocates for the purpose of education, emotional support, or sharing concerns. The group process of talking openly with advocates and with one another about violence often helps not only to affirm the children’s feelings, but also to decrease their sense of isolation. Children who are found to be appropriate for group services based upon their intakes and assessments should be offered these services.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements:

- Children’s group services will provide support, domestic violence education, listening, safety planning and related services.

- Programs must distinguish between children’s group counseling and children’s group therapy in providing and documenting services.

- Confidentiality must be discussed with group participants as well as the limits of confidentiality, including but not limited to the mandated reporting of child abuse or neglect.

- Group counseling for children may include the non-offending caregiver or other supportive friends or family members of the child as determined by program policy. Involvement of perpetrators or other abusive family members in children’s group services is prohibited.

Minimum Requirements in Documentation

All group counseling services provided to the child must be recorded and placed in the child’s file. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate

Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data.
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Group counseling files that reference multiple group members by name or identification number must be kept in a separate group log book, and may not be placed in individual child files.

There must be two or more children present with an advocate for a service to be documented as children's group counseling. If an advocate planned a children's group session but only one child attended, the service should be documented as the appropriate individual service.

Guidelines

Your program may choose to provide children's group counseling, children's group therapy, or both. Although children's group therapy falls under the category of children's group services, there are important differences between group counseling and group therapy. While group counseling focuses on general support and domestic violence education, group therapy is a more intensive therapeutic service that must only be provided by a licensed mental health professional. Group therapy is also often focused on particular trauma symptoms, and generally has stricter parameters in specifics such as group size or number of sessions. In addition, group therapy is sometimes organized around a particular therapeutic activity, such as art or music therapy.

Goals of Group Services

Whether your program conducts group counseling or group therapy, the group service should focus on the following four main goals for children:

1. Talk openly about violence and abuse.
   Children often keep abuse a secret, but talking openly about it can break down these barriers. Discussions about violence should also include learning that violence is not acceptable, and that the child is not responsible for the abuse.

2. Learn to protect oneself.
   This includes safety planning and self-protection to use during violent events at home. This can also include appropriate boundary education such as “good touch/bad touch” education, and “my body is private and I have the right to protect it.” This also includes assertive conflict resolution to use with peers. For teens there can also be more education on respectful behavior and defining teen dating relationship boundaries.

3. Experience the group as a positive and safe environment.
   To help children feel safe in the group setting, the facilitator must be consistent with group rules, engage the children in fun activities, and attend to their physical and emotional needs. If conflicts arise, it is important that facilitators process them respectfully; this builds trust and models appropriate behavior.

   All children can benefit from positive interactions. The group facilitator can foster a child’s sense of self-worth by affirming the child’s skills and validating the feelings and thoughts expressed in the group.
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Group Structure and Format

Groups should utilize a semi-structured format, with a mix of content and activity to integrate the content. The content and activities must take into consideration the child’s age and developmental level, and groups should be separated by age whenever possible. When planning any group service for children, programs will also need to consider the following specifics:

- **Physical location and room setting**
  Groups can be provided within domestic violence shelter or nonresidential programs, school settings, or childcare facilities. Wherever the group is held, the setting needs to provide a supportive environment that includes a safe and welcoming space where caregivers and children can establish trust. The Initial Contact section of this chapter lists ideas for creating a welcoming children’s space in your program.

- **Group length**
  Groups can be held for a predetermined number of sessions or may be ongoing, depending upon the developmental age of the children, the setting, or the specific group curriculum. Although the length of each group session may also vary, the most important determinant of the session length should be the children’s age. Facilitators should be careful not to let the time exceed the typical attention span of the age group, and should keep in mind that the younger the child, the shorter the attention span.

- **Group Size**
  The number of children in a group is similarly determined primarily by the age of the children, with younger children generally needing smaller sized groups. The content and setting of the group will also play a role in its size. Although there is no particular group size limit for children’s group counseling, children’s group therapy should generally be limited to a maximum of six to eight children due to its more intensive nature.

- **Gender composition**
  Programs may conduct coed or gender-specific groups. Groups including both genders may separate by gender for designated topics.

- **Group curricula**
  Many resources for specific children’s group curricula can be found on the Internet. Programs may choose which curriculum is the best fit for each group they conduct based upon the age of the children and other individual needs, but curricula should generally cover content and activities around the following topics:
    - Defining Abuse
    - Feelings and Coping Skills
    - Abuse Is Not Your Fault
    - Safety Planning and Self-Protection
    - Conflict Resolution: Solving Conflicts Without Violence
    - Self-Esteem and Strength Building

Depending upon the developmental age of the children and other characteristics of the group, other common group topics can include family changes, substance abuse and
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sexual abuse. Teens may also benefit from more mature themes such as power and control, gender roles and stereotypes, healthy relationships, bystander intervention, and sexual violence. For children too young to understand much verbal content, art and play therapy can be very useful mediums.

Things to Remember in Group Services

Regardless of the various curricula your program may choose to utilize, the following are important guidelines to consider in any group service for children exposed to violence.

1. Groups need to take into account the children's native language and culture. Group topics that address cultural issues and norms are sometimes beneficial for older children. Whenever possible, groups should be offered in the children's first language.

2. Ideally, two trained facilitators should run the group. This allows one facilitator to give individual attention to children needing extra support when necessary.

3. All groups should have ground rules, including rules addressing confidentiality. If conflicts arise, it is important for group facilitators to model the process of resolving conflicts respectfully.

4. Providing a snack is highly recommended; this is especially important for younger children.

5. Substance abuse can be an especially helpful topic to address in groups given its strong co-occurrence with domestic violence. Topics could include “I'm not the only one whose parent(s) use substances.” This allows children to express their feelings and to break the family secret of substance abuse.

6. Programs should facilitate a constructive and helpful interaction between non-offending caregivers and the children’s group services. Non-offending caregivers can have an important influence on the group activities, processes, and outcomes. Including them helps to maximize their positive contributions to their children’s group experience, and also helps minimize group stress.

7. Group facilitators should identify children requiring additional services, such as individual therapy, based upon their reactions to group services. Children with more severe exposure to domestic violence will most likely require additional services.

8. Programs should use a group evaluation tool that measures progress through behavioral, social, verbal, body language or other general indicators. These can include indicators such as the following:
   a. Talks/does not talk in group
   b. Brings items from home
c. Participates/does not participate in group activities

9. Agencies should provide time to support group facilitators in their work, including time for facilitators to discuss challenges from the group and ideas for improvement.
Chapter 10 Childcare Services

Childcare services include the supervision and care of children provided as a service to the adult survivor. Although these services can and should be nurturing, they differ from other children’s services in that the primary intention is to provide a service to the adult rather than to provide support to the child. However, programs may use childcare services as an opportunity to provide quality interactions with children, which may ultimately provide many of the same benefits as children’s counseling services. Services originally intended as childcare may be categorized as individual or group counseling services if additional meaningful supports are provided.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements:

- Programs shall have written policies and procedures regarding childcare. These policies must address acceptable procedures for survivors arranging babysitting services among one another for their children.

- As with any other direct services for children, staff and program volunteers providing childcare services must have completed the required 40-hour training requirements listed in the Personnel chapter, and must have completed the required background checks.

- If staff members provide onsite childcare in a manner that rises to the level of needing licensure, the childcare must be in accordance with all state regulations.

Minimum Requirements in Documentation

Because childcare is a service provided to the adult survivor, it is documented in the survivor’s record, not the child’s. Childcare services should include the following information:

- Survivor name or identification number
- Date of the service
- Length of time spent
- Type of service provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service

Programs may gather this information on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or may develop their own forms to collect the required data.
Distinguishing Childcare from Children's Counseling

Advocates providing childcare services to one or more children in childcare activities will need to determine how to properly classify and record the service. If the advocate supervised/watched a child or children while the adult survivor was obtaining services, and no other meaningful services were provided to the children, then the service should be documented as childcare and placed in the adult survivor's file. However, if the advocate led a child or group of children in activities that included counseling or other more meaningful services, then it should be documented as individual or children's group counseling and placed in the child's file. Meaningful services include, but are not limited to: providing a safe space for play and positive interaction; modeling safe and appropriate adult-child interaction; and development of gross and fine motor skills. In most instances when those services are provided, the service should be documented as children's group counseling (or individual children's counseling if only one child was present).

Guidelines

As stated under Minimum Requirements in Services, programs must have written policies and procedures for providing childcare. While some programs may provide childcare services for survivors only infrequently, other programs may have large, formal childcare programs that rise to the level of needing state licensure.

Providing Effective Childcare Services

Childcare services differ from children's counseling in that they are meant primarily as a service to the adult survivor rather than as a supportive service for the child. In addition, childcare may lack the structure and prearranged, intentional format of some types of group or individual children's counseling. However, it is important to remember that even when a service was originally meant as childcare for the caregiver, childcare services conducted by program staff or volunteers should strive to provide meaningful contact for the child, with a maximum of individual interaction and modeling of safe, positive communication.

With older children, time set aside for childcare can be used as time to provide education and emotional support or an opportunity to share concerns. With younger children and infants, time allotted for childcare can be spent providing safe, positive interactions, cognitive stimulation, and opportunities for developing fine and gross motor skills. When these things are provided, the time spent in childcare activities can be as meaningful as what takes place in individual or group counseling. In such instances, the service may be considered an individual or group counseling service even if it was originally intended as childcare. As stated under Minimum Requirements in Documentation, these services may then also be recorded as children's counseling rather than as childcare.
To help reduce the effects of trauma on children, programs are encouraged to provide parenting support and education to adult survivors of domestic violence. The National Child Traumatic Stress Network reports: “For most children, a strong relationship with a parent is a key factor in helping a child heal from the effects of domestic violence.”

According to the Attachment and Trauma Network, children exposed to trauma may operate from a fear-based worldview. When children are exposed to domestic violence, their ability to trust others is compromised, and they no longer feel protected by adults. To help these children rebuild their capacity for trust in relationships, the Network suggests using a model of parenting that provides a balance between a structured and nurturing environment. This allows children to feel safe and to start the healing process. Programs are encouraged to provide strength-based and nonviolent parenting services for the non-offending caregiver that reinforce this parenting model.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following requirements:

- Programs will provide education to each caregiver on the effects of childhood exposure to domestic violence, including trauma symptoms and developmental delays.

- Programs shall have a policy prohibiting the use of corporal punishment of children by either the parent or the provider of care while a family is receiving services under the organization’s auspices, and shall provide each participant with a copy of the policy to be signed and kept in the file. This need not be a separate form from other program policies. No staff member, volunteer or intern will use corporal punishment on any child.

Minimum Requirements in Documentation

All parenting services provided to the caregiver must be documented. Since parenting services are provided as a benefit to the non-offending caregiver, they are recorded as parental services for the caregiver and placed in her file. Any parenting record in the caregiver’s file shall contain the following information:

- Survivor name or identification number
- Date of the service
- Length of time spent
- Type of service provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service
Programs may gather this information on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or may develop their own forms to collect the required data.

Guidelines

As stated in the minimum requirements, programs must provide education to caregivers on the effects of childhood exposure to domestic violence. Many caregivers may not realize that seemingly unrelated issues or behaviors in children—such as bedwetting, developmental delays or declining school performance—can be connected to the trauma of witnessing violence.

Educating Caregivers on the Effects of Witnessing Violence

The National Traumatic Child Stress Network lists the following common effects in children who witness domestic violence:

- Generalized anxiety
- Sleeplessness
- Nightmares
- Difficulty concentrating
- High activity levels
- Increased aggression
- Intense worry about their safety
- Increased anxiety about being separated from a parent

The Network further states that the long-term effects of exposure to violence include physical health problems, adolescent behavior problems such as juvenile delinquency and substance abuse, and emotional difficulties that continue throughout adulthood.

As outlined in the Screening and Evaluation chapter, advocates should educate caregivers on how childhood exposure to domestic violence is a potentially traumatic event, how children can be affected by trauma, and how this trauma relates to children’s behaviors. The pacing of this education should depend on where the caregiver is in her own trauma recovery, but it should begin as soon as the survivor has acclimatized to services, and continue consistently throughout program participation. To educate caregivers on the effects of witnessing violence, advocates should use a combination of all of the following forms: individual counseling with the caretaker, group counseling sessions with the effects of domestic violence on children as the main topic, and written materials such as pamphlets. The section on written materials below includes a resource for written information to share with caregivers.

In addition to the caregiver education called for by the minimum requirements, programs are strongly encouraged to provide additional parenting services that stress the importance of a strong bond between the caregiver and child in helping to heal trauma. While programs are already required to prohibit the corporal punishment of children, it is also important that programs provide parenting education to caregivers that promotes and teaches nonviolent discipline methods as alternatives to corporal punishment.
Providing Effective Parenting Services

The following are recommended practices for providing strength-based, nonviolent parenting education that addresses childhood exposure to trauma.

- Form a collaborative relationship with the caregiver to promote positive change in parenting style.
- Focus on positive interactions and build on small successes.
- Encourage family activities that are child-centered and age-appropriate.
- Teach developmental milestones.
- Educate the caregiver on the importance of a strong bond between the primary caregiver and child to reduce the effects of trauma.
- Allow caregivers opportunities to practice, receive feedback and review what they learned.
- Teach nonviolent methods of discipline.
- Support consistency and routines within the family structure to help ensure healthy adjustments to any potential changes.
- Explore safety planning in various situations, including in-home violence or violence during visitation.
- Explore techniques with the survivor for co-parenting with an abusive partner.
- Follow evidence-based parenting curriculum such as STEP or Success in Parenting.
- Teach caregivers to maintain a healthy respect for the defenses of children, to be attuned to the pace of coping and trauma processing that the child can handle, and to not be intrusive.

Please refer to the following tools in the Tools and Samples section for more guidelines on supporting parenting:
- Supporting the Mother-Child Bond to Build Strength & Resiliency: Strategies for Domestic Violence Advocates
- Supporting Parenting in Shelter: Checklist for Domestic Violence Advocacy Programs

Written Parenting Materials for Caregivers

It is often helpful to provide written materials on parenting to caregivers in addition to verbal information. The pamphlet Activities to Help Strengthen Parent-Child-Sibling Relationships, included in the Tools and Samples section of this chapter, is an example of written information that can be shared with caregivers for their easy reference.

The National Child Traumatic Stress Network provides a set of ten factsheets that can be used to help educate caregivers about children and domestic violence. The topics include themes such as the effects of domestic violence on children, talking to children about domestic violence, celebrating children’s strengths, playing with children, and managing difficult behaviors. The factsheets are available on the National Child Traumatic Stress Network website at www.nctsn.org.
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Tools and Samples

Supporting the Mother-Child Bond to Build Strength & Resiliency: Strategies for Domestic Violence Advocates

Supporting Parenting in Shelter: Checklist for Domestic Violence Advocacy

Activities to Strengthen Parent-Child-Sibling Relationships

Storybooks for Helping Children with Family Violence
Supporting the Caregiver-Child Bond to Build Strength & Resiliency: Strategies for Domestic Violence Advocates

Domestic violence advocates - especially in residential settings - are presented with many opportunities to help abused caregivers build stronger relationships with their children. It is helpful to consider each interaction with a battered caregiver and/or her children as a chance to help them enhance family relationships that have been under the stress of surviving abuse.

Below are 13 key elements of a strong caregiver-child relationship for families who have lived with domestic violence. Each is followed by concrete suggestions for advocacy and support. It is worth noting that the task of living up to all 13 elements would be challenging for any parent, let alone a traumatized battered caregiver. There is simply no such thing as the perfect parent.

1. Caregiver understands her children’s needs and meets them as best she can. She does her best to provide predictable rules and schedules and a stable home life that meet her children’s needs for eating, rest, good health, school, friendships and play.

   Advocates can:
   - Role model healthy eating, have quick, healthy recipes and food available. Encourage bed times and rest and hand washing, explaining that it helps keep everyone healthy.
   - Encourage relationships with schools through notes, visits, attendance at events and having children keep up with schoolwork.
   - Mentor help with children’s schoolwork.
   - Encourage friendship relationships through books, role plays, and group activities.

2. Caregiver feels competent being in charge of her children and they respect her.

   Advocates can:
   - Help the caregiver identify tactics that the perpetrator has used to put her down as a parent. Reassure her that his behavior means that he is a poor parent, not her.
   - Help the caregiver identify things, however small or few that she has done to challenge the perpetrator’s parenting or parent differently when he’s not observing her. Praise these as proof of her ability to be a good parent, and help her think of ways she can build on these steps to be the parent she wants to be.
   - Encourage her to be the parent. Even when she is tired or not present, she should always be noted as the parent and respected for her opinions and wishes regarding her children.

3. Children know that their caregiver loves and respects them. She helps them feel good about themselves and believe in their potential for success. They feel that she understands them and meets their needs as best she can, and will always do her best to be there for them.

   Advocates can:
   - Role model respectful behaviors by respecting the caregiver. Discuss her concerns
about what is not working in her family and help her to develop different strategies that she can really use.

- Use parent/caregiver support groups and/or family groups to bring people together, and to allow caregivers and children to support each other and see other family relationships.
- Use videos and books to share new ideas without pointing out deficits.

4. **Caregiver understands her children’s developmental stages and keeps appropriate boundaries with them in her conversations and expectations.**

Advocates can:

- Provide caregivers with information about children’s developmental stages and needs at each stage.
- Give caregivers opportunities to ask questions and discuss this information with advocates and other parents.
- Teach boundaries through modeling and discuss how boundaries help children feel safe as well as help them get along in the outside world.
- Explain boundaries. Many women who are battered do not understand that it is okay to have boundaries and therefore do not know how to teach the children.

5. **Caregiver understands the potential impact that living with domestic violence can have on children, and realizes that she may not be aware of all the ways the abuse has affected her children. She knows that she has the power and ability to help her children heal.**

Advocates can:

- Provide caregivers with information about the potential impact of domestic violence on children and what contributes to resiliency in these children.
- Help caregivers identify things they can do to help their children heal, supporting her ideas and offering suggestions.
- Make sure she knows how important she is to her children and that she has qualities that make her capable of helping her children heal.

6. **Caregiver employs strategies to help keep her children safe. Children feel safe with her and with their siblings and other trusted adults. The family has plans for keeping safe in emergencies.**

Advocates can:

- Build safety strategies for children into safety planning for caregivers.
- Help families create family safety plans that identify what each family member will do (and will not do) to help keep safe.
- Point out ways in which caregivers have kept their children safe – to both the caregiver and the children.
7. The family is able to talk to each other about the perpetrator’s behavior and the abuse they have experienced. Children feel reassured that the abuse is not their fault.

Advocates can:

- Discuss this as a family group, using books, videos and resources.
- Provide caregivers with age-appropriate language to help explain the violence to their children.
- Strategize with caregivers about how to answer potentially difficult questions from their children.
- Role model with other staff to allow caregiver to see what open communication is like without repercussions.

8. The family solves problems equitably and with mutual respect. Family members feel that it’s safe to disagree with each other or show emotions.

Advocates can:

- Role model and encourage open communication with all people.
- Encourage expression of emotions through art, music, and play.

9. Caregiver models and teaches empathy. She feels comfortable expressing her feelings and encourages her children to do the same. Children feel comfortable expressing their feelings to their caregiver and other people they trust.

Advocates can:

- Encourage expression of feelings through books, talk and games. Allow all feelings to be okay.
- Talk with the caregiver about the fact that her children have their own stories to share.

10. Caregiver discusses values with her children and encourages them to develop their own value system, especially regarding equitable relationships and nonviolence. Caregiver is able to question and critique the perpetrator’s behavior and values without disparaging him as a person.

Advocates can:

- Respect and acknowledge caregivers’ and children’s feelings of anger, hurt etc. without degrading the perpetrator.
- Use sticker charts, praise and hugs to develop value systems with younger children.
- Do not compare children’s behavior with that of the perpetrator so children do not think they are bad people if they misbehave.
11. Caregiver has other adults in her life that can provide her with emotional support and occasional help with daily life. Children feel that there are other adults who care about them and their family.

Advocates can:

- Encourage outside relationships with coworkers, family and friends that may have been stifled by perpetrator in the past.
- Role model healthy relationships and discuss in groups and individual talks.

12. The family has traditions and rituals that have meaning for them. Children feel proud of their ethnicity and culture. The family has fun together.

Advocates can:

- Encourage and try to meet the needs of all cultures through food, holidays and daily rituals.

13. The family is connected with resources in their community that they trust to understand them, care about them, and help them live with safety and stability.

Advocates can:

- Stay knowledgeable about resources in community.
- Invite community agencies to the domestic violence program to talk about what they do.
- Have resource information out in the open to allow women to access it without having to check with an advocate.
- Ask women what agencies they want to know more about and seek out that information.
- Don’t assume all women can read or understand resources. Discuss them in groups or individually with the person.

Adapted by Casey Keene (2010) from the original work of Ann Brickson and Beth Plautz of the Wisconsin Coalition Against Domestic Violence
Supporting Parenting in Shelter
Checklist for Domestic Violence Advocacy Programs

Program policy and staff structure:

- Recognizing the need for family privacy and caregiver-child connections, and the impact of trauma, the program avoids housing more than one family in a room whenever possible.

- Program rules allow caregivers to set their children’s bedtimes, and allow flexibility regarding direct supervision based on individual children’s needs and capacities.

- Management team includes someone with specific responsibility for the quality of life for children and caregivers in shelter.

- The shelter manager, child advocacy staff and Executive Director have read Parenting in Public by Donna Haig Friedman and discussed it.

- 25% of training time and funds are devoted to information on parenting, child development, or other topics focused on supporting parenting.

- Minimum hiring standards include a commitment to nonviolent discipline, the ability to approach parenting conversations nonjudgmentally, and a willingness to engage with children.

- All advocacy job descriptions include engaging with children to help them feel comfortable in the shelter as well as supporting survivors in their parenting.
**Physical Space:**

- The shelter space provides quiet, comfortable, and private places for caregivers and children to read, do homework, or play games together.
- The shelter has child and teen friendly spaces inside and outside.
- Sightlines within and outside the shelter allow caregivers to maintain visual supervision of their children while cooking, smoking and talking with other residents.
- The shelter has toys, games, craft activities and other amusements available to caregivers and children.
- Caregivers can access the kitchen any time to meet their children’s food needs.

**Advocacy:**

- Advocates discuss children’s needs and parenting challenges with caregivers during the first 48-72 hours of entering shelter (see the Proactive Support for Parenting Conversation Checklist).
- Advocates routinely make space for caregivers to talk about how abuse impacted their children and their parenting.
- Program staff defer decision making regarding children’s daily activities to the child’s caregiver.
- Caregivers, not program staff, present children with toys, games or other fun stuff that the program buys or receives as donations for
Program staff help kids make (or pick out) gifts for their caregivers on special occasions.

Regular, fun events are scheduled for staff, children and caregivers to gather in positive and fun ways; for example, pizza night, game night, picnics at the park, etc.

Proactive Support for Parenting Conversation Checklist

Within the first 24 hours after entering the shelter:

Tell caregiver you want to support their parenting.

Ask “Is there anything in particular you want me to know about any of your children that will help us make this a good place for them? Do they have a birthday coming up, special learning needs or behavior challenges? Are there games or activities that the child really enjoys?”

Tell caregiver you know it can be hard to parent in shelter and you want to help.

Ask: “How will we know if you are having a hard time?”

48-72 hours after entering the shelter, talk with caregivers about parenting and reclaiming parenting.
The following is not a checklist or form to go over with residents, but rather, a checklist for advocates of the important points to cover with caregivers.

**Talk about Parenting in the Shelter; Validate that it is Challenging**

- Tell the caregiver how important her parenting is to help her children thrive in light of the domestic violence.
- Talk about the challenges and good parts of parenting in shelter.
  - Good Stuff: Lots of playmates, Caring staff, Resources
  - Challenges:
    - Lots of distractions for kids who need to do homework
    - Minimal private space with mom and siblings (discuss how you can help)
    - Kids have had a variety of experiences and we can’t always predict how they may act out their distresses and traumas; we need to be vigilant about safety and appropriate play and compassionate with children who are struggling with displacement, disruption and trauma
    - Varying parenting styles within the shelter
    - Feeling that everyone is observing your parenting

- Ask what the caregiver is most concerned about with regard to parenting in shelter (discuss what you can do to alleviate this concern or provide support)
- Ask about their parenting approach and philosophy: what informs their parenting? Who is their role model? Who do they go to for information and ideas about parenting? How have these strategies
worked? What sort of parent do they hope to be?
Explain your program’s basic philosophy about supporting parenting:

- Parenting in the context of domestic violence is really hard.
- Often the caregiver-child relationship has been disturbed by the abuse in the home (distraction, interruption of nurturing, not realizing own parenting goals because of stress, etc.)
- Kids need their moms to feel safe and strong and to be resilient to abuse.
- Kids need to feel safe in the shelter and in their families too.
- Advocacy staff does not want to take away parental authority, but do want to be helpful.
- Shelter can be a place to reclaim parenting and ideals for family life.
- Advocates want to help have this happen.

Provide support to Reclaim Parenting and Family Life:

- How did the domestic violence affect parenting and family life with kids?
- How have the kids specifically been impacted in terms of sense of security, social adjustment, developmental goals, learning?
- If children are misbehaving, offer hope that it will improve. Research indicates that domestic violence-exposure-related problems fade within six months when children are in a safe and nurturing environment.
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What are her hopes for their family life?

What would she like her kids to remember about their childhood and about her as a parent?

What are her hopes for her children? What does she want for them in the next couple of months, and in the next 10 years? (Affirm anything positive here.)

What are her biggest parenting challenges? Are there times it is hard to achieve parenting goals?

How will staff know if she is having a hard time? What can staff do to assist her when parenting is difficult?

Tell the caregiver each advocate will do their best to support her parenting and offer support in the best possible way when she is stressed out or having a hard time parenting as she hopes to.

Here are some other questions you might ask a mom about her children, when time permits, as a way of starting meaningful conversation with moms

What are the child’s strengths and gifts?

What are the child’s challenges?

What specific concerns does she have about the child?

What kind of routines does she have for the child around bedtime, getting ready for school, meals?

What are their rules around supervision? Can the child be left unsupervised safely? For how long?

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Activities to Strengthen Parent-Child-Sibling Relationships

- Make a “Family Banner”
- Make “Feelings” games and artwork together…and use them!
- Make a family chart about whose jobs are whose
- Make big stuffed family member dolls out of paper
- Make family members out of clay and set them up doing their favorite things together
- Create a “family motto” together and post it
- Cook together
- Make time each day to play together
- Play games, sing, draw, or color a picture together
- Read age-appropriate books together about feelings, fears, abuse, and violence.
- Go over workbooks and coloring books together: “I do, and I don’t” by Fred Rogers, and/or “Exploring Fear”

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Storybooks for Helping Children with Family Violence

A Family That Fights Sharon Bernstein Morton Grove, IL: Albert Whitman & Co. (847) 581-0033
An 8-year-old boy and his two younger siblings live in a home where the father abuses the mother. Picture book with illustrations in pencil, 4 - 12 years.

A Safe Place Maxine Trottier Childwork/Childsplay - 1-800-962-1141
A mother escapes to a domestic violence shelter with her young daughter, where she builds up her strength and gains the courage to begin a new life. As they leave, the little girl gives hope to a frightened boy just entering the shelter. Picture book with illustrations in colored pencil, 5-9 years.

All Season Front Row Seat to the Fights (Whether you want to be there or not!) Linda Parise Larson Wausau, WI: LPL Reflections
Not a story book, per se, but a booklet that is a collaboration between a counselor and the children she has worked with. Black & white illustration by children, with explanations by the author; 7 - 13 years. Available through Paperbacks for Educators.

Clover's Secret Christine Winn & David Walsh, PhD Minneapolis, MN: Fairview Press (800) 544-8207/ FAX (612) 672-4980 http://fairviewpress.org/
In an imaginary land where people can fly, two girls form a friendship that helps one of them deal with the problems she faces at home. Picture book with colored pencil illustrations, 4 - 10 years.

Daddy, Daddy, Be There Candy Dawson Boyd & Floyd Cooper New York City: Philomel Books Division of Putnam & Grosset
Children's moving pleas for a father's love & support. This easy-to-read story touches on all that children want from their father - emotionally - as they go through the life span together. This book only touches on domestic violence, but its use as a tool for assessment and for exploration of wish fulfillment cannot be denied. Picture book with multicultural illustrations in pastels, ages 3 - 10.

The Dragon & the Mouse Steven Timm Available exclusively from: Touchstone Enterprise 2108 South University Drive Fargo, ND 58103 (701) 237-4742
A mouse lives with a dragon who is abusive to him emotionally, physically, mentally and socially. In he end, the mouse leaves the living arrangement, but continues to be friends with the dragon. Picture book with vivid illustrations, 4 - 11 years.

Hear My Roar: Lungin's Broken Family Dr. Ty Hochban Buffalo, NY: Annick Press Ltd.
A bear family struggles with the father bear's drinking and abuse. When the mother bear discovers how it is affecting the baby bear, she seeks help from the family doctor. Eventually they leave, seeking shelter from the violence. It is written in 5 short chapters, so young children will need to take breaks between chapters. Includes information for caregivers and paraprofessionals on the effects of domestic violence on children and how to share this book with a child. Also validates the mother's reactions to the abuse. When using this book, be careful not to allow the child to infer that the drinking causes the abuse, or to assume that the
abuse will end if the drinking does. Storybook with woodcut illustrations, 6 - 11 years, 31 pages.

**I Wish the Hitting Would Stop** The Rape and Abuse Crisis Center of Fargo-Moorhead Fargo, ND: Red Flag Green Flag Resources (800) 627-3675 / FAX (888) 237-5332 [https://www.racfm.com/education/elementary/](https://www.racfm.com/education/elementary/)

Actually a workbook that can be used as a story book, it is written from the perspectives of young persons living in violent homes. Their feelings and thoughts about parental violence are explored. Safety-planning & coping skills are addressed as well. A 68-page facilitator's guide is also available, which includes discussion questions, related activities and a resource section listing books, films and games for children and adults, as well as "Cycle of Violence" and "Myths and Realities of Domestic Violence." Large softcover book with simple black & white drawings suitable for coloring, 6 - 14 years.

**Mommy & Daddy are Fighting** Susan Paris & Gail Labinski Seattle, WA: Seal Press (206) 283-7844 / FAX (206) 285-9410

Three young sisters build a fort of blankets and huddle together to cope with their father's abuse against their mother. Picture book with washed illustrations, 4 - 8 years.

**Something Is Wrong At My House / Algo Anda Mal En Mi Casa** Diane Davis Seattle, WA: Parenting Press (800) 992-6657 / FAX (206) 362-0702 [www.parentingpress.com](http://www.parentingpress.com/)

A boy tells about the violence in his home & how it affects him. For younger children, you can read just a text below the illustrations. Includes advice for children on coping. Small book with pencil sketch illustrations, 3 - 10 years.
Chapter 12 Mandated Reporting of Child Abuse and Neglect

Child abuse and neglect occurs when parents or other caretakers mistreat children or fail to adequately care for them. Abuse may be physical, emotional or sexual. The perpetrators may be parents, step-parents, the partner of a parent, guardians, immediate family members, any person living in the home of the child, a person who came to know the child through an official capacity or position of trust, or any other person who is responsible for the welfare of the child.

All program staff and volunteers of domestic violence programs are mandated reporters of child abuse and neglect according to the Illinois Abused and Neglected Child Reporting Act (ANCRA). All domestic violence programs must demonstrate compliance with ANCRA. Any suspected child abuse and/or neglect must be immediately reported to the Illinois Department of Children and Family Services (DCFS) hotline or local office. All phone reports must be confirmed in writing within 48 hours. A Waiver and Consent for Release of Information is not necessary to make a report to DCFS. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor. For all legal obligations related to child abuse and neglect, mandated reporting and DCFS, programs must consult with their staff attorneys or other legal counsel.

Minimum Requirements in Services

Domestic violence programs funded by IDHS or ICADV must, at a minimum, adhere to the following criteria:

- Programs must report any suspected child abuse or neglect to the Illinois Department of Children and Family Services.
- Every program shall have a written policy regarding child abuse and neglect reporting that meets the requirements of the Abused and Neglected Child Reporting Act. This policy shall include the following:
  - Suspected child abuse and neglect must be reported
  - All advocates are mandated reporters
  - What steps advocates must take to inform the parent/guardian of the child who has been abused and/or neglected
  - What procedures to follow if the suspected perpetrator of abuse or neglect is presently receiving services from the program
  - Information released without consent will be limited to the incident of abuse and/or neglect that is being reported

- The policy shall outline procedures for placing a hotline call that include the following steps:
  - Document in writing and prepare all information that is to be reported to the hotline
  - Call the DCFS hotline at (800) 252-2873 (800-25-ABUSE) after receiving the information
  - Provide the hotline the advocate's name, position, and reason for the call
  - Answer all questions to the best of the advocate's ability
If the hotline refuses to take a report, request that the hotline take the report as information.

Follow up each report with the written report (CANTS 5) required by DCFS within 48 hours.

Consult with program supervisory staff regarding the call.

Tools for conducting these processes are included in the Guidelines section of this chapter.

Minimum Requirements in Documentation

Any suspicion of child abuse or neglect shall be thoroughly and specifically recorded and documented in the child’s file, along with actions taken by the advocate.

The hotline call and all of the related information must be documented. This information shall include the following:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Determination made by DCFS
- Supervision that took place
- Steps taken by advocates to address the issues with the family
- A copy of the written report provided to DCFS

Guidelines

All program advocates must be trained in Illinois Department of Children and Family Services terms, types of abuse, what constitutes abuse or neglect, and policies and procedures for reporting suspected abuse or neglect. Reviewing a copy of DCFS’s Manual for Mandated Reporters will provide most of the information needed. A copy of this manual, along with additional information about DCFS, can be accessed from the DCFS website at: www.state.il.us/DCFS.

The Illinois Department of Children and Family Services also provides an online mandated reporting class. To access this 60 to 90 minute web-based interactive training, simply click on the following link: www.dcfstraining.org/manrep/index.jsp.

Identifying Abuse and Neglect

In order to be able to identify abuse, advocates should be aware of the following common signs of abuse and neglect in children.

- Signs of physical abuse include but are not limited to:
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- Unexplained bruises, welts or lacerations, especially in various stages of healing or in the shape of objects used to inflict injury
- Broken bones or fractures
- Cigarette or cigar burns, especially on soles, palms, back or buttocks
- Immersion burns on hands, feet or genitalia
- Rope burns on arms, legs, neck or torso
- Human bites
- Injuries sustained by excessive corporal punishment
- Child reports of being restrained, locked in a room or chained
- Child reports of being locked alone in a car

- Signs of sexual abuse include but are not limited to:
  - Bizarre, sophisticated, provocative or unusual sexual behavior
  - Difficulty in walking or sitting
  - Torn, stained or bloody clothing
  - Bruises or bleeding of genitalia
  - Sexually transmitted diseases or pregnancy at early ages
  - Reports of being forced to view media or sexual acts that are not appropriate

- Signs of neglect include but are not limited to:
  - Appearance of general neglect, e.g. poorly nourished or inadequately clothed
  - Left alone or wandering, especially at late hours

Advocates should also be aware that “creating a substantial risk of physical injury” is also considered abuse. This includes strangling, smothering, shaking, throwing or violently pushing a child into a fixed object, whether or not an injury was intended or sustained, or being threatened with abuse.

Determining When to Make a Report

In considering whether or not to make a report, advocates shall consider the following questions:

- Has the advocate observed evidence that damage was done to the child?
- What communication has the child provided, and is the information plausible and consistent with observations?
- If the explanation comes from someone other than the child, how credible or complete is the information?
- Have there been past incidents that now seem suspicious?

The signs of sexual abuse can be uncertain, so if a child tells an advocate that a caretaker or other person responsible for the child’s welfare is abusing him/her, the advocate must report it.

Responding to Disclosures of Abuse
If a child has disclosed to the advocate their experience of abuse, the advocate shall take the following steps in addition to calling the hotline:

- Believe the child.
- Stay calm and reassure the child that he or she is not to blame.
- Praise the child for her/his courage in telling; show confidence in the child.
- Respect the child’s privacy; avoid telling anyone not mandated to be told by law or program policy.
- Don’t repeatedly ask for the details of the abuse.
- Refer the child for professional therapy.

Making the Report

Advocates shall employ the following procedures in making reports to the DCFS Child Abuse Hotline:

- Before proceeding to call the hotline, advocates may first encourage adult survivors to call the hotline themselves. However, as a mandated reporter the advocate needs to make the report whether or not the adult survivor calls the hotline.
- It is helpful to make careful notes before calling, especially of any verbatim statements made by the child.
- Ask for the name of the hotline worker at the start of the conversation.
- Although information provided is usually limited to the allegation of abuse or neglect, under the IDVA advocates must also disclose information “in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person.”
- If the hotline worker does not take the report for an investigation, the caller should request the reason if it is not provided.

Following Up With the Child and Adult Survivor After the Report

Whether or not the report is taken by DCFS for an investigation, programs must have procedures in place to provide or refer for appropriate services for families where abuse or neglect is suspected. Depending on the individual situation, these services may include individual, group or art therapy for the child, family therapy with the child and non-offending adult survivor together, parenting services for the adult survivor, or other services.

Portions of this chapter adapted from materials produced by the Illinois Department of Children and Family Services.
Chapter 13 Community Resources

To most effectively provide support and advocacy for children receiving domestic violence services, programs are encouraged not only to provide individual advocacy for children, but also to creatively develop a community of supportive services to meet the child’s needs. This includes reaching out to other programs, agencies and professionals serving children and offering to train them on the needs of children exposed to violence.

Minimum Requirements in Services

Programs funded by IDHS or ICADV must adhere to the following requirements:

- Programs must provide the following services for children:
  - Advocacy with outside systems
  - Education advocacy, if appropriate
  - Information and referral sources
  - Other services as agreed upon with the child and the child’s caregiver

Minimum Requirements in Documentation

All advocacy services provided to the child must be recorded and placed in the child’s file. Each service record shall include the following data:

- Name or identification number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Signature of advocate

Programs may use the InfoNet Children’s Service Contact Form or their own forms to collect the required data.

A Waiver and Consent for Release of Information form signed by the caregiver or legal guardian is required prior to a third-party contact on behalf of a dependent child.

Programs are also required to maintain complete and accurate records of outreach and prevention services provided to the community. For requirements on the documentation of outreach presentations, please refer to the Outreach and Prevention chapter of this manual.

Guidelines
Providing advocacy for children may include providing information to adult survivors about community services for children; contacting services, agencies, resources or systems on behalf of children in partnership with adult caregivers; or accompanying adult survivors to obtain resources and services for their children in the community.

Ideally, programs should form a collaborative network of support services in the community to meet any potential need a child in their program may have. These services and programs may include:

- Pediatric health settings, including ERs and family health clinics;
- Early childhood programs such as local child and family connection agencies, Head Start and Success by Six;
- Children’s mental health providers at community mental health centers;
- Family support programs such as WIC, LINC, or other financial/educational programs;
- Parent-child centers and parenting programs;
- Mentoring programs for children such as Girls and Boys Clubs or YMCA groups;
- Immigrant and refugee centers, including Immigration and Naturalization Services;
- Programs for youth and runaways;
- Community action programs;
- Prevention resource developers;
- Childcare resources;
- Children’s advocacy centers;
- Other specific and targeted programs for children in shelter, including collaboration with therapists, counselors, child development specialists, trauma specialists, art therapists, pediatricians, and tutoring programs.

It is recommended that domestic violence programs serving children initiate contact with the agencies and programs listed above (if available in your community) to identify those who may be willing to collaborate.

**Training Community Agencies**

Domestic violence programs should also provide systems or social advocacy on behalf of children exposed to violence. This may include communications, presentations, education and training to community groups, agencies and systems dedicated to children to help them learn about the effects of exposure to violence.

Programs should either offer training or refer professionals to places of training to develop skills in working with children exposed to violence. Programs should work towards ensuring that at a minimum, the community agencies with whom they collaborate have the following knowledge:

- A basic understanding of the signs and symptoms of exposure to domestic violence
- The services available through the domestic violence program such as legal advocacy, victim services and shelter, and any available perpetrator services
- The referral process for children exposed to violence

For more information on conducting outreach and presentations to community groups and systems, please refer to the Outreach and Prevention chapter of this manual.
Chapter 14 Teen Survivors and Witnesses

In developing domestic violence program services, it is important to create services that are tailored specifically to the maturity level and cognitive development of teens. Teens may need services due to experiencing their partner’s violence toward them, witnessing an adult caregiver's abuse, or both. While many services for teen survivors and witnesses will overlap with the services of adult survivors or child witnesses outlined in other parts of this manual, the additional services that are specific to teens and their needs are outlined here.

Minimum Requirements in Services

In general, the requirements for adult survivors listed throughout this manual are applicable to teen survivors of intimate partner violence as well. In the same way, the requirements for child witnesses of adult violence also apply to teen witnesses of adult violence. In addition, comprehensive programs funded by IDHS or ICADV must adhere to the following requirements specific to children 12 and over:

- Programs must provide services that address the needs of teens who have experienced or witnessed domestic violence.

- If a non-sheltered teen is at least 12 but under 17, and not an emancipated minor or living independently from parents or guardians, programs may provide five counseling sessions of 45 minutes each without obtaining parental consent. Programs must make every effort to obtain consent from the parent or guardian to provide additional services. This applies to any domestic violence service, whether it is provided by an advocate or a licensed therapist.

- If a teen is not emancipated but living independently from parents or guardians and requires more than five counseling sessions, programs may determine how best to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys. The younger the child, the more stringent the need for consent.

These requirements are drawn from the Illinois Mental Health and Developmental Disabilities Code; programs must be in compliance with this code. More information on the code is included in the Tools and Samples section of this chapter.

Minimum Requirements in Documentation

Programs must document services for teen survivors and teen witnesses as they would document the services for adult survivors or other child witnesses, and follow all applicable documentation requirements in addition to those listed below.
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Confidentiality With Teens

Confidentiality in teen services is the same as in adult services: keep information confidential unless the teen or others could be endangered. Information may be shared only under one of the following circumstances:

- When the teen has given specific written consent through a release of information form; child witnesses age 12 and over must sign a release along with their caregiver
- When it is required by the Abused and Neglected Child Reporting Act or the Adult Protective Services Act
- In cases where failure to do so is likely to result in imminent risk of serious bodily harm or death

As with adult survivors, programs must inform teens of their rights to confidentiality as well as the exceptions.

Caregiver Access to Records

The Mental Health and Developmental Disabilities Confidentiality Act requires that children age 12 and over have the right to their own records and may legally deny their parents or guardians access to their records. More information on this Act can be found in the Tools and Samples section.

Guidelines

Service Planning With Teens

Whether the teens in your program are witnesses of a non-offending caregiver’s abuse or survivors of partner violence themselves, it is important to conduct service planning with them that is individualized to their needs and concerns. Common goals in service plans for teens include the following:

- Establish a supporting and trusting relationship with counselor
- Identify and express feelings
- Develop an understanding of domestic violence
- Develop an understanding that they are not responsible for abuse
- Learn and address the effects of abuse and neglect
- Develop a personal safety plan
- Develop positive interpersonal skills
- Develop a positive self-image
- Practice setting boundaries in relationships
- Practice non-violent/safe ways to express anger
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- Receive support in parenting role
- Learn about legal rights

The *Tools and Samples* section includes a template for a service plan and service plan review that may be individualized for teens in your program.

**Counseling and Advocacy for Teen Witnesses of Adult Domestic Violence**

Many teen participants in your program will be the children of adult survivors, rather than survivors themselves. These teen witnesses of abuse will need the services provided to child witnesses outlined in the other chapters of this section. In order to be successful in serving teen witnesses, however, your program will need to tailor your children’s services to their more advanced cognitive level.

The following steps are recommended to provide effective services to teen witnesses of domestic violence:

- Try to facilitate an atmosphere in which the teen can feel free to talk about the violence. Allow them opportunities to vent their feelings, since they can’t do this at home.

- Equip caregivers with knowledge about teen dating violence and skills in helping their teen recognize or change behaviors and attitudes about gender violence and gender equity.

- Realize that teens may not respond to domestic violence jargon and might not be interested in talking with adults about their experiences with domestic violence.

- As specified in the minimum requirements, inform teens of their rights to confidentiality and the exceptions. If information must be shared, discuss this and possible results of the disclosure with the teen.

- Let teens know that no one deserves to be beaten, including they and their families.

- Focus on developing resources that will be helpful in the future. Assist teens in making plans for their adult life, finding ways to separate themselves from the fear of abuse. If the teen decides on a plan, provide assistance for taking action on this plan.

- Teach them ways of dealing with anger appropriately.

- Teach them about the intergenerational nature of abuse, and danger signs to be alert to in their own partners or potential partners.

- Discuss technology use and safer ways to utilize those technologies.

- Refer to local agencies that can provide adult role models or mentoring programs, such as Big Brother Big Sister.
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- Encourage teens to get ongoing counseling for themselves after the program, and provide advocacy in finding appropriate services.

- Help the teen to understand the patterns of domestic violence, so that the actions of the adult survivors are more understandable.

- Conduct a separate youth assessment for the teen that is reflective of her/his developmental and safety needs.

Counseling Teen Survivors of Dating Violence

Counseling teens who have themselves been victims of domestic violence involves the guidelines outlined for adults in the Counseling and Advocacy chapter; please refer to the Counseling and Advocacy chapter for more information on counseling survivors. In addition to the guidelines listed there, however, teens also require special considerations due to their younger developmental level. Counseling teens should focus on creating norms of healthy relationships, preventing further intimate partner violence, and helping to establish positive identities.

Important guidelines to consider in counseling teen survivors include the following:
- Provide services to teen survivors in a non-judgmental way; avoid scolding, lecturing, or authoritative responses.
- Make it clear that the teen can trust the adult counselors and advocates, and that the program will advocate for the teen regardless of age.
- Give precise information about the choices available given their age and individual situation; don't give false reassurances.
- Help teens to plan for the future in ways that give hope for regaining control of their lives and future successes.

Safety Planning With Teens in Violent Relationships

It is important to develop safety plans with teen survivors that are tailored to their specific needs and situations. Although many guidelines for teen survivor safety planning will overlap with those outlined for adult survivors in the Counseling and Advocacy chapter, some elements will be unique to teens. Remember that if teen survivors are still living at home, they may have little control over things such as finances or phone privileges.

The following guidelines are recommended in safety planning with teen survivors who are in violent dating relationships:
- As in safety planning with adults, allow the teen to control the conversation.
- Ask if the teen has friends or adults with whom they can talk about the abuse. Supportive people to tell may include school guidance counselors, teachers, church
members, coaches, employers, neighbors, parents/caregivers or other family members.

- Respect the teen’s opinion regarding including or excluding a parent or guardian from the safety planning process, but inform the teen that some plans would need the support and permission of a parent or guardian in order to be carried out.

- Assess risk using the following guidelines:
  - Explore if the teen is still in contact with the abusive partner, and if they see each other in school or through mutual friends. The perpetrator could be a classmate, teammate, family member, neighbor, or parent of their child.
  - Explore the teen’s use of technologies that may put the teen at further risk such as cell phones, email, social networking, etc.
  - Ask if the teen or the abusing partner has gang involvement.
  - Ask if the teen is still seeing the abusing partner; if not, ask if the teen has a new partner and if so, how the abusive partner is reacting. Teens may see the abusing partner at school, parties, part-time jobs, in their homes, with friends, at school activities and or in their neighborhoods.
  - Explore if drugs or alcohol have been part of the abuse.
  - Ask if the abusive partner has weapons.
  - Ask if the teen has been raped or forced to have sex before ready to.
  - Explore possible suicidal or homicidal thoughts by the teen or perpetrator.

- Ask teen survivors what would make them feel safe.

- Explore technology safety with the teen. See ICADV’s Tech Safety webinar series and brochure for ideas.

- Keep the plans simple but concrete, e.g. carrying a cell phone with speed dial to the police, or never going anywhere without friends.

- Ask the teen if they could use a buddy system for going to school, classes and after school activities. Remember that teens often spend more time with friends than at home, so it is important to explore ways that friends may be part of the safety plan.

- Explore the option of keeping a journal describing the abuse. Keeping a dated record of abuse can be helpful if they decide to use the civil and criminal justice systems.

- Educate teens on how to get an order of protection, if available.

- Ask the teen if it is possible to change their route to/from school.

- Plan with teens whom to call for a ride home if they are stranded.

- Teach the teen how to come up with a code word to share with family or friends that can be used to signal that the teen is with the perpetrator and in danger.

- Explore ways to answer the door or telephone.
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• Plan with teens to keep spare change, calling cards, numbers of local domestic violence programs, the numbers of those who can help, and any restraining orders with them at all times.

Sample safety plans for teen survivors are included in the *Tools and Samples* section of this chapter. The templates are useful in creating plans individualized to teens.
Minors’ Access to Records and Services

Sample Adolescent Service Plan

Sample Adolescent Service Plan Review

Sample Teen Survivor Safety Plan

Sample Teen Survivor Safety Plan 2

Sample Teen Survivor Safety Plan 3
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Minors’ Access to Records and Services
Illinois Law Excerpts

Mental Health and Developmental Disabilities Code
(405 ILCS 5/3-501) (from Ch. 91 1/2, par. 3-501)
Sec. 3-501. (a) Any minor 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis. The consent of his parent, guardian or person in loco parentis shall not be necessary to authorize outpatient counseling or psychotherapy. The minor’s parent, guardian or person in loco parentis shall not be informed of such counseling or psychotherapy without the consent of the minor unless the facility director believes such disclosure is necessary. If the facility director intends to disclose the fact of counseling or psychotherapy, the minor shall be so informed. However, until the consent of the minor’s parent, guardian or person in loco parentis has been obtained, outpatient counseling or psychotherapy provided to a minor under the age of 17 shall be limited to not more than 5 sessions, a session lasting not more than 45 minutes.


Mental Health and Developmental Disabilities Confidentiality Act
(740 ILCS 110/4) (from Ch. 91 ½, par.804)
Sec. 4. (a) The following persons shall be entitled, upon request, to inspect and copy a recipient’s record or any part thereof:
1. the parent or guardian of a recipient who is under 12 years of age;
2. the recipient if he is 12 years of age or older
3. the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying the access. The parent or guardian who is denied access by either the recipient or the therapist may petition a court for access to the record. Nothing in this paragraph is intended to prohibit the parent or guardian of a recipient who is at least 12 but under 18 years from requesting and receiving the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any;
4. the guardian of a recipient who is 18 years or older;
5. an attorney or guardian ad litem who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right...

Sample Adolescent Service Plan

Child’s Name: ___________________________ Client ID#: ___________________________

Counselor Name: ___________________________ Intake Date: ___________________________

Please circle the services you currently need: legal resources, housing resources, individual counseling, group counseling, family counseling, economic assistance.

Client Goals:

_____ Establish a supporting and trusting relationship with counselor

_____ Identify and express feelings

_____ Develop an understanding of domestic violence

_____ Develop an understanding that I am not responsible for abuse

_____ Learn and address the effects of abuse and neglect

_____ Develop a personal safety plan

_____ Develop positive interpersonal skills

_____ Develop a positive self-image

_____ Practice setting boundaries in relationships

_____ Practice non-violent/safe ways to express anger

_____ Receive support in parenting role

_____ Learn about my legal rights

_____ Other, including any medical or educational needs: ____________________________

_____ Other: ________________________________________________________________

Comments:

Signature of Client (if 12 years or older): ___________________________ DATE_________

Signature of Caregiver: __________________________________________ DATE_________
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Signature of Counselor: ___________________________________________ DATE__________
Sample Adolescent Service Plan Review

Client Name: _________________________________ Client ID# _________
Counselor Name: ________________________ Date: ___________
☐ 1 Month ☐ 3 Months ☐ Termination

GOALS

☐ Establish a supporting and trusting relationship with counselor
Status of Goal:
☐ Extended
☐ Completed
Notes: _______________________________________________________
________________________________________________________________
________________________________________________________________

☐ Identify and Express Feelings
Status of Goal:
☐ Extended
☐ Completed
Notes: _______________________________________________________
________________________________________________________________
________________________________________________________________

☐ Develop an understanding of domestic violence
Status of Goal:
☐ Extended
☐ Completed
Notes: _______________________________________________________
________________________________________________________________
________________________________________________________________

☐ Understand that I am not responsible for abuse
Status of Goal:
☐ Extended
☐ Completed
Notes: _______________________________________________________
________________________________________________________________
________________________________________________________________

☐ Learn and address the effects of abuse and neglect
Status of Goal:
☐ Extended
☐ Completed
Notes: _______________________________________________________
________________________________________________________________
________________________________________________________________
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☐ Develop a personal safety plan
Status of Goal:
☐ Extended
☐ Completed
Notes:___________________________________________________________
________________________________________________________________
________________________________________________________________

☐ Develop positive interpersonal skills
Status of Goal:
☐ Extended
☐ Completed
Notes:___________________________________________________________
________________________________________________________________
________________________________________________________________

☐ Develop a positive self-image
Status of Goal:
☐ Extended
☐ Completed
Notes:___________________________________________________________
________________________________________________________________
________________________________________________________________

☐ Practice setting boundaries in relationships
Status of Goal:
☐ Extended
☐ Completed
Notes:___________________________________________________________
________________________________________________________________
________________________________________________________________

☐ Practice non-violent/safe ways to express anger
Status of Goal:
☐ Extended
☐ Completed
Notes:___________________________________________________________
________________________________________________________________
________________________________________________________________

☐ Receive support in parenting role
Status of Goal:
☐ Extended
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☐ Completed
Notes: __________________________________________________________

__________________________________________________________

☐ Learn about my legal rights
Status of Goal:
☐ Extended
☐ Completed
Notes: __________________________________________________________

__________________________________________________________

☐ Other, including and medical or educational needs: ______________
Status of Goal:
☐ Extended
☐ Completed
Notes: __________________________________________________________

__________________________________________________________

☐ Other: ________________________________________________________
Status of Goal:
☐ Extended
☐ Completed
Notes: __________________________________________________________

__________________________________________________________

Signature of Client (if 12 years or older): __________________________ DATE_________

Signature of Caregiver: __________________________________________ DATE_________

Signature of Counselor: _________________________________________ DATE_________
Sample Teen Survivor Safety Plan 1

You have the right to a violence free relationship. No matter what your boyfriend/girlfriend says the abuse is NOT your fault. If your safety is at risk, create a plan to keep yourself safe and find the support you need.

Here are some tips:

- If you live with your boyfriend/girlfriend, try and leave your home regularly during the day. Whether you go to school, work, or the store, try to establish and maintain a regular routine. This might help you leave without drawing attention to yourself.
- Learn the best route to get to a safe location. If you have a car, keep your gas tank full and if you rely on public transportation, learn which buses, trains, or subways will get you to safety.
- If you need a place to stay, contact the National Teen Dating Abuse Helpline at 866-331-9474 or a local resource. Talk to a friend or adult you trust.

Try to plan ahead and keep these items ready to take with you:

- Cash
- ATM cards/checkbooks
- Drivers License/Passport/Government IDs
- Medications
- Eyeglasses/Contact lenses
- Mobile phone
- Keys
- Legal documents, like a restraining order
- A change of clothes

If leaving with children, try to bring these things with you:

- Bottles and formula
- Diapers
- Birth Certificate
- Medical records
- Spare clothes
- Their favorite toy, stuffed animal, or security blanket

The decision to leave your boyfriend/girlfriend is a tough one. For many people, the break up is the most dangerous time in an abusive relationship. Emotions are running high and your boyfriend/girlfriend might become angry, even violent, when they learn they are losing control. Now, more than ever, it is important that you find support.

Here are some tips:

- Call the National Teen Dating Abuse Helpline at 866-331-9474 and talk someone trained to help you plan ahead and stay safe after you have ended your relationship.
- Talk to someone you trust, such as a friend, a family member, teacher, or coach.
- Choose a code word and use it to discreetly tell the people you trust that you are in danger and need immediate help.
- Pick a safe and secret location where a friend or family member can pick you up.
- If you don't feel safe, don't break up in person. If you decide to break up in person, do
it in a public place and ask someone you trust to be nearby in case you need them.

- Think independently and trust your instincts. Don’t let anyone talk you into doing something that’s not right for you.

An abusive relationship can take a huge toll on your mental and physical health. Your partner has probably become a big part of your life; you might miss him/her or feel lonely and sad after the break up. Confide in someone you trust for support while you adjust.

Provided by Family Violence Prevention Fund
A Teen’s Guide to Safety Planning

Why Do I Need a Safety Plan?
Everyone deserves a relationship that is healthy, safe and supportive. If you are in a relationship that is hurting you, it is important for you to know that the abuse is not your fault. It is also important for you to start thinking of ways to keep yourself safe from the abuse, whether you decide to end the relationship or not. While you can’t control your partner’s abusive behavior, you can take action to keep yourself as safe as possible.

What Is a Safety Plan?
A safety plan is a practical guide that helps lower your risk of being hurt by your abuser. It includes information specific to you and your life that will help keep you safe. A good safety plan helps you think through lifestyle changes that will help keep you as safe as possible at school, at home and other places that you go on a daily basis.

How Do I Make a Safety Plan?
Take some time for yourself to go through each section of this safety planning workbook. You can complete the workbook on your own, or you can work through it with a friend or an adult you trust.

Keep in Mind:
- In order for this safety plan to work for you, you’ll need to fill in personalized answers, so you can use the information when you most need it.
- Once you complete your safety plan, be sure to keep it in an accessible but secure location. You might also consider giving a copy of your safety plan to someone that you trust.
- Getting support from someone who has experience working with teens in abusive relationships can be very useful. Keep in mind that Break the Cycle is always here to help you.
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MY SAFETY WORKBOOK - PAGE 1

Staying Safe at School:
The safest way for me to get to and from school is:

____________________________________________________________________________________

If I need to leave school in an emergency, I can get home safely by:

____________________________________________________________________________________

I can make sure that a friend can walk with me between classes. I will ask:

____________________________________________________________________________________

____________________________________________________________________________________

I will eat lunch and spend free periods in an area where there are school staff or faculty nearby. These are some areas on campus where I feel safe:

____________________________________________________________________________________

____________________________________________________________________________________

I could talk to the following people at school if I need to rearrange my schedule in order to avoid my abuser, or if I need help staying safe at school:

- School Counselor
- Coach
- Teachers: ____________ and/or
- Principal
- Assistant/Vice principal
- School security
- Other: ____________

Staying Safe at Home:
I can tell this family member about what is going on in my relationship:

____________________________________________________________________________________

There may be times when no one else is home. During those times, I can have people stay with me. I will ask:

____________________________________________________________________________________

The safest way for me to leave my house in an emergency is:

____________________________________________________________________________________

If I have to leave in an emergency, I should try to go to a place that is public, safe and unknown by my abuser. I could go here:

____________________________________________________________________________________

____________________________________________________________________________________

I will use a code word so I can alert my family, friends, and neighbors to call for help without my abuser knowing about it. My code word is:

____________________________________________________________________________________

www.breakthecycle.org ◆ www.thesafespace.org ◆ 888.988.TEEN
SECTION THREE

MY SAFETY WORKBOOK - PAGE 2

Staying Safe Emotionally:
My abuser often tries to make me feel bad about myself by saying or doing this:

[Blank line]

[Blank line]

When he/she does this, I will think of these things I like about myself:

[Blank line]

[Blank line]

[Blank line]

[Blank line]

I will do things I enjoy, like:

[Blank line]

[Blank line]

[Blank line]

[Blank line]

I will join clubs or organizations that interest me, like:

[Blank line]

[Blank line]

[Blank line]

[Blank line]

If I feel down, depressed or scared, I can call the following friends or family members:

Name: ____________________________

Phone #: ____________________________

Name: ____________________________

Phone #: ____________________________

Name: ____________________________

Phone #: ____________________________

Name: ____________________________

Phone #: ____________________________

Getting Help in Your Community:
For emergencies: 911

Break the Cycle: 888.988.TEEN or www.thesafespace.org

National Teen Dating Violence Hotline: 866.331.9474

Local police station:

Phone #: ____________________________

Address:

Local domestic violence organization:

Phone #: ____________________________

Address:

Local free legal assistance:

Phone #: ____________________________

Address:

Nearest youth shelter:

Phone #: ____________________________

Address:

www.breahcycle.org  www.thesafespace.org  888.988.TEEN

SEC 3-CHAP 13-CHILD/TEEN SERVICES-TEEN SURVIVORS AND WITNESSES 106
These are things I can do to help keep myself safe everyday:

- I will carry my cell phone and important telephone numbers with me at all times.
- I will keep in touch with someone I trust about where I am or what I am doing.
- I will stay out of isolated places and try to never walk around alone.
- I will avoid places where my abuser or his/her friends and family are likely to be.
- I will keep the doors and windows locked when I am at home, especially if I am alone.
- I will avoid speaking to my abuser. If it is unavoidable, I will make sure there are people around in case the situation becomes dangerous.
- I will call 911 if I feel my safety is at risk.
- I can look into getting a protective order so that I’ll have legal support in keeping my abuser away.
- I will remember that the abuse is not my fault and that I deserve a safe and healthy relationship.

These are things I can do to help keep myself safe in my social life:

- I will ask my friends to keep their cell phones with them while they are with me in case we get separated and I need help.
- If possible, I will go to different malls, banks, grocery stores, movie theaters, etc. than the ones my abuser goes to or knows about.
- I will not go out alone, especially at night.
- No matter where I go, I will be aware of how to leave safely in case of an emergency.
- I will leave if I feel uncomfortable in a situation, no matter what my friends are doing.
- I will spend time with people who make me feel safe, supported and good about myself.

These are things I can do to stay safe online and with my cell phone:

- I will not say or do anything online that I wouldn’t in person.
- I will set all my online profiles to be as private as they can be.
- I will save and keep track of any abusive, threatening or harassing comments, posts, or texts.
- I will never give my password to anyone other than my parents or guardians.
- If the abuse and harassment does not stop, I will change my usernames, email addresses, and/or cell phone number.
- I will not answer calls from unknown, blocked or private numbers.
- I can see if my phone company can block my abuser’s phone number from calling my phone.
- I will not communicate with my abuser using any type of technology if unnecessary, since any form of communication can be recorded and possibly used against me in the future.
Sample Teen Survivor Safety Plan 3

**PERSONALIZED SAFETY PLAN FOR TEENS**

**GENERAL SAFETY**

1. If we have an argument on a date and I feel unsafe, I will__________________________
   (Who could you call to get a safe ride home? What would you do if left in an isolated area?)

2. If we have an argument at school and I feel unsafe, I will__________________________
   (Who could help you? Where could you be safe at school? What teacher/counselor do you trust?)

3. If we have an argument at a house and I feel unsafe, I will try to have us discuss it in the_____
   (Try to avoid arguments in the bathroom, garage, kitchen, near weapons, or in rooms without access to the outside.)

4. I will use ______________ as my code word with family and friends so that they can call for help.

**SAFETY AT HOME**

1. I will__________________________ if he comes over when I’m alone and I feel unsafe.
   (Who can you call to come over? Who can you call if you need help?)

2. I will__________________________ if we get into an argument and I feel unsafe.
   (What exits are there in the house? Where are all the phones that you can use to call the police?)

3. When he calls and I feel threatened, I will__________________________ so that I can be safe.
   (Can you screen your calls with an answering machine? Could you change your number? Could you have the telephone company trace the calls for a stalking report?)

4. If I see him standing outside, I will__________________________ so that I can be safe.
   (Who can help you? Can you take pictures or document how many times it happens in order to file a stalking report?)

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National Domestic Violence Hotline:
800-799-SAFE (7233)
800-787-3224 (TTY for the deaf)
www.ndvh.org
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Arizona Coalition Against Domestic Violence, *Best Practices Manual for Domestic Violence Programs*

Idaho Council On Domestic Violence, *Domestic Violence Program and Personnel Standards*

Illinois Certified Domestic Violence Professional Board, Inc., *Policy and Procedure Manual*


Illinois Coalition Against Domestic Violence, *The Illinois Model Training Manual for Domestic Violence Services*

Illinois Coalition Against Domestic Violence, *Partnering with Employers to Address Domestic Violence*

Illinois Criminal Justice Information Authority, *InfoNet For Domestic Violence Service Providers: Frequently Asked Questions and Definitions*

Illinois Department of Human Services, *Domestic Violence Program Standards*

Illinois Department of Human Services, *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse Services*

Michigan Domestic Violence Prevention and Treatment Board, *Quality Assurance Standards: Complete Standards Including Worksheets*


New Mexico Children, Youth and Families Department, *Domestic Violence Service Definition Manual*

Ohio Domestic Violence Network, *Promising Practices: Standards for Domestic Violence Programs in Ohio*

Oregon Department of Human Services, *Domestic Violence Council: DHS Quality Assurance Standards for Domestic Violence Standards for Domestic Violence Prevention and Intervention*

West Virginia Coalition Against Domestic Violence, *Intimate Partner Violence and Mental Health*
Illinois Warm Line-Recovery phone support

**IL WARM LINE**

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*Hope is Just a Phone Call Away*

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for persons with mental health and/or substance use challenges, their families, friends, and community members

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- Self-Advocacy Support
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*Sometimes what is needed most in difficult times is someone to talk with who listens and understands*

**ILLINOIS MENTAL HEALTH COLLABORATIVE**

FOR ACCESS AND CHOICE
Frequently Asked Questions about Service Animals and the ADA

Many people with disabilities use a service animal in order to fully participate in everyday life. Dogs can be trained to perform many important tasks to assist people with disabilities, such as providing stability for a person who has difficulty walking, picking up items for a person who uses a wheelchair, preventing a child with autism from wandering away, or alerting a person who has hearing loss when someone is approaching from behind.

The Department of Justice continues to receive many questions about how the Americans with Disabilities Act (ADA) applies to service animals. The ADA requires State and local government agencies, businesses, and non-profit organizations (covered entities) that provide goods or services to the public to make "reasonable modifications" in their policies, practices, or procedures when necessary to accommodate people with disabilities. The service animal rules fall under this general principle. Accordingly, entities that have a "no pets" policy generally must modify the policy to allow service animals into their facilities. This publication provides guidance on the ADA's service animal provisions and should be read in conjunction with the publication ADA Revised Requirements: Service Animals.

DEFINITION OF A SERVICE ANIMAL

Q1. What is a service animal?
A. Under the ADA, a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person’s disability.

Q2. What does "do work or perform tasks" mean?
A. The dog must be trained to take a specific action when needed to assist the person with a disability. For example, a person with diabetes may have a dog that is trained to alert him when his blood sugar reaches high or low levels. A person with depression may have a dog that is trained to remind her to take her medication. Or, a person who has epilepsy may have a dog that is trained to detect the onset of a seizure and then help the person remain safe during the seizure.

Q3. Are emotional support, therapy, comfort, or companion animals considered service animals under the ADA?
A. No. These terms are used to describe animals that provide comfort just by being with a person. Because they have not been trained to perform a specific job or task, they do not qualify as service animals under the ADA. However, some State or local governments have laws that allow people to take emotional support animals into public
SECTION FOUR: Appendices

places. You may check with your State and local government agencies to find out about these laws.

Q4. If someone's dog calms them when having an anxiety attack, does this qualify it as a service animal?
A. It depends. The ADA makes a distinction between psychiatric service animals and emotional support animals. If the dog has been trained to sense that an anxiety attack is about to happen and take a specific action to help avoid the attack or lessen its impact, that would qualify as a service animal. However, if the dog's mere presence provides comfort, that would not be considered a service animal under the ADA.

Q5. Does the ADA require service animals to be professionally trained?
A. No. People with disabilities have the right to train the dog themselves and are not required to use a professional service dog training program.

Q6. Are service-animals-in-training considered service animals under the ADA?
A. No. Under the ADA, the dog must already be trained before it can be taken into public places. However, some State or local laws cover animals that are still in training.

GENERAL RULES

Q7. What questions can a covered entity's employees ask to determine if a dog is a service animal?
A. In situations where it is not obvious that the dog is a service animal, staff may ask only two specific questions: (1) is the dog a service animal required because of a disability? and (2) what work or task has the dog been trained to perform? Staff are not allowed to request any documentation for the dog, require that the dog demonstrate its task, or inquire about the nature of the person's disability.

Q8. Do service animals have to wear a vest or patch or special harness identifying them as service animals?
A. No. The ADA does not require service animals to wear a vest, ID tag, or specific harness.

Q9. Who is responsible for the care and supervision of a service animal?
A. The handler is responsible for caring for and supervising the service animal, which includes toileting, feeding, and grooming and veterinary care. Covered entities are not obligated to supervise or otherwise care for a service animal.

Q10. Can a person bring a service animal with them as they go through a salad bar or other self-service food lines?
A. Yes. Service animals must be allowed to accompany their handlers to and through self-service food lines. Similarly, service animals may not be prohibited from communal food preparation areas, such as are commonly found in shelters or dormitories.

Q11. Can hotels assign designated rooms for guests with service animals, out of consideration for other guests?
A. No. A guest with a disability who uses a service animal must be provided the same opportunity to reserve any available room at the hotel as other guests without disabilities. They may not be restricted to "pet-friendly" rooms.

Q12. Can hotels charge a cleaning fee for guests who have service animals?
No. Hotels are not permitted to charge guests for cleaning the hair or dander shed by a service animal. However, if a guest's service animal causes damages to a guest room, a hotel is permitted to charge the same fee for damages as charged to other guests.

Q13. Can people bring more than one service animal into a public place?
A. Generally, yes. Some people with disabilities may use more than one service animal to perform different tasks. For example, a person who has a visual disability and a seizure disorder may use one service animal to assist with way-finding and another that is trained as a seizure alert dog. Other people may need two service animals for the same task, such as a person who needs two dogs to assist him or her with stability when walking. Staff may ask the two permissible questions (See Question 7) about each of the dogs. If both dogs can be accommodated, both should be allowed in. In some circumstances, however, it may not be possible to accommodate more than one service animal. For example, in a crowded small restaurant, only one dog may be able to fit under the table. The only other place for the second dog would be in the aisle, which would block the space between tables. In this case, staff may request that one of the dogs be left outside.

Q14. Does a hospital have to allow an in-patient with a disability to keep a service animal in his or her room?
A. Generally, yes. Service animals must be allowed in patient rooms and anywhere else in the hospital the public and patients are allowed to go. They cannot be excluded on the grounds that staff can provide the same services.

Q15. What happens if a patient who uses a service animal is admitted to the hospital and is unable to care for or supervise their animal?
A. If the patient is not able to care for the service animal, the patient can make arrangements for a family member or friend to come to the hospital to provide these services, as it is always preferable that the service animal and its handler not be separated, or to keep the dog during the hospitalization. If the patient is unable to care for the dog and is unable to arrange for someone else to care for the dog, the hospital
may place the dog in a boarding facility until the patient is released, or make other appropriate arrangements. However, the hospital must give the patient the opportunity to make arrangements for the dog's care before taking such steps.

Q16. Must a service animal be allowed to ride in an ambulance with its handler?
A. Generally, yes. However, if the space in the ambulance is crowded and the dog's presence would interfere with the emergency medical staff's ability to treat the patient, staff should make other arrangements to have the dog transported to the hospital.

CERTIFICATION AND REGISTRATION
Q17. Does the ADA require that service animals be certified as service animals?
A. No. Covered entities may not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal, as a condition for entry.

There are individuals and organizations that sell service animal certification or registration documents online. These documents do not convey any rights under the ADA and the Department of Justice does not recognize them as proof that the dog is a service animal.

Q18. My city requires all dogs to be vaccinated. Does this apply to my service animal?
A. Yes. Individuals who have service animals are not exempt from local animal control or public health requirements.

Q19. My city requires all dogs to be registered and licensed. Does this apply to my service animal?
A. Yes. Service animals are subject to local dog licensing and registration requirements.

Q20. My city requires me to register my dog as a service animal. Is this legal under the ADA?
A. No. Mandatory registration of service animals is not permissible under the ADA. However, as stated above, service animals are subject to the same licensing and vaccination rules that are applied to all dogs.

Q21. My city / college offers a voluntary registry program for people with disabilities who use service animals and provides a special tag identifying the dogs as service animals. Is this legal under the ADA?
A. Yes. Colleges and other entities, such as local governments, may offer voluntary registries. Many communities maintain a voluntary registry that serves a public purpose, for example, to ensure that emergency staff know to look for service animals.
during an emergency evacuation process. Some offer a benefit, such as a reduced dog license fee, for individuals who register their service animals. Registries for purposes like this are permitted under the ADA. An entity may not, however, require that a dog be registered as a service animal as a condition of being permitted in public places. This would be a violation of the ADA.

BREEDS
Q22. Can service animals be any breed of dog?
A. Yes. The ADA does not restrict the type of dog breeds that can be service animals.
Q23. Can individuals with disabilities be refused access to a facility based solely on the breed of their service animal?
A. No. A service animal may not be excluded based on assumptions or stereotypes about the animal's breed or how the animal might behave. However, if a particular service animal behaves in a way that poses a direct threat to the health or safety of others, has a history of such behavior, or is not under the control of the handler, that animal may be excluded. If an animal is excluded for such reasons, staff must still offer their goods or services to the person without the animal present.
Q24. If a municipality has an ordinance that bans certain dog breeds, does the ban apply to service animals?
A. No. Municipalities that prohibit specific breeds of dogs must make an exception for a service animal of a prohibited breed, unless the dog poses a direct threat to the health or safety of others. Under the “direct threat” provisions of the ADA, local jurisdictions need to determine, on a case-by-case basis, whether a particular service animal can be excluded based on that particular animal's actual behavior or history, but they may not exclude a service animal because of fears or generalizations about how an animal or breed might behave. It is important to note that breed restrictions differ significantly from jurisdiction to jurisdiction. In fact, some jurisdictions have no breed restrictions.

EXCLUSION OF SERVICE ANIMALS
Q25. When can service animals be excluded?
A. The ADA does not require covered entities to modify policies, practices, or procedures if it would “fundamentally alter” the nature of the goods, services, programs, or activities provided to the public. Nor does it overrule legitimate safety requirements. If admitting service animals would fundamentally alter the nature of a service or program, service animals may be prohibited. In addition, if a particular service animal is out of control and the handler does not take effective action to control it, or if it is not housebroken, that animal may be excluded.
Q26. When might a service dog’s presence fundamentally alter the nature of a service or program provided to the public?

A. In most settings, the presence of a service animal will not result in a fundamental alteration. However, there are some exceptions. For example, at a boarding school, service animals could be restricted from a specific area of a dormitory reserved specifically for students with allergies to dog dander. At a zoo, service animals can be restricted from areas where the animals on display are the natural prey or natural predators of dogs, where the presence of a dog would be disruptive, causing the displayed animals to behave aggressively or become agitated. They cannot be restricted from other areas of the zoo.

Q27. What does under control mean? Do service animals have to be on a leash? Do they have to be quiet and not bark?

A. The ADA requires that service animals be under the control of the handler at all times. In most instances, the handler will be the individual with a disability or a third party who accompanies the individual with a disability. In the school (K-12) context and in similar settings, the school or similar entity may need to provide some assistance to enable a particular student to handle his or her service animal. The service animal must be harnessed, leashed, or tethered while in public places unless these devices interfere with the service animal’s work or the person’s disability prevents use of these devices. In that case, the person must use voice, signal, or other effective means to maintain control of the animal. For example, a person who uses a wheelchair may use a long, retractable leash to allow her service animal to pick up or retrieve items. She may not allow the dog to wander away from her and must maintain control of the dog, even if it is retrieving an item at a distance from her. Or, a returning veteran who has PTSD and has great difficulty entering unfamiliar spaces may have a dog that is trained to enter a space, check to see that no threats are there, and come back and signal that it is safe to enter. The dog must be off leash to do its job, but may be leashed at other times. Under control also means that a service animal should not be allowed to bark repeatedly in a lecture hall, theater, library, or other quiet place. However, if a dog barks just once, or barks because someone has provoked it, this would not mean that the dog is out of control.

Q28. What can my staff do when a service animal is being disruptive?

A. If a service animal is out of control and the handler does not take effective action to control it, staff may request that the animal be removed from the premises.

Q29. Are hotel guests allowed to leave their service animals in their hotel room when they leave the hotel?

A. No, the dog must be under the handler’s control at all times.
SECTION FOUR: Appendices

Q30. What happens if a person thinks a covered entity's staff has discriminated against him or her?

A. Individuals who believe that they have been illegally denied access or service because they use service animals may file a complaint with the U.S. Department of Justice. Individuals also have the right to file a private lawsuit in Federal court charging the entity with discrimination under the ADA.

MISCELLANEOUS

Q31. Are stores required to allow service animals to be placed in a shopping cart?

A. Generally, the dog must stay on the floor, or the person must carry the dog. For example, if a person with diabetes has a glucose alert dog, he may carry the dog in a chest pack so it can be close to his face to allow the dog to smell his breath to alert him of a change in glucose levels.

Q32. Are restaurants, bars, and other places that serve food or drink required to allow service animals to be seated on chairs or allow the animal to be fed at the table?

A. No. Seating, food, and drink are provided for customer use only. The ADA gives a person with a disability the right to be accompanied by his or her service animal, but covered entities are not required to allow an animal to sit or be fed at the table.

Q33. Are gyms, fitness centers, hotels, or municipalities that have swimming pools required to allow a service animal in the pool with its handler?

A. No. The ADA does not override public health rules that prohibit dogs in swimming pools. However, service animals must be allowed on the pool deck and in other areas where the public is allowed to go.

Q34. Are churches, temples, synagogues, mosques, and other places of worship required to allow individuals to bring their service animals into the facility?

A. No. Religious institutions and organizations are specifically exempt from the ADA. However, there may be State laws that apply to religious organizations.

Q35. Do apartments, mobile home parks, and other residential properties have to comply with the ADA?

A. The ADA applies to housing programs administered by state and local governments, such as public housing authorities, and by places of public accommodation, such as public and private universities. In addition, the Fair Housing Act applies to virtually all types of housing, both public and privately-owned, including housing covered by the ADA. Under the Fair Housing Act, housing providers are obligated to permit, as a reasonable accommodation, the use of animals that work, provide assistance, or
SECTION FOUR: Appendices

perform tasks that benefit persons with disabilities, or provide emotional support to alleviate a symptom or effect of a disability. For information about these Fair Housing Act requirements see HUD’s Notice on Service Animals and Assistance Animals for People with Disabilities in Housing and HUD-funded Programs.

Q36. Do Federal agencies, such as the U.S. Department of Veterans Affairs, have to comply with the ADA?
A. No. Section 504 of the Rehabilitation Act of 1973 is the Federal law that protects the rights of people with disabilities to participate in Federal programs and services. For information or to file a complaint, contact the agency’s equal opportunity office.

Q37. Do commercial airlines have to comply with the ADA?
A. No. The Air Carrier Access Act is the Federal law that protects the rights of people with disabilities in air travel. For information or to file a complaint, contact the U.S. Department of Transportation, Aviation Consumer Protection Division, at 202-366-2220.
YOU’RE ON BOARD!--A short guide for people with disabilities who are on agency boards and committees

by Amy Walker, Illinois Voices Systems Change Activist

Developed by the Illinois Voices Project Team with support from the Illinois Department of Human Services (DHS) © 2007

Illinois Voices: Putting together the pieces of the self-advocacy puzzle.
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Macon Resources, Inc.
P.O. Box 2760
Decatur, Illinois 62524-2760 USA
Phone: 866-258-8266
Fax: 217-875-8899
Email: spaceley@maconresources.org
Web site: www.maconresources.org/bluetower/default.aspx
First of All—CONGRATULATIONS!

Congratulations on being chosen to serve on one of your agency’s boards, committees, or even Board of Directors! You’re going to help make important decisions that might change your life and the lives of everyone at the agency. Not everyone gets a chance to do this, so think of yourself as important. In fact, you are one of the most important people on the board! Don’t let yourself or anyone else forget it. Speak up and be proud!

I was on the Board of Directors for my hometown’s local Arc agency (agency for people with disabilities), so I’ve “been there and done that”. I’d like to share 10 meeting rules:

Rule #1: Get ready for and talk about the Board Meeting ahead time.

When I served on the Board of Directors at my hometown Arc agency, I found out that board meetings were like tests I took at school. The more that I “studied” ahead of time, or talked about it with someone else and read the handouts, the more ready I was for the meeting. You can “get ready ahead of time” like I did! Here are some tips:

- Talk with someone else who will be at the meeting. You might ask them:
  - “What is this meeting about? What are we going to talk about?”
  - “Are there any pieces of paper, or handouts, that I should read?”
  - “On what day and time is the meeting, and where will it be?”
- Read the handouts, or any pieces of paper that show what will be talked about.
At board meetings, people might ask you to follow along with the handouts. If you know what the handouts say ahead of time, so much the better for you!

If you don’t understand the handouts, PLEASE ASK someone to explain them and go over them with you. That might make handouts easier to understand.

- Ask about break time, where the restrooms are, etc. before the meeting starts.
  - Usually, the leader of the meeting, often called a chair or chairperson, will do this, but if not, please ask him or her about these things before the meeting.

Now that we know how to get ready for a meeting, what do we do once it starts?

**Rule #2: Remember that you are IMPORTANT and your opinions MATTER.**

When I was at Arc meetings, many times I felt like I wasn’t an important person there. I wasn’t “staff” at the agency and didn’t get paid to work with anyone, so how would I know what was going on at the meeting? I told my friend Lou Ellen this, and she said that I was the most important person there! Why? Because I had a developmental disability. How could the rest of the people at the meeting make the right decisions about what they should do to support people like us without us? They wouldn’t get to hear the real story from people that might be using services!

Remember **YOU ARE IMPORTANT and YOUR OPINIONS MATTER.**

**Rule #3: Speak up and be proud, even if you disagree with some ideas.**

When you know that you are important and your opinions matter to others, you may want to speak up at the meeting and let the other members of the
board or committees know what you think! Speak up and be proud. Even if you don’t agree with some of the ideas other people bring up, DON’T keep your mouth shut. Tell people how you feel, but do it the RIGHT way and not the WRONG way, like this:

**WRONG WAY**

“That’s a dumb idea!”
“I’ve got a better idea than you do.”
“That’s impossible.”
“You don’t know anything!”
Okay, bigshot, bring it on!”

**RIGHT WAY**

“That idea might not work.”
“I’ve got a good idea, too.”
“Maybe we could try this…”
“How did you come with that idea?”
“Let’s try your idea to see if it works.”

Whenever you disagree with someone’s ideas, DON’T call that person names or put them down! Instead, try to work WITH them to come up with some new ideas, or find a way to work together so that some parts of both of your ideas can work.

Now that you’re at the meeting, feeling proud, and speaking up, suddenly you get lost in a big fog of words! You don’t understand what’s going on! What do you do?

**Rule #4: If you don’t understand something, PLEASE ASK for help.**

This was hard for me to do. At the Arc meetings, I wanted to be “cool” and understand everything that was going on. When I couldn’t, I didn’t want to ask for help because I didn’t want to look silly in front of everyone else. However, when I DID ask for help, all the people at the meeting were happy to explain what they were talking about when I didn’t understand. So PLEASE ask for help if you “get lost” at the meeting. That way, you’ll look smart because people will know that you care about what they’re saying! If you understand what’s going on at the meeting, then you can speak up in a better and more meaningful way, like in Rule #5:
Rule #5: Do You Have or Support an Idea? “Move It” or “Second It”!

Meetings at your agency are all about hearing ideas and making action plans to get things done. Let’s say you have an idea that your agency should spend some extra money to install a ramp for wheelchairs at their office building. You might say:

“I move (have an idea) that our agency should spend extra money to install a ramp for wheelchairs at this office building.”

Saying “I move” makes your idea official so that everyone can hear it and think about it. Once you do, then your idea is called a motion. People can vote on it. The head person at the meeting, or chair, will ask if the other members of the board or committee support it, saying “AYE!”, or are against it, saying “NAY!” Depending on how many people say “AYE” or “NAY”, the idea may be put into place or denied.

Let’s say that someone else on the board at the meeting comes up with an idea that you like. For example, let’s say someone says, “I move (have an idea) that our agency should rewrite its rules to make them easier for everyone to understand.”

If you like this, you can say, “I second it” or “I second that motion (official idea).”

Every motion, or official idea, has to be said to the group, or moved. It also has to have two people agree with it (the person who came up with the idea and one other person). This is called having the motion seconded. Only then can others vote on it.

Don’t be afraid to “move” or “second” an idea if you like it. Use your voice! Be bold.

The next 5 rules are questions you should ask yourself and others at the meeting.
Rule #6: Ask, “How will this idea, if we do it, affect people served?”

In my opinion, this is a QUESTION you should ask about all ideas. You can ask it to yourself first and think about it, and then it’s best if you ask others that, too. After all, people served are the most important people at any agency. The money that they get from the government for their services pays all of the agency staff!

Here are some possible agency ideas that will DEFINITELY affect people served:

- Building ramps and making other changes to make the agency more accessible
- Rewriting agency rules that will make them easier to understand
- Changing the rules that decide whether people get agency services or not
- Deciding whether or not to build new group homes, workshops, and so on
- Deciding whether or not people served can have pets or animals at the agency
- Deciding whether or not to cut back on agency money to give people services

Rule #7: Ask, “How will this idea, if we do it, affect everyone else?”

After you know how an idea might change or affect the lives of people served, ask how this idea will affect or change the lives of everyone else at the agency. These two questions are ones you should ask for every idea that comes up, because at an agency, everyone is connected to everyone else, and one change for one person might cause another change for another person. Here are some examples:

- Agency staff get paid more, and then more new staff members get hired
- Agency staff get paid less, and so more staff members leave their jobs
- The agency builds a new “recreation center”; people served and staff enjoy it
• The agency makes stricter rules on who can get services; less people come
• The agency budget is tight and some cutbacks have to be made

**Rule #8: Ask, “What is the ‘flip side’ of the idea that I like or support?”**

When coming up with and supporting new ideas at board meetings, it’s very important to ask this question. There’s an old saying, “Every coin has two sides,” and every story has at least two. Here are some examples of ideas and their “flip side”, or other side.

<table>
<thead>
<tr>
<th>IDEA</th>
<th>“FLIP SIDE” OF THAT IDEA</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Let’s pay staff more.”</td>
<td>“Our agency won’t make as much money.</td>
</tr>
<tr>
<td>“Let’s build a wheelchair ramp.”</td>
<td>“That will cost the agency some money</td>
</tr>
<tr>
<td>“Let’s allow pets in group.”</td>
<td>“Who will pay for damage pets might cause?”</td>
</tr>
<tr>
<td>“Let’s hire more staff to work.”</td>
<td>“Do we have enough money to pay them?”</td>
</tr>
<tr>
<td>“Let’s get rid of this silly rule.”</td>
<td>“Would doing that help or hurt people?”</td>
</tr>
</tbody>
</table>

If you think about both sides, or the many sides, of any idea you support and bring them up, then you will help to make a better decision than if you just said, “Let’s do this” or “Let’s put this idea into place” without thinking about all the “sides” of the idea.

**Rule #9: Ask, “Will putting this idea into place be fair to everyone?”**

This can be a hard question to answer, but we must ask it. Deciding whether ideas brought up at board meetings will be fair to everyone can be difficult to do. After all, not everyone at the agency will be at the meeting! How do we decide? Here are 5 questions that agencies might ask themselves about whether ideas are fair:
1. Will people served, staff, and everyone at the agency be better off if we do this?
2. Will this idea cost some people a lot of time and money, and other people none?
3. If we are using taxpayer money to do this idea, how will we spend it carefully?
4. Do we have enough staff, time, and resources to make this idea really work?
5. Will anyone be hurt, either personally or financially, if we do this idea?

If an idea is fair to everyone or almost everyone, it has a better chance of being put into place.

**Rule #10: Ask, “What can I do on this board to help make things better?”**

Speaking up at board and committee meetings is great, and it’s even better if people take action because of what was talked about at those meetings. Ask what you can do to help put some good ideas into place. Here are some examples of what you can do:

- Ask if you can send people letters about a new idea, such as a staff pay raise
- Ask if you can raise funds for new buildings or services if they’re proposed
- Ask how you can contact your state officials for more agency money if needed
- Ask if you can become an officer of the Board (maybe after a couple years!)
- Ask if you can give a survey to everyone at the agency to hear what they think
- Ask if you can see the agency’s budget and have it explained to you
- Ask to see the rules and regulations that you have to follow and learn them
- Ask if you can talk about some ideas and issues with your friends and staff

Rule #10 is all about action, and here’s hoping the good ideas your board has will be put into place with your help! Remember, the agency is here to
help YOU, and through helping the agency, it can help you in a better way. Let everyone know what you think!

Good luck and congratulations on being chosen for this important, high responsibility!

**Top 10 Rules for Board Meetings**

#1: Get ready for and talk about the Board Meeting ahead of time.

#2: Remember that you are IMPORTANT and your opinions MATTER.

#3: Speak up and be proud, even if you disagree with some ideas.

#4: If you don’t understand something, PLEASE ASK for help.

#5: Do You Have or Support an Idea? “Move It” or “Second It”!

#6: Ask, “How will this idea, if we do it, affect people served?”

#7: Ask, “How will this idea, if we do it, affect everyone else?”

#8: Ask, “What is the ‘flip side’ of the idea that I like or support?”

#9: Ask, “Will putting this idea into place be fair to everyone?”

#10: Ask, “What can I do on this board to help make things better?”
Sample ICADV Administrative Checklist Tool For Site Visits

| Illinois Coalition Against Domestic Violence - Administrative Checklist Tool |
|---|---|
| This administrative checklist tool should be used during ICADV site visits. ICADV requires that at each site visit, a sampling of fiscal and other agency materials be made available as needed. The monitor reviewing the administrative files should use this form to assess compliance with executed ICADV agreements. Any findings requiring follow up by the agency that are discovered during site visit should be shared with the Executive Director and/or Program Director during an exit interview. You should also provide them a copy of the completed Administrative Checklist Tool before your departure from the agency. These findings shall also be documented as part of the site visit report filed for the agency. |

<table>
<thead>
<tr>
<th>Program:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I. ICADV Assurances</th>
<th>Max Score: 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the program:</td>
<td>YES NO NA Comments</td>
</tr>
<tr>
<td>1. Provide ICDVP certified 40 hour training to all direct service staff/volunteers hired after July 1, 2004?</td>
<td></td>
</tr>
<tr>
<td>2. Utilize volunteers?</td>
<td></td>
</tr>
<tr>
<td>3. Assist victims in seeking crime victim compensation benefits?</td>
<td></td>
</tr>
<tr>
<td>4. Promote coordinated public/private efforts with community to assist survivors?</td>
<td></td>
</tr>
<tr>
<td>5. Provide 24-hour telephone accessibility by 40 hour trained staff/volunteers without survivor having to make a 2nd phone call or wait for a return phone call?</td>
<td></td>
</tr>
<tr>
<td>6. Provide access to safe housing for victims of domestic violence including access to trained staff?</td>
<td></td>
</tr>
<tr>
<td>7. Provide all survivors of domestic violence free, nondiscriminatory, confidential services?</td>
<td></td>
</tr>
<tr>
<td>8. Act on behalf of individual survivors with other social services/criminal justice agencies (as needed by survivor)?</td>
<td></td>
</tr>
<tr>
<td>9. Provide ongoing training and education to community groups?</td>
<td></td>
</tr>
<tr>
<td>Demonstrate unique, innovative or exemplary commitment to the ICADV Assurances?</td>
<td>If yes, add 1 point to score</td>
</tr>
</tbody>
</table>

SCORE:
### II. Agency Administration  
**Score:** 5

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1. Does the agency operate under Board approved policies?  
*For each item indicate the last time they were reviewed by the Board of the agency:* | [ ] | [ ] | [ ] | Scoring Instructions:  
All questions answered “yes” – 5  
One question answered “no” – 3  
More than one question answered “no” – 1 |
| a. Personnel policies | [ ] | [ ] | [ ] | |
| b. Client confidentiality/appeal policies | [ ] | [ ] | [ ] | |
| c. Safety and security policies | [ ] | [ ] | [ ] | |
| d. Fiscal policies | [ ] | [ ] | [ ] | |
| 2. Is the Board of Directors free of anyone who may have a conflict of interest?  
Do members sign conflict statement? | | | |

### III. Fiscal Documentation  
**Max Score:** 5

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 1. Does fiscal documentation indicate the agency is segregating dollars by funder AND by project? | [ ] | [ ] | [ ] | Scoring Instructions:  
All questions answered “yes” or NA – 5  
One question answered “no” – 3  
More than one question answered “no” – 1 |
| 2. Does fiscal documentation demonstrate that required match funds on ICADV grants are accounted for and segregated by project? | | | |
| 3. Are program’s procurement and employment procedures competitive in nature and supported by necessary documentation? | | | |
| 4. If the program reimburses therapists for Children’s Services, is the required documentation available?  
*For each item:*  
a. Therapist’s resume  
b. Rate of pay certification  
c. Documentation regarding other therapist’s fees in the same community | [ ] | [ ] | [ ] | |
<p>| 5. Do program timesheets contain appropriate signatures and funding sources? | | | |</p>
<table>
<thead>
<tr>
<th>IV. Service Documentation</th>
<th>Max</th>
<th>YES</th>
<th>NO</th>
<th>NA</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Is staff using the most current version of InfoNet Service Definitions? Do all staff providing service have access to and training on current service category definitions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Scoring Instructions: All questions answered “yes” or NA = 5 One question answered “no” = 3 More than one question answered “no” = 1</td>
</tr>
<tr>
<td>2. Do staff/supervisors/directors routinely use InfoNet to monitor progress on service goals and objectives and/or for other uses in the agency like case management and staff supervision?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the agency use Exception Reports and/or other methods to routinely monitor accuracy of data entry?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the agency demonstrate unique, innovative or exemplary efforts regarding the use of accurate service definitions and monitoring service progress?</td>
<td>If yes, add 1 point to score</td>
<td></td>
<td></td>
<td></td>
<td>SCORE:</td>
</tr>
</tbody>
</table>
## Sample ICADV Client File Checklist Tool For Site Visits

**Illinois Coalition Against Domestic Violence - Client File Checklist Tool**

This client file checklist tool should be used during ICADV site visits. ICADV requires that at each site visit, a sampling of client files be reviewed. The monitor reviewing the client file should use this form to assess if a client file meets minimum requirements for content. Any findings requiring follow up by the agency that are discovered during site visit should be shared with the Executive Director and/or Program Director during an exit interview. You should also provide them a copy of the completed Client File Checklist Tool before your departure from the agency. These findings shall also be documented as part of the site visit report filed for the agency.

**Program:**

**Date:**

**Grant/Project:**

<table>
<thead>
<tr>
<th>Client ID #:</th>
<th>What type of client? (Circle one)</th>
<th>ADULT</th>
<th>CHILD</th>
</tr>
</thead>
</table>

### I. Intake/Eligibility Criteria

**Max Score: 5**

<table>
<thead>
<tr>
<th>Eligibility determined</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Scoring Instructions:**

- All questions answered “yes” – 5
- One question answered “no” – 3
- More than one question answered “no” – 1

Completed within 24 hours of intake

Signed by Intake Worker and Client

*Note – on phone intakes, advocates should sign “phone intake” on client signature line and obtain client signature when/if client is present

**SCORE:**

### II. Release of Information

**Max Score: 5**

<table>
<thead>
<tr>
<th>Are there any releases in file? (not required)</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Scoring Instructions:**

- If yes to question 1, score questions 2&3 as follows:
  - All questions answered “yes” – 5
  - One question answered “no” – 3
  - More than one question answered “no” – 1

- If no to question 1, the entire section should be scored on the basis of question 4 alone:
  - Question 4:
    - Yes – 1
    - No – 5

1. Identifying information
   - a. Client ID
   - b. Dated
   - c. Signed by Client

2. Content
   - a. Specifies person/agency whom disclosure is to be made
   - b. Specifies purpose for disclosure
   - c. Specifies material to be released
   - d. States client’s right to inspect the written information to be disclosed
### SECTION FOUR: Appendices

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>e. States consequences of refusal to consent, if any</td>
<td></td>
</tr>
<tr>
<td>f. Expiration date</td>
<td></td>
</tr>
<tr>
<td>g. Revocation information</td>
<td></td>
</tr>
<tr>
<td>4. Was information released w/o authorization?</td>
<td></td>
</tr>
</tbody>
</table>

### III. Documentation of Service

<table>
<thead>
<tr>
<th>Question</th>
<th>Max</th>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are IDVA services documented?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is length of services apparent?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are contacts dated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are service contacts initialed by service provider?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Do staff accurately document work in appropriate category?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is file set up to follow from staff to staff?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is info critical to what needs to be done/is done indicated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are client service plans present and regularly updated?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does agency demonstrate unique, innovative or exemplary commitment to documenting its work with clients?</td>
<td></td>
<td></td>
<td></td>
<td>If yes, add 1 point to score</td>
</tr>
</tbody>
</table>

**SCORE:**

---

**Scoring Instructions:**
- All questions answered "yes" – 5
- One question answered "no" – 3
- More than one question answered "no" – 1

---

SEC 4-APPENDICES 26
## Illinois Coalition Against Domestic Violence

### Site Visit Report

<table>
<thead>
<tr>
<th>Agency:</th>
<th>For Fiscal Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor Submitting Report:</td>
<td>Site Visit Date:</td>
</tr>
<tr>
<td>Staff Interviewed At Visit:</td>
<td></td>
</tr>
</tbody>
</table>

**ICADV Assurances Met?**  YES  NO

### ORGANIZATION UPDATE

### REPORTS ATTACHED

<table>
<thead>
<tr>
<th>VOCA (Victims of Crime Act)</th>
<th>VAWA (Violence Against Women Act)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Services</td>
<td>Latina Services</td>
</tr>
<tr>
<td>Child Services</td>
<td>Rural Satellite</td>
</tr>
<tr>
<td>Child Therapy Reimbursement Services</td>
<td>Chemical Dependency</td>
</tr>
</tbody>
</table>

### Information About the Site Visit Report

Performance expectations that are considered at the site review:

- Does the staff demonstrate knowledge and expertise? Are they trained?
- Is your project making sufficient progress toward its goals & objectives?
- Do you regularly monitor the project? Are adjustments made to your activities in order to reach your objectives?
- Is your project providing a sufficient scope and level of services? Is it reaching the target population?
- Does your dv program provide systems advocacy, education, and training to increase the effectiveness of your individual advocacy for clients?
- How do you respond to internal & external changes and new challenges?
# Illinois Coalition Against Domestic Violence
## Site Visit Report

**Agency:**

**For Fiscal Year:** FY12

### REPORT FOR GRANT/PROJECT:

<table>
<thead>
<tr>
<th>VOCA (Victims of Crime Act)</th>
<th>VAWA (Violence Against Women Act)</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Adult Services</td>
<td>_____ Latina Services</td>
</tr>
<tr>
<td>_____ Child Services</td>
<td>_____ Rural Satellite</td>
</tr>
<tr>
<td>_____ Child Therapy Reimbursement Services</td>
<td>_____ Chemical Dependency</td>
</tr>
</tbody>
</table>

### A. PROJECT RATING

- **Excellent:** Exceeds expectations in most or all of the key areas. *(Explain why this agency's project exceeds expectations.)*
- **Satisfactory:** Meets expectations in most or all of the key areas.
- **Developing:** Needs significant improvement in key areas.*
- **Unsatisfactory:** Fails to meet minimum expectations in key areas.* *(Explain why this agency's project fails to meet minimum expectations in key areas.)*

*See attached request for action steps and timeline for improvement.*

### B. PROJECT PROGRESS SUMMARY

Insert summary here

### C. SERVICE DOCUMENTATION / CONFIDENTIALITY

**Client Files Contain:**

- Completed Intakes
- Appropriate releases of information and signatures
- Service hours are documented and dated
- Narrative shows interventions and case progressions
- Staff signatures

**Data:**

- Program generates statistical reports
- Uses statistical reports to monitor progress on project

### D. FISCAL INFORMATION

- Grants are segregated by funding source (by funder and by project)
- Match funds account is segregated.
- Fiscal reports are consistently submitted in a timely manner.
## Site Visit Scoring

### Administrative Checklist Score

<table>
<thead>
<tr>
<th></th>
<th>VOCA A</th>
<th>VOCA CH</th>
<th>VOCA CT</th>
<th>VAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ICADV Assurances</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Agency Administration</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Fiscal Documentation</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Service Documentation</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Services Checklist Score

<table>
<thead>
<tr>
<th></th>
<th>VOCA A</th>
<th>VOCA CH</th>
<th>VOCA CT</th>
<th>VAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Accuracy &amp; Timeliness of Reports</td>
<td>max: 20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Progress: Goals &amp; Fiscal Spending</td>
<td>max: 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Progress: Addressing Program Weaknesses &amp; Taking Requested Action</td>
<td>max: 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Client File Checklist Score

<table>
<thead>
<tr>
<th></th>
<th>VOCA A</th>
<th>VOCA CH</th>
<th>VOCA CT</th>
<th>VAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Intake/Eligibility Criteria</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Release of Information</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Documentation of Service</td>
<td>max: 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Unique, Innovative or Exemplary Service Score

<table>
<thead>
<tr>
<th></th>
<th>VOCA A</th>
<th>VOCA CH</th>
<th>VOCA CT</th>
<th>VAWA</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. ICADV Assurances</td>
<td>max: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>II. Service Documentation</td>
<td>max: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Progress: Goals &amp; Fiscal Spending</td>
<td>max: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV. Progress: Addressing Program Weaknesses &amp; Taking Requested Action</td>
<td>max: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V. Documentation of Service</td>
<td>max: 1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Program Score:
Ratings:

**Excellent:** Exceeds expectations in most or all of the key areas. Generally, scores of 80 and above will qualify for the "Excellent" rating.

**Satisfactory:** Meets expectations in most or all of the key areas. Generally, scores within the 55-79 range will qualify for the "Satisfactory" rating.

**Developing:** Needs significant improvement in key areas. Generally, scores within the 45-54 range will qualify for the "Developing" rating. In addition, the Site Monitor must include a specific explanation as to what area(s) need significant improvement as well as a corrective action plan for the program to follow.

**Unsatisfactory:** Fails to meet minimum expectations in key areas. Generally, scores below 45 will qualify for the "Unsatisfactory" rating. In addition, the Site Monitor must include a specific explanation as to what area(s) failed to meet minimum expectations as well as a corrective action plan for the program to follow.

Awarding of Unique, Innovative or Exemplary Service points must be accompanied by an explanation as to why the program achieved these points. This explanation must be included in the site visit report.

Deviation from the rating system must be explained by the site monitor and approved by the Executive Director. The explanation must be included in the site visit report.
### Sample IDHS Quality Review Tool

**Illinois Department of Human Services**  
**Division of Community Health and Prevention**  
**Bureau of Domestic and Sexual Violence Prevention**  
**Quality Review Tool**

<table>
<thead>
<tr>
<th>Provider:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Program Director:**

**DHS Staff:**

**Grant Administration**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

A. Provider has a copy of an Annual Audit, Board of Directors list and Board Minutes.

B. Payroll for Review Month indicates which staff were working in Domestic Violence Program.

C. Annual Program Plan is on file at agency location.

D. If needed, a revised Program Plan is required by DHS.  
   Reason:

E. Annual Spending Plan is on file at agency location.

F. Annual program budget meets guidelines on allowable costs.

G. Summary expenditure documentation forms (EDF’s) are on file.
   1. Monthly EDFs reflect actual program costs.
   2. Monthly EDFs indicate spending is on target for each line item (25% of amount on approved budget).
   3. EDFs are submitted in a timely manner.

H. All subcontractor agreements are on file (includes subcontract, amount, and budgets for each subcontractor).

I. Provider has a process for monitoring subcontractor performance, expenditures and reporting.

Comments/Suggestions:
SECTION FOUR: Appendices

**Personnel**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Personnel files are kept on each employee.</td>
<td></td>
</tr>
<tr>
<td>B. Job descriptions for each DV position are on file.</td>
<td></td>
</tr>
<tr>
<td>1. Application for employment is on file.</td>
<td></td>
</tr>
<tr>
<td>2. Background checks are on file.</td>
<td></td>
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<tr>
<td>C. 40-Hour Documentation is on file.</td>
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<tr>
<td>D. Volunteer files contain background checks, 40-hour certificate.</td>
<td></td>
</tr>
<tr>
<td>E. Signed confidentiality agreements for staff/volunteers are in personnel file.</td>
<td></td>
</tr>
<tr>
<td>F. Staff/volunteers are aware they are legally responsible and liable for maintaining client confidentiality.</td>
<td></td>
</tr>
<tr>
<td>G. Sanctions are defined for non-compliance by staff/volunteers.</td>
<td></td>
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</tbody>
</table>

**Confidentiality Procedures**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Staff and volunteers are required to keep identities and communications of client confidential.</td>
<td></td>
</tr>
<tr>
<td>B. Staff are to obtain signed written release from client for all releases of any confidential communication.</td>
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</tr>
<tr>
<td>C. Clients are aware the identity and communications of other clients is to remain confidential.</td>
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</tr>
<tr>
<td>D. Adult clients are informed of their right to confidential communications and the agency policy.</td>
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</tr>
<tr>
<td>E. Adult clients’ signed confidentiality agreements are placed in client files.</td>
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<tr>
<td>F. Confidentiality agreements contain disclaimers explaining what would force the agency to break confidentiality.</td>
<td></td>
</tr>
<tr>
<td>G. Client files are kept locked at all times or specified times of the day.</td>
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<tr>
<td>H. Agency has a policy outlining staff access to client files.</td>
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</table>

Comments/Suggestions:
**SECTION FOUR: Appendices**

### Safety Procedures

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>A. Entrances are secured and persons are screened before entering the agency or program location (as appropriate).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Procedures for answering the door and phone are included in policy.</td>
<td></td>
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</tr>
<tr>
<td>C. Procedures for responding to abusers who telephone or come to shelter or program location are included in policy.</td>
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<td></td>
</tr>
<tr>
<td>D. Written emergency procedures are in place.</td>
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<tr>
<td>E. Staff/volunteers are informed of need for security and are required to follow the written procedures.</td>
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</tr>
<tr>
<td>F. Clients are informed of need for security and are required to follow the written procedures.</td>
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</tbody>
</table>

Comments/Suggestions:

### Notification and Documentation

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>A. Intakes are completed and signed by Staff and Client.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Confidentiality forms are signed and dated by Staff and Client.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Release of Information forms are signed and dated by Staff and Client.</td>
<td></td>
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</tr>
<tr>
<td>D. Service Plans are completed, updated and/or modified based on the client’s services.</td>
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<tr>
<td>E. Service Plan and client services can be linked to show objectives were met and/or progressing as planned.</td>
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<tr>
<td>F. Case notes reflect client’s progress towards achieving set goals and/or objectives.</td>
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<tr>
<td>G. Appropriate referrals were made, if necessary.</td>
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<tr>
<td>H. Referrals for services reflect goals listed in service plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. For those clients in shelter more than 45 days, documentation is in file explaining continued shelter stay.</td>
<td></td>
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</tr>
<tr>
<td>J. Male victim files are consistent with agency’s Program Plan description for services.</td>
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<tr>
<td>K. If client is ineligible, “Notice of Ineligibility,” reason(s), and right to fair hearing were given.</td>
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</table>

Comments/Suggestions:
## SECTION FOUR: Appendices

### Shelter Logs

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Shelter log includes client’s identification number and date(s) client was sheltered.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Staff/volunteer names are present for each shift change.</td>
<td></td>
<td></td>
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<tr>
<td>C. Payroll and volunteer rosters verify the staff/volunteer listed was documented for the program.</td>
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<tr>
<td>D. Turn-Away list (if applicable for review month) reflects reason shelter was denied.</td>
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</tbody>
</table>

Comments/Suggestions:

### Program Performance

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Number of staff working in the DV program is consistent with the Program Plan.</td>
<td></td>
<td></td>
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<tr>
<td>B. Number of clients served for reporting quarter is consistent with InfoNet Reports.</td>
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<tr>
<td>C. Agency utilizes a self-monitoring management evaluation system that reviews client files.</td>
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<tr>
<td>D. Agency provides ongoing training opportunities for staff.</td>
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<tr>
<td>E. All quarterly reports are complete, accurate and submitted on time.</td>
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<tr>
<td>F. All reports (Program Plan, Spending Plan and Closeout Report) have been submitted on a timely basis this fiscal year.</td>
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</table>

Comments/Suggestions:
SECTION FOUR: Appendices

Sample IDHS Quality Review Instructions

ATTACHMENT 1

Grant Administration

A. According to Illinois Department of Human Services (IDHS) contracts and/or Illinois Domestic Violence Service Provider Guidelines (Guidelines), each service provider must maintain a copy of the Agency Annual Report, a list of its Board of Directors and Board Minutes.

Review Steps
- Ask Agency Representative to see copies of the above-mentioned documents.
- Make appropriate remarks on Quality Review Tool.

B. Payroll records for Domestic Violence Program are complete and indicate which staff were working in program.

Review Steps
- Ask Agency Representative to provide payroll records and timesheets for the month two months prior to the review month (i.e. verify March payroll for a May review).
- Ensure staff listed for program are documented in Program Plan.

C./D. According to IDHS contract and/or Guidelines, each service provider must submit an Annual Program Plan to IDHS Bureau of Domestic and Sexual Violence Prevention.

Review Steps
- Prior to Quality Review Site Visit, verify that the Agency has submitted an Annual Program Plan and that it has been approved by checking the Transformation Master Folder.
- If the Program Plan has not been approved, determine why as well as the timeframe for submission of revised Plan.
- While at the Agency verify that the Plan on file is the Plan that has been approved by IDHS.

E./F. According to IDHS contract and/or Guidelines, each service provider is required to submit an Annual Spending Plan to IDHS Bureau of Domestic and Sexual Violence Prevention.

Review Steps
- Prior to Quality Review Site Visit, verify that the Program has submitted an Annual Spending Plan by checking the Transformation Master Folder.
- Verify with Program Representative that there is an Annual Spending Plan on file at the Agency.
- Verify that the Spending Plan outlines a 17% match for the grant award.
- Verify that administrative costs account for no more than 20% of the program's Spending Plan.

G. Agencies/Programs are required to submit Expenditure Documentation Forms (EDFs) at least monthly.

Review Steps
SECTION FOUR: Appendices

- Ask Program Representative to provide Reviewer with EDFs for prior two months as well as supporting documentation.
- Verify that the costs are allowable.
- Verify that EDFs reflect the actual program costs.
- Verify that monthly EDFs indicate spending is on target for each line item (25% of amount on approved budget).
- Ask for documentation indicating that EDFs have been submitted on a monthly basis (minimum standard).

H. All subcontractor agreements are on file.

Review Steps
- Discuss with provider what services have been subcontracted.
- Ask to see subcontracts for any services discussed.

I. Provider has process for monitoring subcontractor performance, expenditures and reporting.

Review Steps
- Ask for documentation/tools that provider uses to monitor performance, expenditures and reporting by subcontractors.
- Verify that documentation/tools are being kept up-to-date.

Personnel

A. – C. Personnel files are kept on each employee/job description on file/40-hour training certificate on file.

Review Steps
- Review personnel files for all new direct service employees since last site visit.
- Verify that all employee files contain the following:
  - Employee’s application/resume and references
  - Job description
  - Date of hire
  - Work performance evaluations
  - Salary
  - Promotions
  - Any disciplinary actions taken
  - Signed Declaration of Confidentiality
  - Certificate of completion of 40-hour training
  - Documentation of professional certifications or licensure as applicable
  - Signed Employment Eligibility Verification (I-9)
  - Any statements requiring signature according to program policy (i.e. Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status, etc.)
  - CANTS and LEADS checks, if applicable
  - Emergency information
  - Any confidential medical information
- Verify that Personnel files are kept in a location that disallows access by staff other than supervisors.
D. Volunteer files contain background checks and 40-hour training certificate.

**Review Steps**
- Ask for a random sample of 10 volunteer files.
- Review files of volunteers providing direct service or having access to confidential information to verify they contain the following:
  - Application form
  - Time spent at program
  - Signed Declaration of Confidentiality
  - Certificate of completion of 40-hour training
  - Any statements requiring signature according to program policy (i.e. Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status, etc.)
  - CANTS and LEADS checks, if applicable
  - Records of additional trainings attended
  - Records of awards or recognition for contributions to the program
- Review files of volunteers who are providing indirect service to verify they contain the following:
  - Time spent volunteering in the Program
  - Contributions made to the Program

E. Signed confidentiality agreements are in staff/volunteer files.

**Review Steps**
- Verify through above process.

F./G. Staff/Volunteers are aware they are legally responsible for maintaining confidentiality. Sanctions are defined for non-compliance.

**Review Steps**
- Ask to view Confidentiality Policy and/or Declaration of Confidentiality.
- Confirm that the policy and/or declaration contain the following elements:
  - Statement that staff and volunteers are required by the Illinois Domestic Violence Act to maintain each survivor’s confidentiality and that failure to do so is a crime
  - Statement that information can only be released without a survivor’s consent under one of the following conditions:
    - When survivor has given prior specific written consent through a Release of Information form
    - When it is required by the Abused and Neglected Child Reporting Act or the Adult Protective Services Act
    - In cases where failure to do so is likely to result in imminent risk of serious bodily harm or death
  - Requirement that staff/volunteers maintain confidentiality even after their employment/affiliation ends
  - Definitions of confidential communications, observations, and information
  - How the program addresses illegal breaches of confidentiality, including sanctions
  - Possible repercussions of not abiding by the program’s confidentiality expectations; for example, jeopardizing the safety of survivors and staff/volunteers
SECTION FOUR: Appendices

- Statement that the staff/volunteer has read and understands all of the program’s confidentiality policies and procedures
- Signature/date line for staff/volunteers

Confidentiality Procedures

A. Staff and Volunteers are required to keep identities and communications of clients confidential.

Review Steps
- Ask to see program’s confidentiality policy and Declaration of Confidentiality.
- Confirm that both policy and Declaration indicate that staff/volunteers are required to maintain confidentiality in accordance with the Illinois Domestic Violence Act and that failure to do so is a crime.

B. Staff is to obtain signed, written Release of Information from client for all release of any confidential information.

Review Steps
- Request a copy of the program policy regarding client’s Release of Information.
- Verify that policy indicates a signed Release must be in place before the actual release of any information.

C. Clients are aware the identity and communications of other clients is to remain confidential.

Review Steps
- Verify that the program has a policy and/or Declaration of Confidentiality for the survivors using their services.
- Verify that Policy/Declaration includes the following:
  - A statement that staff/volunteers are required by the Illinois Domestic Violence Act to maintain each survivor’s confidentiality
  - A statement that information can only be released only if written consent is given; or as required by the Abused and Neglected Child Reporting Act or Adult Protective Services Act; or in cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death
  - Confidentiality expectations of survivors, such as keeping the location of the shelter or other survivors’ identities and communications confidential
  - A warning that survivors in the program are not legally responsible to uphold the confidentiality of others in the program
  - A warning of the possible repercussions of not abiding by the program’s confidentiality expectations; for example, jeopardizing the safety of other survivors as well as staff/volunteers
  - A description of documentation procedures and maintenance, including:
    - What information is recorded and why, and the methods of collection
    - The program’s policy for responding to court orders for records
    - Processes for survivors viewing their own files
    - A description of what kind of information will remain on file once a survivor terminates services, and timelines for when records will be destroyed
    - A signature/date line for the survivor and witness
SECTION FOUR: Appendices

D. Adult clients are informed of their right to confidential communications and the agency policy.

Review Steps
- Verify using information listed above.

E. Adult clients’ signed Declarations of Confidentiality are placed in client files.

Review Steps
- Verify during review of client files.

F. Declarations of Confidentiality contain disclaimers explaining what would force the agency to violate confidentiality.

Review Steps
- Review agency/program Declaration of Confidentiality.
- Verify that the Declaration indicates the only reasons to violate confidentiality:
  - When survivor has given prior specific written consent through a Release of Information form
  - When it is required by the Abused and Neglected Child Reporting Act or the Adult Protective Services Act
  - In cases where failure to do so is likely to result in imminent risk of serious bodily harm or death

G. Client files are kept locked at all times or specified times of the day.

Review Steps
- Review agency/program policy regarding the retention of records.
- Visually confirm that records are kept locked.

H. Agency has a policy outlining staff/volunteer access to files.

Review Steps
- Review agency/program policy regarding staff/volunteer access to files.

Safety Procedures

A. Entrances are secured and persons are screened before entering the agency/program location (as appropriate).

Review Steps
- Visually verify that entrances are secure.
- Inquire as to policy regarding entrance to the agency/program.

B. Procedures for answering the door and phone are included in the policy.

C. Procedures for responding to abusers who telephone or come to shelter or program location are included in the policy.

D. Written emergency procedures are in place.
SECTION FOUR: Appendices

E. Staff/volunteers are informed of the need for security and are required to follow the written procedures.

F. Clients are informed of need for security and are required to follow the written procedures.

Review Steps (for sections B. – F.)

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

Notification and Documentation

A. Intakes are completed and signed by staff and client.
B. Confidentiality forms are signed and dated by staff and client.
C. Release of Information forms are signed and dated by staff and client.
D. Service Plans are completed, updated and/or modified based on the client’s length of stay.
E. Service Plan and client services can be linked to show objectives were met and/or progressing as planned.
F. Case notes reflect client’s progress toward achieving set goal and/or objectives.
G. Appropriate referrals were made, if necessary.
H. Referrals for services reflect goals listed in Service Plan.
I. For those clients staying in shelter more than 45 days, documentation is in the file explaining continued shelter stay.
J. Male victim files are consistent with agency’s Program Plan description for services.
K. If client is ineligible, a “Notice of Ineligibility” and reason(s) and right to fair hearing were given.

Review Steps (for sections A. – K.)

- Ask for a list of client numbers for clients served during the last three months.
- Randomly select 9 client numbers; these will be the files that are reviewed. Ask staff to provide you with one more file for a male client. If no male clients have been served in the last three months, randomly select one more number from the list provided.
- In each file verify that the Client Intake Form has been signed by staff/volunteer and client.
- Verify that each file has a Declaration of Confidentiality signed/dated by staff/volunteer and client.
- Confirm that if applicable, appropriate Releases of Information have been signed and dated.
- Verify that Service Plans have been completed/updated as needed, and that Provider Guidelines outline the following recommendations:
  - Shelter/Residential: developed within three (3) days of being admitted, with weekly updates thereafter, or as changes in the situation warrant
  - Walk-In/Counseling: developed within two visits, with updates at each subsequent visit or as changes in the situation warrant
  - Legal Advocacy: developed during the first visit, with updates at each subsequent visit, or as changes in the situation warrant
- Compare Service Plans with Case Notes in file to determine if needs addressed in the creation of the Service Plan have been addressed during individual and/or group counseling. Also verify that appropriate referrals have been made when provider is unable to assist client in achieving the stated goal(s).
If client has been in shelter for more than 45 days, verify that there is documentation in the file explaining continued stay as well as how/when the stay is reviewed and by whom.

If you are reviewing the file for a male client, verify that the provision of services is consistent with what the agency has stated in its Program Plan. Program Plans should be obtained from the Transformation folder and reviewed prior to the Quality Review Site Visit.

Verify in Case Notes that if a person has been deemed ineligible for some or all services, all of the following have been given to the client:
- Notice of Ineligibility
- Reasons for ineligibility
- Explanation as to how she/he can obtain a fair hearing

Shelter Logs

A. Shelter log includes client’s identification number and date(s) client was sheltered.
B. Staff/volunteer names are present for each shift change.
C. Payroll and volunteer rosters verify the staff/volunteer listed was documented for the program.
D. Turn-Away list (if applicable for review month) reflects reasons shelter was denied.

Review Steps (for sections A. – D.)
- Ask agency/program to provide Shelter Logs for the previous month.
- Verify that Logs include client identification number, date(s) client was sheltered and staff/volunteer names for each shift change.
- Verify that the payroll and volunteer rosters do actually confirm that the staff/volunteer listed was documented appropriately for the program.
- Shelters only: Verify that the Turn-Away list includes all Turn-Aways the agency/program has encountered. To be considered a Turn-Away a person must be determined to be a survivor of domestic violence, eligible for domestic violence shelter services, and in need of shelter but due to lack of bed space the program was unable to provide on-site shelter. The Turn-Away Log must include the following information:
  - Date
  - Number of survivors, children, and other unsafe family members turned away
  - Alternative referrals
  - Name of the advocate

Program Performance

A. Number of staff working in the DV program is consistent with the Program Plan.
B. Number of clients served for reporting quarter is consistent with InfoNet reports.
C. Agency utilizes a self-monitoring management evaluation system that reviews client files.
D. Agency provides ongoing training opportunities for staff.
E. All quarterly reports are complete, accurate and submitted on time.
F. All reports (Program Plan and Closeout Report) have been submitted on a timely basis this fiscal year.

Review Steps (for sections A. – F.)
- Compare the number of staff reported to be working in the domestic violence program to that reported on the Program Plan for the current fiscal year. Program Plans should
be obtained from the Transformation folder and reviewed prior to the Quality Review Site Visit.

- Obtain documentation during the Quality Review Site Visit to indicate the number of clients served during the most recent completed quarter. Confirm that the number documented is consistent with the InfoNet reporting system. InfoNet reports can be obtained from the Bureau of Domestic and Sexual Violence Prevention Staff and should be requested one week prior to the scheduled Quality Review Site Visit.

- Verify that a Self-Monitoring Management Evaluation System is in place.

- Verify with program representative that there are ongoing training opportunities for staff/volunteers. Document how the agency/program disseminates the information regarding upcoming opportunities to staff/volunteers as well as how the agency/program documents staff attendance at such trainings.

- Verify with agency/program representative that all appropriate reports have been submitted to DHS in a timely manner. This can also be verified by checking the Transformation folder to determine if there has been any action taken due to the agency/program not submitting necessary information.
Appendix D: 40 Hour Domestic Violence Training Topics

A. FOUNDATIONS - This section covers the history and the basic fundamentals of domestic violence.

Timeframe: 2 hours minimal

- **Definition of Domestic Violence**
  - Utilize a definition of domestic violence that includes the following two factors:
    - Power & control issues
    - Pattern of abusive behavior

- **Historical and Feminist Perspectives**
  - Discuss milestones in the history of the world that impact dealing with the issue of domestic violence.
  - Provide the knowledge needed to better understand the movement to end violence against women and children.
  - Present a brief history of the domestic violence movement on a local and national level. Include the history of your domestic violence program and/or the Illinois Coalition Against Domestic Violence or both.

- **Societal and Institutional Issues**
  - Discuss how society and institutions continue to oppress women and reinforce women's victimization.
  - Discuss how programs must couple intervention skills with the knowledge that violence against women affects all women in society and is an extension of sexist attitudes in a patriarchal system.
  - Define oppression. Describe the impact that oppression can have on survivors of domestic violence.
  - Define social change and its role in the domestic violence movement.
  - Discuss the necessity of advocating for social change in order to end domestic violence.

- **Myths and Realities**
  - Discuss some of the more common myths about domestic violence and their realities.

B. DYNAMICS - This section contains statistics and the basic concepts of domestic violence.

Timeframe: 5 hours minimal

- **Statistics of Domestic Violence**
  - Provide statistics that are current, up to date, and from reputable sources.

- **Cycle of Violence**
  - Discuss the three stages of the cycle:
    1. Buildup, escalation, tension
    2. Explosion, battering/abuse occurs
    3. Sorrowful/conditional remorse/ re-capture/ reconciliation

  **Note**: This phase has also been referred to as the Honeymoon stage
SECTION FOUR: Appendices

- Discuss the behaviors of the survivor and perpetrator during each stage.
- Discuss how the cycle may vary from situation to situation and can shorten or disappear or may never have been present in a given relationship.

- **Power and Control Wheel/Types of Abuse**
  - Define types of abuse such as:
    - Emotional, economic, sexual, physical, using the children, threats, using male privilege, spiritual abuse, intimidation, isolation.
  - Define defense mechanisms:
    - Minimization, denial and blame.
  - Provide an example of a Power and Control Wheel – such as Duluth model. Include:
    - Power and Control dynamics may be present in the absence of physical abuse.
  - Discuss sexual abuse in intimate relationship.

- **Barriers or Challenges to Leaving an Abuser**
  - Discuss barriers or challenges including:
    - Emotional, economic dependence, fear, shame/embarrassment, society, family/friends, isolation, children, shelter/housing, frequency and severity of abuse, self esteem, beliefs about marriage, beliefs about men, guilt, love, hope, immigrant status, cultural and religious norms.
  - Educate that the most dangerous time for the survivor is when leaving the abuser.
  - Teach the importance of respecting the survivor’s choice to know when it is best for the individual to leave or stay in the relationship.

- **Identifying Survivors**
  - Teach participants to ask the survivor about the history of abuse.
  - Describe how abuse affects domestic violence survivors physically, psychologically, and emotionally, as well as how it affects their self-esteem, family, finances, etc.

C. **DIRECT SERVICES ISSUES** - This section deals with teaching the intervention skills needed to work with survivors.

**Timeframe: 5 hours minimal**

- **Counseling Domestic Violence Survivors** -
  - Educate that counseling domestic violence survivors is a mutually shared effort between the advocate/counselor and survivor.
  - Teach participants to encourage survivors to direct their healing processes – the survivors address the issues they want to discuss and set the goals for the healing process.
  - Discuss intervention skills. Include information from the following subcategories:
    - **Listening Skills**
      Development of good listening skills is most important when learning how to work with survivors.
      - Characteristic components
      - Effective listening
      - Communication skills
• **Service Planning**
  - In conducting a (weekly) service plan update, advocates/counselors must look to see that the survivor’s needs/wishes/rights are being addressed in the service plan and through collaborative survivor and the staff interaction.
  - Survivor and advocate/counselor need to work together in their attempt to create a service plan guided by the survivor’s needs and safety.
  - Describe what a service plan is and define the steps involved. Service planning includes; but is not limited to, the following:
    - Defining what challenges and obstacles have interfered with meeting goals.
    - Setting goals.
    - Generating alternative solutions or action steps.
    - Evaluating the potential options.
    - Selecting options and discussing their implementation.

• **Confidential Communication**
  - Educate on the importance of a discussion between the advocate/counselor and survivor regarding both parties’ responsibilities and rights.
  - Describe the privileged communications between domestic violence counselors/advocates and survivors as stated in the Illinois Domestic Violence Act (IDVA).
  - Provide a brief description of what a confidentiality agreement is and that confidentiality must be maintained even after staff, volunteers, board members, interns and survivors leave the domestic violence program.

• **Personal and Professional Boundaries**
  - Discuss the importance of empathizing with the survivor’s experience and being caring, accepting, honest and trustworthy.
  - Teach how to establish clear personal and professional boundaries. Give examples.
  - Discuss how to model a professional attitude with a nonjudgmental outlook.
  - Discuss the importance/legal aspects of boundaries and how they can be violated.

• **Empowerment Perspectives**
  - Empowerment is not telling the survivors what to do, but enabling them to make their life changes. Empowerment is a multi-dimensional social process that helps people gain control over their lives. Through this process, power is cultivated within individuals for use in their lives, their communities, and in their society, by acting on issues that they define as important.

  ▪ **Defining Advocacy**
    - Teach a definition of advocacy that is compatible with an empowerment perspective, including definitions and examples of the types of advocacy (self, individual, legal, and systems). For example:
      - Advocacy is the active support of and speaking on behalf of a person, group or cause. It is a method of problem solving. Empowerment is the primary focus of advocacy – we act as agents or advocates to survivors of violence in their
process of redefining, experiencing, and realizing their own power.

- Self advocacy is the empowered process of speaking on behalf of oneself to insure one’s own rights and safety.
- Individual advocacy is the process of speaking on behalf of an individual or family to insure their rights and safety. Empowering individual advocacy is done in partnership with the survivor. Individual advocacy is an important part of case management and supportive counseling. Examples of individual advocacy; includes, accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals and/or talking to referral sources on behalf of a survivor, etc.
- Legal advocacy refers to empowerment methods of assisting a survivors or group of survivors in obtaining legal and human rights. It includes providing them with legal information and options, accompanying a survivor or group of survivors through the legal system and advocating within the legal system.
- Systems advocacy refers to the process of changing and influencing systems in ways that will benefit survivors of violence. It includes working to make changes to the law, government, service policies, and community attitudes. On behalf of all survivors of violence and to prevent future violence system advocacy has been one of the major goals of the domestic violence movement.

**Basic Crisis Intervention Skills**

- Teach the steps needed to assess for crisis and to work with the survivor to handle the crisis.
- Use a definition of crisis that includes the following elements:
  - Stressful event occurs.
  - Individual’s view of event
  - Usual coping methods fail
- Educate on ethical considerations – Crisis situations place survivors in very unsafe positions. An advocate/counselor must not impose her/his own values, thoughts, opinions, or viewpoints onto the survivor. It is the advocate’s job to offer support, education and counseling; this enables the survivor to function in a manner that reduces stress and to develop future goals/plans.

**Documentation - Files - Survivor’s Rights**

- Teach the importance of accuracy and appropriateness in service documentation.
- Educate participants on the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary and objective service provisions.
- Teach that a definition of survivor’s rights includes:
  - Survivor’s basic rights to receive free, confidential services, regardless of race, disability, religion, ethnic origin, sexual orientation or age.
  - Survivor’s right to have confidential communication unless written permission is given by them.
  - The right to make their own decisions and participate in mutually agreed upon goals, etc.
- Discuss how survivor files are maintained and accessed. Include:
  - Agency guidelines and legal restrictions about the do’s and don’ts of what is kept in survivor files, length and format of survivor files, and other relevant
The importance of keeping documentation on children separate from their parent/guardian. Children’s information can be subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements.

D. SAFETY AND ASSESSMENT – The goal of this section is to teach the skills needed to develop and implement safety plans, how to identify tools and skills to assist in assessing the possible danger levels that the survivor may be facing and how to assesses/intervene in potential suicidal crisis situations. **Timeframe: 2.5 hours (some of these hours are assigned to specific topics in this section)**

- **Safety Planning**
  - Teach methods for working with survivors in a variety of settings (i.e. court, domestic violence program, urban, rural etc.) to develop and implement a safety plan.
  - Educate on the importance of safety planning.
  - Discuss empowerment vs. giving advice or directing the survivor.
  - Discuss ways to safely prepare to leave or stay.
  - Provide information on items that are important to take when leaving.
  - Educate on the use of code words for family, children, friends or neighbors.
  - Discuss ways to assess if the safety plan will increase safety for the survivor or increase the danger.
  - Teach the need to update the plan as the situation requires.

- **Lethality Assessment**
  - Teach that advocates/counselors must always use extreme caution when assessing and discussing potential danger with a survivor.
  - Explain the danger of using scales that base the assessment on a number total.
  - Discuss the importance of always respecting the survivor’s assessment of high risk.
  - Explain current research on lethality assessment.
  - Discuss possible steps to take if the advocate/counselor assesses that the survivor is in extreme danger.

- **Suicide Assessment**
  **Timeframe: .5 hour minimal (as part of the total minimal requirement for this section)**
  - Review tools for suicide assessment. Include:
    - Warning Signs
    - Intervention strategies
  - Review liability risk – for advocate/counselor and agency.
  - Discuss the reasons to seek supervision/consultation on this issue.
  - Review agency procedures for breaching confidentiality.

E. ABUSERS - This goal of this section is to give a basic review of an abuser profile and perpetrator intervention services. It is not meant to teach abuser intervention skills. **Timeframe: 1 hour minimal**

- Overview of Abusers
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- Discuss common traits.
- Discuss reasons that abusers abuse.

- Overview of Abuser Program Services
  - Short explanation of either agency’s abuser treatment program or other local program approved by survivor services program or DHS Protocol for Partner Abuse Intervention Programs.

F. CHILDREN’S ISSUES – The goal of this section is to teach the negative effects domestic violence has on children and the ways that advocates/counselors and non-abusing parent can intervene to lessen those effects. **Timeframe: 3 hours minimal**

- **Effects of Domestic Violence on Children.**
  - Teach that children who witness domestic violence are at risk for maladaptive behaviors.
  - Educate that the developmental areas that are affected can be any or all of the following:
    - Emotional
    - Behavioral
    - Physical
    - Social
    - Cognitive
  - Discuss the role of the domestic violence worker with children.
  - Discuss the importance of providing services to children.
  - Discuss the role of non-abusing parent with children.

- **Child Abuse and Neglect Reporting Act**
  - Discuss definitions and requirements of a mandated reporter.

- **DCFS Issues**
  - Describe DCFS procedures for reporting abuse and neglect.
  - Describe agency’s procedures/policies regarding reporting abuse and neglect.

- **Safety Planning for Children**
  - Discuss the components of a child’s safety plan.
  - Educate on empowerment of the non-abusing parent and the children vs. giving advice or directing.

- **Working with Children**
  - Intervention Skills – i.e. activities that focus on encouraging the child to express feelings, discuss domestic violence issues, deal with his/her feelings of anger, etc.
  - Discussing Domestic Violence in an Age Appropriate Manner

G. TEEN DATING VIOLENCE – The goal of this section is to focus on how to intervene and work with teens in either a dating violence situation or a domestic violence situation. **Timeframe: 1 hour minimal**

- Dynamics
Discuss how to help teens recognize dating violence situations.

### Legal Issues for Teens
- Discuss number of counseling session without parental consent.
- Educate on documentation and record keeping that applies to teens.
- Discuss issues of confidentiality that applies to teens.
- Teach that an Order of Protection is available to minors.

### Safety Planning for Teen Dating Violence
- Discuss components of a safety plan.
- Educate on empowerment vs. giving advice or directing.
- Provide guideline on when and how to involve the parent.

#### H. CULTURAL COMPETENCY
- The goal of this section is to address issues of culture, ethnicity, race and religion from a culturally competent perspective.

**Timeframe: 3 hours minimal (some of these hours are assigned to specific topics in this section)**

- **Anti-Racism:** Timeframe: 2 hours or more (as part of the total minimal requirement for this section)
  - Educate that if we are to address issues of culture, racism must first be addressed. It is appropriate to discuss issues specific to particular cultural or racial communities (such as in the form of a panel) only if it is conducted in conjunction with antiracism training.
  - Teach a definition of racism that incorporates the following: Race Prejudice + Power = Racism.
  - Define and discuss related words, such as: oppression, institutional racism, cultural racism, individual/personal racism, white privilege, colonialism, diversity, culture, ethnocentrism, stereotyping, prejudice, discrimination, tokenism, scapegoat. All of these words have their roots in racism.
  - Discuss strategies for ensuring that programs are actively antiracist, and promote leadership positions, and are accessible to all survivors regardless of race, age, ability, sexual orientation, gender identity, religion, income and any other characteristic protected under applicable federal or state law.

- **Religion and Domestic Violence**
  - Educate that when addressing religion and domestic violence, the discussion should be inclusive, not just from a Judeo-Christian perspective.
  - Teach advocate/counselor to respect different views and values. Be aware of other beliefs and cultures.
  - Discuss collaborating with religious communities on ways to support survivors.
  - Discuss strategies for making services accessible to survivors of all religious/spiritual beliefs.

#### I. WORKING WITH POPULATIONS WITH COMPLEX/UNIQUE ISSUES
- This section focuses on the unique needs of specialized populations that are affected by domestic
violence.

**Timeframe:** 6 hours minimal (some of these hours are assigned to specific topics in this section)

- **Older Survivors**
  - Briefly describe the needs of older survivors. Include:
    - Health needs.
    - Housing needs.
    - Barriers to obtaining and/or receiving services.
    - Increased isolation and economic concerns.

- **Adult Protective Services Act**
  - Briefly give an overview of the act and how it applies to advocates/counselors.
    - Include
      - Legal requirements for reporting.
      - Agency’s policies and procedures for reporting.

- **Rural Survivors**
  - Lack of Resources
  - Isolation
  - Lack of familiarity with power structure

- **Immigrant Survivors**
  - Examine the additional barriers to safety faced by immigrant survivors, such as legal barriers; language; religion; cultural norms; domestic violence programs and legal systems that are not culturally competent or bilingual; racism toward immigrants of color; fear of losing children; additional isolation; the current anti-immigrant legislation and climate in the US; additional safety considerations (e.g. kidnapping of children to another country, fear of calling the police due to immigration status of survivor or perpetrator); greater restrictions on access to public benefits, etc.
  - Briefly discuss legal remedies for immigrant survivors, as well as resources and referrals for more information on legal remedies.
  - Discuss strategies for making services accessible to, and appropriate for, immigrant survivors and their children.

- **People with Unique Challenges**
  - Describe the additional obstacles faced by survivors with disabilities. Include
    - Difficulties in obtaining and receiving services.
    - Housing Needs.
    - Health Needs.
    - Literacy Levels.

- **Mental Health Issues**
  - Discuss the effects of domestic violence on survivor’s mental health.
  - Discuss reasons a survivor’s mental health issues can be compounded when involved in a domestic violence situation.

- **Lesbian, Gay, Bisexual, Transgender Issues and Homophobia**
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Timeframe: 1.5 hours minimal (as part of the total minimal requirement for this section)

- Define the words Lesbian, Bisexual, Gay, and Transgender (LGBT).
- Define and discuss homophobia and heterosexism.
- Discuss issues of power and privilege for heterosexual vs. LGBT people in society. Encourage participant self-exploration.
- Discuss the differences and similarities of domestic violence in heterosexual and in LGBT relationships including a discussion of additional barriers faced by LGBT survivors, including:
  - Homophobia.
  - Programs and courts that are not accessible or LGBT friendly/competent (example: lack of programming and shelter).
  - Fear of outing.
  - Fear of losing children, job, family, housing, etc.
  - Fear of gay bashing.
  - Increased aggressor identification difficulty (which increases the likelihood that the survivor is arrested rather than the perpetrator).
- Discuss strategies for making services accessible to LBGT people experiencing domestic violence.

Substance Abuse and Domestic Violence

Timeframe: 1 hour minimal (as part of the total minimal requirement for this section)

- Provide a brief overview of issues related to the intersection of domestic violence and substance abuse. Include:
  - An explanation that when working with survivors who have both issues it is important to address both safety and sobriety.
  - Substance abuse does not cause domestic violence.
  - Chemical dependency is a disease. Domestic violence is a learned behavior; not a disease.
  - The Cycle of Addiction. Explain that relapse is part of that cycle.
  - Domestic violence can impair the opportunity for addiction recovery and threaten sobriety.
- Briefly discuss substance abuse issues that are specific to survivors. Include:
  - Both substance abuse and domestic violence are a health risk to women.
  - Survivors may begin or increase use in response to domestic violence and/or trauma. Many survivors are introduced to substances by their partner.
  - Women who abuse substances are stigmatized to a greater extent than men. Being identified as an alcoholic or addict can negatively affect the survivor’s ability to get housing, gain custody of children, obtain services; such as, legal assistance, shelter, etc.
  - Survivors who use are usually more isolated.
  - Substance use may deter survivors from seeking help for fear of arrest or involvement with the child welfare services.
  - Survival skills should not be labeled as codependency.
  - Substance abuse may prevent the survivor from assessing the level of danger posed by the abuser and reduce a survivor’s ability to use the safety plan.
  - Abusers may sabotage treatment or prevent the survivor from attending.
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- Briefly discuss substance abuse issues that are specific to abusers. Include:
  - Abusers may use substance abuse to gain power and control.
  - Abuser may use their addiction to justify their actions.

- **Sexually Transmitted Diseases including HIV and AIDS**
  - Provide a brief overview. Include:
    - Educate on STD's, HIV and AIDS including
      - A basic description and definition.
      - Transmission methods.
      - Myths and facts.
      - Protection from infection.
      - HIV and pregnancy.
      - Confidentiality related to HIV.
  - Discuss universal precautions. Include:
    - What to do when encountering blood or bodily fluids, e.g. wearing gloves, washing hands, discarding of materials appropriately, prevention of contamination

- **Prostitution/ Trafficking**
  - Provide a brief introduction to the issues of prostitution and trafficking. Include:
    - Definition of prostitution and trafficking.
    - How prostitution and trafficking are issues of domestic violence.
    - Barriers to services.

J. **IDVA/ LEGAL ISSUES** – This section focuses on the legal issues related to domestic violence.

**Timeframe: 4 hours or more**

- **Discuss IDVA Act**
  - Provide a brief historical overview of the IDVA Act.
  - Discuss Orders of Protection. Include:
    - Who can be protected persons on an Order of Protection (OP)
    - Types and durations of Orders of Protection
    - Burden of proof and no fees
    - Remedies
    - How to enforce an Order of Protection (contempt, violation of Order of Protection, child abduction)
    - Survivor cannot be charged with violation or assisting in the violation of Order of Protection and can’t give effective consent for respondent’s violation
    - Law enforcement responsibilities and confidentiality
  - Discuss enforcing Orders of Protection.
  - Discuss law enforcement responsibilities and confidentiality.

- **Criminal or Civil Court/ Orders Of Protection**
  - How are Orders of Protection obtained in your county?
  - **Optional** - Discuss available options for filing criminal charges and for obtaining Orders of Protection in the county/counties you serve. If criminal charges are possible, what is the process a survivor would use to do so?
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- **Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking**
  - Provide a brief outline of what the state must prove to convict an abuser of any of these offenses.
  - Optional – Interstate Violation of Order of Protection

- **Conditions of Bond**
  - Discussion of the Supreme Court ruling that a person charged with domestic battery or violation of Order of Protection must be taken before a judge to have bond set and the 72 hour bond rule for offenders arrested on any other charges where the survivor is a family or household member.

- **Full Faith and Credit**
  - Provide a brief discussion of federal law on how full faith and credit works; state issuing Order of Protection determines who is covered, what remedies are granted, duration of the order, etc. and the state enforcing the order must enforce out of state orders in the same way that they enforce orders of their own state.
  - How Illinois deals with full faith and credit. Include:
    - Allows violation of Order of Protection charges to be filed for violations of out-of-state orders for remedies that are substantially the same as the remedies protected by arrest in an Illinois Order of Protection.
    - Discuss how to enroll a foreign order with the Clerk of the Court

- **VAWA - Immigration Issues**
  - Provide a very brief discussion, that needs to make only three points:
    - Survivors of domestic violence can stand in the place of their abuser and self-petition for legal residency if their abuser is a spouse who is a legal resident or citizen.
    - Survivors who are picked up by INS and face deportation can seek a “cancellation of removal” based on domestic violence.
    - Documentation of the right to be in the country is not required to file criminal charges or get an Order of Protection against the abuser.

- **Prohibitions Against Firearm Possession**
  - Provide a brief discussion of the sections of the federal Gun Control Act provisions that prohibit firearm arm possession by certain respondents to Orders of Protection and defendants convicted of certain misdemeanor domestic violence offences.
  - Include:
    - Illinois Firearm Owner Identification law that prohibits possession of firearms by people convicted of domestic battery or violation of the Order of Protection.

The following legal topics are important to survivors of domestic violence. Qualified speakers might not be available in all areas of the state and these topics are therefore optional. Programs are urged to develop continuing legal educational programs on these topics or to encourage participants to attend appropriate trainings.
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- **Parentage**
  - Discussion regarding who is a legal parent under the Illinois Parentage Act of Illinois.

- **Visitation Issues**
  - Discussion regarding the standards to restrict visitation in the Illinois Marriage and Dissolution of Marriage Act and the IDVA. Include:
    - The Unlawful Visitation Interference Statute
    - Contempt for failing to allow visitation and ways that survivor can protect themselves from false allegations of visitation interference.

- **Child Abduction**
  - Provide a brief overview of the child abduction statute. In a basic training the statute cannot be covered in enough detail for participants to be knowledgeable about the law. This is intended to familiarize participants to recognize that they should consult the appropriate handout or person when any of these situations arise.

- **Concerns about Leaving the State**
  - Discuss the problems survivors face if they leave the state with a minor child or conceal the child.

K. **MISCELLANEOUS** - This section focuses on two issues that need to be taught to domestic violence workers but did not fit into other sections.

  **Timeframe: .5 hours minimal**

- **Certification Code Of Ethics**
  - Discussion of Code of Ethics, which can be found in Section II.

- **Referrals To and Working with Other Agencies/Systems**
  - Discuss how and when to refer survivors to outside agencies/systems.
  - Provide access to agency’s referral list.
  - Discuss procedure for referral to substance abuse/mental health agencies – when is it in the best interest of the survivor.

L. **OPTIONAL** - This section focuses on an issue that is important for the advocate/counselor, but an agency may choose not to present it in this training.

- **Self Care**
  - Discuss ways that the advocate/counselor can manage the stress of her/his job.
    - Include:
      - Signs of burnout
      - Compassion fatigue
      - Prevention techniques
Appendix E: Resources for Legal Information

Illinois Domestic Violence Act (IDVA)
In order to provide effective legal advocacy to survivors, programs must be thoroughly knowledgeable of the provisions and remedies of the Illinois Domestic Violence Act. The ICADV website has the full text of the Act and Legal Forms, including Order of Protection Forms, Stalking No Contact Order Forms and No Contact Order Forms. The legal page of the ICADV website is accessed at: www.ilcadv.org/dv_law_in_il/default.html.

Programs must be informed of the following federal laws in order to be in compliance with the applicable requirements:

- **Americans with Disabilities Act (ADA)**
  The purpose of the Americans with Disabilities Act is to provide clear standards to address and eliminate discrimination against persons with disabilities. The ADA website provides information on the Act, including the key requirements of employment, services and accessibility; checklists for self-assessments; and answers to common questions. The address for this website is: www.ada.gov.

- **Equal Employment Opportunity (EEO) Laws**
  The EEO laws prohibit discrimination in employment. The Equal Employment Opportunity Commission website provides information on the federal EEO laws including the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Pregnancy Amendment to Title VII of the Civil Rights Act, and other related laws. It also outlines discriminatory practices, regulations and guidance. The EEOC lists these laws on their website at: www.eeoc.gov/laws/index.cfm.

Programs funded by ICADV or IDHS must also act in accordance with all state and federal laws and administrative rules applicable to the provision of services pursuant to their funding agreements. Applicable laws and rules may include the following:

- **Violence Against Women Act**
  The Violence Against Women Act (VAWA) provides a broad range of services to provide aid to survivors of domestic violence, dating violence, sexual assault, rape, incest and stalking. Information on the Violence Against Women Act (of 1994, 2000, 2005 and 2013) can be found at the United States Department of Justice Office of Violence Against Women website at: www.ovw.usdoj.gov.

- **Child Abuse Prevention and Treatment Act of 1996, Public Law 104-235**
  This law assists states in developing and implementing, expanding or enhancing comprehensive statewide systems of community-based family resource and support services to prevent child abuse and neglect. The Act can be found at the Administration for Children and Families website at: www.acf.hhs.gov/sites/default/files/cb/capta2010.pdf.

- **Domestic Violence Shelters Act 20 ILCS 1310**
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The Illinois Domestic Violence Shelters Act provides for the funding of domestic violence shelters and service programs, in part from the Domestic Violence Shelter and Service Fund and in part from the General Revenue Fund. This Act can be found by going to the Illinois General Assembly website at: www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=5 and selecting the link entitled 20 ILCS 1310/ Domestic Violence Shelters Act.

- **Victim Services Administrative Rule 89 IL ADM Code CH 1 Sub Chapter C 130.200**
  This Illinois Rule provides that IDHS will fund domestic violence programs from the Domestic Violence Shelter and Service Fund, General Revenue Fund, Local Initiative Fund and other appropriated funds. This rule can be found by going to: www.ilga.gov/commission/jcar/admincode/089/08900130sections.html and scrolling down to Section 130.200: Domestic Violence Shelter and Service Programs.

- **Victims’ Economic Security and Safety Act (VESSA) 820 ILCS 180**
  This Illinois law allows an employee who is a victim of domestic violence, or has a family or household member that is a victim of domestic violence, to take up to 12 weeks of unpaid leave from employment to address the effects of domestic violence. The VESSA statute can be found in its entirety online at: https://www.illinois.gov/idol/laws-rules/eow/pages/vessa.aspx.

- **Abuse of Adults with Disabilities Intervention Act 20 ILCS 2435**
  This Illinois law created the Domestic Abuse Project, which receives and acts on reports of possible abuse or exploitation of persons with disabilities. The purpose of the law is to assure that reports of abuse of the disabled are investigated, and if founded, to develop service plans to stop the abuse and help the disabled person to become independent. Complaints are filed with the Office of Inspector General, Department of Human Services, through the Statewide Reporting Hotline at (800) 368-1463. Further information regarding the law can be found at: www.illinoislegaladvocate.org/index.cfm. Type in the site’s search line “The Guidebook of Laws and Programs for People with Disabilities” and scroll down to Chapter 12. The law is available in its entirety at the following website address: www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=339&ChapAct=20ILCS2435 [repealed by PA 98-49: http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=5 ]

- **Adult Protective Services Act 320 ILCS 20**
  This law established a statewide program to respond to reports of alleged abuse, neglect and exploitation of anyone aged 60 and over, as well as adults with disabilities aged 18 to 59, and to work with the victims in resolving abusive situations. Professionals are required to report suspected abuse, neglect and exploitation of those who are unable to report it themselves. The full text of the law is available at: http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=31. Scroll down to 320 ILCS 20 Adult Protective Services Act. [http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1452&ChapterID=31 ]