



Intakes in a Trauma-Informed Manner

To receive services, most programs require that survivors complete an intake. Domestic violence programs have various intake forms, but all have a common thread. Intakes inquire about extensive, detailed, personal, information on a subject that is very sensitive for most individuals. Some survivors find this process extremely painful, and there are many opportunities to trigger an individual or retraumatize someone seeking services. Therefore, advocates need to be vigilant and keenly aware about ways to make this process as trauma-informed as possible.

There are many shapes and forms an intake can take, including:

- a) An advocate doing an intake with a new resident at family shelter.
- b) A justice system court advocate doing a type of intake with the adult victim who is involved in a court proceeding or has experienced an assault.
- c) A group facilitator might conduct an intake with a survivor who is attending a support group.
- d) A youth advocate will talk with a child entering shelter and/or a community group.
- e) An advocate may conduct an intake with a parent on behalf of child victims of domestic violence.

Intake questions are often shaped around grant reporting requirements and require lots of information that may seem unnecessary and even insensitive to a survivor in crisis. Advocates must remember this and remain empathetic about the feelings survivors have about the process.

Intakes inquire about private and detailed personal information.

The victim is most likely in crisis and anxious about seeking help.

Remember to stay focused and calm, and aware of her needs.

Follow her lead in listening to what has helped her and what has not helped her in the past.

It is vital advocates perform intakes with trauma sensitivity to diminish the impact that repeated questioning may have on the individual answering the questions.



Key Trauma Knowledge to Remember When Conducting Intakes

- ❖ **The experience of domestic violence creates trauma responses in most adult and child victims.**
 - Recalling how trauma impacts an individual is critical as an advocate begins the process of engaging a person to complete the intake. Review chapter one for more information.
- ❖ **Victims of domestic violence may not wish to disclose information if it is going to be written down.**
 - This is a normal response and should not be interpreted as a lack of cooperation.
 - Detailed questions can feel intrusive.
 - Because her partner might have threatened her to remain silent, a survivor may feel scared or ashamed about revealing personal information.
 - Acknowledge the difficulty and risk involved in sharing.
- ❖ **The adult and/or child may feel overwhelmed, anxious, and frightened as a result of the ways her**

IMPORTANT STEPS IN INTAKES

1. *Ensure that she and her children have settled in before moving forward with the process.*
2. *Always offer the individual the choice regarding the time of the intake. Empower her with options.*
3. *Validate the individual's ability to "walk through the door."*
 4. *Are you leaning forward, nodding and conveying interest?*
5. *Perform an environmental scan and be mindful of your space and how it may feel to the individual.*
 5. *Explain the process with sensitivity, and share that you will be asking questions about difficult topics.*
6. *Show empathy during the process to build trust.*
7. *Convey your understanding of trauma, triggers and responses to build a sense of safety.*
8. *At the closing of the intake process, ensure that the person is not leaving feeling emotionally vulnerable.*

partner has intimidated her in the past.

- Be aware of your environmental space.
 - Is this space where you are doing the interview quiet and private, or are you constantly interrupted by others or have people passing by in the background?
 - Do you have tissues and water available? Is the lighting in the room too bright or too dimly light?
 - Allow the individual to modify the lighting and perhaps even offer quiet music as an option.

❖ **Individuals who have been emotionally and/or physically threatened may have a wide range of feelings about coming to seek services, or may even feel ambivalent.**

- These emotions come from a combination of love, familial obligations, cultural values and/or religious beliefs. Many individuals talk about still loving their partner but want the abuse to stop.
- The effective advocate will be open to these feelings, hear and validate them, and work with the survivor without judging them. If you are open to hearing these feelings, you create the opportunity to build a stronger rapport.
- The advocate's openness will provide an emotionally safe space to explore the impact manipulation and harm has on her and her current functioning. With this support, she may then be able to explore how the twisting of love and abuse has affected her life, feelings and future.

❖ **Extreme separation anxiety is a factor for children who experience domestic violence and trauma.**

- Be aware that children will need to check on the whereabouts of their mother in this strange, new setting.
 - Have you talked to the mother and child about this? Can you help the child find their mother if she is with you?
- Show the child where their mother will be located and vice versa and expect "interruptions" from children who feel scared.

Individuals doing intakes will have a wide range of feelings (including gratitude, confusion, fear, and even anger) about their situations and coming to seek services. Be ready to deal with these feelings and more.



- ❖ **Tell the survivor about the intake process and what types of information you are going to be discussing. Inform the individual she has the right to “put on the brakes” by asking to stop the process. This communicates that she has the power to manage the situation if she becomes triggered, exhausted or needs to take a physical or emotional break.**
 - This approach shows care and concern for the survivor and facilitates empowerment.
 - If the advocate must continue to ask many descriptive questions during the intake process, do so with compassion and empathy and with awareness of potential trauma reactions.

- ❖ **Individuals who are fearful and suffering from trauma reactions may not remember everything in order and might even forget information that might seem impossible to forget, like a child’s birth date.**
 - Repeated traumas and/or experiences of domestic violence may affect individuals’ recall and memory. An individual may appear scattered and forgetful with regard to important information.
 - Verbally talking about a traumatic event does not necessarily mean that she will remember everything from beginning to end. This is a common response to trauma.
 - Be careful not to judge the survivor or assume she is making things up if information changes or she can’t remember something.
 - Validate this trauma reaction and help her see it as a normal response.

- ❖ **People who are traumatized very seldom sit with their back to the doorway. Always provide a way out by not blocking the door.**
 - Be mindful of glass windows, where some survivors may not feel safe either. This is a result of being always prepared to “take action” at a second’s notice to ensure safety.
 - An advocate can actually name this trauma reaction to the survivor and it will help her understand her response and normalize it.

- ❖ **The survivor is seeking help and forming new connections while facing an increased risk to her safety by leaving her relationship.**
 - At the time of the intake procedure the individual has many changes

going on in her life.

- An advocate needs to understand that the many shelter rules and procedures like chores, curfews, and food policies discussed at intake may not be remembered in the future.
- Many programs in Ohio have developed orientation booklets or packets that help to further explain the shelter, group or other services offered. These need to be available in whatever foreign languages are used most commonly in your area.



Tips for a Trauma-Informed Intake

- ❖ **Engage the individual (adult or youth) in a welcoming approach.**
 - For example, an advocate might say, *“I was wondering if you and I might have time to sit down and talk so that I may get to know you a little better and so that you have an opportunity to ask questions and tell me about how you are doing with all that you are going through.”*
 - Or, *“Would you be open to choosing a time when we can sit down and talk about how you are feeling and some of your thoughts about your plans? When would you like do this now or a bit later?”*
- ❖ **Attentive listening skills include being mindful of your body language.**
 - Are you leaning forward, nodding, and maintaining eye contact while conveying interest?
 - Be aware of your physical boundaries. Boundaries around space and closeness can be related to both cultural norms and individual comfort levels.
 - Give the individual time to settle into the shelter. If you need to gather critical information, then explain this to her, while understanding she might feel like there are more pressing issues at the moment.
 - If she and her family arrived in the middle of the night, you may only need names, ages and medical information for her and for her children at this point. Take a few minutes to gather the necessary information and talk with her more in the morning.
- ❖ **The intake is required paperwork, but it can also be a time to engage the individual while she shares her experience.**
 - This connection will build a trusting relationship and hopefully lead her to more positive experiences in the future.
 - Fully explain the release of information and any other documents

- you are asking her to sign.
- Inform the individual what you are writing down and why you are documenting what she is sharing with you.
 - State the intent of the intake process by describing what will occur. For example, *“We are going to spend some time together so that you can have some space to share with me what has been going on. You (name) can stop and ask for breaks if you wish and you may decide what you share and when you would like to share it.”* This informs the individual that they have power in this process despite the fact that you must do an intake.
- ❖ **An advocate can alter how he/she asks a question on an intake to be less intrusive or abrupt.**
- Many intake procedures require that an advocate must ask about sexual abuse, harm and assault in both her adult life and childhood. You should think about why you need this information and if this question might do more harm than good. But if you do decide to ask it, you can ask sensitively. For example:
 - *“Often, in intimate relationships, a person who takes power and control in the relationship also can be hurtful during intimacy. Some women have shared with me they have been forced to have unwanted sex or have felt humiliated by being mistreated and called names. I know this may feel difficult to talk about, but I am wondering if your partner has ever hurt or threatened you in any of these ways or other ways.”*
 - This is an example of how to “trust-talk” with an individual who has been victimized by domestic violence and/or intimate partner sexual assault.
 - Establishing trust by normalizing feelings is trauma-informed care at its best.
- ❖ **During the intake process, you need to discuss confidentiality and the limits to confidentiality.**
- While explaining that information will be kept confidential, it is important to clarify to survivors what information you can’t keep confidential, due to ethical, professional, or legal obligations. This often includes information about imminent harm to a child or credible threats to hurt another individual or oneself.
 - It is necessary for the advocate to explain the concept of informed consent. Survivors have the right to know what can be kept confidential and what can’t, and can make decisions about what they want to share with the advocate. This empowers the survivor

to know what the reality of the situation is and make decisions she feels are best for her.

- When you are upfront about informed consent, this decreases the chance of damaging the trust relationship you are establishing with the survivor. For example, you would state to the survivor,
 - *“All of the information that you share during this intake will remain confidential except if you tell me that a child has been hurt or may get hurt. I am required by my (code of ethics, agency policy, or law) to inform children services or assist you in making the call.”*
 - *“Also, if you share that you are feeling suicidal or a danger to another than I am obligated to share this too. Do you feel I have explained the limits of confidentiality with you clearly and do you understand what I am required to share?”*

- ❖ **When concluding an intake process, ask the individual how she is feeling in the present moment. Make sure you are not letting the person leave feeling vulnerable.**
 - How are they feeling both physically and emotionally?
 - How are they feeling inside?
 - Do they have any questions they wanted to ask?
 - Offer future assistance if they should need to talk more.
 - Talk about strengths, likes, and hopes in closing.

PROFESSIONAL THERAPY

Professional therapy includes individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker who also has specific training in addressing issues of domestic and sexual violence.

SERVICE STANDARDS AND GUIDELINES FOR PROFESSIONAL THERAPY

1. A domestic violence program offering professional therapy must:
 - a. Provide therapy services that are appropriate to the needs of recipients with regard to ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, national origin and/or any other issues relevant to the individuals' particular needs;
 - b. Provide crisis intervention when needed;
 - c. Provide residential participants with access to therapy;
 - d. Develop and maintain required documentation consistent with licensure rules and regulations regarding the resident or non-resident's action or treatment plan that reflect that individual's and/or family's particular needs;
 - e. Assist with safety planning and information on legal options available;
 - f. Provide informed consent including signing a waiver about the limitations of confidentiality which should also detail if there are internal documentation reviews for quality assurance;
 - g. Provide understanding and support, including active listening, addressing needs identified by the therapy recipient, self-esteem building and problem solving;
 - h. Provide education and information on available resources, including the dynamics of domestic violence, legal options, drug and alcohol abuse, parenting, HIV/AIDS awareness, general health care information, opportunities for educational programs and employment and training assistance;
 - i. Provide therapy services that do not promote any one religion; and
 - j. Not require individuals to participate in religious groups or to use religious materials.
2. Those individuals providing professional therapy to adults must be prepared to provide education and information about:
 - a. How batterers maintain control and dominance over their victims;
 - b. The need to hold batterers accountable for their actions;
 - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
 - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
3. Those individuals providing age-appropriate professional therapy to children must provide the following:
 - a. Safety planning;
 - b. Information about available legal remedies;
 - c. Understanding and support, including active listening, addressing needs identified by the child and problem solving;
 - d. Education and information about the nature and dynamics of domestic violence;
 - e. The recognition that the child is not responsible for the violence and that batterers are responsible for their violent behavior;
 - f. The role of society in perpetuating violence against women, the social change necessary to eliminate violence against women, including the elimination of discrimination based on

SERVICE STANDARDS AND GUIDELINES FOR PROFESSIONAL THERAPY
(CONTINUED)

- ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin; and
- g. Information that includes, but is not limited to:
 - i. How batterers maintain control and dominance over their victims; and
 - ii. The need to hold batterers accountable for their actions.
- 4. A domestic violence program should ensure that individuals providing professional therapy are in compliance with state licensure rules and regulations, and national professional ethical standards.
- 5. Evaluation of the domestic violence professional therapy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups.

Counseling and Advocacy

Counseling and advocacy services in domestic violence programs include three distinct areas: domestic violence counseling/peer support, therapeutic counseling, 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 *Required Guidelines* section of this chapter.

- **Therapeutic Counseling** 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. 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:

- o An explanation of the Illinois Domestic Violence Act given at intake
- o Information on how to obtain a civil or criminal Order of Protection
- o 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

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, 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 *Required 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 elder 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. 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 assessments or 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:
 - 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.

- 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 child care 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: <http://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.

Additional Requirements

- Off site or shared space locations must pay special attention to keep all files locked, all computers secured and ensure confidentiality for clients.

Procedures for providing effective domestic violence counseling/peer support and advocacy/social action services are included in the *Required Guidelines* section of this chapter.

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 vulnerable 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/or 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

Required 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.

Domestic Violence and Therapeutic Counseling Skills

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/self-help in survivors.

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. Tools for counseling adult and teen domestic violence survivors are included in this chapter.

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 vulnerable 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
- Discussing the problem and what led up to this problem

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.

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 info@languageline.com; this is a fee-for-service program providing interpretation in 150 languages.

In addition, programs are encouraged to have certified interpreters trained in domestic violence on call to facilitate the counseling of Deaf/Hard of Hearing survivors. To find interpreters locally, programs may use the Illinois Deaf and Hard of Hearing Commission's website at: <http://www.idhhc.state.il.us/interpreter/interpreter.htm>. Programs should have processes in place to ensure that interpreters and translators have no connections with the perpetrator.