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

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

SAFETY PLANNING AND CASE MANAGEMENT

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

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

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

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

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

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

STANDARD 210:

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

STANDARD 211:

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

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

STANDARD 212:

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

STANDARD 213:

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

BEST PRACTICE:

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

INFORMATION, EDUCATION, AND REFERRALS

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

COURT ADVOCACY

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

STANDARD 240:

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

STANDARD 241:

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

STANDARD 242:

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

BEST PRACTICE:

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

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

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

HOSPITAL/MEDICAL ADVOCACY

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

STANDARD 250:

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

STANDARD 251:

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

STANDARD 252:

A domestic violence program may also provide crisis intervention, information and referral to non-offending accompanying individuals, or

secondary victims, who are also present. If necessary, the domestic violence program should have procedures for calling a second advocate to provide additional support to secondary victims.

BEST PRACTICE:

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

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

TRANSPORTATION AND COMMUNICATION

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

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

STANDARD 260:

If a client wishes to come to shelter, the program is responsible for ensuring she can reach the program closest to her location and will strategize with her on how to relocate further if she deems it necessary. Programs shall work with other service providers to transport clients to other domestic abuse programs or places of refuge with family and friends. This may include transporting a client directly to another

Case Management

Case management services are tangible, goal-directed interactions, advocacy and assistance provided to an individual to obtain needed services, to develop short- and long-term resources and safety plans, and to facilitate the coordination of services from multiple service providers across systems. Case management services are provided by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT

1. Case management services are provided by qualified, trained staff members or volunteers who must be trained in the nature and dynamics of domestic violence.
2. An advocate providing case management services must have access to and be familiar with a complete list of community resources and should have established relationships with other service providers.
3. An advocate providing case management services should assist the person with identifying the person's own needs, available resources and services, and provide assistance in obtaining those services.
4. An advocate providing case management services assumes a coordinating role and facilitates the provision of services provided by the other organizations or professionals in a coordinated and collaborative manner.
5. Upon the identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with the providers of additional services that may include, but are not limited to:
    a. Ongoing and long-term safety planning;
    b. Medical, nutritional and/or health services;
    c. Law enforcement assistance;
    d. Legal remedies and services;
    e. Public assistance services, including job training and support services;
    f. Short-term, transitional and/or permanent housing;
    g. Child care services and parenting education;
    h. Child protection services;
    i. Alcohol and drug evaluation and education;
    j. Alcohol or substance abuse treatment services;
    k. Services for persons with disabilities;
    l. Transportation assistance;
    m. Education, continuing education, GED and/or literacy classes;
    n. Lesbian, gay, bisexual or transgendered support services;
    o. Employment readiness services and/or job training;
    p. Interpreter/translation services and/or immigration assistance;
    q. Financial planning and credit rights information and services; and/or
    r. Other related services as needed.
6. Case management services must include the provision of education and information about:
    a. The nature and dynamics of domestic violence;
    b. How batterers maintain control and dominance over their victims;
    c. The need to hold batterers accountable for their actions;
    d. 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

SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT (CONTINUED)

   e. 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.

7. A domestic violence shelter that offers case management services must provide the services to residents and non-residents.
8. Evaluation of the domestic violence case management services 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; and/or
      ii. Exit 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.