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Maryland Network Against Domestic Violence

Domestic Violence Program Standards
Working Draft
2013

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Table of Contents

Starting structure based on committee input 04.19.13

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Guiding Principles

Provide access to physical and emotional **safety** for survivors of domestic violence and their children in a **continuum of care** environment.

Dedicate our program to **empowering** survivors of domestic violence by partnering with them to strategize for their safety, to provide access to supportive services and safe accommodations, to make available opportunities for education and healing, and to advocate for victims to assist them in reaching self-defined goals.

Respect the **privacy and confidentiality** of survivors and their children by collecting only essential, necessary information, by keeping records and client information confidential to the fullest extent of the law, and by respecting their personal belongings.

Honor the language and spirit of local, state, and federal **laws, regulations, and grant requirements** that govern domestic violence service provision, provided that they are conducive to victim safety, client confidentiality, and abuser accountability.

Respect the **culture and customs** of survivors, staff, and volunteers by honoring differences and by making reasonable accommodations that allow everyone to participate in the program to the fullest extent possible.

Foster a **trauma-informed**, welcoming environment for survivors and their children that recognizes the impact of abuse and promotes self-sufficiency, independent decision-making, and safer futures.

Partner with local governmental and community organizations to foster effective **collaborations** that improve survivors' access to services and justice and that enhance victim safety and abuser accountability.

Revised by committee 04.19.13 and 05.10.13

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Non-Residential Program Standards

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Hotline & Crisis Response

Hotline refers to crisis intervention, information and referral provided 24 hours a day, every day of the year, by any means of communication, by qualified, trained staff members or volunteers. Comprehensive domestic violence programs are required to receive and respond to crisis calls on a 24-hour basis (COMAR 01.04.05A1).

Service Standards and Guidelines

1. A domestic violence hotline must provide 24 hour crisis access to domestic violence services.

2. The hotline number must be widely distributed, listed, advertised, and be available from local information services within the domestic violence program's service area. The domestic violence program should engage in culturally appropriate and linguistically specific marketing of the hotline number, which considers the key demographics of the community.

3. To ensure 24 hour hotline accessibility, domestic violence programs must ensure that they have the capacity to adequately respond to the volume of calls so that callers can get through.
    a. Callers should not reach a busy signal.
    b. Staff should always be available to pick up the phone. A special ring tone can signal to staff that a hotline call is coming through and must be picked up.
    c. If callers must be placed on hold, an appropriate message they could receive is, "Please stay on the line. If this is an emergency, please hang up and call 911. Hold for the next available advocate."
    d. Having callers leave a voicemail is not ideal and returning calls can jeopardize the privacy and safety of callers. Efforts should be made to avoid having callers leave a voicemail. If callers must leave a voicemail, messages must be checked promptly. Instruct callers to indicate the safest number and time to return the call.
    e. In case of emergency, such as losing power or failure of hardware, domestic violence programs must have a backup plan to be able to receive hotline calls that protect a caller's privacy.

4. Victims who are deaf or hard of hearing, who have Limited English Proficiency (LEP) must be accommodated on the hotline through the availability of bilingual staff, language line interpretation, TTY, and/or Relay. Language interpretation access is available at a reduced rate to domestic violence programs through MNADV.

5. Each program must have procedures to respond to Lethality Assessment Program calls on a 24/7 basis. For specifics, see the LAP Hotline Guidelines in Appendix A.

CONFIDENTIALITY
How Can We Say It?

Hi, my name is Sarah. I am here to help and listen but, before we talk, I want you to know your rights. Everything you talk about on this call is confidential, unless you tell me that you're going to hurt yourself or someone else, or if you tell me that a child is being or has been harmed. If you choose to tell me any of these things, a report may have to be made. Do you have any questions about that? If not, let's talk about the reason for your call.

6. The hotline must be answered in a manner that identifies the purpose of the hotline and that discloses the limits to confidentiality early in the call *(see box)*. All hotline workers are mandated reporters. Everything that is shared on the hotline must be kept confidential, except for instances of imminent danger to oneself or others, or suspected past or present child abuse (see section on Confidentiality). The use of caller ID and call recording equipment is in conflict with the spirit of anonymity. Programs must inform callers of the use of such equipment.

7. Hotline workers may want to call victims back, in order to follow-up later, in case the call is disconnected, etc. To promote victim safety and to protect their privacy, hotline workers will ask callers for permission to call back. If permission is given, hotline workers should obtain one or more "safe" numbers where the victim can be reached. Additional safety precautions include: the best day and time to reach them, if it is safe to leave them a message, what to do if someone else answers the phone, and any special instructions. When following up, messages and calls should be discreet.

8. When providing callers with referral information, hotline workers should be well-informed about the services to which they are referring. The referral resources should be updated continually. When referring to a service provider, hotline workers should use warm hand-off practices (see box). If a caller is asking hotline workers to assist in service coordination, hotline workers must obtain and document a verbal information release for the caller's information to be shared. A separate release should be obtained for each service provider.

Warm Hand-Off Sample Language
(adopted from California Mental Health Services Authority)

It sounds like you're going through a really difficult and scary time right now. I work with someone who specializes in situations like yours, who may be able to brainstorm some new strategies with you, and I would like to ask them to speak with you. Is it all right if I put them on the line?

9. The hotline must be answered by a program staff member or volunteer who has had domestic violence crisis intervention training.
    a. Domestic violence programs should offer training on agency policies and procedures including how and when to address confidentiality, how to introduce oneself to callers (ex: first name only or a pseudonym), the process for obtaining information for data collection and call sheets, how to handle homicidal or suicidal callers, how to screen or refer for shelter services, and how to handle Lethality calls.
    b. Hotline workers should receive a minimum of thirty hours of domestic violence and crisis intervention training. This training must include the following topics:
        i. General domestic violence training (History and Framework of Domestic Violence; Empowerment Advocacy; Trauma; Victim-Centered Safety Planning; Protective and Peace Orders; Child Witnessing and Teen Dating Abuse; Elder Abuse and Abuse of People who have Disabilities; Minority Sexual Orientations and Gender Identities; Religion, Ethnicity, and Culture; Vicarious Trauma and Burnout)
        ii. Crisis intervention (listening, establishing rapport, needs assessment, suicide prevention, etc.)
        iii. Screening and assessing for danger and/or lethality and to provide safety planning
        iv. Identifying imminent danger situations and knowing how to respond to them

v. Effects of trauma, principles of trauma-informed services, trauma specific techniques
vi. Availability of legal remedies and the difference between giving legal advice and providing legal information (peace/protective orders, criminal charges, immigration, etc.)
vii. Referrals and community resources

c. Training resources include: MNADV's 4 day Advocate Training, House of Ruth MD's Comprehensive Intimate Partner Violence Training, Dr. Campbell's Danger Assessment, National Center for Suicide Prevention Training, etc.

10. Programs offering hotline services must provide emergency crisis intervention and advocacy. These services include, but are not limited to:
    a. **Assessment and Establishing Contact:** Crisis intervention begins by establishing contact, listening to the person tell about what happened, determining what the crisis is, assessing risk and/or danger, and setting up time for future activities geared towards alleviating the crisis.
    b. **Providing Information, Intervention, and Support:** Then crisis intervention focuses on implementation, which includes identifying tasks and who will carry out tasks to solve specific life problems, modifying previous ways of dealing with the situation, identifying strengths, and learning new skills.
    c. **Summary:** Lastly, review the interaction; provide validation and support; provide next steps; review the safety plan; and review referrals and resources established. This may include planning for future ongoing contact, if appropriate (See #6 above for safe follow-up).

11. The hotline administrative procedures including data collection and record-keeping should be in accordance with the organization's standards outlined in the Administrative section. The Hotline should have written procedures regarding: confidentiality, assessing risk; record keeping and record purging; assessing and responding to crisis (ex: suicidality); and self-disclosure on the hotline (ex: hotline workers providing their first name or a pseudonym to protect their privacy).

12. The hotline service should be evaluated for effectiveness on an ongoing basis (see box). Evaluation questions should reflect the extent to which you have effectively met the stated goals and purpose of the hotline.

Hotline Evaluation

Ways to qualitatively measure the effectiveness of calls include:

- *asking one or more questions throughout the call, such as:*
  - *"Did you get the help you needed today?"*
  - *"Did you learn something new?"*
  - *"Was there anything I could have done to be more helpful during this call?"*
  - *"Are you aware of steps that will help you feel emotionally or physically safer?"*
  - *"Did this call meet your expectations?"*
  - *"How was this call helpful for you?*
- *providing another avenue for obtaining caller feedback and satisfaction*
- *obtaining permission from the caller to safely conduct a sample survey to measure longer-term effectiveness of the hotline.*

Draft developed and revised by committee 04.19.13, 05.10.13, 06.10.13, 06.14.13, and 07.16.13. Open meeting held and feedback requested from programs 08.09.13. Final draft communicated to stakeholders on 11.07.13.

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Residential Program Standards

Shelter refers to temporary, emergency housing and related supportive services provided in a safe, protective environment for individuals and their dependents who are victimized by their current or former intimate partners and for who are without other safe housing options.

Service Standards and Guidelines

1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for victims of domestic violence and their dependents 24 hours a day, every day of the year.

2. Domestic violence shelter services may be provided through any of the following types of housing:
    a. A physical shelter facility operated in partnership with a comprehensive domestic violence service provider.
    b. Other accommodations, such as time-limited motel/hotel placement arranged and provided through the comprehensive domestic violence service provider.

3. A domestic violence shelter must:
    a. Have policies that maintain safety and security of residents
    b. Ensure that crisis intervention services are accessible, available, and offered 24 hours a day, every day of the year, with trained advocates.
    c. Provide access to food, clothing, and personal hygiene items for residents and their dependents, free of charge.
    d. Provide access to supportive services, free of charge with minimum barriers to access and maximum efforts to engage. Participation in supportive services must be voluntary.
        i. Must provide access to counseling and service planning
        ii. May provide access to legal, housing, employment, parenting, childcare, etc., free of charge.
    e. Establish a length-of-stay policy that is flexible and that balances the needs of those victimized by intimate partners and the program's ability to meet those needs. This policy should be written in clear language. Programs that define length of stay on an individual basis based on individual needs should also have clear and consistent criteria by which they determine length of stay. Each program should have consistent and well-defined criteria for granting extensions to their length of stay policy. Reasons why someone's length of stay will be ended prematurely should be clearly defined and communicated.
        i. A copy should be given to residents upon arrival into the shelter.
        ii. Could include minimum and maximum lengths of stay, assessment periods, etc.

13. Make every effort to provide reasonable accommodations for the needs of survivors living with disabilities, including addiction. Have disability-specific policies, which consider the key demographics of the community.
        iii. Shelters could consider as part of their accommodation plan:
            1. males,
            2. transgendered individuals,

3. individuals who require special mental or physical care by caregivers
4. residents with service animals,
5. minors as victims (emancipated or youth-head-of-household),
6. victims with low literacy,
7. victims who are d/Deaf,
8. victims who are blind,
9. dietary restrictions,
10. cultural or religious requirements or restrictions
11. Limited English proficiency (LEP),
12. residents who have communicable diseases including HIV/AIDS or at-risk health status,

f. Planned or unplanned room searches can re-traumatize residents and can repeat a pattern of coercive control and are not recommended. Room inspections for health and safety should minimize invasion of privacy. They should be explained and planned in advance. Communications about personal matters should be handled in a private setting. Care should be given to determine who is in earshot.

g. Rules/Guidelines
   i. Curfew
   ii. Planned overnights
   iii. Unplanned overnights

h. Leaving the Shelter
   i. Involuntary exiting

i. Emergency preparedness
   i. Flood
   ii. Snowstorm/blizzard
   iii. Hurricanes
   iv. Tornados

j. Grievances

((Example of sections or boxes we can add at a later time=

1. Case management definition
2. Counseling definition
3. Examples of Trauma-Informed Care:
   a. Minimal rules that are based solely on safety and/or security or shelter residents and/or staff
   b. Effects of trauma
   c. Deal with individual circumstances or “meet victim where they are at”
4. Best practice is to have a partnership with a pet foster placement agency (Humane Society, pet shelter, etc.)

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5. Evaluation and Feedback- Evaluation including the written and verbal feedback from residents of the domestic violence shelter must be conducted to ensure quality of services. These should be:
    a. gathered throughout the stay from all residents
    b. used to inform service and practice and program development
    c. feedback should be written, anonymous, and voluntary
    d. The program should elicit the most accurate and honest; elicit trust; create opportunity for the most honest feedback. Possible ways to do so include:
        i. Suggestion box
        ii. Periodic satisfaction surveys
        iii. Exit surveys
        iv. Exit interviews- should be offered to all residents leaving the shelter. Include feedback for program improvements, assessment of stay, etc.
        v. House meetings
        vi. Focus groups
        vii. Advisory board of current or former emergency shelter residents and staff who review policies and procedures.

Resident against resident conflict resolution

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Standards for Administration

Notes/Ideas to include in Administrative section in the future:

Confidentiality
Data collection
Files double-locked
Computers have safety pre-cautions
Don't email victim's name or info without password protection
Report aggregate data only: never reveal a victim's identity by any means
Rules for record-keeping (ex: 5 years; depends on funder)
Evaluation

Preliminary items to address in future identified by committee 06.10.13 and 07.16.13

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Confidentiality

CHILD ABUSE AND NEGLECT
Maryland COMAR Regulations 07.02.07.02 (defines child abuse and neglect)
Maryland Family Law § 5-704 (reporting by specified professionals, including human service workers)
Maryland Family Law § 5-705 (reporting by all others)
78 OAG 189 (Attorney General Opinion on reporting an adult who was abused as a child)
74 OAG 128 (Attorney General Opinion on reporting an adult who was sexually assaulted)
Form DHR/SSA 180 (to report suspected child abuse)
Family Law § 5-620 (immunity for reporting)
No criminal penalty for failure to report child abuse in MD

DUTY TO WARN
Maryland Courts and Judicial Proceedings Annotated Code § 5-609

Safety Considerations
Should hotline workers have to report to authorities, it is good practice to inform the victim first and solicit the victim's cooperation to promote empowerment whenever possible. There are several safety considerations you should make to determine if and how to do this:

Will notifying the caller create more danger for the child?
→If not, notify the caller.
→If yes, do not notify the caller.
Will notifying CPS endanger the victim?
→If yes, safety plan with the victim.
Is the victim willing to report with you?
→If yes, make the report together.

Decision to include this as Administrative and to reference it in different sections made 06/14/13.