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Maryland Network Against Domestic Violence

Domestic Violence Program Standards

Working Draft

2015

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Starting structure based on committee input 04.19.13

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Introduction

General points:

We recognize that many of these standards are already in place at programs.

We recognize that some of these things are what we are working towards.

These Standards are the “finish line” of a process that incorporates the guiding principles.

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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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Counseling Program Standards

1. **Individual Counseling for Adult Survivors** includes therapy or counseling delivered by an individual who is a Master's level or licensed clinician and regulations pertaining to a psychologist, counselor, or social worker who also has specific training in addressing issues of domestic and sexual violence (Missouri Coalition Against Domestic Violence).

2. **Support Groups for Adult Survivors**
    a. Staffing – Support groups can be co-facilitated by advocates, crisis workers, a licensed social worker or clinician, a master's level intern, as well as by survivors themselves.

3. **Individual Counseling for Children who Witness**

4. **Support Groups for Children who Witness**

5. **Intake for Survivors and Children**
    a. Current domestic violence situation
    b. Abuse history
    c. Current and past mental health concerns
    d. Substance use
    e. Survivor's goals
    f. Addressing suicidal ideation
    g. Case notes
        i. Separate data from detailed case notes

6. **Family Counseling**
    a. To be completed with non-offending parent only.
    b. Marriage counseling and couples counseling is not recommended.

7. **Abuser Intervention Program**
    a. Intake
    b. Individual
    c. Group
    d. For safety and confidentiality reasons, it is a best practice to have separate spaces and entrances for survivors and abusers.

Best Practices
For Support Groups for Adult Survivors

TREM:

Seeking Safety:

Peer-led groups:

Best Practices
For Individual Counseling for Adult Survivors

Eye Movement Desensitization and Reprocessing: "Focus is given to past disturbing memories and related events… and to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach" (EMDR Institute).

Cognitive Behavioral Therapy: Focus is on "examining the relationships between thoughts, feelings and behaviors. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping. CBT is a type of psychotherapy that is different from traditional psychodynamic psychotherapy in that the therapist and the patient will actively work together to help the patient recover from their mental illness." (NAMI).

Best Practices
For Support Groups for Child Survivors

Play and art therapy:

Trauma-Focused Cognitive Behavioral Therapy:

Strengthening Families Coping Resources:

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Additional topics to address:

- *Record retention*
- *Supervision*
- *Sample release forms*
- *Confidentiality and conflict of interest – no note in survivor or abuser file about other people offering up their notes*
- *Databases*
- *Interns and how to address school requests for videotaping or recording*

Best Practices
For Family Counseling

Strengthening Family Coping Resources:

Trauma-Focused Cognitive Behavioral Therapy:

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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 safehouse 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.*

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Residential Program Standards

Shelter, preferably called a safehouse, refers to temporary, emergency housing and related supportive services provided in a safe, protective environment for individuals and their dependents (minors of all ages and dependent adults who are victimized by their current or former intimate partners and for who are without other safe housing options. Over the last 35 years, much has been learned about the effects of trauma on domestic violence survivors. These standards were developed through a trauma-informed lens.

Service Standards and Guidelines

1. A domestic violence safehouse must provide access, admittance and residence in temporary safehouse for victims of domestic violence and their dependents (minors of all ages and dependent adults) 24 hours a day, every day of the year. Victims in imminent danger must be accommodated as capacity allows. Victim safety is the highest priority when determining safehouse admissions.

2. Domestic violence safehouse services may be provided through any of the following types of housing:
   a. A physical safehouse 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 safehouse **will**:
   a. Have policies that maintain **safety and security** of clients
   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 clients and their dependents (minors of all ages and dependent adults), free of charge. Accommodations will be made to meet culturally diverse and various dietary needs. Staff will ensure that items will be readily available at all times.
   d. Provide **meaningful language access** and develop a Language Access Plan (see Appendix B).
   e. 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. The Family Violence Prevention Services Act (applicable to FVPS/DOMV grantees) states, “receipt of supportive services under this title shall be voluntary. No condition may be applied for the receipt of emergency safehouse” (PL111-320 Sec. 308(d)(2)). These services include but are not limited to counseling, therapy, support groups, house meetings, and case management. Participation in services will be voluntary and length of stay and access to resources will not be reduced for opting out of services.
      i. Programs must provide access to counseling and service planning.
      ii. Programs may provide access to legal, housing, employment, parenting, childcare, etc., free of charge.

f. Utilize **screening questions** that focus on gathering information on the relevant domestic violence history. Specific questions will be limited to determining eligibility. Information that can be collected include name, name and ages of dependents, address, reason for service request, and residency requirement if applicable (exceptions may apply based on imminent danger). Shelter programs should use evidence-based screening tools to determine eligibility (Danger Assessment, Lethality Assessment, etc.). Questions pertaining to mental health and substance use concerns and accommodations should be asked after admission, preferably during intake.

g. Discuss the following factors when **planning for arrival**:
   - the confidential location of the safehouse
   - privacy and confidentiality of other clients
   - safety planning around technology use
   - transportation arrangements
   - important suggested items to bring
   - basic expectations of communal living
   - immediate needs to be addressed upon safehouse entry
   - additional client concerns

   Staff will make any necessary preparations such as making the client's bed/s, gathering toiletries, etc.

h. Discuss the following **upon arrival**: Prior to intake paperwork, staff will address basic immediate personal needs. As clients will react differently to arriving to safehouse, staff will consider the impact of trauma on the individual client and adjust the process accordingly.

i. **Welcome** and ease the client's transition into safehouse and provide a general tour to orient them to the safehouse space.

j. Begin the **intake process** by explaining the purpose of the intake meeting and what is hoped to be accomplished with the client. For example, staff may tell client that they hope to get to know the client better, hear about their immediate and short-term concerns, issues, needs, and together create some next steps for services and support. Staff will remind the client that they are the client's ally, and will not judge or make decisions for the client; that the client is free to share as much or as little as they feel comfortable with; and that staff ask questions to learn more about how they can help the client gain safety and economic stability (from "Transitional Housing Intake Guide" by NNEDV). To minimize retraumatization, the information obtained upon intake will be limited to inquiring about the client's most pressing, immediate needs, health and well-being, safety, and special needs and accommodations. Essential demographic information, if not previously obtained, will be collected at this time.

k. 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. The policy could include minimum and maximum lengths of stay, assessment periods, etc. The length of stay should be provided to the victim verbally prior to entering safehouse and a copy of the length of stay policy should be given to clients upon arrival. Clients can choose to leave at any time without penalty. A client will be able to access safehouse as often as needed. Readmission decisions will be based on current situation or need.
   i. **Length of Stay:** Programs that define length of stay based on individual needs should also have clear and consistent criteria by which their length of stay is determined.

ii. **Extension:** Each program should have consistent and well-defined criteria for granting extensions to their length of stay policy. This should be based on individual needs, individual progress, and program capacity. A clear procedure should exist for requesting and granting an extension.

l. Establish **exiting procedures.** Prior to exiting, whether voluntarily or involuntarily, safehouse staff will attempt to offer to explore alternate accommodations/housing options, provide community resources, conduct safety planning, and offer follow-up domestic violence and other services.

i. **Involuntary Exiting:** Reasons for ending someone's length of stay prematurely should be clearly defined and communicated. Involuntary exiting should only occur when a client or children present menacing or threatening behavior and/or violence to the safehouse community.

ii. An **abuser's knowledge of the safehouse location or a breach in confidentiality** is not grounds for exiting in and of itself. Additional safety planning with the client should occur if the client feels safe enough to stay at the safehouse. If the victim no longer feels safe at the safehouse or, if the abuser poses a clear and present danger to clients or safehouse staff and safety planning will be insufficient, then safehouse staff should offer to explore options to transfer the client to another safehouse.

INVOLUNTARY EXITING
Examples of Valid Reasons

- *Client threatens to cause bodily harm to a client or staff.*
- *Client assaults another client or staff.*
- *Client intentionally and maliciously violates another client's confidentiality.*
- *Client uses prohibited substances on the premises*

4. A domestic violence safehouse must make every effort to provide **reasonable accommodations** for the needs of survivors living with disabilities, including addiction and have written policies and a process for requesting and providing accommodations. Shelters must consider as part of their accommodation plan:
   - individuals who require mental or physical care by caregivers
   - clients with service animals (for guidance, see WSCADV's "Model Protocol on Service Animals in Domestic Violence Shelters"),
   - victims who are d/Deaf or hard of hearing,
   - victims who are blind or low vision,
   - victims who have limited mobility, and
   - clients who have communicable diseases including HIV/AIDS or another at-risk health status.

5. A domestic violence safehouse must make every effort to provide reasonable accommodations for the needs of survivors within special populations. Populations to consider include, but not be limited to:
   - males,
   - transgender and gender non-conforming individuals/LGBQ individuals,
   - minors as primary victims (emancipated or youth-head-of-household),
   - victims with low literacy,
   - dietary restrictions,
   - survivors with criminal histories (including sex offenses and child abuse),
   - cultural or religious requirements or restrictions, and
   - Limited English Proficiency (LEP).

6. **Safety and Security of the Shelter Location**
   a. Shelters should consider other security features, such as alarms, locks, guards, etc.
   b. Generally, safehouses should do their best to keep the location of the safehouse confidential. The address or location of any FVPSA-funded safehouse should not be made public. However, a safehouse may determine that disclosing or publicizing the safehouse location is safer than having a confidential location, in which case the individual responsible for the operation of the safehouse would have to sign off on that decision (PL111-320 Sec. 306(c)(5)(H)).
   c. Shelter clients and visitors can be asked to sign a confidentiality agreement upon entrance into safehouse, where they agree to keep the location and identities of other safehouse clients confidential.

7. **Emergency Preparedness**
   a. All safehouses must be up-to-date with fire and health code regulations at all times.
   b. Shelters must have written emergency procedures in place that are communicated to the clients and staff and that are practiced on a regular basis, including:
      i. Evacuation plans
      ii. Alternate staffing plans
      iii. Material accommodations (food, warmth)
      iv. Alternate safehouse accommodation plans for circumstances when the safehouse is destroyed or uninhabitable for a period of time

8. Programs must 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.
   a. **Client Records**
      i. Documentation of a client's stay should contain factual and objective information, documented to the minimal extent of providing the service, limited to the time and length of interaction and services rendered.
      ii. Other clients' written names should not appear in a client file.
      iii. Informed consent to release information must be survivor-centered, written, specific, time-limited, and narrow in scope and must expire upon termination in safehouse. (For guidance, contact the National Network to End Domestic Violence or the Confidentiality Institute).
      iv. All client records should be kept double-locked (in a locked cabinet, behind a locked door).
      v. Confidential client records should be kept only for the required length of time determined by state and funder regulations.
      vi. Disposal of client records must occur through cross-cut shredding or incineration.
      vii. All efforts should be made to quash subpoenas for client records. If a client requests to have their file released to use in a court proceeding, staff should inform the client of the possible unintended consequences, including that opposing council will have the ability to use it to the detriment of client, in court.
         1. Due to these consequences, a summary of services is preferable to the release of full client files.
         2. Subpoenas must be signed by a judge and properly served (hand delivered, not mailed or faxed, to the custodian of the records) before information can be released. (See Appendix C).

b. **Warrants, Subpoenas, and Summonses or Court Orders:** A clearly defined policy and procedure must be written to determine when and how to respond with law enforcement or the judicial system. All efforts should be made to maintain confidentiality and to work with a client to address pending legal action.
    i. Because of confidentiality and privacy, **background checks** on clients will not be a part of policy of practice except when a client specifically requests the information (for guidance, contact the National Network to End Domestic Violence or the Confidentiality Institute).
    ii. **Warrants:** If a safehouse becomes aware of a warrant against a client, staff will notify the victim and help him/her self-report to the police and/or get legal assistance. Staff will maintain client confidentiality by stating they are unable to confirm nor deny the presence of any client at the safehouse. A search warrant for the safehouse must be issued in order for law enforcement to enter the safehouse. If an officer responds with an arrest warrant, staff will not allow the officer onto the premises.
    iii. **Subpoenas for staff:** Subpoenas should be reasonably specific as to what information the court is seeking. All efforts should be made to quash subpoenas. If staff have to present in court, they have to make every effort to maintain the confidentiality of the safehouse and the clients should be made under the provision of the law. Staff being subpoenaed to testify will consult with their supervisor and seek legal consultation.
c. **Communications within Shelter:**
    i. Communications between staff and clients or among staff about a client's matters should be handled in a private setting. Care should be given to maintain each client's confidentiality.
    ii. When handling house conflict, care should be taken not to disclose any other client's confidential information.
d. **Use of Technology**:
    i. Staff and clients should be educated on the potential breach of confidentiality that can occur by taking photos, videos, posting information or locations and posting on social media, or by using video telephone services (Skype, FaceTime, etc.).
    ii. Staff and clients should be educated on preventing unintentional breaches of confidentiality by using devices or online applications with GPS tracking or location services.
e. **HMIS:** As stated under HUD regulations, domestic violence safehouses are not to input any identifying or demographic information into the Homeless Management Information Systems (HMIS). Necessary information must be maintained in a separate database.
    i. Only aggregate totals can be provided.
    ii. Client-level data, even encoded, is prohibited.
f. **Exceptions to Confidentiality:** Exceptions to confidentiality should be explained to safehouse clients upon entrance into safehouse. The only exceptions to client confidentiality are threat to kill self, harm others, suspected child abuse and/or abuse against vulnerable adults, or a valid court order.
    i. Staff must determine whether it would be safe and possible to engage and involve the client in the reporting process. If this is not possible, a report must still be made.
    ii. In cases of reportable abuse, if another client reports to staff, staff should encourage the client who saw the incident firsthand to make the report. Staff must report as mandated by law.

iii. Clients will be empowered to identify who should be contacted and under what circumstances.

9. **Shelter Rules** should be kept to a minimum and only address issues of health or safety. Violence or abuse of any kind, including physical, verbal, emotional, or threats, is inappropriate and prohibited. The goal of safehouse rules is to protect the safehouse community. Isolated incidents are not enough to warrant the creation of a rule.

10. **Pet Policy**: A policy for clients whose pets are also in danger should be established. The best practice is to house pets of victims on the safehouse property. Another option is to have a partnership with a pet foster placement agency (Humane Society, pet safehouse, etc.). (For guidance, see Sheltering Animals & Families Together™ at alliephillips.com/saf-tprogram/).

11. **Goal, Action, and/or Service Planning:** Efforts should be made to engage and encourage clients to utilize the program's available services voluntarily. A client's goals should be self-identified, individualized, and able to be modified on an ongoing basis. Progress on goals should not be the sole measure for a clients' success in safehouse. Barriers, including trauma, health conditions, and immigration status, should be considered. Progress, referrals, and follow-through should be documented in a trauma-informed manner. If staff concerns arise regarding a client's engagement in the program's services, they should initiate contact with the client to discuss the concerns, possible explanations, and solution-based options.

12. **Community Guidelines** should be provided that outline the expectations of community living, such as kitchen and bathroom courtesy and use, use of laundry facilities, storage of food and medications, security precautions for exit and entry, phone and computer use, available services, and days and times of community meetings and support groups. Community living arrangements, such as chores, meal times, quiet times, children's bedtimes, etc., may be determined by the clients. Such arrangements will be flexible and supported by safehouse staff. House meetings will be conducted regularly and frequently and/or at the request of staff or clients. House meetings are voluntary and attendance should be encouraged to discuss community living issues and to obtain feedback from clients about safehouse-related activities.
    a. In order to promote self-sufficiency and victim empowerment, certain decisions should be left up to the individual, including:
        i. **Curfew, Bedtime, and Wake-Up Times:** To promote self-sufficiency and victim empowerment, a set curfew or bedtime should be determined by each individual client.
        ii. **Stays away from safehouse:** Clients should be able to choose to stay away from safehouse for a short period of time without jeopardizing their bed space. Staff should develop a safety plan and discuss any safety concerns they have related to a stay away from safehouse. The period of time should be reasonable based on the circumstances and available bed space.
        iii. **Extended Absences:** Upon entrance into safehouse, staff should inform clients of the potential consequences of losing bed space if they stay away from safehouse for a longer than agreed time.
        iv. **Contact with abuser:** Contact with an abuser should be determined by each individual client. Staff should safety plan with clients if a victim might have contact with their abuser.

v. **Access to medications:** Shelters will provide clients with individual, locked, storage for their medications to access at any time, unmonitored and unimpeded.

13. **Room Searches/Inspections:** Planned or unplanned room searches can re-traumatize clients and can repeat a pattern of coercive control and are not recommended. Room inspections for health and safety must minimize invasion of privacy, maximize respect to the clients, and will be done by staff in a trauma-informed manner. Room inspections must be explained and planned in advance with the collaboration of all clients affected.

14. **Training:** Safehouse 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, an understanding of how the safehouse environment and interactions can exacerbate trauma reactions and how to minimize these re-traumatizations.
    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
    viii. Mediation
    ix. Conflict Resolution
    x. Cultural Competency (including sexual orientation, language, race and ethnicity, socioeconomic status, etc.)
    xi. Health boundaries for staff
    xii. CPR and First Aid (recommended)

15. **Evaluation and Feedback:** Evaluation, including the written and verbal feedback from clients of the domestic violence safehouse, must be conducted to ensure quality of services. These should be:
    a. gathered throughout the stay from all clients
    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 clients leaving the safehouse. Include feedback for program improvements, assessment of stay, etc.

v. House meetings
vi. Focus groups
vii. Advisory board of current or former emergency safehouse clients and staff who review policies and procedures.

b. The program will have a written policy on grievances that is accessible and available to all clients.

Continuing draft developed by committee 11.15.13, 12.13.13, 1.24.14; 3.7.14; 4.11.14; 5.2.14; 6.13.14; 7.18.14; 8.8.14; 9.5.14; 10.17.14; 11.7.14; 12.12.14; Final revisions made 1.17.15

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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.

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Appendices

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Appendix A

LAP Hotline Guidelines

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Appendix B

Tipsheet: Developing A Language Access Plan For Your Agency

Asian & Pacific Islander Institute on Domestic Violence • www.apiahf.org/apidvinstitute
450 Sutter Street, Suite 600, San Francisco, CA 94108 Tel: 415-568-3315

Guidelines:

If your organization receives federal funds, either directly or through the state, your agency is required to develop a language access plan (this does not mean hiring staff for every conceivable language spoken by your clients).

1. Learn the requirements of Title VI, Executive Order 13166, and your state laws.
2. Determine language needs using DOJ's four-factor assessment:
    a. Number or proportion of persons with Limited English proficiency (LEP) in the eligible service population.
    b. Frequency with which these LEP persons come into contact with your program.
    c. Importance of the benefit or service.
    d. The resources available.
3. Based on the assessment's results, identify the languages that will be included in the agency's language access plan and how the agency will provide interpretation services to LEP clients.
4. Develop an outreach plan to notify LEP persons that services are available.
5. Integrate your agency's language access policies and procedures into the agency's regular policies and procedures manual for use by all, not only bilingual, staff.
6. Train all staff and volunteers on language access laws:
    a. Federal laws: Title VI and Executive Order 13166.
    b. State laws on court interpretation to determine:
        i. clients' rights to interpreters in civil courts,
        ii. who provides the interpreters,
        iii. who pays for interpretation.
    c. Protocols for filing a Title VI complaint with the Department of Justice should a client's language access rights be denied by a federal grant recipient.
7. Implement and train staff about language access advocacy and agency protocols on:
    a. Responding to LEP callers and in-person contacts.
    b. Advocating for and asserting LEP clients' rights to qualified interpreters in courts and other systems.
    c. Providing LEP clients with tools (such as "I speak…" cards) that assist them in asserting their right to language access in the courts and other public agencies.
    d. Responding to court requests that bilingual advocates interpret by attempting to decline and disclosing their conflict of interest on record.
    e. Working with interpreters, including basic knowledge about interpretation: types, modes, code of ethics, qualifications and roles.
    f. Identifying and responding to poor, incorrect or biased interpretation.
8. Evaluate plan's effectiveness regularly to ensure it meets the needs of LEP persons.
9. Monitor demographic changes and immigration/refugee resettlement patterns to identify new LEP populations your agency will need to serve.
10. Engaging courts and public agencies in a dialogue on language access and Title VI.

Resources:

1. **American Bar Association:** List of state statutes on the provision of language interpreters in civil cases. http://www.abanet.org/domviol/docs/Foreign_Language_Interpreters_Chart_12_2008.pdf
2. **American Bar Association's Commission on Domestic Violence:** Materials on integrating interpretation in civil representation of domestic and sexual violence victims. http://www.abanet.org/domviol/institute/integration_of_interpreters.html
3. **Department of Justice, Office of Civil Rights,** *Executive Order 13166 Limited English Proficiency*

Resource Document: Tips and Tools from the Field: Overview and tips and tools for law enforcement, domestic violence specialists and service providers, 911 call centers, courts, federally conducted programs and activities. http://www.lep.gov/resources/tips_and_tools-9-21-04.htm

4. **Department of Justice, Office of Coordination & Review:** File complaints for Title VI violations. http://www.usdoj.gov/crt/cor/complaint.php
5. **Legal Services Corporation:** Guidance to LSC programs on training, procedures and policies. http://www.abanet.org/domviol/institute/integration_of_interpreters/Guidance_to_LSC_Programs_for_Serving_Client_Eligible_Individuals_with_LEP.pdf
6. **National Association of Judiciary Interpreters and Translators (NAJIT):** Professional certification, training, policy advocacy, how to work with interpreters. http://www.najit.org
7. **National Center on Immigrant Integration Policy:** Policy, research, technical assistance, training and an electronic resource center on immigrant integration issues with a special focus on state and local policies and data. http://www.migrationinformation.org/integration/language_portal
8. **National Consortium of State Courts:** Materials on court interpretation including tests for certifying interpreters and model guide. http://www.ncsconline.org/D_RESEARCH/CourtInterp.html and http://www.ncsconline.org/wc/publications/Res_CtInte_ModelGuideChapter10Pub.pdf
9. **Ohio State, Dept of Public Safety/Office of Criminal Justice Services:** Training materials for law enforcement and judges. http://www.ocjs.ohio.gov/LEPResources.htm

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Appendix C
Response to Subpoenas

Excerpted from the National Network to End Domestic Violence (NNEDV)'s Safety Net Project's Technology and Confidentiality Resources Toolkit FAQ located at http://tools.nnedv.org/faq

What should our DV/SA program do if we get a subpoena?

First, have a plan, including an attorney to call in the event that a subpoena is received. Most importantly, get legal advice and assess the best means to resist the subpoena, which could include: contacting the attorney who issued it and asking them to rescind it, challenging service, filing a motion to quash the subpoena with the court, seeking other types of orders to protect the information, working with the survivor whose information is sought to determine her position and whether she will also be resisting the request for information, among other actions. Whatever you do, please do not ignore the subpoena and hope it will go away on its own, and certainly don't destroy documents that may be subject to a subpoena once it has been served on your agency.

VAWA 2005 & Confidentiality
Is a subpoena for records a court mandate exception?

Generally not. In the vast majority of U.S. states, a subpoena is not a court order. Best practice in every state is to ask the court to quash (invalidate) any subpoena that asks for a program's records. Responding to subpoenas can raise unique questions. For help in responding to subpoenas, programs should contact a local attorney with knowledge about U.S. federal VAWA and state laws regarding confidentiality. Programs may also contact NNEDV's Safety Net Project for resources to address subpoenas.