MODEL GUIDELINES FOR ASSESSMENT AND RESPONSE TO DOMESTIC VIOLENCE IN WEST VIRGINIA HOME VISITATION PROGRAMS

Developed by the

West Virginia Coalition Against Domestic Violence
Home Visitation Guidelines Committee

Funded by the Claude Worthington Benedum Foundation

CLAUDE WORTHINGTON BENEDUM FOUNDATION

west virginia Coalition Against Domestic Violence
for a safer state of family

West Virginia Home Visitation
Supporting Families. Strengthening Communities.

WV COALITION AGAINST DOMESTIC VIOLENCE

MISSION STATEMENT

The mission of the West Virginia Coalition Against Domestic Violence (WVCADV) is to end personal and institutional violence in the lives of women, children and men.

The WVCADV works to transform social, cultural, and political attitudes through public awareness, policy development, community organizing, education and advocacy in ways that promote values of respect, mutuality, accountability and non-violence in local, statewide, national and global communities.

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INTRODUCTION

Domestic Violence is a pattern of assaultive and coercive behaviors, including physical/sexual and psychological, used by men and women against their partners in both heterosexual and same gender relationships. Without intervention, the violence often escalates in frequency and severity.

Although some victims of intimate partner violence are men, the feminine gender is used in this document because women comprise the overwhelming majority of reported cases of heterosexual intimate partner violence.

PURPOSE

Home visitors are well-situated to screen for and respond to domestic violence with clients and families. They have unique access to clients' lives through direct involvement and personal contact in the home that many other service providers do not have.

Home visitors are able to build relationships and trust with the families with whom they work – often a critical piece of moving forward with assessing for domestic violence. Knowing how to safely screen and respond, coupled with strategies for integrating this into the home visits and having the tools to do so, are absolute necessities for doing this work.

When a client is experiencing domestic violence in her/his relationship there may be no visible signs of abuse. In fact, many forms of control, coercion and abuse leave no physical marks, but have a lasting impression on a client's overall health and well-being. Disclosure of abuse or leaving are not necessarily the primary goal. The main goal of the home visitor screening for domestic violence is to reduce a client's sense of isolation and increase access to information and resources to help her think though the best decisions for herself.

Screening, assessing and responding to domestic violence requires an approach designed to protect everyone's safety and provide expectations for support. Home visitors are not expected to offer domestic violence services or trauma counseling. Rather, the key role for the home visitor is to:

- Use evidence-based screening tools and scripts to screen clients for domestic abuse
- Offer harm reduction and validation
- Provide a supported referral
- Document your discussions as required by each home visitation program
- Know your local licensed domestic violence program and partner with them as the referral agency

This set of Guidelines has been developed to serve as a resource for all staff and providers involved in the implementation of the home visiting programs. The intent is to offer concrete guidance, helpful information and to clarify the roles and responsibilities of both the home visitor and domestic violence advocate as they work together in partnership on behalf of individuals and families affected by domestic violence.

PLEASE NOTE: While these Guidelines offer recommendations for screening and response, you will need to follow your own program's policies and protocols, if they differ.

PARTNERSHIPS

The partnership between home visitation programs and domestic violence advocacy programs is a valuable one that makes sense. Both work to strengthen the lives of individuals and families and to enhance their capacity to move towards well-being. Therefore, it is important that we know who is in our local communities and how we can best work together to cooperatively provide services by establishing relationships with each other right from the beginning.

DOMESTIC VIOLENCE PROGRAMS

There are fourteen local licensed domestic violence programs in West Virginia - all are members of the West Virginia Coalition Against Domestic Violence (WVCADV). Each program is autonomous and covers a designated catchment area of the state so that all 55 counties are served. Specific services may vary somewhat, but most programs offer the core services of safety planning, shelter, 24 hour emergency hotline, legal advocacy, peer support counseling, support groups, services for children and other supportive services (such as help in obtaining medical care; legal protection; housing; furniture; clothing; training and educational services; employment; social services; emergency transportation; and translation services).

For a complete listing of the Local Licensed Programs in West Virginia, see Appendix 1 or visit the WVCADV website at www.wvcadv.org.

HOME VISITATION PROGRAMS

The West Virginia Home Visitation Program (WVHVP) provides families with a range of information and skills, while supporting safe and healthy outcomes in communities. Housed within the Office of Maternal, Child and Family Health, WVHVP involves partnerships at federal, state and community levels to help families in need. The program is available for pregnant women and all children (birth to five).

For a complete listing and description of the West Virginia Home Visitation Programs, see Appendix 2 or visit the WVHVP website at www.wvdhhr.org/wvhomevisitation.

MAKING THE CONNECTION

It is helpful to make the connections between the domestic violence and home visitation programs before the services are actually needed. This helps facilitate the process when a need arises for domestic violence program services or for a domestic violence program to assist a client in contacting a home visitation program for services.

Suggestions for making the connections include providing a short presentation at staff meetings by a representative from the other agency or through a Lunch and Learn to share what each program has to offer. It is also helpful to have an inter-agency discussion on the best ways to make referrals and to support one another in service delivery as it pertains to domestic violence and home visitation.

It is often helpful to have an established Memorandum of Understanding (MOU) between the local home visitation and domestic violence programs. The goals for having an MOU are twofold: 1. It helps create and support a deeper relationship between the two programs; 2. Cultivates opportunities to connect pregnant and parenting women to home visitation services while they are in shelter or receiving other domestic violence services. See Appendix 8 for a Sample Memorandum of Understanding.

DEFINITIONS

DOMESTIC VIOLENCE is a pattern of coercive behavior(s) consistently used by one person (the abuser) in a relationship in order to maintain power and control over another person (the survivor or victim) in the relationship without regard to the victim's rights or well-being. People who abuse subject the other person repeatedly to physical, sexual, verbal, emotional, financial, and other tactics of control in order to maintain power over them. Domestic violence is a recurring pattern that plays out over time, more like a *movie* than a *snapshot*. It can involve two adults in relation with one another including spouses, partners, adult family members, or people who cohabitate.

INTIMATE PARTNER VIOLENCE is one form of domestic violence, which arises when one person uses coercive behavior(s) to maintain power and control over another person with whom they are in a marital, cohabiting, or dating relationship. The relationship may be past or current.

FAMILY VIOLENCE consists of violence between family members, which can include domestic violence, child abuse and neglect, and elder abuse.

An **ABUSER** is a person who imposes a pattern of control over their partner through a mixture of physical and/or psychological abuse, credible threat of physical violence, criticism, verbal abuse, economic control, isolation, cruelty, and other tactics. Characteristics of people who are abusive may include: a sense of entitlement, selfishness, and a self-centered outlook; believing themselves superior to their victims; perceiving their partners as an owned object; confusing love with abuse; manipulative behaviors; denying responsibility for the abuse; and denying, minimizing, and/or blaming the victim/survivor for the abuser's violence.

An **ADULT VICTIM / SURVIVOR** experiences a pattern of coercive control through physical, emotional, sexual, or other abuse by a family member or intimate partner who is violent.

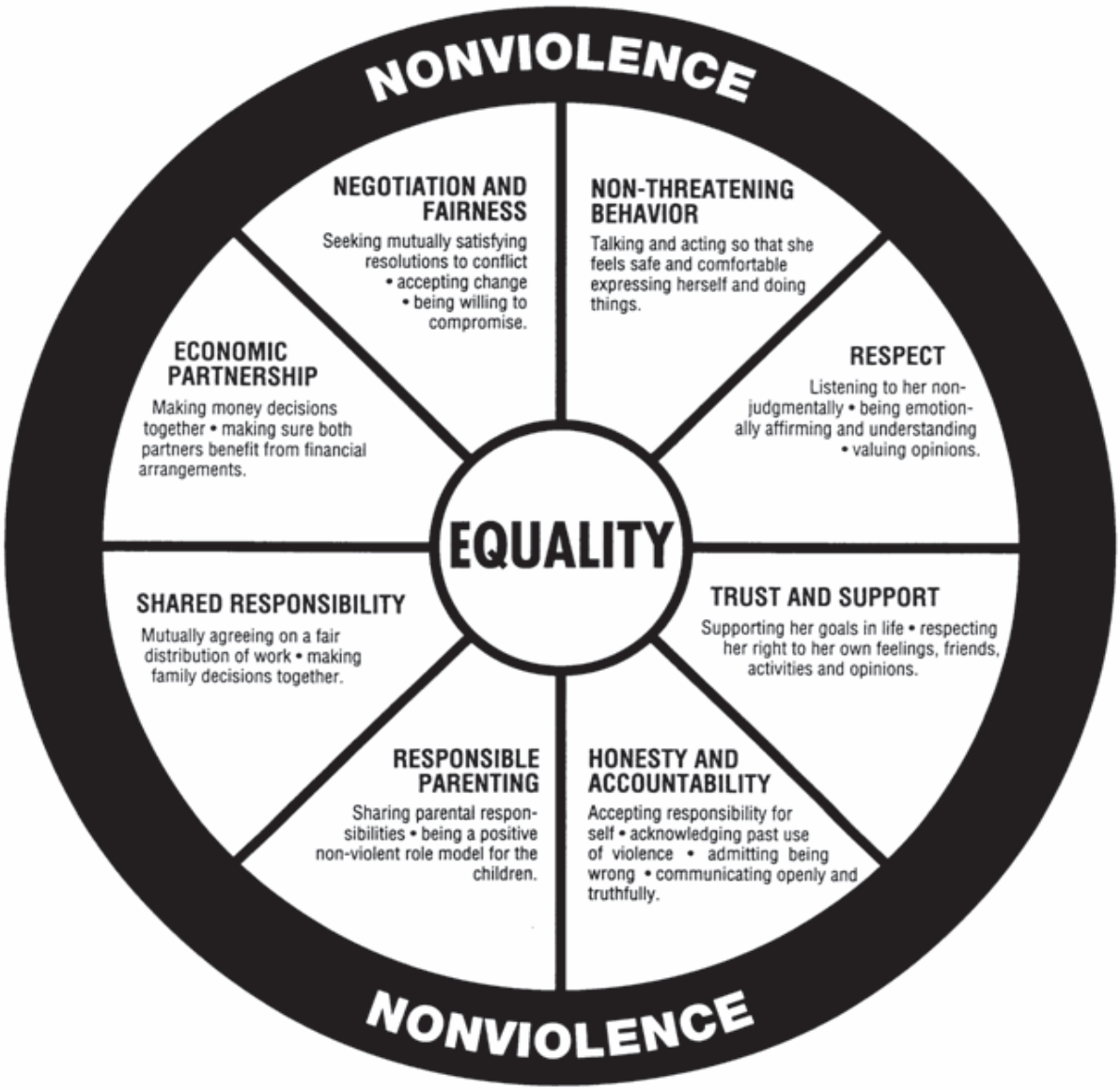
A **CHILD VICTIM** may be a child of adults experiencing domestic violence (whether or not they see or hear domestic violence directly), or a child who experiences child abuse or neglect as defined by West Virginia Code §49-1-3, et seq.

REPRODUCTIVE AND SEXUAL COERCION involves behaviors aimed to maintain power and control in a relationship related to reproductive health by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent. Behaviors used to maintain power and control in a relationship impacting reproductive health disproportionately affect females. These behaviors may include birth control sabotage; pregnancy pressure or coercion (forcing pregnancies or forcing termination of pregnancies); sexual pressure or forcing unwanted sexual acts; or knowingly exposing a partner to sexually transmitted infections.

RISK ASSESSMENT involves a domestic violence advocate or others trained is using an evidence-based tool for analyzing the risk of physical, emotional, and/or other harm to a survivor in the immediate time frame, as well as in short- and long-term time frames.

SUPPORT FOR SURVIVORS means being *non-judgmental* and giving them the freedom to make their own decision about getting help from a domestic violence program. Survivors also should be listened to carefully; believed; not blamed; and not discriminated against.

HEALTHY RELATIONSHIP OVERVIEW



The **EQUALITY WHEEL**, shown above, was developed by the Domestic Abuse Intervention Project in Duluth, MN, to show how equal relationships work. Equality is at the center of the wheel because it is the foundation for a healthy, mutually respectful relationship.

The spokes of the Equality Wheel each represent positive behaviors and characteristics of respectful, responsible, and equal relationships. You can familiarize yourself with these characteristics and learn to recognize that when they are present in a relationship, they indicate that domestic violence is not likely present.

DOMESTIC VIOLENCE OVERVIEW

The **DOMESTIC VIOLENCE WHEEL** shown above was developed by the Domestic Abuse Intervention Project in Duluth, MN, to show the physical, sexual, emotional, financial, and other tactics that abusive people use to control their victims. **Power and control** are at the hub of the wheel because they are at the center of violent relationships. The person who is violent abuses because they want to maintain power and control over their partner, and will use any means they can to do so.

Each of the spokes of the wheel represents a category of abusive methods, ranging from emotional abuse to economic abuse to use of children. These are tactics of control and, although every violent relationship is different, they often share many of these tactics in common. As someone concerned about this issue, you can familiarize yourself with these behaviors and learn to recognize that when they are present in a relationship they indicate domestic violence.

The rim of the wheel represents physical and sexual violence. The threat or reality of physical and sexual violence holds the violent and abusive relationship in place because it is the ultimate tactic of control. Although some abusive relationships do not include the reality of physical and sexual violence, the threat is always there for the victim, and the fear that goes along with that threat can be a powerful motivator for the victim to stay in the relationship.

BASIC DOMESTIC VIOLENCE GUIDELINES FOR HOME VISITORS

All Home Visitation staff will be oriented to this information before serving families and discussing domestic violence with them. Staff will participate in the domestic violence trainings required by their programs.

SUPPORT FOR SURVIVORS

The role of Home Visitation staff is to screen, support and offer clients referral information about licensed domestic violence programs; staff *must not* intervene directly in domestic violence cases. Discussions/interviews with the adult being victimized should take place with *only the victim present* (no children, family members, friends or the abuser).

In cases of known or suspected domestic violence, the home visitor should speak with a person experiencing domestic violence in a confidential manner about services available to assist them. For the safety of the person being victimized and her/his family, as well as the home visitor, any referral made to a survivor *must not be shared with* the person who is the abuser. All local licensed domestic violence program services are free and confidential and do not require the use of a shelter (although a shelter is available if needed). Understand that the client may not follow through on a referral for a variety of reasons.

SUPPORT FOR CHILDREN

Children differ in their individual responses to domestic violence. Home visitors should be flexible in responding to the needs of children in families exposed to an abuser. Any discussions or referrals related to domestic violence for children must be made through the *non-offending parent or caregiver*.

CONFIDENTIALITY

Confidentiality is a *crucial part of victim safety*. Confidentiality means not talking with others about what the victim tells you, with the limited exception of a "need to know" group, which means only your immediate supervisor, the program director, or the director's designee. Any referrals for known or suspected domestic violence cases must be kept *strictly confidential*. Staff should not discuss domestic violence issues of clients with any third parties outside, including but not limited to: your spouse or significant other, your family and relatives, your friends, your minister, rabbi, imam, or anyone else.

Home visitors must not discuss domestic violence issues with any outside agencies unless the client gives a *signed authorization* to do so. However, in cases of child abuse and neglect or abuse or neglect of an incapacitated adult, reporting is mandatory and the home visitor must speak with Child Protective Services or Adult Protective Services using their home visitation program guidelines for doing so. (see Appendix 3 - Hotlines/ Resources for contact information)

SCREENING AND ASSESSMENT: TIPS, SCRIPTS AND TOOLS

It is important to remember that disclosing private information in general is difficult – imagine how difficult it must be to disclose that a former or current loved one is abusive. It is also important to be aware that screening could be ineffective and even dangerous if it is not done cautiously and sensitively.

MODEL APPROACHES TO SCREENING AND DISCUSSING DOMESTIC ABUSE

- **Always raise the issue of domestic violence privately so that others, including the client's partner, will not overhear the conversation. This means no friends or relatives of the mother should be present and no children who are verbal should be present.**

  Asking about domestic violence in the presence of the partner, or in a way that alerts the partner to the conversation, can put a client at risk.

- Pay attention to the language of the screening questions and make sure that the terms you are using will be easily understood.

- Always provide assurance of confidentiality, with the exception of information that requires mandatory reporting (such as child abuse).

- Explain why you are exploring the issue of abuse (i.e. because we know the prevalence of domestic violence and want to be sensitive to the needs of any clients who may be facing this issue). Let them know that all clients are being asked these questions, not just them.

- Avoid blaming or judgmental responses.

- Regardless of whether a disclosure of domestic violence occurs, provide everyone with information on domestic violence services and support available in the community.

- Always ask if it is safe to leave information about domestic violence services with the client. Do not leave materials without client knowledge and agreement.

Survivors have identified a number of important factors that affect their decision to tell someone about the abuse that they are experiencing or have experienced in the past. Domestic violence victims are more likely to disclose abuse when they:

- Perceive that the individual asking is listening and truly concerned;
- Understand the reason that they are being asked about domestic violence; and
- Feel assured that the disclosure will not be reported back to the abuser or make their situation more complicated or dangerous.

INTERPRETERS

If an interpreter is needed, home visitors should not use family members, family friends, or children as interpreters. Licensed domestic violence programs have access to qualified telephonic language interpreters and TTY devices. You can receive assistance from them when screening for and responding to domestic violence by using their Language Line.

For a list of qualified language interpreters for court or court-related matters, contact the Magistrate Court Services Division, West Virginia Supreme Court of Appeals Administrative Office, 1900 Kanawha Boulevard East, Room E-100, Charleston, WV 25305, (304) 340-2915. For a list of qualified sign language interpreters, contact the Court Services Division, West Virginia Supreme Court of Appeals Administrative Office, 1900 Kanawha Boulevard East, Room E-100, Charleston, WV 25305, (304) 340-2912.

SCREENING TOOLS

The Relationship Assessment Tool (Appendix 4) is a screening tool for intimate partner violence (IPV.) As opposed to focusing on physical abuse, this tool assesses for emotional abuse by measuring a person's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that this tool is more sensitive and comprehensive a screening tool for identifying IPV compared to other validated tools that focus mainly on physical violence.

This self-administered questionnaire is an excellent, evidence-based tool to use with clients and allows you to easily screen for violence and track your referrals. The tool can be adapted to ask the questions of a client who may be residing with someone other than an intimate partner, such as living with parents, grandparents, friends, or others.

Please keep in mind that it may be necessary to verbally read the questions to some of your clients, taking a moment to make sure that they understand what is being read.

NOTE: Never administer this questionnaire in the presence of or with the knowledge of your client's partner, as this could endanger your client's safety. It can be safer not to screen and wait for another time, if you cannot do so privately.

The Healthy Moms, Happy Babies Safety Card offers information about healthy relationships and resources that your client can turn to for help or support. It is an excellent, evidence-based resource and tool to use in conjunction with the Relationship Assessment Tool. Similar to "shoe cards" that domestic violence advocates have used for years, this card can also be used as a guide for screening for violence by changing the wording on the card to make it an assessment tool. It also provides the client with information and hotline numbers that she can use. You can get the cards (free, with small shipping cost) by contacting Futures Without Violence (Appendix 3)

NOTE: NEVER leave a safety card or other domestic violence information without first discussing whether or not it is safe to do so with the client.

HAVING THE CONVERSATION

Home Visitors have described beginning the conversation can be the most difficult part of screening for domestic violence, because this is such a personal topic to talk about with others. Here some tips for beginning the conversation and scripts for doing so.

▪ Normalize the screening process

- Let her know that everyone is being asked these questions so that she won't feel singled out
- Don't refer to the screening process as "just paperwork" as that sends a message that this is not important or that there is nothing that can be done to help

▪ Script for Introducing the Relationship Assessment Tool

"Because so many of our moms (caregivers, etc.) talk about concerns with their relationships, we have started asking <u>everyone</u> about their partners (family, etc.) and how things are going in their relationships...."

• Followed by:

"We go over this screening tool (form, questionnaire) with our moms (caregivers) - just so we can get a better sense of how it is going in their relationships."

- You do not have to use this exact language but the main points are:

- Others have talked about concerns with relationships
- You are asking everyone
- It talks about "relationships" rather than "domestic violence"
- You care about how her and her relationship

▪ Scripts for Introducing the Healthy Moms, Happy Babies Safety Card

"This card is similar to the questionnaire that we are doing with all of our moms, so why don't we take a minute and look at this now?"

"It's kind of like a magazine / internet / facebook quiz. It talks about safe and healthy relationships and what to do for ones that aren't. It has hotlines on the back and gives simple steps to take to be safer." (Go over panels generally)

DISCUSS THE LIMITS OF CONFIDENTIALITY AND OTHER CLIENT FEARS FIRST

Scripts should also address clients' fears about confidentiality and what may or may not fall into the state's reporting requirements. It is also important to keep in mind fears about immigration status and child welfare reports.

The Relationship Assessment Tool includes a sample script on the top of the page which you can use to go over with the client:

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland security) or law enforcement. There are just two things that I would have to report – if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby."

SCREENING

Discuss the Relationship Assessment Tool and ask if she would like to fill it out and then discuss or if she wants to go over the questions with you or have you read it to her.

There is language on the Relationship Assessment Tool that you can use:

"We ask all our clients to complete this form. For every questions below, please look at the scale and select the number (1-6) that best reflects how you feel."
Give her time to complete and then take time to review her answers and discuss them with her. Many times, a client will not fill out the form accurately the first few times, since trust often needs to be developed between the client and home visitor. However, each person is unique and some may talk about the abuse right away and others may never disclose.

RESPONDING

RESPONDING TO DISCLOSURES OF ABUSE

When disclosures of domestic violence occur as a result of screening or at any point during participation in a home visit, an appropriate response must follow. Your recognition and validation of your client's situation is important. You can help to reduce her sense of isolation and shame, and encourage her to believe a better future is possible. (See page 12 for responding to non-disclosures)

If abuse is disclosed, validate her situation and provide information:

- ***Acknowledge*** what is happening to her is not okay and is not part of a healthy relationship.

- ***Validate*** her decision to disclose.
  - "It must have been difficult for you to talk about this."
  - "Thank you for telling me about this today."

- ***State*** that the abuse is not the client's fault.
  - "I am sorry this is happening in your life. You don't deserve this."
  - "It's not your fault."

- ***Express*** concern for the client's safety.
  - "I'm worried about the safety of you and your children."
  - "Are you in immediate danger?"

It is the client's choice to share specific information about the abuse. The home visitor does not need to ask for details, which may be emotionally harmful to the client. If the client wishes to talk you can listen and offer supportive referrals. The main purpose of the screen is to assess if someone is experiencing domestic violence and to offer support, information, and resources.

REFERRALS

It is important to have information and referral resources to share with the client when they have disclosed domestic abuse.

- Refer the client to the local licensed domestic violence program in your area. (Appendix 1)
- Contact the local licensed DV program and have a DV advocate come to speak with the client at a location away from the home.
- Use safe procedures.
- Use a warm referral. A warm referral is one in which you assist the client in making the contact with domestic violence program. You offer to be with her when the call is made or make the call yourself and then hand the phone to her. Always use your phone and not her cell phone or one that is in the home.
- Script for using a warm referral:
  "If you are comfortable with this idea I would like to call my colleague at the local program (fill in person's or program's name). She is an expert in what to do next and she can talk with you about supports for you and your children from her program."

NOTE: Please be sure to let the client know that she does not have to go to the shelter to receive services. It is there if needed, but it is not required. All services are free and confidential.

Tips:

1. Use the safety cards to provide information for your clients on unhealthy relationships and signs of abuse, as well as to connect them to resources for support.
2. Clients who are experiencing abuse are at higher risk to also have symptoms of depression, mental health concerns, or substance abuse. Linking them with the appropriate resources and support is key to reducing their isolation and feelings of helplessness.
3. Inform your client that the National Domestic Violence Hotline (Appendix 3) is always an excellent source for discovering other resources for issues other than domestic violence, too.

DOCUMENTATION

Home visitors will confidentially document any domestic violence screening and referrals using the form designated by each home visitation program. Ideally, domestic violence information would not be kept in activity logs or other documents to which the abusive person might have access.

REPORTING

In West Virginia, there is no mandatory reporting for domestic violence, with limited exceptions for health care providers. However, if a domestic violence situation involves known or suspected child abuse or neglect, you must follow existing policies in your home visitation program and WV law for reporting such matters to Child Protective Services. (Appendix 3)

PROTECTIVE ORDERS

A Protective Order (PO) is a civil order that provides protection from harm by a family or household member who has committed domestic violence against you. This may be an Emergency Protective Order or a Final Protective Order. While a Protective Order cannot guarantee safety, POs have been found to be effective in many instances. For more information on Protective Orders in West Virginia and what may be contained in one, you can visit www.womenslaw.org/laws_state_type.php?id=606&state_code=WV

An adult may sign a written authorization allowing disclosure of a Protective Order, or a Custody Order. Home visitors should cooperate fully in the enforcement of all court orders, including Protective Orders and Custody Orders.

SAFETY PLANNING

Safety Planning involves making advance preparation to minimize the risk of harm to a victim of domestic abuse. This may or may not involve the survivor leaving an abusive or violent relationship. For those who leave, Home Visitation staff must understand that leaving is a process and ***safety is not ensured upon leaving*.** In fact, ***leaving is often the most dangerous time for a victim of domestic violence***; leaving potentially *increases* the risk of abuse or death toward the adult victim and children because the person doing the abuse perceives a loss of power and control.

While it is important for home visitors to know and understand the purpose and guidelines for safety planning, it is strongly encouraged that home visitors connect with and consult an advocate from a local licensed domestic violence program to discuss or complete a safety plan.**

** WV Local Licensed Domestic Violence Programs (Appendix 1)
Sample Safety Plan (Appendix 5)

RESPONDING TO NEGATIVE SCREENS

A negative response to a screening may mean that there is not domestic violence occurring. However, it may also only indicate that the client is not comfortable or does not feel safe disclosing abuse at this time; it does not necessarily mean the abuse is not occurring.

In the case of a negative response to screening, provide your client with a safety card (if it is safe to do so) and/or other information on domestic violence resources. You may want to say:

"I'm glad nothing like this is going on for you. Because many women are in unhealthy or abusive relationships, we are giving this (card / information) to all our clients so you will know how to help a family member or friend. Is it okay for me to leave this with you? If not, I can bring it back with me next time and we can talk more about the information."

Regardless of whether a client discloses abuse or not, assessment is also an opportunity to educate clients about how abusive and controlling behaviors can affect their health and well-being. Some clients will not be comfortable recording difficulties in their relationship and sharing that information with their home visitor, but they can still benefit from receiving the information that you offer.

UNIVERSAL EDUCATION ABOUT HEALTHY RELATIONSHIPS

Assessment is a very good time to talk to clients about healthy relationships and provide universal education about their safety and health.

"One of the things that I share with all my clients is how you deserve to be treated by the people you form relationships with. You always have the right to:

- Be treated with kindness and respect, feel safe, and have your boundaries respected
- Be with your family and friends when you want to be
- Wear what you want to wear
- Have a healthy and safe sexual relationship, including the ability to make your own decisions about any birth control methods you are using
- Speak up about any controlling behavior in your relationship

If the client says yes to relationship problems but doesn't disclose more than something vague:

"You mentioned things are sometimes complicated in your relationship. If you are ever in trouble you can talk to me. I would like to give you (card / information – if it is safe to do so) if you are okay with that. It has a hotline number on it. You can call the number any time. They really get how complicated it can be when you love someone and sometimes it feels unhealthy or scary. The hotline staff has contact with a lot of others who have experienced this and know what to do to help. Everything is free and confidential."

OTHER CONCERNS

DOMESTIC VIOLENCE AND DEPRESSION

The effects of domestic violence go far beyond physical injury and the mental health effects of violence may last long after the physical injuries heal. Domestic violence and depression are interrelated and women who experience abuse have a higher risk of depression versus non-abused women. Domestic violence may also contribute to other mental health issues, such as anxiety or eating disorders.

DOMESTIC VIOLENCE AND SUBSTANCE ABUSE

Domestic violence and substance abuse are two separate, but connected, issues. Knowledge of both can be helpful when faced with difficult situations of abuse. Here are some things to keep in mind when thinking about domestic violence and substance abuse:

- The effects of alcohol or drugs can escalate the violence in abusive relationships and increase the risk of serious injuries or death.
- Alcohol or drugs are often used as an excuse for the violence. Abusers will often blame the violence on the substance, claiming that he/she had no control or did not know what was happening. He/she may try to convince the client that the violence will stop once the substance abuse problem is under control.

- Victims of abuse might turn to alcohol or drugs top help alleviate or “escape” from the situation.
- Substance abuse increases the risk of child abuse or maltreatment. The links between child abuse and domestic violence are clearly established.
- Women who abuse alcohol or drugs are more likely to become victims of domestic violence. It can also makes it more difficult for her to use safety strategies when using substances.
- Substance abuse issues are extremely common among abusers and can add even more stress to an already unhealthy relationship.

HOME VISITOR SAFETY AND SELF-CARE

YOUR SAFETY AND HEALTH MATTER

Personal safety strategies for home visitors:

- If possible, meet with the client at the office if the situation does not feel safe
- Establish check-in times with your office or supervisor
- Park with front of vehicle pointed away from home - toward exit
- Observe and listen before entering household
- Do not enter the household until you see the client at the door
- Position yourself near the door/exit in the household
- Have emergency numbers programmed into your cell and set on auto-dial
- Pay attention to warning signs of a dangerous situation and leave as soon as possible
- Take a co-worker with you on the home visit if you are uncomfortable to be there alone

NOTE: In a situation where a violent altercation is occurring or has the potential to occur leave the home and call 911.

YOUR EXPERIENCES MATTER

Take time to think about how your own life experiences influence your work with families. Research finds that some home visitors have their own histories of family violence and prior victimization. While this can lead to empathy for families experiencing domestic violence, it also calls for paying attention to how this experience impacts you as a home visitor. If you think it would help to talk to someone about your experiences – to help you separate your own feelings from those of your clients – it may help to speak with a counselor or therapist. You may also want to discuss this with an advocate from a local domestic violence program.

Secondary (Vicarious) trauma is a process of change that may happen because you care about other people who have been hurt, and feel committed or responsible to help them. Over time, sometimes this process can lead to changes in your psychological, physical, and spiritual well-being. It is important to be aware of the possible sign of vicarious trauma and burnout and know that there are things that can be done to provide help to the home visitor.**

**See Appendix 6 A Secondary Trauma Check List and Appendix 7 A Self-Care and Relationships Check List.

PERSONAL STRATEGIES TO PREVENT TRAUMATIC STRESS:

This is just a partial list. Be sure to think about what helps you personally in times of stress.

- Connect with other professionals and organizations to process experiences of working with survivors of trauma
- Get adequate sleep, good nutrition and exercise to help reduce psychological stress
- Training to improve skills and comfort level of working with families living with domestic violence and trauma
- Providing yourself time off from work to pursue personal interests, social connections and spiritual outcomes
- Participating in Reflective Supervision
- Accessing mental health support services like 1-844-HELP4WV

REFLECTIVE SUPERVISION

Reflective supervision is a tool for relationship-based services. The supervisor or a designated person uses reflective supervision to help staff think about, understand, and put in perspective the information shared by families, the emotions experienced from that sharing, and the feelings generated from their own life experiences. It is very different from the traditional supervisory relationship. Time and space are created for the supervisee to be able to explore and reflect on the work that they are doing, including both the positive and more challenging aspects of the work. Open-ended questions are used to assist the home visitor in this exploration.

1-844-HELP4WV

This program provides immediate help for any West Virginian struggling with an addiction or mental health issue. The program features a 24/7 call and text line: 1-844-**HELP**-4-**WV**. Many of those answering the help-line are peer-support specialists or recovery coaches. This means that they have personal experience in recovery from a mental health or substance abuse issue. This initiative, funded by the Department of Health and Human Resources, is designed to streamline the process of seeking help for behavioral health issues.

The helpline staff offers confidential support and resource referrals, including self-help groups, outpatient counseling, medication-assisted treatment, psychiatric care, emergency care, and residential treatment. The helpline provides assistance for those who need help themselves, and guidance for those seeking help for loved ones, and offers access to a comprehensive list of state resources.

APPENDIX

TO THE MODEL GUIDELINES FOR ASSESSMENT AND RESPONSE TO DOMESTIC VIOLENCE IN WEST VIRGINIA HOME VISITATION PROGRAMS

APPENDIX 1 - LICENSED REGIONAL DOMESTIC VIOLENCE PROGRAMS IN WEST VIRGINIA

Branches, Inc.
Cabell, Lincoln, Mason,
Putnam, & Wayne
PO Box 403
Huntington, WV 25708
304-529-2382
1-888-538-9838
www.branchesdvs.org

Family Crisis Center
Grant, Hampshire, Hardy
Mineral, & Pendleton
PO Box 207
Keyser, WV 26726
304-788-6061
1-800-698-1240
www.facebook.com/fcc911

Family Crisis Intervention Center
Calhoun, Jackson, Pleasants,
Ritchie, Roane, Tyler, Wirt, & Wood
PO Box 695
Parkersburg, WV 26102
304-428-2333
1-800-794-2335
www.fcichaven.org

Family Refuge Center
Greenbrier, Monroe,
& Pocahontas
PO Box 249
Lewisburg, WV 24901
304-645-6334
1-866-645-6334
www.familyrefugecenter.org

HOPE, Inc.
Doddridge, Gilmer, Harrison,
Lewis, & Marion Counties
PO Box 626
Fairmont, WV 26554
304-367-1100

Lighthouse Domestic Violence Awareness Center
Hancock & Brooke
PO Box 275
Weirton, WV 26062
304-797-7233

Rape and Domestic Violence Information Center
Monongalia, Preston
& Taylor Counties
PO Box 4228
Morgantown, WV 26505
304-292-5100
www.rdvic.org

Shenandoah Women's Center
Berkeley, Jefferson, & Morgan
236 W. Martin Street
Martinsburg, WV 25401
304-263-8292
www.swcinc.org

Stop Abusive Family Environments
McDowell, Mercer, & Wyoming
PO Box 234
Welch, WV 24801
304-436-8117
www.wvsafe.org

Tug Valley Recovery Shelter
Mingo & Logan
PO Box 677
Williamson, WV 25661
304-235-6121

Women's Aid in Crisis
Barbour, Braxton, Tucker, Randolph,
Upshur & Webster
PO Box 2062
Elkins, WV 26241
304-636-8433
www.waicwv.com

Women's Resource Center
Fayette, Nicholas, Raleigh,
& Summers
PO Box 1476
Beckley, WV 25802
304-255-2559
1-888-825-7836
www.wrcwv.org

YWCA Family Violence Prevention Program
Ohio, Marshall, & Wetzel
1100 Chapline Street
Wheeling, WV 26003
304-232-2748
1-800-698-1247
www.ywcawheeling.org

YWCA Resolve Family Abuse Program
Boone, Clay, and Kanawha
1426 Kanawha Blvd., East
Charleston, WV 25301
304/340-3549
1-800-681-8663
www.ywcacharleston.org

APPENDIX 2 - WEST VIRGINIA HOME VISITATION PROGRAMS

A complete listing of all Home Visitation Programs, by community, as well as eligibility guidelines and more comprehensive descriptions for each program can be found in the West Virginia Home Visitation Resource Program Directory at www.wvdhhr.org/wvhomevisitation.

HOME VISITATION PROGRAMS

1. EARLY HEAD START

Early Head Start (EHS) serves pregnant women, infants, and toddlers through early, continuous, intensive and comprehensive services. EHS programs are available to the family until the child turns three years old and is ready to transition into Head Start or another pre-K program.

Counties Served: Berkeley, Brooke, Cabell, Fayette, Hancock, Harrison, Jefferson, Lincoln, Logan, Marion, Marshall, Mason, Mercer, Mingo, Monongalia, Monroe, Morgan, Ohio, Preston, Raleigh, Randolph, Summers, Taylor, Tucker, Tyler, Wayne, Wetzel, Wyoming

Contact: Becky Gooch-Erbacher
WV Head Start Association
Phone: (304) 233-4450
wvhsa@comcast.net

2. HEALTHY FAMILIES AMERICA

Healthy Families America (HFA) focuses on increasing protective factors in families, promoting healthy child development and the positive parent-child relationships. It works with families who may have histories of trauma, intimate partner violence, mental health and/or substance abuse issues. Services are voluntary and offered during the prenatal months and until the child turns 5 years old.

Counties Served: Cabell, Mason, Logan, Wayne, Wyoming and parts of Lincoln

Contact: Michelle Comer
Team for WV Children
Phone: (304) 523-9587 x 309
Michelle@teamwv.org

3. MATERNAL INFANT HEALTH OUTREACH WORKER PROGRAM (MIHOW)

MIHOW is a community-based home visiting program that focuses on improving family health, positive birth outcomes, early childhood development and positive parenting practices. Services offered beginning in pregnancy and continuing through the child's third year.

Counties Served: Fayette, Greenbrier, Lincoln, Mingo, Nicholas, Ohio, Raleigh

Contact: Debbie Withrow
New River Health Association
Phone: (304) 469-2415
debbiewithrow@suddenlink.net

4. PARENTS AS TEACHERS

The Parents As Teachers (PAT) programs in West Virginia deliver free services through parent educators to all families with children, prenatal through age five. PAT helps parents in encouraging their child's development right from birth, which prepares children for school and life success.

Counties Served: Barbour, Berkeley, Boone, Brooke, Calhoun, Clay, Doddridge, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Marion, Marshall, McDowell, Mercer, Mineral, Monroe, Morgan, Nicholas, Pleasants, Pocahontas, Preston, Putnam, Ritchie, Randolph, Summers, Taylor, Tucker, Tyler, Upshur, Wetzel, Webster, Wirt, Wood.

Contact: Jackie J. Newson, Director
WVDHHR/BPH/Home Visitation Program
Office of Maternal, Child and Family Health
Phone: (304) 356-4408
Jackie.J.Newson@wv.gov

OTHER PROGRAMS PROVIDING SERVICES IN THE HOME

1. BIRTH TO THREE

West Virginia Birth to Three (BTT) is a system of services and supports for children ages birth to three who have a delay in their development or may be at risk for a delay. The early intervention services are offered at no cost to families and are provided in the child's daily natural environment (home or community setting).

Counties Served: All 55 counties

Contact: Regional Office that serves your County
dhhrwvbtt@wv.gov
Phone: (304) 558-5388

2. HEALTHY START/HELPING APPALACHIAN PARENTS & INFANTS (HAPI) PROJECT

The West Virginia Healthy Start/Helping Appalachian Parents and Infants (HAPI) Project works collaboratively with existing systems to provide comprehensive services to those women, infants and families at highest risk in the target area, through a highly integrated service delivery with the Right From The Start Program (RFTS).

Counties Served: Barbour, Harrison, Marion, Monongalia, Preston, Randolph, Taylor, Upshur

Contact: Penny Womeldorff
WV Healthy Start/HAPI Project
Phone: (304) 293-1560
pwomeldorff@hsc.wvu.edu

3. RIGHT FROM THE START PROGRAM

Right From the Start (RFTS) is a comprehensive statewide home visitation and targeted case management initiative for Medicaid eligible pregnant women and infants up to one year of age. The ultimate goals of the RFTS Program are to reduce the risk of adverse pregnancy outcomes, improve infant outcomes and decrease infant mortality.

Counties Served: All 55 counties

Contact: Tennysa F. Mace
Phone: (304) 356-4427
Tennysa.F.Mace@wv.gov

4. SAVE THE CHILDREN

Save the Children, through the *Early Steps to School Success* (ESSS) works with expectant parents and carries children into their early school years. ESSS provides education services to children from birth to age five, support to parents and other caregivers, and ongoing training to community educators.

Counties Served: Mason, McDowell, Roane, Calhoun

Contact: Cathryn Hanson
ESSS Program Specialist
(304) 638-8241
chanson@savechildren.org

APPENDIX 3 - RESOURCES AND HOTLINES

1. **West Virginia Coalition Against Domestic Violence**
   (304) 965-3552
   www.wvcadv.org & Facebook
   Contact for Home Visitation & Domestic Violence Project: Laurie Thompsen
   lthompsen@wvcadv.org

2. **DHHR West Virginia Home Visitation Program**
   304-356-4408
   https://www.wvdhhr.org/wvhomevisitation

3. **Futures Without Violence**
   www.futureswithoutviolence.org

4. **Helplines:**
   a. **1-844-HELP4WV (435-7498)**
      - Employee Referral Program
      - Confidential referrals for treatment with independent, off-site professionals
      - www.help4wv.com

   b. **National Domestic Violence Hotline**
      - 1-800- 799-7233
      - TTY 1-800-787-3224

   c. **National Sexual Assault Hotline**
      - 1-800-656-4673 [24/7 hotline]

   d. **National Teen Dating Abuse Helpline**
      - 1-866-331-9474
      - www.loveisrespect.org

   e. **Child Help**
      Support line if someone is feeling frustrated or angry with their child and just needs to talk
      - 1-800-422-4453

5. **Adult Protective Services – WV DHHR**
   1-800-352-6513
   http://www.dhhr.wv.gov/bcf/Services/Pages/Adult-Protective-Services.aspx

6. **Child Protective Services – WV DHHR**
   1-800-352-6513

APPENDIX 4 - RELATIONSHIP ASSESSMENT TOOL[1]

Date: _____

This is a self-administered tool for clients to fill out. If the client was unable to complete this tool today, was it because other people were present in the home? **Circle one: Yes / No**

Other reasons for not using the tool today: _____

_____

(Note to Home Visitor: Please modify script based on your state laws. This is just a sample script.)

"Everything you share with me is confidential. This means what you share with me is not reportable to child welfare, INS (Homeland security) or law enforcement. There are just two things that I would have to report – if you are suicidal, or your children are being harmed. The rest stays between us and helps me better understand how I can help you and the baby."

We ask all our clients to complete this form. For every questions below, please look at the scale and select the number (1-6) that best reflects how you feel.

1 Disagree Strongly	2 Disagree Somewhat	3 Disagree a Little	4 Agree a Little	5 Agree Somewhat	6 Agree Strongly

1) My partner makes me feel unsafe even in my own home..... _____

2) I feel ashamed of the things my partner does to me ..... _____

3) I try not to rock the boat because I am afraid of what my partner might do..... _____

4) I feel like I am programmed to react a certain way to my partner ..... _____

5) I feel like my partner keeps me prisoner ..... _____

6) My partner makes me feel like I have no control over my life, no power, no protection..... _____

7) I hide the truth from others because I am afraid not to..... _____

8) I feel owned and controlled by my partner ..... _____

9) My partner can scare me without laying a hand on me..... _____

10) My partner has a look that goes straight through me and terrifies me ..... _____

Thank you for completing the survey. Please give it back to your home visitor so they can complete the second page.

[1] Taken from "Healthy Moms, Happy Babies: A Train the Trainers Curriculum" by Linda Chamberlain and Rebecca Levenson. Originally adapted from: Smith, P.H., Earp, J.A. & DeVellis, R. (1995). Measuring battering: development and validation of the Women's Experience with Battering (WEB) Scale. Women's Health: Research on Gender, Behavior, and Policy, 1(4), 273-288.

DOCUMENTATION AND REFERRAL

Home Visitors complete the next section:

1 What referrals and information were given to the client this session? (Circle all that apply)

- Social Worker / Counselor
- Local Domestic Violence Advocate / Program
- Domestic Violence Hotline
- Healthy Moms, Happy Babies Safety Plan Card
- Other (please specify): _____

2 Did you offer any safety planning (when needed)? (Circle all that apply)

- Referred to domestic violence advocate for further safety planning (or called advocate together with client – warm referral)
- Provided domestic violence hotline numbers to my client
- Reviewed Safety Planning on Healthy Moms, Happy Babies card
- Provided the Safety Plan and Instructions tool to my client
- Other (please specify): _____

APPENDIX 5 – SAFETY PLAN AND INSTRUCTIONS

******Please Note: It is recommended that a domestic violence advocate assist with filling out the safety plan, if possible. This can be done with the client over the phone or at the local domestic violence. The home visitor can facilitate the initial connection with a warm referral.***

SAFETY PLAN

Step 1:

Safety during a violent incident. I can use some or all of the following strategies:

A) If I have/decide to leave my home, I will go_____.

B) I can tell_____ (neighbors) about the violence and request they call the police if they hear suspicious noises coming from my house.

C) I can teach my children how to use the telephone to contact the police.

D) I will use _____as my code word so someone can call for help.

E) I can keep my purse/car keys ready at (place) _____, in order to leave quickly.

F) I will use my judgment and intuition. If the situation is very serious, I can give my partner what he/she wants to calm him/her down. I have to protect myself until I/we are out of danger.

Step 2:

Safety when preparing to leave. I can use some or all of the following safety strategies:

A) I will keep copies of important documents, keys, clothes and money at_____.

B) I will open a savings account by _____, to increase my independence.

C) Other things I can do to increase my independence include:_____ .

D) I can keep change for my phone calls on me at all times. I understand that if I use my telephone, credit card, or cell phone, the telephone bill or phone log will show my partner the numbers that I called after I left.

E) I will check with _____ and my advocate to see who would be able to let me stay with them or lend me some money.

F) If I plan to leave, I won't tell my abuser in advance face-to-face, but I will leave a note or call from a safe place.

Step 3:

Safety in my own residence (some of these things can be paid for by Victim of Crime Dollars. For more information www.ncjrs.gov/ovc_archives/factsheets/cvfvca.htm). Safety measures I can use include:

A) I can change the locks on my doors and windows as soon as possible.

B) I can replace wooden doors with steel/metal doors.

C) I can install additional locks, window bars, poles to wedge against doors, and electronic systems, etc.

D) I can install motion lights outside.

E) I will teach my children how to make a collect call to me if my _____ partner takes the children.

F) I will tell people who take care of my children that my partner is not permitted to pick up my children.

G) I can inform _____(neighbor) that my partner no longer resides with me and they should call the police if he is observed near my residence.

Step 4.

Safety with a protection order. The following are steps that help the enforcement of my protection order.

A) Always carry a certified copy with me and keep a photocopy.

B) I will give my protection order to police departments in the community where I work and live.

C) I can get my protection order to specify and describe all guns my partner may own and authorize a search for removal.

NEXT STEP INSTRUCTIONS

Legal Considerations…

- Domestic Violence is a crime and you have the right to legal intervention. You should consider calling the police for assistance.
- You may also obtain a court order prohibiting your partner from contacting you in any way (including in person or by phone). Contact a local DV program or an attorney for more information.
- If you have injuries, ask a doctor or nurse to take photos of your injuries to become part of your medical record.

CALLING THE POLICE*

When someone has injured you or violated a protective (restraining) order do the following:

1) Call the police at 911, if it is an emergency. Tell them you are in danger and you need help immediately. Let them know if you have a court order. If the police do not come quickly, call again and say "This is my second call." Note the time and date of your call(s).

2) When the police arrive, tell them only what your partner or ex-partner did. Describe your injuries, how you were injured or how he violated a restraining order, and if your partner or ex-partner used weapons. If he has violated a restraining order, show the police your order and any proof of service. Ask that the police file a report and give you a report number.

3) Tell the officers that the attacker will come back and beat you unless they make an arrest. If the police make an arrest and take the attacker into custody, you should be aware that he/she could be released within a few hours. You can use those hours to get to a safer place.

4) If you don't have a restraining order or an injunction for protection, ask the officer for an Emergency Protective Order. This is an order that may protect you until you obtain a Final Protective Order.

5) Always get the police officers' names and badge numbers. If you have trouble with a police officer, you can complain directly to the Chief of Police or to the officer's supervisor.

6) If the violator is arrested and taken to the police station, he/she may be charged and he/she will probably be released on bail or, in certain circumstances, without bail until the hearing. Ask that a condition of his release be that he should not come near you. This process may take from 2 to 48 hours.

7) If the violator is not arrested you should call the prosecutor or police department about how to follow-up with your complaint.

8) Keep a journal documenting what happened.

APPENDIX 6 - SECONDARY TRAUMA
COMMON REACTIONS TO CARING FOR SURVIVORS OF TRAUMA

HELPLESSNESS
- Depressive symptoms
- Feeling ineffective with clients
- Reacting negatively to clients
- Thinking of quitting home visitation (or other) work

FEAR
- Recurrent thoughts of threatening situations
- Chronic suspicion of others
- Sleep disruptions
- Physical symptoms
- Inability to relax or enjoy pleasurable activities

ANGER
- Reacting angrily to clients /staff, colleagues
- Feelings of guilt
- Decreased self-esteem

DETACHMENT
- Avoiding patients
- Avoiding emotional topics during patient encounters
- Ignoring clues from clients about trauma
- Failing to fulfill social or professional roles
- Chronic lateness

BOUNDARY VIOLATION AND TRANSFERENCE
- Taking excessive responsibility for the client
- Seeing client after hours
- Doing something out of usual practice patterns
- Sharing own problems with client
- Client trying to care for service provider

USE OF ALCOHOL AND DRUGS
- Increased use of alcohol
- Initiation or use of drugs
- Misuse of prescription medication

Source: *Intimate Partner Violence*, 2009 edited by Connie Mitchell and Deidre Anglin, Oxford Press

APPENDIX 7 - SELF-CARE AND RELATIONSHIPS CHECKLIST

It may be helpful to take an inventory of how often we engage in specific relationship-building practices. Use the checklist below to assess what you already do to stay connected as well as to think about ideas for creating and sustaining relationships.

Using the scale below (1=never, 5=always), identify how frequently you currently do the following things to stay connected to others.

5 = Always 4 = Often 3 = Sometimes 2 = Rarely 1 = Never

RITUALS

___ Cook a meal with family/friends.
___ Eat a meal with family/friends.
___ Attend events that are important to your friends/family (e.g., concerts, sports, etc.).
___ Take time to say good morning/good night/ goodbye.
___ Participate in spiritual/religious rituals in community.
___ Celebrate life through rituals and routines with friends/family (special things you do every day).
___ Celebrate birthdays/accomplishments and other ceremonies.

REFLECTION AND BALANCE

___ Prioritize relationships over work.
___ Evaluate the quality of your current relationships.
___ Let go of those connections that are unhealthy and are a barrier to self-care.
___ Laugh with others, whether at work or home.
___ Be nurturing to others.
___ Accept nurturing from others.
___ Listen.
___ Be open to new ideas from friends/family.

ACTIVITIES

___ Spend time relaxing with family/friends (e.g., play games, watch movies, other fun activities).
___ Capture memories with photos.
___ Read fun stories/ books with your family.
___ Keep a family journal.
___ Participate in volunteer activities with friends/family.
___ Take a vacation with friends/family (day trip, mini vacation, and long weekends).

COMMUNICATION

___ Make time to check in with loved ones to let them know how much you love/care for them (e.g., phone calls, notes, emails, etc.).
___ Give hugs, kisses, and/or other signs of affection.
___ Discuss why relationships with family/ friends matter.
___ Seek family/couples therapy when needed.
___ Ask for help from a friend/family member when needed.
___ Communicate openly and effectively to those who are important to you.
___ Express concerns constructively.
___ Have a "phone date" with a friend/family member you haven't spoken with in awhile
___ Feel proud of yourself and your family/friends.

Source: Katherine T. Volk, Kathleen Guarino, Megan Edson Grandin, and Rose Clervil. What About You?: A Workbook for Those Who Work with Others, Copyright 2008: The National Center on Family Homelessness.

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN HOME VISITATION AND DOMESTIC VIOLENCE PROGRAMS

BACKGROUND

Home visitation programs are case management programs designed for pregnant and parenting mothers of small children. These voluntary programs have been created for low-income mothers to support their parenting and infant/toddler care through health education and by providing linkages to local services. Home visitation programs help mothers with a range of issues, one of which is domestic violence. Many home visitation programs are required to screen for domestic violence and provide referrals to local domestic violence programs and national hotlines.

The goal of this MOU is twofold. The fist goal is to help establish a deeper relationship between home visitation and domestic violence programs and support 'warm' referrals. As an example of why deeper program partnerships can make a difference in conversation with clients, we are working with home visitors so referrals are more like: "If you are comfortable with this idea, I would like to call Sherrie from Safe Haven (local DV program), she is really kind and has worked with many, many women in your shoes." Verses—"Here is a hotline number in case you need to call." When personal connections are made between programs it helps clients feel safer accessing support and taking action.

Some home visitation programs have already developed such relationships with their local domestic violence agency. In fact, some partnerships have made it possible for the home visitor to bring the advocate to meet with a woman as part of case management to encourage deeper participation in domestic violence advocacy services. While we recognize that not all programs have this capacity, this partnership can create an opportunity for a direct connection to a domestic violence program that she might otherwise not make.

A second goal in developing a partnership between home visitation and domestic violence services is to create opportunities to connect pregnant and parenting women to home visitation services while they are in shelter. Developing a trusting relationship with the home visitation program is a way to extend support to women beyond shelter and help her connect to case management services that would be more trauma and violence informed through a partnership between agencies.

This recommendation comes with caveats. Of course it would be essential that home visitation staff signed a confidentiality agreement if they were to come to the shelter in the same way advocates do and promise not to reveal the location of the shelter and the location of the mother and her children.

The parties listed above and whose designated agents have signed this document agree that:

1) _____ (home visitation program) and _____ (domestic violence program) will meet with each other once per year to understand the services currently provided by their respective programs and review referral policies between agencies.

2) When domestic violence is identified by home visitation, _____ (home visitation program) will review advocacy services available and provide referral to _____ (domestic violence programs).

3) Any home visitor assigned to providing services to pregnant or parenting women at the shelter will complete any/all confidentiality agreements required by the shelter to ensure client safety and to assure that the location of the shelter remain confidential and not shared with ANY-ONE including friends and family, _____ (home visitation program) will take all precautions to ensure victim/survivor safety and assign staff to work with shelter clients that have training on domestic violence.

4) _____ (domestic violence agency) and _____ (home visitation program) agree to work to the amount feasible to ensure that each family has a consistent staff member assigned to assist them and to minimize the transfer of cases involving domestic violence.

5) _____ (domestic violence program) agrees to provide every victim/survivor seeking services with safety planning (including safety planning for children) and information on how to meet their basic human needs (such as food, housing and clothing), including offering to connect her to (home visitation program) as part of a supportive case management plan.

We, the undersigned, approve and agree to the terms and conditions as outlined in this Memorandum of Understanding.

_____	_____
Executive Director Domestic Violence Program	Executive Director Home Visitation Program
_____	_____
Date	Date