

Illinois Domestic Violence Services Guidelines Manual

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Illinois Domestic Violence Against Domestic Violence
And
Illinois Department of Human Services

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Introduction

The Illinois Department of Human Services (IDHS) Bureau of Domestic and Sexual Violence Prevention and the Illinois Coalition Against Domestic Violence (ICADV) are dedicated to helping individuals live free from domestic and sexual violence by promoting prevention and by working in partnership with communities to advance safety, equality, and respect for all.

Toward that end, IDHS and ICADV fund the comprehensive, community-based domestic violence services described in this manual. These services include 24-hour crisis hotlines, emergency shelter, advocacy, counseling, and related intervention and prevention services such as information and referral, transportation, and community outreach. All services are provided in a manner that seeks to ensure the safety of the domestic violence survivor and any vulnerable family members.

To assure the protection, health, safety, and well being of persons receiving domestic violence services through IDHS or ICADV funding, program and service requirements have been established with which all funded programs must comply. The purpose of these minimum requirements is to ensure the quality and consistency of domestic violence services across the state, while also allowing for individuality, flexibility and creativity in program services. The requirements are listed in each chapter of this manual under the heading of *Minimum Requirements* for the service or administration area described.

In addition to the minimum requirements outlined in this manual, programs must also comply with any other state and federal regulations applying to their programs and services. Programs must consult with staff attorneys or other legal counsel regarding legal obligations, whether or not they are included herein.

Most chapters also include a section entitled *Minimum Requirements in Documentation*, which outlines how to document the services or processes described in each chapter. This section includes only the minimum requirements for recording data, not the more detailed guidelines needed for InfoNet documentation. Readers seeking further guidance on InfoNet may refer to the Frequently Asked Questions section of the InfoNet Manual. InfoNet documentation forms can be found on the ICADV website: www.ilcadv.org

Together with the minimum requirements, IDHS and ICADV have developed guidelines that have been shown by practice and research evidence to be effective in providing safety and assistance to survivors of domestic violence. The purpose of establishing these guidelines is to promote best practices and excellence in domestic violence services across the state. Although not required, these guidelines are strongly recommended for effective service delivery, and useful in determining how to implement services and processes that meet and exceed the minimum requirements. These processes are described in the *Guidelines* section of each chapter. Where applicable, the *Guidelines* section also includes tools and samples to assist programs in implementing services.

IDHS and ICADV share the following guiding principles of service delivery, upon which the requirements and guidelines of this manual are based. IDHS and ICADV also share the belief that this a living document that will grow and change as our knowledge and understanding of the needs of survivors of domestic violence becomes more complete.

Guiding Principles

The guiding principles for programs, organizations, agencies, and individuals that provide services to survivors of domestic violence are:

- Domestic violence is a crime of power and control. All persons are potential victims; however, most often women and children are victims.
- Domestic violence negatively impacts all who experience and/or witness it; therefore, domestic violence diminishes the quality of life in the community.
- Domestic violence is abuse and is unjustifiable.
- Each person has dignity and worth and is entitled to a safe environment.
- Each person has responsibility for his/her own behavior. Survivors do not cause the abuse.
- Each person has the right to the information, support and services necessary to become safe, self-reliant, and autonomous.
- Children from violent homes are at risk. Violent behavior is a learned response and is often passed down from generation to generation.

Service Delivery Model

The domestic violence service delivery model provides the framework for all services provided in domestic violence programs. To best provide safety and assistance to survivors and their families, the service delivery model must be based on the guiding principles listed above.

The service delivery model of domestic violence programs shall:

- Emphasize safety of survivors and their vulnerable family members in all interactions.
- Offer information, options, encouragement and support:
 - For independent decision-making based on specific individual family needs and circumstances.
 - For survivors' efforts to regain control over and decrease the violence in their lives.
 - To encourage survivors to follow safety plans and seek assistance as often as it is necessary to keep themselves and their vulnerable family members safe.
- Be based on survivor empowerment.
- Foster self-sufficiency.
- Respect the authority and autonomy of adult survivors to direct their own lives.
- Build on strengths and resources of survivors and their vulnerable family members.
- Reflect collaboration with community resources.
- Be respectful of the survivor's cultural and community characteristics.
- Hold perpetrators, not survivors, responsible for the abusive behavior and for stopping the abuse.
- Recognize that assisting survivors in obtaining safety also benefits their children and vulnerable family members.

Types of Domestic Violence Programs

Depending on the services provided, programs funded by IDHS or ICADV fall into the category of either Comprehensive or Specialized. Comprehensive programs are further categorized as either On-Site or Off-Site, depending on where the shelter services are located. Funded domestic violence programs provide the following support and advocacy services to survivors, their children and vulnerable family members.

Comprehensive Domestic Violence Services provide:

- Shelter
- 24 hour response to calls from the Illinois Domestic Violence Help Line
- Information and referral
- Counseling
- Advocacy
- Legal advocacy to implement the Illinois Domestic Violence Act
- Transportation
- Outreach and prevention services to the community

On-Site Domestic Violence Programs are Comprehensive programs that provide:

- Emergency shelter for survivors and their vulnerable family members in a provider-operated, on-site facility;

Off-site Domestic Violence Programs are Comprehensive programs that provide:

- Emergency shelter for survivors and their vulnerable family members at off-site facilities such as hotels/motels or safe homes;

Specialized Programs do not provide emergency shelter for survivors. Their primary purpose is the provision of specialized but limited domestic violence services. A Specialized program is required to provide:

- Information and referral
- At a minimum, one of the following services: counseling, advocacy, Illinois Domestic Violence Act advocacy; and
- Referrals to shelter services. Memorandums of understanding with shelter services must be in place for these referrals.

ADMINISTRATION

The Board of Directors

The Board of Directors is the governing body of a nonprofit agency providing domestic violence services. The Board is responsible for upholding the agency's mission and determining that services are delivered in accordance with the mission; for financial and legal oversight of the agency; for setting policies and planning within which management operates; for ensuring that adequate resources are available to support the agency; for selecting and evaluating the Executive Director; for representing the agency in the community and for maintaining a strong, effective Board. The requirements and guidelines listed in this chapter apply to the Boards of any program providing domestic violence services funded by IDHS or ICADV, whether the Board oversees only domestic violence services or others programs as well.

Minimum Requirements

The Board of Directors of an agency providing domestic violence services funded by IDHS or ICADV will, at a minimum:

- Develop, adopt and maintain a current mission statement and bylaws.
- Conduct Board meetings at least quarterly and keep minutes of these meetings indicating that bylaw procedures were followed, including utilizing quorum and voting procedures for all Board decisions.
- Maintain a list of Board members, Board officers' positions, their addresses and members' terms of office.
- Require its members to sign a confidentiality agreement, and maintain records of the same.
- Recruit, select and periodically evaluate the Executive Director.
- Develop, adopt and monitor written agency policies and procedures, including those addressing the following concerns:
 - o Employee Handbooks, including job descriptions, sexual harassment, nondiscrimination policies
 - o Fiscal policies, including internal controls over cash, deposits, expenses, large expenditures, contracts, investments, insurance and the audit process
 - o Other agency governance policies
- Ensure that the agency is compliant with the following:

- o State and federal reporting and requirements for nonprofit, charitable funds and tax-exempt statuses
- o State, federal and local laws and codes regulating the agency and its services
- o Standards required by funding agencies, including A-133 audits required by federal law
- o Annual filing of IRS Tax Form 990
- Monitor the financial status of the agency by reviewing the following documents
 - o On a minimum of an annual basis:
 - The annual auditor’s report and audited statements, including a statement of cash flow, statement of activities, statement of financial position
 - The IRS Tax Form 990
 - Investment reports
 - o On a minimum of a quarterly basis or more often as needed:
 - Updated budgets, projected and actual, planned revenue and expenses, and budgets specific to cash and capital
 - Large expenditures and contracts
- Ensure that agency planning and service evaluation are implemented, and monitor both processes to make certain that the mission of the agency is upheld.
- Prohibit Board membership from those who may have a conflict of interest without prior written approval from IDHS. A conflict of interest is any real or apparent incompatibility between one’s private interest and one’s fiduciary duties. Two specific types of conflicts are self-dealing (transactions with the agency that benefit the Board member) and usurpation of agency’s opportunities (taking an opportunity away from the agency for personal gain). The following are examples of prohibited conflicts of interest:
 - o Attorneys who represent perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges serving on the Board
 - o Family members of program staff serving on the Board
 - o Sales or purchases between the agency and a Board member
 - o Family members of the Board transacting sales or purchases with the agency
 - o Delivering competing services or competing to take funding from the agency
 - o Misuse of organizational information for personal gain
 - o Requesting information about individual survivors seeking or receiving services
- Maintain a conflict of interest policy that clearly explains what a conflict of interest is, reporting procedures, and how to address such conflicts should they occur. This policy must be presented to each Board member during orientation. Each Board member must also sign a conflict of interest statement indicating adherence to the policy, and programs must maintain records of the same.

Suggestions and tools for creating effective Boards are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

The program must maintain a file for each Board member that includes:

- A completed Board Member Application
- A signed Board of Directors Declaration of Confidentiality
- A signed Board of Directors Conflict of Interest statement
- A record of each Board Member's contact information, positions, committee membership and term dates

Guidelines

Recommendations

Boards may choose to outline specific Director responsibilities, either in the agency bylaws or a Board manual. Communicating clear expectations to all members about the role of a Board member is recommended. In addition, the bylaws or Board manual should specify criteria for removal of a Director. An example of one commonly used criterion that may lead to a member's dismissal is failure to attend meetings on a regular basis, or failure to attend a minimum number of meetings in a set time period.

The bylaws should also specify the length of the term and limits for consecutive terms. A procedure for notifying members of the end of terms and for renewing terms is necessary.

The following is a list of common Board member responsibilities:

- Fulfill required duties for nonprofit organizations, including
 - Duty of Care – defined as the care that an ordinarily prudent person would exercise in a like position and under similar circumstances. This includes the care and decision regarding the financial and legal oversight of the agency as well as active participation as a Board member.
 - Duty of Loyalty – defined as placing the best interests of the organization ahead of personal interests and exercising the powers of Board membership in good faith. Acting to prevent a conflict of interest is one of the key duties of loyalty.
 - Duty of Obedience – defined as complying with the mission, bylaws and other governance policies of the agency when acting as a Board member.
- Be knowledgeable about the agency, its mission, any strategic plans, various programs or services, policies, facilities and the population served
- Gain an understanding of the dynamics of domestic violence, participating whenever possible in training on domestic violence and services as it is made available
- Be familiar with the community served by the agency and represent the agency and its work with domestic violence within the community
- Support the financial health of the organization, through good fiscal oversight, fundraising efforts, or even direct donations
- Advocate for the best possible salaries, benefits, and work environment for program staff in order to acknowledge their professional services and expertise
- Attend all Board meetings and events

- Come to meetings prepared to participate, having reviewed the agenda and any accompanying materials
- Participate actively and effectively in the meetings, following established protocol
- Assist with maintaining and developing the Board

The *Self-Evaluation Checklist for Board of Directors/Advisory Committees* and the sample Board evaluation form in this chapter are two tools Board members may use to determine their knowledge and effectiveness.

Board Officer Positions and the Executive Committee

Although a Board may detail in its bylaws any type of Board leadership positions that it deems necessary, the most commonly used officer positions are President (or Chairperson), Vice President (or Vice Chairperson), Treasurer and Secretary. Typically, the Board Officers also comprise the membership of the Executive Committee of the Board, which interfaces with the Executive Director and oversees the operations of the Board itself. For further detail on the Officer positions, refer to the *Board of Director Officer Roles and Responsibilities* tool in this chapter.

Board Recruitment and Orientation

It is recommended that Boards have established criteria to recruit members, drawing upon the defined expectations and responsibilities for Board members. Each Board will have unique needs for new members at any specific time, and should recruit members based on those needs. Building a Board of members with a variety of backgrounds and professional skills will bring value to the Board, including members with some experience in domestic violence or other social services, law, human resources, accounting or money management. Boards are also encouraged to be diverse and to have membership that represents the communities that the agency serves, geographically and by gender, ethnicity, age and other demographic traits that reflect the community and/or population served.

The following are qualities that Boards may want to search for when recruiting new members:

- Basic understanding of domestic violence services or willingness to learn from staff and other Board members, including but not limited to client confidentiality
- A commitment to service and to helping domestic violence survivors
- Good people skills
- Board knowledge and skills or a commitment to acquire the same
- Ethical standards
- Evidence of leadership abilities
- The ability to commit to the individual Board membership responsibilities

The *Sample Board Member Application* in this chapter is an example of a form used during the recruitment and application process. The *Recruiting and Nominating New Members Worksheet* is a tool for strategizing criteria and membership needs.

Establishing a formal orientation process will increase the quality and functioning on the Board. Orientation activities may be assigned to a committee, such as the Nominating Committee, and can include compiling and maintaining an orientation packet, procedures for acquainting the new member with the agency and the Board experience, training opportunities and even assigning mentors to new members. An orientation packet may include the agency mission, bylaws, Board manual, agency policies, a confidentiality statement, programs and services descriptions, an organizational chart, staff list, Board member list and other items.

An important aspect of the orientation process in an agency providing domestic violence services is to increase the new Board member's awareness of the values and advocacy focus inherent in the provision of domestic violence services. In addition, issues of safety and confidentiality must be addressed. A sample declaration of confidentiality statement for Board members is included in this chapter.

Board and Agency Role Differentiation

It is crucial that there be clear communication and agreement about the roles and responsibilities of Board Members, Board Officers, Executive Director and other agency staff. Clarity regarding differentiation of roles prevents any tendency for the Board to passively follow agency management's lead or, conversely, to micromanage the Executive Director or other staff. When there is clear understanding about what the Board and Executive Director or staff take responsibility for, it is more likely that those responsibilities will be effectively managed. In addition, it will reduce the potential for conflicts and mistrust between the Board and the Agency.

Knowledge of each other's roles and responsibilities can be increased through increased communication about those roles. Boards may use the attached tools *Suggested Nonprofit Board and Staff Responsibilities* and *Executive Director/Board Chair Relationship: The Key to a Vital Organization* to help clarify role responsibilities and sharing.

Policy Development

Boards of nonprofit programs are responsible for setting fiscal, legal, ethical and service planning policies within which the Executive Director and other staff operate. Board policies are often general guidelines and do not always dictate specific procedures, especially service delivery procedures. For example, the Board, in conjunction with the Executive Director, may approve a policy that the agency should expand its programming to include a greater prevention focus, but it would not issue specific procedural decisions regarding how those prevention services are delivered.

Boards are often responsible for the following categories of policies:

- Financial – policies that set limits and outline procedures that maintain the fiscal health of the organization (see *Minimum Requirements* – policies above)
- Legal – policies that ensure that the agency is meeting all federal, state, local, funding and regulatory requirements
- Personnel – policies that determine the practices for staffing the agency, including hiring, promoting, disciplining, terminating, compensation, benefits, fair treatment of employees, work environment and any federal or state mandated personnel requirements
- Ethical – policies that set limits and outline procedures to uphold the values of the agency across all operations of the agency, including Board actions
- Mission-based – policies that ensure that services and service outcomes are being delivered in accordance with the mission and the goals of the agency.

To develop effective policies, it is important that Board members be well informed about all aspects of the agency and its domestic violence services. Members should attend training, spend time at the program, and visit with various staff members and volunteers.

Policies are set by a formal and collective action of the Board. Any decisions regarding policies are recorded in the Board minutes. New or revised policies should be written and stored in appropriate manuals. Policies are revised as needed and generally reviewed on a regular basis, either once a year or every other year.

Board Processes: Leadership, Communication and Collaboration

Board members are leaders, both of the agency and in the community. Using effective leadership skills in the role of Board member increases the effectiveness of the Board and the stability of the agency.

One of the greatest difficulties that Board members face is finding the right balance of directive and receptive leadership. Directive leadership means giving firm and clear direction or being an active leader. Receptive leadership means asking for input from others, taking in information and allowing others to influence the direction taken. Both are important leadership skills to be used when appropriate.

Board members need to be directive in establishing and maintaining financial, legal and ethical guidelines for the agency. Board members who take a passive approach to this role are not fulfilling their duty of care to the agency.

As the Board and agency management work together in ensuring its mission is met, collaboration and receptive leadership are crucial. Building relationships with staff, strengthening communication skills and processes and creating opportunities for connection between the Board

and staff are methods for making collaboration work. For information on Board/Staff conflicts refer to the tool *Common Board/Staff Conflicts: A Worksheet* included in this chapter.

Moving toward positive Board processes starts with awareness and the motivation to strengthen the organization. Appreciative Inquiry, a new paradigm and process in organizational awareness in growth, encourages organizations to identify their strengths and to create a vision and reality from those strengths. For initial information about Appreciative Inquiry, refer to the tool *Appreciative Inquiry: The Model*, and *Appreciative Interview Guide for Organizations* in this chapter.

Finally, Board meetings should occur regularly and be run in an efficient way that also allows for all members to share, contribute, and reach formal Board decisions. The tools *Guidelines for Board Meetings*, *Leading a Meeting*, *Participating In a Meeting* and *Meeting Basics* in this chapter all offer ideas that help lead to successful meetings.

Tools and Samples

Self-Evaluation Checklist For Board Of Directors/Advisory Committees

Name of organization _____

Name _____ Date _____

Check all items where you feel that you would like more information.

√	#	Item
THE ORGANIZATION: DO I UNDERSTAND:		
	1	The stated purpose of the organization
	2	The organizational structure
	3	The by-laws of the organization
	4	The policies and procedures of the organization
	5	The goals of the organization
	6	How the organization plans to change
THE LEGAL SIDE OF BOARD MEMBERSHIP: DO I KNOW:		
	1	The role of the Board
	2	Whether it is a policy making Board
	3	Whether it is a working Board
	4	Whether it is an advisory Board
	5	What my legal responsibilities are as a Board member
	6	Whether I am insured
	7	What my liabilities are as a Board member
	8	How much lobbying and advocacy activity I can undertake in the name of the agency.
THE BOARD MEMBER: DO I KNOW:		
	1	Each member of the Board
	2	The position of each person on the Board
	3	What the skills are of each Board member
	4	What position each Board member holds in the community
	5	What part each person plays in the fulfillment of the purposes of the organization
	6	For what planning I am responsible
	7	What are my commitments of time and money
	8	For what scheduled assignments I am responsible
	9	To whom am I immediately responsible
	10	What are the occasional tasks for which I am responsible
	11	Who is immediately responsible to me
	12	For what records am I responsible

*Self-Evaluation Checklist
For Board Of Directors/Advisory Committees (continued)*

√	#	Item
THE BUDGET: DO I		
	1	Have a copy of the current budget for the organization
	2	Understand the organization's budget
	3	Know who develops, approves, and administers the budget
	4	Know if the organization keeps within its budget or has a deficient one
	5	Know the main source of revenue
	6	Know the procedures and revenue sources for capital expenditures
	7	Who audits the organization
	8	Know if there is adequate insurance
	9	Know what additional revenue sources are available
	10	Get funds for the expenses of the office/committee
	11	Know how I am reimbursed for expenses
	12	Know how the size of the budget is determined
FUNDRAISING:		
	1	Am I responsible for donating personally to the Board
	2	How much am I expected to contribute
	3	Am I expected to participate in fundraising
	4	In what way am I expected to participate in fundraising events
	5	Am I expected to advocate/solicit money for the organization
TIME: DO I KNOW HOW MUCH TIME:		
	1	I am expected to give to the organization monthly/yearly
	2	I am expected to give to Board meetings
	3	I am expected to give to fundraising
	4	I am expected to give to special events
	5	I am expected to give to committees
THE STAFF: DO I KNOW:		
	1	The Employee Handbook and procedures
	2	The staff organization
	3	The Director
	4	The key staff
	5	The volunteer coordinator
	6	The job descriptions for staff members
THE DIRECTOR: DO I KNOW:		
	1	How the Director intends to accomplish the goals of the organization this year
	2	If the Director keeps within the budget
	3	If the Director is good with personnel
	4	If the Director is a good organizer
	5	To whom is the Director specifically responsible
	6	Whether the Director works well with volunteers

*Self-Evaluation Checklist
For Board Of Directors/Advisory Committees (continued)*

√	#	Item
THE VOLUNTEER: DO I KNOW:		
	1	What the organization's policy is towards volunteers
	2	How the volunteer program is organized
	3	The role of the volunteer
	4	If there is a volunteer coordinator
	5	How many volunteers there are in the organization
	6	The makeup of the volunteers
	7	Who recruits volunteers
	8	What my role is in relation to the volunteer program
THE POWER STRUCTURE:		
	1	Who makes the decisions in the organization
	2	What are the assets and who controls them
	3	How is the system of communication structured
	4	How is criticism handled

Sample Board Self-Evaluation Form

Name: (optional)	1 Very Poor	2 Poor	3 Fair	4 Good	5 Very Good
All necessary skills, stakeholders and diversity are represented on the Board					
Board members clearly understand the roles and responsibilities of a Board					
Board members understand the organization's mission and its products / programs					
Nonprofit has clear organizational structure (Board, officers, committees)					
Board is actively involved in developing a relevant and realistic strategic plan based on survivor and stakeholder needs					
Board regularly monitors and evaluates progress toward strategic goals and product/ program performance					
Board attends to policy-related decisions which guide activities of Board and staff					
Board receives regular, accurate reports on finances/budgets, products/program performance and other important matters					
Board helps set fundraising goals and is actively involved in fundraising					
Board effectively represents the organization to the community					
Board meetings facilitate progress and focus on important organizational matters					
Board regularly evaluates Chief Executive					
Board has approved comprehensive Employee Handbooks which have been reviewed by a qualified professional					
Each member of the Board feels involved and interested in the Board's work					
All members are committed to actively participate in Board activities.					

Source: McNamara, Carter (2002), Field Guide to Developing and Operating Your Nonprofit Board of Directors. Minneapolis, MN: Authenticity Consulting, LLC.

Sample Board Self-Evaluation Form Continued

Please explain the most important priorities on which you believe the Board should focus its attention in the next 12 months. Be as specific as possible in explaining these priorities. Feel free to add more pages if you that would be helpful.

1.

2.

3.

4.

5.

6.

7.

8.

Board of Director Officer Roles and Responsibilities

The officer roles in nonprofit agencies may evolve differently across agencies. The types of roles and responsibilities shown are not requirements but are the common or average roles and responsibilities taken by officers in nonprofit agencies providing domestic violence services.

Role and Responsibilities of the President (or Chairperson) may include:

- Serves as head of the Executive Committee
- Presides over Board meetings after coordinating agenda with the Executive Director
- Interfaces with the Executive Director on Board issues
- Leads the Board to ensure its role of fiscal, legal and ethical management of the agency
- Assures all Board directives are carried out
- Presents the annual report
- Demonstrates leadership in fundraising efforts
- Coordinates the Board's involvement in strategic planning
- Facilitates the evaluation of the Executive Director
- Appoints committee chairs
- Serves as an ex-officio member of standing committees
- Facilitates the Board's evaluation of itself and its members and guides Board development strategies

Role and Responsibilities of the Vice President (or Vice Chairperson) may include:

- Performs all duties of the President in his or her absence or inability to serve
- Supports the President in carrying out his or her duties
- Often serves as the successor to the Executive Director
- Any other leadership duties the President or Board assigns.

Role and Responsibilities of the Secretary may include:

- Takes responsibility for documentation and review of the minutes of all meetings (including submission and review of committee meetings), and all other Board records, correspondence and documentation
- Maintains a list of Board members, their contact information, terms, committee membership, and other member information
- Monitors the meeting process and ensures that bylaw procedures such as quorum and voting requirements are carried out
- Sends notices of Board meetings

Role and Responsibilities of the Treasurer may include:

- In coordination with the Board, oversees the financial management of the agency
- Chairs the Finance Committee
- Coordinates financial oversight with the Chief Financial Officer and/or the Executive Director
- Ensures that all financial and accounting policies, procedures and records are maintained
- Ensures that the audit occurs, that audit reports are reviewed and responded to
- Reports to the Board on the audit and any financial conditions
- Presents the annual budget to the Board for approval

Sample Board Member Application

NAME: _____

TELEPHONE: home _____ work _____

OCCUPATION/BUSINESS/PROFESSION _____

EMPLOYER: _____

HOME ADDRESS: _____

Educational background, areas of specialized training, expertise, experience:

PRESENT MEMBERSHIP ON OTHER NON-PROFIT BOARDS OF DIRECTORS:

none

Organization name: _____

Date term began: _____ **Term expires:** _____

Offices held and number of years:

PARTICIPATION IN OTHER CIVIC ACTIVITIES: Please list civic activities and affiliations such as church membership, service organizations, and any offices held or special responsibility in the activity listed.

Activity or Group

Title/Project

Years

Why are you interested in serving on our domestic violence program's Board of Directors?

Board Member Application
Page 2

How do you feel you could serve or help the agency as a Board Member?

How much time, not counting monthly Board meetings, can you contribute each month?

Each Board Member serves on one or two committees. Which committees are you interested in? Please indicate your first, second, and third choices.

- | | |
|---|--|
| <input type="checkbox"/> Budget/Finance | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Property Maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Speakers Bureau/Public Relations |
| <input type="checkbox"/> Long Range Planning | <input type="checkbox"/> Membership (Board Development) |

In addition, each Board Member is expected to participate in the agency's fundraising efforts. How can you help? (Check all that apply.)

- Volunteer time working at specific fundraising events**
- Coordinate planning and implementation of fundraising projects**
- Work on specific fundraising projects**
- Identify prospective donors**
- Solicit donations from individuals**
- Solicit donations from civic organizations and businesses**
- Assist Executive Director in contacting corporations and foundations and applying for grants**

Other comments you wish to make:

How did you learn about this Board position?

Board Member Application
Page 3

Please indicate if any of the following possible conflicts of interest may apply to you:

- I transact sales or purchases with this organization**
- I deliver similar services to this organization**
- I deliver services that could require competing with this organization for funding**
- I am a family member of a current employee of this organization, or of someone who transacts sales or purchases with this organization**
- I am an attorney who represents perpetrators as respondents in Orders of Protection or as defendants in criminal court in domestic violence related charges**

Signature: _____ **Date:** _____

Sample Declaration of Confidentiality Statement For Boards of Directors

I, the undersigned Director of _____, do hereby declare that I will not disclose any confidential information pertaining to the business and operation of the agency. This will include, but is not limited to, all of the discussions undertaken and business conducted in executive sessions.

I further declare that I will not disclose the confidences if I should leave the Board of Directors of _____ for any reason.

Signed: _____ Date: _____

Signed: _____ Date: _____

(Board President)

Recruiting and Nominating New Members Worksheet

Nomination Criteria: Have you clearly defined the criteria for the qualities you are looking for in any new member? Check those that apply and add additional ones.

Potential Nomination Criteria

- ___ Responsibility
- ___ People skills
- ___ Board skills: Current ability and willingness to develop same, or prior experience
- ___ Ethical standards
- ___ Value for service and helping domestic violence survivors
- ___ Evidence of leadership abilities
- ___ Ability to commit to individual membership responsibility criteria
- ___ Others _____
- ___ Others _____
- ___ Others _____

Categories of Membership Selection Needs: See instructions below.

Categories of Selection Needs

- Demographics: Age, Gender, Ethnicity/Culture, Language, Other
- Geographic Location: County, urban/suburban/rural, neighborhoods,
- Expertise: Financial resources, financial management knowledge, fundraising, HR, etc.
- Degree of DV knowledge or service knowledge

List Current Membership Development Needs: Looking at the Potential Categories of Membership Selection Needs and at the current Board membership, should new positions become open, what are most important selection needs? Once you list the Needs to the left, go back and prioritize the needs rating them numerically with the most important needs receiving the rating of “1”, then the next “2”, etc.

NEEDS	RATING
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Suggested Nonprofit Board and Staff Responsibilities

The primary responsibilities of Board and staff ultimately depend on the priorities, culture and life cycle of the nonprofit. The following suggested responsibilities might be useful to consider.

Activities	Primary Responsibility
Organizational Planning	
Drive the process of strategic and organizational planning	Board
Provide input to mission and long range goals	Joint
Approve mission and long range, strategic goals	Board
Develop action plans (who does what and when) to achieve long-range goals	Staff
Approve action plans (e.g., in an annual Operating Plan)	Board
Implement action plans to achieve long-range goals	Staff
Follow-up to insure achievement of major goals and objectives	Board
Board of Directors	
Select new Board members	Board
Orient, train and organize members into committees	Board
Promote attendance at Board/committee meetings	Board
Plan agenda for Board meetings (joint with Board Chair and Exec. Dir.)	Joint
Take minutes at Board meetings (Board Secretary)	Board
Programs	
Assess stakeholder (customers, community, member, etc.) needs	Joint
Suggest program clients, outcomes, goals, etc.	Joint
Approve program outcomes and goals	Board
Oversee evaluation of products, services and programs	Board
Evaluate products, services and programs	Staff
Maintain program records; prepare program reports	Staff
Financial management	
Prepare preliminary annual budget	Staff
Finalize and approve annual budget	Board
Approve major expenditures outside authorized budget	Board
Insure annual audit of organization accounts	Board
Insure that expenditures are within budget during the year	Joint
Fundraising	
Establish fundraising goals (amounts / goals to be raised)	Board
Solicit contributions in fundraising campaigns	Joint
Organize fundraising campaigns	Joint
Manage grants (reporting, etc.)	Staff
Personnel Activities (staff and volunteers)	
Employ and supervise Chief Executive (Exec. Dir.)	Board
Decision to add general staff roles and / or volunteer roles	Staff
Select / train general staff and / or volunteers	Staff

Direct work of the general staff and /or volunteers	Staff
Public / Community Relations Activities	
Present / describe organization to community	Joint
Write descriptions of organization (newsletters, web, etc.)	Staff

Source: McNamara, Carter (2002), *Field Guide to Developing and Operating Your Nonprofit Board of Directors*. Minneapolis, MN: Authenticity Consulting, LLC.

Executive Director/Board Chair Relationship: The Key to a Vital Organization

The relationship between the Executive and the Board Chair is very important for the atmosphere of the organization as a whole. The following checklist highlights the areas where they should work together.

The Executive Director and Board Chair work together to:

1. Identify community needs
2. Define and realize agency purposes
3. Provide financial resources and other forms of support for the agency
4. Give leadership to development of programs and services
5. Develop an organizational structure that supports the program services
6. Give leadership to policy formulation and review
7. Evaluate the agency
8. Create an atmosphere for change
9. Maximize the contributions of all agency personnel, staff and volunteer
10. Maintain and describe the “big picture” for the organization
11. Take initiative in representing the agency to the community
12. Share leadership with other similar agencies with similar goals, values, and convictions as to what kind of community it should be
13. Develop and maintain a sense of trust and confidence in each other
14. Resolve problems with individual Board members
15. Plan and prepare for Board meetings
16. Arrive at recommendations they both can support, with the clear understanding that if they cannot reach agreement, the matter goes to the Board with the explanation that “the Chair and the Executive are on opposing sides”
17. Decide what priorities to adopt, what choices to make, and what decisions to make first

Sample Conflict of Interests Policy

Now therefore, be it resolved: the following policy of duality of interest is hereby adopted:

- Any duality of interest or possible conflict of interest on the part of any Board member should be disclosed to other Board members and made a matter of record, either through an annual procedure or when the interest becomes a matter of Board action.
- Any Board member having a duality of interest or possible conflict of interest on any matter should not vote or use his/her personal influence on the matter, and he/she should not be counted in determining the quorum for the meeting, even where permitted by law. The minutes of the meeting should reflect that a disclosure was made, the abstention from voting, and quorum situation.
- The foregoing requirements should not be construed as preventing the Board member from briefly stating his/her position in the matter, nor from answering pertinent questions of other Board members since his/her knowledge may be of great assistance.

Be it further resolved: that this policy be reviewed annually for the information and guidance of Board members, and that any new Board member be advised of the policy upon entering on the duties of his/her office. The Chairman and the Secretary are authorized and directed to see that the foregoing policy is followed.

Explanation of policy statement:

Members of the Board of Directors have an obligation to discuss and vote on every issue having to do with the governance of the organization. Consequently, it is important to consider whether or not an individual, their family, or their business would have substantial and/or ongoing conflicts of interest with the organization. For example:

- The organization leases the grounds and their physical facility from a person or another organization. It would not be wise to select that individual or a representative of the leasing organization to be on the Board, because it is very likely that the Board will be required to discuss and vote on issues having to do with that lease, or at worse having to contend with a lawsuit.
- A local attorney has a law practice in which they commonly represent criminal defendants. They would have an ongoing conflict of interest because they represent clients who are being prosecuted for assaulting survivors that are served by the organization. They are likely to discuss and vote on policies and procedures that impact both the clients of the program and also their own practice clients.

It is possible to use the talents of such individuals by asking them to serve in advisory capacities or on committees that do not present a conflict.

The organization can usually screen out members who have clear and ongoing conflicts of interest. It is not possible to see all such situations. Consequently the Board should have a policy for how to proceed when such an occasion arises. A conflict of interest or even the perception of one by the public can damage an organization beyond repair. It is best to abstain from discussion or voting on an issue at the mere hint of a potential conflict. When there is a bona fide conflict of interest, that member should not have lengthy discussion or vote on the issue at hand.

Examples of conflict of interest:

- A construction contract was awarded to a company partly owned by a Board member. This would create a public uproar, which would probably stymie the Board's efforts in raising much-needed money.
- A Board member is a car dealer and the organization needs to buy a new van. A potential conflict is there, but can be eliminated if the Board member announces a conflict of interest and abstains from voting.

Sample Conflict of Interest Statement For Board of Directors

I have read and am familiar with _____ Policy concerning Conflicts of Interest, and I have initialed each paragraph below.

- During the year _____, neither I nor, to the best of my knowledge, any member of my family has had an interest or taken any action which would contravene the policy.
_____ (initials)

- During the year _____, neither I nor, to the best of my knowledge, any member of my family has had any interest or taken any action which would contravene the policy except such interest or action which is fully disclosed below. _____ (initials)

(Signature)

(Position)

(Date)

Common Board/Staff Conflicts Worksheet

#	Does this happen?	The problem is:	Some solutions:	Your strategies:
1.	<ul style="list-style-type: none"> • Petty, nitpicking personalized complaints to staff from Board Chair and committee chairs • Staff and Board members fall over each other in trying to do a job 	<ul style="list-style-type: none"> • Failure to clarify difference between policy determination, administration, and direct service 	<ul style="list-style-type: none"> • Up-to-date written job descriptions for Board, Executive Director, and staff • Clear statement of difference between policies and implementation plans 	
2.	<ul style="list-style-type: none"> • Request for salary review by Executive is not acted upon by Board • Executive begins to put everything in writing, circulating copies to entire Board 	<ul style="list-style-type: none"> • Failure of Board to specify performance criteria and to evaluate Executive Director 	<ul style="list-style-type: none"> • Board develops written performance criteria, based on written objectives—do regular, periodic evaluation of Executive • Specify to whom (a committee, not an individual) the Executive reports 	

Common Board/Staff Conflicts Worksheet

#	Does this happen?	The problem is:	Some solutions:	Your strategies:
3.	<ul style="list-style-type: none"> • Executive does not consult staff to get facts before asking Board for decision • Staff feels Board actions are top secret 	<ul style="list-style-type: none"> • Breakdown in communications • No procedures for regular communication 	<ul style="list-style-type: none"> • Open Board meetings to staff • Prompt distribution of Board minutes and committee minutes • Exchange minutes of Board and staff meetings • Prepare special bulletins or newsletter summarizing actions 	
4.	<ul style="list-style-type: none"> • Old-time staff members complain to Board members about working conditions, etc. 	<ul style="list-style-type: none"> • Budget cutbacks affect morale and frustration mounts 	<ul style="list-style-type: none"> • Board take leadership to provide sufficient budget for good professional work and working conditions 	

Common Board/Staff Conflicts Worksheet

#	Does this happen?	The problem is:	Some solutions:	Your strategies:
5.	<ul style="list-style-type: none"> Some Board members shift interest and active support to other, competing organizations 	<ul style="list-style-type: none"> Insufficient motivation for service on part of Board members—desire just to have name on the letterhead Lack of specific, measurable goals and objectives for organization Board is controlled by old-line conservatives who fail to keep pace with changing times—thus driving away younger members 	<ul style="list-style-type: none"> Separation of member from Board Hold annual planning conference for Board and staff—develop written objectives and continually update them Staff provide Board with continuing education on issues in their field 	
6.	<ul style="list-style-type: none"> Staff and Board do not know each other's names Staff thinks of Board in terms of stereotypes: “conservative”, “materialistic”, “blockers of progress” 	<ul style="list-style-type: none"> Failure to provide opportunities to get acquainted 	<ul style="list-style-type: none"> Common orientation program for new Board and new staff members Informal social events Board committees have staff assigned 	

Common Board/Staff Conflicts Worksheet

#	Does this happen?	The problem is:	Some solutions:	Your strategies:
7.	<ul style="list-style-type: none"> Community does not really understand what the organization does 	<ul style="list-style-type: none"> Board thinks it's staff responsibility to capitalize on opportunities for public relations Staff thinks Board does not do good interpretation job in the community and does not use normal contacts to tell agency story 	<ul style="list-style-type: none"> Plan a public relations and publicity campaign—define responsibilities and roles for Board and staff members 	
8.	<ul style="list-style-type: none"> Nothing seems to get done or to move forward 	<ul style="list-style-type: none"> Outmoded and complicated agency structure makes it difficult to do business Board members lack leadership skills required to function effectively 	<ul style="list-style-type: none"> Plan and schedule annually a Board-staff leadership development retreat Do annual agency evaluation Top staff provide training in leadership skills for Board committee chairpersons 	

Appreciative Inquiry: The Model

Appreciative Inquiry The Philosophy

Appreciative Inquiry is an articulated theory that rationalizes and reinforces the habit of mind that moves through the world in a generative frame seeking and finding images of the possible rather than scenes of disaster and despair.

Jane Magruder Watkins

If you want to build a ship,
then don't drum up men to gather wood,
give orders, and divide the work.
Rather, teach them to yearn for the far
and endless sea.

Antoine de Saint-Exupery

All the greatest and most important problems of life are fundamentally insoluble... They can never be solved, but only outgrown. This "outgrowing" proves on further investigation to require a new level of consciousness. Some higher or wider interest appeared on the horizon and through the broadening of outlook the insoluble problem lost its urgency. It was not solved logically in its own terms but faded when confronted with a new and stronger life urge.

Carl Jung

Appreciative Inquiry Model for Organizations

Appreciative Inquiry The Model



The Appreciative Inquiry 5D Spiral of Development

An iterative, generative, process that uses collaborative inquiry, and strategic visioning to unleash the positive energy within individuals and organizations

<http://www.iaonline.com>

Appreciative Inquiry The Process

More than a method or technique, the appreciative mode of inquiry is a means of living with, being with and directly participating in the life of a human system in a way that compels one to inquire into the deeper life-generating essentials and potentials of organizational existence.

David Coopertier

The Five Phases

5: Deliver

Co-creating a sustainable, preferred future.
Who, What, When, Where, How?
Innovating What Will Be.

4: Design

Aligning values, structures and mission with the ideal.
Developing achievable plans and steps to make the vision a reality.
Dialoguing What Should Be

3: Dream

What is the world calling our organization to be?
Developing common images for the future.
*Writing provocative propositions.
Visioning the Ideal*

2: Discover

Interview process and gathering of experience.
Inquiry into the life-giving properties of the individual or organization.
Valuing the Best of What Is

1: Define

Awareness of the need for development.
Preparing for an appreciative process.
Committing to the positive

Voyle and Voyle Consulting

Appreciative Interview Guide for Organizations

The Four Generic Questions

Instructions: In pairs interview take time to interview one another using the following questions.

Be a generous listener. Do not dialogue; rather, take turns to actually conduct an interview. If you need more information or clarification ask additional follow-up questions. Use this sheet to record the results of your interview. When your interviews are completed you will present the results to the wider group.

Before you conduct the interview take a minute to read the questions and decide how you will personally answer the question and make a mental note of your response. Now proceed with the interviews, paying full attention to the interviewee rather than to your story.

1. **Best Experience:** Tell me about the best times that you have had with your organization. Looking at your entire experience, recall a time when you felt most alive, most involved, or most excited about your involvement. What made it an exciting experience? Who was involved? Describe the event in detail.
2. **Values:** What are the things you value deeply: specifically, the things you value about yourself, your work, and your organization:
 - (i) **Yourself:** Without being humble, what do you value most about yourself- for example, as a human being, or as friend, a parent, a citizen and so on?
 - (ii) **Your Work:** When you feel best about work at your organization, what do you value about it?
 - (iii) **Your Organization:** What is it about your organization that you value? What is the single most important thing that your organization has contributed to your life?
3. **Core Value:** What do you think is the core value of your organization? What is it that, if it did not exist, would make your organization totally different than it currently is?
4. **Three Wishes:** If you had three wishes for your organization, what would they be?

Source: *Appreciative Interview Guide for Organizations* www.voyle.com Voyle and Voyle Consulting

Guidelines for Board Meetings

The following are recommendations to help keep Board meetings productive, focused and effective:

- Follow the bylaw requirements for a quorum and voting procedures.
- Hold deliberations that are free and wide-ranging with full participation and respect for divergent opinions.
- Follow set meeting procedures that encourage organization and participation, such as *Robert's Rules of Order* or a similar procedure.
- Provide agendas to all Board members prior to the meetings, and minutes afterwards.
- Strive for regular attendance of all Board members at all meetings.
- Have staff participation at both Board and committee meetings when appropriate.
- Have a written record of attendance at the meetings and a record of all agenda items discussed and formal Board decisions made during the meeting.
- Hold regular Executive Committee and other standing committee meetings, generating both written reports and oral reports back to the Board. Common standing committees often include finance, personnel, funding or resource development, program/planning, bylaws or other areas.

Leading A Meeting (Leader roles and responsibilities)

OPENING

1. Start on time.
2. State the purpose of the meeting.
3. State your ideas positively.
4. Use words that make your ideas sound interesting.
5. Limit your opening remarks to one and one-half minutes.

DURING

1. Leadership is an active force: Guide
 - Direct
 - Restrict
 - Contain
 - Expand
 - Elicit
2. Ground rules: Remain as impartial as possible.
 - Watch the pacing of the meeting.
 - Keep ideas flowing.
 - Watch for emotional build-up.
 - Pull out all background information.
 - Draw contributions from all members.
 - See that only one person speaks at a time.
 - Pin down opposing points of view.
 - Stress cooperation, not conflict.
 - Guide the meeting from problem to solution.
 - Clarify contributions.
 - Use humor to reduce tension.
 - Make frequent summaries.
 - Watch your time.

CLOSING

1. Point out the decisions reached.
2. Point out differences. State them clearly. Indicate if small or great.
3. Point to the future—state next steps to be taken.
4. Announce the next meeting.
5. Thank members.

Participating In A Meeting (Participant roles and responsibilities)

BEFORE

1. Picture what you will want to have accomplished when the meeting is over.
2. Be sure you are clear on the stated goal.
3. Establish a specific standard by which you will measure success or failure.
4. Determine what your goal is with the group as a whole and with each member.
5. Assess your basic relationship with each member. Evaluate their needs.
6. Envision the meeting as you would like it to take place and determine what must be done to make your desired vision a reality.
7. Consult with others whose cooperation is necessary in order to meet the goal.
8. Do your homework, and go at least one step beyond the expectation of others.
9. Form a tentative judgment on all issues.
10. Count the votes for issues critical to you.

AT THE MEETING

1. Approach the meeting and your partners with a positive attitude.
2. Reflect a positive attitude toward the tasks at hand.
3. Make sure you take notes of important information.
4. Contribute early, clearly, and often—but thoughtfully.
5. Divide big problems into sub-problems, and address them separately if possible.
6. Separate problems discussed from the people discussing them.
7. Make your points clearly and concisely.
8. Do not waste your “chips” on issues not important to you.
9. Whether you are winning or losing your point, know when to quit.
10. Listen attentively and demonstrate your attention to others.

AFTER

1. Assess the meeting in terms of your original goal—measure success.
2. Share the results with people who need to know.
3. Follow up assignments quickly.
4. Capitalize on gains and recoup losses by brief encounters as necessary.

Meeting Basics

FOUR BASIC TYPES OF MEETINGS

1. REPORT—direct presentation of information
2. DECISION-MAKING—draw together thinking, form into decision
3. CREATIVE OR DEVELOPMENT—concepts, strategies, theories
4. LEARNING OR TRAINING—teaching understanding

AGENDA FORMAT

Date:

From:

Type of Meeting:

Date of Meeting:

Place of Meeting:

Subject:

Estimated Length of Meeting:

Who Will Attend:

Present Position of Subject and/or Agenda:

Goal of Meeting:

FOLLOW-UP MEMO FORMAT

Date of Meeting:

Name of Sender:

Where Held:

People Present:

Subject:

Conclusions Reached:

Future Action:

SAVING OTHER PEOPLE'S TIME FORMAT (send out a form that reads):

I have asked (names) to meet with me (date), in (place), to discuss (topic). Please come if you think that you need the information or want to take part in the discussion. But you will in any event receive right away a full summary of the discussion and of any decisions reached, together with a request for your comments.

Personnel

Personnel management in domestic violence programs includes the processes of recruiting, training and supervising both staff and volunteers of the program. These processes are carried out by the Executive Director and other management staff of the program, and are outlined in the program's Employee Handbooks. Employee Handbooks provide the steps to be followed not only in managing personnel, but also in general operating procedures of the program.

Minimum Requirements

The following criteria are required for personnel management of domestic violence programs funded by IDHS or ICADV.

- Programs must have written job descriptions for all staff that include qualifications, duties and responsibilities.
- Programs must have a current organization chart that defines responsibility and lines of accountability, and that includes both staff and volunteer positions.
- Programs must have a minimum of one-half time paid director whose duties include the daily management of the program.
- All program directors, staff and volunteers who may be in a position to provide or supervise direct services or who have access to confidential information must complete the 40 hours of training required by the Illinois Domestic Violence Act. The training must cover the topics listed in Appendix D.
 - Staff or volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples may include staff or volunteers conducting periodic trainings to survivors on topics other than domestic violence, or those conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the person at any time survivors are or may be present.
- To ensure that staff and direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.
- If the program has staff who provide professional therapy or other services requiring professional certification, it must have procedures to ensure that individuals have valid, appropriate credentials and when applicable, licensure.

- Programs must perform both Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) checks on staff/volunteers coming in direct contact with children served by the program.
- All personnel must sign a confidentiality agreement.

Employee Handbooks

- The program must have written Employee Handbooks that include:
 - Recruitment, hiring and compensation of staff
 - Promotion, supervision, discipline, grievances and termination of staff
 - Procedures for evaluation, which must occur at least annually
 - Employee benefits, including a list of benefits provided and eligibility requirements
 - A professional code of ethics such as the sample included in this chapter.
 - Travel and per diem reimbursement guidelines
 - Location, security and employee access to personnel files
 - Confidentiality of staff about program location if applicable, activities, and survivor information.
 - Employee use of technology including policies for maintaining client confidentiality.
 - Mandated reporting of abuse or neglect of children or elders
 - Affirmative Action policy/Equal Employment Opportunity statement
 - Sexual harassment policy
 - Americans with Disabilities Act ADA compliance
 - Workplace Violence policy that addresses domestic violence
 - Drug free workplace policy
 - Conflict of interests procedures
 - Program operation procedures regarding health and safety, including:
 - Responding to AIDS and other communicable diseases
 - Procedures for handling body fluids
 - Pandemic and epidemic response plans
 - Disaster Plan describing actions to be taken in the cases of tornado, fire, evacuation, uninhabitable buildings, and emergency supplies, including arrangements with local agencies that are kept current
 - Meeting the medical needs of survivors and staff, including emergency situations
 - Responding to emergency and safety threats posed by abusers
 - Plans for disaster recovery and resuming business once immediate emergency safety issues have been resolved.

Suggested guidelines and tools for Employee Handbooks and procedures are included in the *Guidelines* section of this chapter. This chapter also includes sample documents that may be tailored to create Employee Handbooks and agreements for individual programs, based upon each program's individual needs and legal requirements. Although samples are included herein for guidance, programs should consult with staff attorneys to develop policies that meet all legal requirements pertaining to their program.

Minimum Requirements in Documentation

Personnel records must be maintained for the purpose of keeping information related to employment at the program. These records contain confidential information and shall be kept in a location that disallows access by other staff members who are not in supervisory positions. The personnel file is the property of the employing program; however, procedures must be in place related to staff having access to their own files.

The personnel records maintained on all employees shall include but not be limited to:

Confidential Personnel File

- The employee's application/resume and references
- Job description
- Date of hire
- Work performance evaluations
- Salary
- Promotions
- Any disciplinary actions taken
- Signed Declaration of Confidentiality
- Certificate of completion of 40-hour training
- Documentation of professional certifications or licensure as applicable
- Signed Employment Eligibility Verification (I-9)
- Any statements requiring signature according to program policy, such as Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status or Policy Agreement Form
- CANTS and LEADS checks, if applicable
- Emergency Information
- Any confidential medical information

Non-confidential Agency Information

- Job description
- Date of hire
- Emergency Information including non-confidential medical emergency instructions from the employee

The Employment Eligibility Verification (I-9) Form is available at the United States Citizen and Immigration Services website at: <http://www.uscis.gov/files/form/i-9.pdf>.

Guidelines

Recommendations

Because providing domestic violence services can be difficult work, programs are encouraged to hire personnel who have the appropriate combination of skills, knowledge and caring attitudes regarding survivors. The skill set needed will depend on the individual position, but it is important that candidates applying for advocate positions possess sufficient verbal and written skills to communicate effectively and write case documentation.

It is helpful, but not required, to hire those with at least a bachelor's degree in a human service related field to ensure a level of knowledge and interest in social services. Some candidates may also have alternate life experiences that could make them effective in the program, such as experience and understanding of violence against women, or a background in community organizing.

To help assess an applicant's attitudes toward domestic violence, it may be useful to inquire about the individual's thoughts and beliefs on the issue during the interview process. The tool *Assessing Attitudes toward Domestic Violence* is included in this chapter for guidance in this process.

Finally, it is important that programs make every effort to ensure diverse representation among staff in color, language, age, ability, sexual orientation, income and other demographics that reflect the wide diversity of survivors. To do this, it is critical that programs promote a welcoming and safe environment for minorities of all types to work as staff or volunteers.

Background Checks

As indicated under *Minimum Requirements*, Child Abuse and Neglect Tracking System (CANTS) and Law Enforcement Agencies Data System (LEADS) background checks are required for all staff who will have direct contact with children. For instructions on conducting LEADS checks, programs may access the Illinois State Police website at <http://www.isp.state.il.us/> or call (815) 740-5160. There is a cost involved in this service and results are not immediate, so programs may also consider working with their local criminal justice system to see if they are willing to provide assistance in this process. Depending on the level of detail needed in the background check, the information may be available without cost through local law enforcement.

For the required CANTS check, potential staff or volunteers complete and sign the Illinois Department of Children and Family Services (DCFS) Authorization for Background Check form (form number CFS689). The form is available by calling DCFS at (217) 785-2509 or at the DCFS website at <http://www.state.il.us/DCFS/docs/formbackg.htm>. Programs then complete the agency information at the bottom of the form and mail it to the address listed on the form. The CANTS process is free of cost.

If a background check reveals an arrest or conviction in the candidate's background, programs should take into account the context and details of the information, and seek counsel with their legal advisor to determine if the information will exclude the candidate from employment or volunteer work at the program.

Management and Evaluations

Once employees are hired, good management skills are critical for supporting the staff of domestic violence programs. A list of recommended guidelines for managing personnel of domestic violence programs is included in this chapter.

As stated under *Minimum Requirements*, employee evaluations must be conducted at least annually. Employee evaluations should be used as an opportunity to exchange feedback and help avoid the negative consequences that come from inadequate communication. Each employee's supervisor conducts the evaluation, with the Board of Directors conducting the Executive Director's evaluation. To be effective, employee evaluations should communicate performance expectations, identify strengths and training needs, guide performance improvement, and determine compensation and position changes. Suggested evaluation questions and sample evaluation forms can be found in this chapter. Program employees may use the *Sample Behavior Assessment* not only to assess their staff, but also to assess themselves, their supervisors, or the organization as a whole.

Employee Handbook

It is recommended that the program's Employee Handbook clearly define what the program can expect from its employees as well as what the employees can expect from the program. Although the Board of Directors maintains responsibility for developing and formally approving Employee Handbooks, the Executive Director and other staff members may also contribute to their development. At the least, the Board of Directors of new programs should have all Employee Handbooks in place within the first year of hiring the Executive Director. These policies will help the organization maintain positive employee relations by preventing the conflicts that can arise from misunderstandings. On a regular basis, the Board should review policies to incorporate new legal requirements and organizational needs.

It is important that every employee receive a copy of the Employee Handbook. It is also helpful to have a policy agreement form for every staff and volunteer to sign after reading all of the program policies. This form will serve as documentation that the staff member or volunteer has read, understood, and is willing to abide by all of the program's policies. A mechanism should also be in place to ensure that all subsequent policy changes are reviewed with employees to obtain their ongoing acknowledgment. A *Sample Policy Agreement Form* is included in this chapter for reference. Other agreement forms for advocates to sign may cover only one policy, such as a Declaration of Confidentiality, Acknowledgement of Mandated Reporter Status, or Communications Guidelines Agreement. Samples of each of these forms are included in this chapter.

A variety of other sample policies, agreements and forms are also included in this chapter for guidance in developing program documents. These examples include the following:

- *Sample Emergency Information Form*
- *Sample Drug Free Workplace Policy*
- *Sample Policy and Procedures on AIDS and Other Communicable Diseases*
- *Sample Policy and Procedure for Pandemic/Epidemics*
- *Sample Procedures for Handling Body Fluids*
- *Sample Disaster Plan and Disaster Recovery Plan*
- *Sample Policy on Equal Employment Opportunity and Affirmative Action*
- *Sample Employee Handbook Outline*
- *Sample Personnel Policy Guidelines*
- *Sample Employee Grievance Procedures and Forms*
- *Principles of Ethical Communication Within An Ongoing Group of Women With Decision-Making Responsibility*
- *Illinois Certified Domestic Violence Professionals Code of Ethics*

Although these examples are offered for guidance in developing program policies and procedures, programs must consult with their own staff attorneys to develop policies and agreements that meet all legal requirements pertaining to their program.

Tools and Samples

Assessing Attitudes toward Domestic Violence

The following are sample questions that may be presented to potential advocates to help assess their attitudes toward domestic violence:

- What is your experience with the issue of domestic violence?
- If a friend told you that she was being abused, how would you respond?
- If a survivor in the program told you of plans to return to the abuser, how would you respond?

Note: Program applicants with no experience in the area of domestic violence should not be expected to have the correct answers. However, their responses may help to reveal their attitudes toward domestic violence, or any unresolved personal issues that could interfere with their ability to provide direct services to survivors.

Guidelines for Managing Personnel in Domestic Violence Programs

The following suggestions are recommended for those who oversee staff in domestic violence programs:

- Provide staff with adequate support and supervision. Be available to meet with staff regularly, and to address urgent questions and concerns as they arise.
- Allow staff autonomy and independence in making decisions about their work.
- Provide clear roles and responsibilities for staff. Ensure that staff members are not allowed or inadvertently encouraged to practice outside of their area of expertise.
- Treat staff respectfully and without condescension.
- Follow up on agreed-upon tasks or courses of action within the agreed time frames, or attempt to notify staff of any changes or delays.
- Provide staff with adequate time to meet the demands of their workload.
- Plan regular staff meetings that are pleasant, productive and focused.
- Foster an environment that encourages personnel to support one another.
- Acknowledge staff's accomplishments and contributions in a variety of ways.
- Where possible, involve staff in developing processes that affect their day-to-day work.
- Help staff keep well informed of locally or nationally publicized domestic violence issues and situations.

Sample Questions to Guide Employee Evaluations

The following questions may be used to guide evaluations and measure employee development:

- What was the employee expected to accomplish?
- Was the employee provided the tools necessary to accomplish these tasks?
- What did the employee actually accomplish?
- How did the employee achieve these accomplishments?
- What was expected of the employee that was not accomplished, and why?
- In what performance areas does potential for improvement exist?

Sample Nonprofit Employee Evaluation

Name: _____ Title: _____ Period covered: _____

Date of evaluation: _____

Category	Excellent	Very good	Good	Fair	Unsatisfactory	Comments
Work quality						
Dependability						
Initiative						
Flexibility						
Skill building						
Job knowledge						
Punctuality						
Supervisory ability						

General comments on performance:

Goals for the coming year:

Date: _____ Reviewed by: _____ Staff signature: _____

For more information contact:

Minnesota Council of Nonprofits
 2700 University Ave. W. #250
 St. Paul, MN 55114
 Phone: (612) 642-1904
 Fax: (612) 642-1517
 E-mail: mcn@mncn.org

Sample Employee Evaluation

	Excellent	Very Good	Good	Satisfactory	Below Average	Poor	Unsatisfactory
Employee _____							
Supervisor _____							
Period covered by review _____ to _____							
Job Title _____							
SKILLS							
A. Skills and knowledge necessary for the job							
B. Interest in and time spent on improving skills and knowledge							
QUALITY OF PERFORMANCE							
A. Quality of work done (Complete tasks in order of importance)							
1.							
2.							
3.							
4.							
5.							
B. Reliability							
1. Attendance							
2. Punctuality							
3. Meeting deadlines							
C. Work Relationships							
1. With other staff members							
2. With supervisor							
3. Outside of agency (if required by job)							
D. Overall evaluation							
E. COMMENTS. Regarding overall performance, changes in responsibilities or performance since last evaluation, employee career development interests, and improvements needed for advancements. _____ _____							
F. SIGNATURES: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Date Supervisor President Employee </div>							
Employee signature indicated acknowledgment of this review, not agreement.							

Sample Employee Evaluation

	Name	Job classification	Department	Period covered		
Category	1	Evaluation 2			3	Commendations or needed improvement
		Very Good	Good	Fair		
Work Quality						
Work Quantity						
Dependability						
Initiative and Flexibility						
Skills and job knowledge						
Personal Relationships						
Attendance and punctuality						
Supervisory ability (if applicable)						

Comments on potential (desire for advancement, qualifications, training and/or experience needed).

Discussion date Reviewed by Department head or designee Employee**

1. Indicates exceptional performance with no further improvement expected. (Explanatory comments required.)
2. Indicates that expected standards are being met in a fair, good, or very good way. Most employees will receive these ratings. Improvement is still possible. (Comment as appropriate.)
3. Indicates a major deficiency, and without corrective action, it could lead to an overall unsatisfactory evaluation. (Explanatory comments required.)

** Signature indicates acknowledgment of review but not agreement with supervisor's evaluations. Employees may submit a memo to personnel for the record on points of disagreement.

Sample Behavior Assessment

The following questionnaire has been adapted from “Practical Supervision” (Professional Training Associates, Inc., January 1, 1985). It can be useful in assessing an individual’s positive and negative behaviors in concrete, easily identifiable terms.

First, examine your own potential for positive and negative behavior by checking each appropriate item. Star each item that you would like to change in yourself. Then, complete one questionnaire for your immediate supervisor or for each person that you supervise. You might also have a group of employees who work closely together complete one on each group member. Finally, complete one for your perception of your agency as a whole. This will help to clarify your organization’s strengths and help identify specific areas that can be improved.

The list describes behaviors that all of us have the potential to change. Discuss the results with staff. Use them to work on specific negative behaviors and to identify organizational problems that can be resolved. The key is to remember that all of us can change if we identify the areas that need changing.

My Own Performance

Review this list of behavior alternatives. Which ones do you see in yourself? Check those and then star any that you would like to see changed.

Positive Behavior	Check/ Star	Negative Behavior	Check/ Star
Makes the job look easy, even on a bad day.		Sweats blood over the task and shows it.	
Feels concern and takes action.		Immobilized by high anxiety and fear.	
Honest and forthright about ideas, convictions, desires, and goals.		Seldom reveals ideas or true feelings; plays politics on the job.	
When faced with a failure, asks self, "What can I learn?"		When faced with a failure, says to self, "Somehow I should have known better."	
Communicates assertively.		Demands or pressures people, or gives in.	
Flexible, willing to compromise except when self-respect is in question.		Holds the attitude "my way or no way" or "this is the way it has always been done."	
Self-developing; creates an opportunity to learn from everyday situations.		Expects to be told and taught; waits to be handed the opportunity.	
Takes responsibility for own actions without excessive blame or guilt.		Blames others or self for errors.	
Clear goals.		No goals or vague goals.	
Demonstrates skill in tasks and human relations; understands that what you know and who you know both count.		Works hard on the task and hopes someone will notice.	
Finds work exciting.		Often feels disillusioned and fatigued.	
Attitude that "no task is beneath me if it benefits the team."		Attitude of "that is not in my job description."	
Knows own limits; takes assignments at a reasonable pace.		Afraid to say "no" or renegotiate a deadline even if family or leisure are sacrificed.	
Acts out of choice.		Acts out of fear of disapproval, rejection, termination.	
Invites respect and equal treatment.		Invites undesirable treatment.	
Sees the willingness to change as the basis of power.		Wants to do what is comfortable and safe.	

My Supervisor's Performance Those Whom I Supervise/Co-Workers

Review this list of behavior alternatives. Which ones do you see in this person? Check those and then star any that you would like to see changed.

Positive Behavior	Check/ Star	Negative Behavior	Check/ Star
Makes the job look easy, even on a bad day.		Sweats blood over the task and shows it.	
Feels concern and takes action.		Immobilized by high anxiety and fear.	
Honest and forthright about ideas, convictions, desires, and goals.		Seldom reveals ideas or true feelings; plays politics on the job.	
When faced with a failure, asks self, "What can I learn?"		When faced with a failure, says to self, "Somehow I should have known better."	
Communicates assertively.		Demands or pressures people, or gives in.	
Flexible, willing to compromise except when self-respect is in question.		Holds the attitude "my way or no way" or "this is the way it has always been done."	
Self-developing; creates an opportunity to learn from everyday situations.		Expects to be told and taught; waits to be handed the opportunity.	
Takes responsibility for own actions without excessive blame or guilt.		Blames others or self for errors.	
Clear goals.		No goals or vague goals.	
Demonstrates skill in tasks and human relations; understands that what you know and who you know both count.		Works hard on the task and hopes someone will notice.	
Finds work exciting.		Often feels disillusioned and fatigued.	
Attitude that "no task is beneath me if it benefits the team."		Attitude of "that is not in my job description."	
Knows own limits; takes assignments at a reasonable pace.		Afraid to say "no" or renegotiate a deadline even if family or leisure are sacrificed.	
Acts out of choice.		Acts out of fear of disapproval, rejection, termination.	
Invites respect and equal treatment.		Invites undesirable treatment.	
Sees the willingness to change as the basis of power.		Wants to do what is comfortable and safe.	

The Organization

Review this list of behavior alternatives. Which ones would you use to describe your organization? Check those and then star any that you would like to see changed.

Positive Behavior	Check/ Star	Negative Behavior	Check/ Star
Makes the job look easy, even on a bad day.		Sweats blood over the task and shows it.	
Feels concern and takes action.		Immobilized by high anxiety and fear.	
Honest and forthright about ideas, convictions, desires, and goals.		Seldom reveals ideas or true feelings; plays politics on the job.	
When faced with a failure, asks self, "What can I learn?"		When faced with a failure, says to self, "Somehow I should have known better."	
Communicates assertively.		Demands or pressures people, or gives in.	
Flexible, willing to compromise except when self-respect is in question.		Holds the attitude "my way or no way" or "this is the way it has always been done."	
Self-developing; creates an opportunity to learn from everyday situations.		Expects to be told and taught; waits to be handed the opportunity.	
Takes responsibility for own actions without excessive blame or guilt.		Blames others or self for errors.	
Clear goals.		No goals or vague goals.	
Demonstrates skill in tasks and human relations; understands that what you know and who you know both count.		Works hard on the task and hopes someone will notice.	
Finds work exciting.		Often feels disillusioned and fatigued.	
Attitude that "no task is beneath me if it benefits the team."		Attitude of "that is not in my job description."	
Knows own limits; takes assignments at a reasonable pace.		Afraid to say "no" or renegotiate a deadline even if family or leisure are sacrificed.	
Acts out of choice.		Acts out of fear of disapproval, rejection, termination.	
Invites respect and equal treatment.		Invites undesirable treatment.	
Sees the willingness to change as the basis of power.		Wants to do what is comfortable and safe.	

Sample Policy Agreement – Staff/Volunteer

I reviewed, understand, and agree to abide by the Agency’s Employee Handbook, Confidentiality Policy, AIDS/Communicable Diseases Policy, Drug Free Workplace Policy, and Communication Guidelines.

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Review at the time of any policy changes.

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Employee Signature _____ Date: _____

Supervisor Signature _____ Date: _____

Sample Declaration Of Confidentiality

I, the undersigned staff/volunteer of _____, do hereby declare that I will hold confidential all verbal, written, and/or electronic communications, observations, and information made by and between or about survivors (including their families). This information specifically includes survivor identity information and physical whereabouts information. Survivor information may only be disclosed by members of _____ and the agencies authorized by the survivor's Waiver and Consent for Release of Information form, when the information is required to better meet the survivor's needs. I understand that if I fail to maintain the confidentiality of survivors I may be charged with a misdemeanor under the Illinois Domestic Violence Act.

Exceptions for Release of Information which do not require the client's written consent include:

1. Disclosure of client information may be made to the legal guardian of a client.
2. When child abuse or neglect is suspected, the agency member must make a report to DCFS. The parent/caregiver will first be encouraged to call the hotline. Whether or not the parent/caregiver agrees to do so, the agency member is required by law to make the report. The Child Abuse/Neglect Form must be filled out.
3. When elder abuse or neglect is suspected, a report must be made to the Illinois Department of Aging if the elder is unable to report for themselves.
4. When there is imminent danger to the health or safety of the survivor or another person, the agency member may disclose the information to the appropriate party.

I further declare that in the event of my withdrawal or resignation, I will keep confidential all information related to _____.

Signed: _____

Date: _____

Signed: _____

Date: _____

Supervisor or representative

Sample Acknowledgment Of Mandated Reporter Status

I, _____, understand that when I am employed/volunteering as a _____, I will become a mandated reporter under the Abused and Neglected Child Reporting Act (325 ILCS 5/1, ch.23, pars. 2051 et seq.). This means that I am required to report to the child abuse hotline number (1-800-25-ABUSE) whenever I have reasonable cause to believe that a child may be abused or neglected.

I also understand that I will be a mandated reporter of elder abuse under the Illinois Elder Abuse and Neglect Act. This means that I am required to report to the elder abuse hotline number (1-866-800-1409) whenever I have reasonable cause to believe that an elder is being abused or neglected and is unable to make the report themselves.

I understand that each hotline number operates 24 hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between the survivor and me is not grounds for failure to report suspected child or elder abuse or neglect. I know that if I willfully fail to report child or elder abuse or neglect, I may be found guilty of a Class A misdemeanor.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements that apply to me under the Abuse and Neglected Child Reporting Act and the Illinois Elder Abuse and Neglect Act.

Signature of applicant/employee

witness

Date

date

Sample Communication Guidelines

In accordance with our mission statement, our agency’s guiding principle is empowerment. As advocates for survivors of domestic violence, we believe in the inherent worth and dignity of every person we serve. Our goal is to provide a safe and empowering environment for survivors and their vulnerable family members. We further strive to provide a cooperative and empowering work environment. Therefore, the following communication guidelines will be followed:

1. Use positive and supportive communication techniques with the survivors and children. Loud tone, abusive or demeaning language, and judgmental statements are examples of non-supportive communication.
2. When interacting with the survivors and children, convey sensitivity for the diversity and value of each individual. It is unacceptable to use put-downs and name-calling due to a person’s race, class, religion, culture, physical or mental ability, age or sexual orientation.
3. The above positive and supportive communication techniques will also be applied when interacting with coworkers, volunteers, Board members, donors, and any other individuals with whom you have contact (as a representative of the agency). Further, communications to and about others must be respectful and supportive. All interactions must reflect favorably on the agency.
4. In accordance with our confidentiality procedure, survivor (former and current) information should be discussed in professional and programmatic manner and only when the information is required to better meet survivor needs (individually and collectively). It is unacceptable to simply chat or gossip about others. All communications about survivors must be held in private.
5. When conducting goal plans (or when engaged in any other conversation) with the survivor, review options and safety concerns objectively, rather than telling them what they should do.

The above guidelines represent the principles of the agency. The use of non-supportive or abusive language with survivors and children would be considered “conduct inconsistent with the principles of the agency” which our agency’s Employee Handbook identifies as reason for discharge for employment.

Your signature attests to your understanding of and agreement to the above guidelines.

Signature: _____ Date: _____

Supervisor
Signature: _____ Date: _____

Sample Emergency Information Form

Name _____ Phone _____

Address _____

Whom to notify in case of emergency:

1. Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

2. Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Blue Cross/Blue Shield I.D. # _____ Group # _____

Other insurance:

Company Name _____

I.D. # _____ Group # _____

Medical information helpful to emergency first aid care:

Drug Allergies _____

Other Allergies _____

Other Factors _____

In case of emergency I authorize _____ to provide first aid care
which may include the services of a doctor and hospital.

Date: _____ Signature: _____

Sample Drug Free Workplace Policy

It is the policy of _____ to prohibit the use of alcohol and the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance by employees at the workplace and/or during working time. Failure to abide by this policy is cause for immediate discharge.

It is also against agency policy to report to work under the influence of intoxicants such as alcohol or non-prescribed drugs, as well as prescribed drugs that induce an unsafe mental or physical state. Employees who violate this policy will be subject to disciplinary action, up to and including termination.

For the purpose of this policy, an employee will be determined to be under the influence of alcohol or drugs if urinalysis or other accepted testing procedures shows a forensically acceptable positive quantum of proof.

Employees must notify the Executive Director in writing of any convictions of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The agency will provide a yearly program for staff on drug and alcohol abuse issues. The Drug Free Workplace Policy will be presented to employees as a condition of employment at orientation and will be reviewed at the time of any changes. Employees will acknowledge that they have reviewed and read the policy by signing the Agency Policy Agreement form at orientation and yearly at the annual performance review.

This policy also applies to agency volunteers.

Sample Policy and Procedures On AIDS and Other Communicable Diseases

Our Home shelter reaffirms its policy of nondiscrimination in sheltering survivors of domestic violence and their children. In accordance with this policy, we will not deny shelter to any survivors who meet our normal criteria for sheltering on the basis of the fact that they or their children have or are suspected of having AIDS or other communicable diseases, have or are suspected of having any “Pre-AIDS” condition, or who test or are suspected of testing positive to the AIDS virus, HIV—Human Immunodeficiency Virus. (Our normal criterion is that we will shelter survivors who are being or threatened with being abused and have nowhere else to go.) Our Home reaffirms its policy of nondiscrimination toward staff, volunteers, and Board members. No staff member, volunteer, or Board member will be asked or required to submit to any type of testing for AIDS or other communicable diseases. No staff member, volunteer, or Board member who can perform his/her duties will be fired, asked to resign, or penalized in any way on the basis of having or being believed to be HIV positive.

To ensure that our agency offers a safe work place and residence we will implement the following procedures:

1. Staff will receive training and updating on information regarding AIDS and other communicable diseases, proper handling of body fluids, how to talk with survivors about the prevention of AIDS and other communicable diseases, and other issues that are deemed necessary. Staff participation in AIDS/communicable diseases training will be documented.
2. Volunteers will also receive information on AIDS and other communicable diseases, the proper handling of body fluids, program policy, and other related issues. Their signature attesting to understanding and agreeing to abide by our policy will be required.
3. Knowing that a person has tested positive for HIV or other communicable diseases will not prevent their transmission or make you safe. This is because it is impossible to know every person who has HIV or other communicable diseases. Therefore, procedures to prevent transmission must be followed consistently and in every case.
4. Procedures on the handling of body fluids will be implemented. We will provide gloves, bleach solution, soap dispensers, paper towel dispensers, and other materials that are necessary for the safety of the survivors, staff, and volunteers.
5. Signs will be placed in the bathrooms regarding proper disposal of diapers, dirty pads, and paper towels, and proper hand washing techniques.
6. Any and all information about a specific survivor and/or child and AIDS or other communicable diseases is considered confidential. The program will abide by the standards outlined in the Illinois AIDS Confidentiality Act, and will refer to this Act for guidance as needed.

7. If there is any controversy in cases involving survivors who believe or know that a survivor or child in the house has AIDS or other communicable diseases, it will be handled by staff as all other major controversies are handled, keeping in mind our commitment to nondiscrimination.
8. Information on AIDS and other communicable diseases will be presented to all survivors during the orientation process.

Note: Shelters and walk-in programs may have differing communicable disease policies due to differing levels of exposure.

Sample Procedures for Pandemic or Epidemic Outbreak

PERMISSION PENDING FROM MICHIGAN COALITION

I. Purpose and Criteria

The purpose of this policy is to:

- Reduce the transmission of flu virus, severe illness, or other epidemic disease among staff
- Protect people who are at increased risk of severe illness complications from getting infected
- Maintain business operations
- Minimize the adverse effects on consumers, member programs and work partners

[Agency] will use the following key factors when making business decisions regarding the use and enforcement of this policy:

- Disease severity in the community or area that [Agency] intends to conduct business
- Amount of worker absenteeism
- Potential impact on vulnerable populations in the workplace
- Other factors that may affect employee's ability to get to work, such as school dismissals or closures due to high levels of illness in children.
- Confirmed, or suspected, cases of severe illness among staff or staff families.
- Utilize CDC guidelines and local information from Michigan State Public Health authorities to guide our plan and response

II. Definitions

Epidemic: A disease occurring suddenly in a community, region or county in numbers clearly in excess of normal.

Pandemic: The worldwide outbreak of a disease in numbers clearly in excess of normal.

III. Implementation and Guidelines

Education and Communication Commitment:

The Executive Director, or Executive Director Designee, will be responsible for the coordination and implementation of this plan and will be the agency's liaison to staff, and work as a team with all supervisors. This staff person will obtain updated information on the indicators listed above from federal, state and local public health officials.

[Agency] will regularly disseminate educational information from the CDC and Federal Government website(s) to support and educate staff on how to plan, prepare, and understand prevention hygiene practices, social distancing and other updates regarding the impact locally. Dissemination will be through the use of posters in the workplace, handouts, electronic resources and reference to external experts and information.

[Agency] will develop and incorporate an addendum for contracted or volunteer personnel that will communicate required expectations as they pertain to this policy.

“Common Sense” Workplace Cleanliness includes any commonly touched surface area, such as: door knobs, facet handles, toilet handles, touch screens, keyboards, remote controls, tabletops, coffee pots, water coolers, appliance handles and interface screens, telephones, computer mice.

- Hand Sanitizers are located at each entry way for people coming and going and in each restroom.

[Agency] will arrange for the cleaning of ***surfaces and items that are more likely to have frequent hand contact*** in common areas.

Staff will be responsible for cleaning their personal workspaces

- Cleaning Supplies are available to staff for regular disinfection and cleaning of their designated workspace.

Workplace Prevention – Personal Hygiene

Cover coughs and sneezes

- Infectious viruses are thought to spread mainly from person to person in respiratory droplets of coughs and sneezes.
 - [Agency] will provide employee messages on the importance of covering coughs and sneezes with a tissue or, in the absence of a tissue, one’s sleeve.
 - [Agency] will place posters in the worksite that encourage proper cough and sneezing etiquette.
- MCADSV will provide tissues and no-touch disposal receptacles for use by employees.

Improve hand hygiene

- Epidemic sickness may be spread via contaminated hands.
 - [Agency] will offer information on hand washing and recommend that employees wash their hands often with soap and water or use an alcohol-based hand cleaner, especially after coughing or sneezing.
 - [Agency] will place posters in the worksite that encourage hand hygiene.
- The agency will provide soap and water and alcohol-based hand sanitizers in the workplace.
 - The Operations Director will ensure that adequate supplies are maintained.

IV. Action Steps for Mitigation

Any or all of these steps may be taken at the discretion of the Executive Director, or Executive Director Designee, pursuant to the criteria outlined in Section I.

Social Distancing:

[Agency] may implement any or all of the following:

- Cancellation of large community gatherings and/or business related meetings
- Require the spacing of employees farther apart (physical distance and/or work shift variance)
- Cancel nonessential travel and recommend work from home strategies for employees that can conduct their business remotely

Adopting a Flexible Worksite Plan

[Agency] management team will work to implement plans to continue essential functions in case it experiences higher than usual absenteeism. Elevated absentee rates can be due to sick workers, those who need to stay home and care for others, or from workers with conditions that make them at higher risk for complications from influenza and who may be worried about coming to work.

Some flexible options may include:

- Telecommuting
- Flexible work hours, staggering shifts
- Whenever possible, [Agency] will require physical distancing between employees and consumers
- Cancel public trainings, meetings, and in the alternative offer teleconference training/webinar, phone meetings

Sick Employees will be required to take time off

[Agency] will allow and encourage sick workers to stay home without any work repercussions or fear of losing their job, subject to [Agency] Leave Policies, which require the use of Sick and Vacation Time prior to taking unpaid leave time. The agency will implement its flexible workplace and leave policies for workers who are sick and/or need to stay home to care for a sick person or care for children who have been released from school due to a school closing.

Sick persons should stay home

- Employees should be alert to any signs of fever and any other signs of influenza-like illness before reporting to work each day, and notify their supervisor and stay home if they are ill.
- Employees who are ill should not travel while they are ill.
- Employees who have symptoms of influenza like illness are to stay home and not come to work until at least 24 hours after their fever has resolved. **Decisions about extending the exclusion period will be made by the Executive Director, or Executive Director Designee.**
 - [Agency] expects that employees who have influenza will be out for about 3 to 5 days in most cases, even if antiviral medications are used.
- The agency will not require a doctor's note for workers who are ill with influenza-like illness to validate their illness or to return to work. However, [Agency] may require a doctor's note to certify the ability to return to work.

- Employees who are well but who have an ill family member at home with influenza can go to work as usual. However, these employees should monitor their health every day, and notify their supervisor and stay home if they become ill.
 - [Agency] recognizes that workers may need to stay at home to care for ill children or other ill family members than is usual.

Sick employees at work will be asked to go home in accordance to the CDC recommendations

- CDC recommends that workers who appear to have an influenza-like illness upon arrival or become ill during the day be promptly separated from other workers and be advised to go home until at least 24 hours after they are free of fever (100° F [37.8° C] or greater), or signs of a fever, without the use of fever-reducing medications.
- Those who become ill with symptoms of an influenza-like illness during the work will be asked to:
 - Social distance themselves from other workers and asked to go home promptly.
 - When possible and if an employee is able to tolerate it, [Agency] will provide a surgical mask to wear before they go home if they cannot be placed in an area away from others.
 - If an employee becomes ill at work, [Agency] will inform fellow employees of their possible exposure in the workplace to influenza-like illness but will maintain confidentiality as required by law.
 - Employees exposed to a sick co-worker should monitor themselves for symptoms of influenza-like illness and stay home if they are sick.

[Agency] **will provide employees with information on vaccinations, but please note that [Agency] neither supports nor disputes their effectiveness:**

These links are provided for individuals to research and make their own decisions as to whether or not to take part in the vaccination process.

- For information on groups prioritized for seasonal influenza vaccines, please see <http://www.cdc.gov/flu/protect/keyfacts.htm>.
- <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>.

[Agency] will take measures to protect employees who are at higher risk for complications of influenza

- People at higher risk for complications from influenza include pregnant women; children under 5 years of age; adults and children who have chronic lung disease (such as asthma), heart disease, diabetes, diseases that suppress the immune system and other chronic medical conditions; and those who are 65 years or older.
- At the discretion of the Executive Director, [Agency] *Children in the Workplace Policy* may be suspended to prevent a child being exposed to an ill employee.
 - In accordance with [Agency] Children in the Workplace Policy, sick children should at no time be brought into [Agency] offices, during an epidemic or not.
 - Also in accordance with [Agency] Children in the Workplace Policy, employees may be asked to sign a release acknowledging that the employee is solely

responsible for the child's safety. In addition, the child's parents must release [Agency] in writing of any responsibility for illness or injury the child may develop or sustain while at any work-site or during travel.

- Employees with an underlying chronic medical condition or who are pregnant should consider calling their health care provider for advice about how to reduce their risk of exposure to influenza and, if they get sick, how best to get early treatment for influenza.

V. Action Steps for Contingency Plan

[Agency] will analyze the following critical functions of the agency and assess a contingency plan to maintain operations if employees are out with extended absences.

Critical functions

Payroll: processing and ADP business continuity Plan

Accounts Payable: processing and signing

Accounts Receivable/Deposits: processing, suspension of some internal controls or number of touches

Grant Requirements/Reporting submissions: cross train staff

Information and Technology: cross train, and secure outside consulting services

TA/Training: Cross train entire program staff to fill in where needed; update and identify outside contractors if needed

Resource Center: Cross Train staff

Action Steps:

- [Agency] will review cross-training needs and initiate training of personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
- [Agency] will require that each employee assess their essential functions and the reliance that others and the community have on their job or service.
 - MCADSV may change business practices if needed to maintain critical operations (e.g. identify alternative suppliers, prioritize customers, or temporarily suspend some operations).
- [Agency] will develop procedures for each essential function to ensure business continuity of critical functions.

Prepare for school dismissal or closure of child care programs

- [Agency] will support workers to stay home to care for their children if schools are dismissed or child care programs are closed due to reasons of an epidemic illness.
- [Agency] encourages all employees, and especially those who perform essential functions and who have children, to plan for contingencies should child care programs, or schools, close.
- [Agency] will not permit parents to bring their children with them to work while schools are closed due to an epidemic.
 - Read CDC's school guidance, which can be found at <http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>, to better understand the conditions under which schools may be dismissed.

Precautionary Approach to Traveling: [Agency] *will advise employees before traveling to take certain preventative steps*

- [Agency] advise workers to check themselves for fever and any other signs of influenza-like illness before starting travel and notify their supervisor and stay home if they are ill.
 - Please reference [Agency] **Leave Policy for Natural Disasters and Emergencies**.
- All employees who become ill with influenza-like, or epidemic disease, symptoms while traveling or on temporary assignment must notify their supervisor.
- Employees are encouraged to consult the CDC's Travel Website (<http://wwwn.cdc.gov/travel/content/novel-h1n1-flu.aspx>) for more information for travelers.

Sample Policies

- Telecommuting Agreement – sample completed
- Leave Time – sample completed
- Travel Policy - sample completed
- Working off site Technology Checklist - Dustin
- Cleaning Checklist for worksites and event sites - Dustin
- Supply Checklist – Dustin
- Sample Notice to Consumers – Cancel event, or modify method of communication, social distancing etc - Angelita
- Sample notice for presenter contracts, regarding illness and expectation of not presenting if they are sick. - Same expectation for outside contractors/presenters for all events, NSPT and other -. Build into their contract and upfront communication before selecting them as contractor. – Angelita/Mary
- Human Resource Employment Law Compliance Guidance - working on this should be done shortly – for Supervisors contributions and feedback

Sample provided by MCADSV.

Sample Procedures for Handling Body Fluids

The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term “body fluids” includes blood, semen, vaginal discharge, drainage from scrapes and cuts, feces, urine, vomit, nasal discharge, and saliva.

SKIN CONTACT WITH BODY FLUIDS

Avoid direct skin contact with body fluids. All body fluids should be treated cautiously.

Rubber gloves are required when direct contact with body fluids is anticipated (i.e. treating nose bleeds, cleaning spills by hand, and handling clothes/linens soiled by incontinence). Hands must be washed after removing gloves.

If skin contact with body fluids occurs, wash affected skin areas with soap and water.

HAND WASHING PROCEDURES

Proper hand washing requires the use of soap and warm water and vigorous washing under a stream of running water for approximately 10 seconds. Use paper towels to thoroughly dry hands.

DISINFECTION OF HARD SURFACES AND CARE OF EQUIPMENT

After removing the body fluid, a household bleach solution (1/2 cup bleach in 1 gallon water, freshly prepared each time it is used) is applied. Mops should be soaked in the disinfectant after use and rinsed thoroughly or washed in a hot water cycle before rinse. Disposable cleaning equipment and water should be placed in toilet or plastic bag as appropriate. Non-disposable cleaning equipment (dustpans, buckets) should be thoroughly rinsed in disinfectant. The disinfectant solution should be promptly disposed down a drainpipe.

HANDLING SOILED ITEMS

Disposable Items:

Dispose of rubber gloves and cleaning rags/paper towels in plastic lined trash can and remove from the house daily.

Non-Disposable Items:

Towels/clothes that are soaked with body fluids should be rinsed (while wearing gloves) and washed separately with soap powder and bleach.

Sample Disaster Plan And Disaster Recovery Plan

This comprehensive disaster plan will be reviewed with regular employees at hire and whenever any changes are made.

Survivors will be informed of the fire procedures at intake and informed of other disaster procedures as necessary.

TORNADO

Tornado Watch

Definition: A tornado watch means tornadoes, severe thunderstorms or both are possible.

Procedures: If a watch is issued, staff will inform survivors, making sure everyone knows what to do in case of a warning, and will monitor local radio and television station broadcasts on storm reports and advisories from local officials and will follow their recommendations. Emergency supplies will be checked.

Tornado Warning

Definition: A tornado warning means that a tornado has been sighted and that people should take shelter immediately.

Procedures: If a warning is issued, all persons in the shelter will go to the first floor interior hallway. All doors leading to the hallway will be closed. Crouch on the floor facing the interior wall, mattresses placed over heads. If there is no time to gather mattresses, staff and survivors will maintain protective postures-face interior hall, crouch on elbows and knees with hands on back of head.

After the tornado has passed, staff will check for injuries and call 911 for medical attention if necessary. If safe to do so, the building will be checked for damages, being cautious and following these guidelines: Beware of broken glass, electrical wires, and debris. Report any electrical, gas, sewer or water problems. Check food for spoilage. Do not use the tap water until official word that it is safe. Do not plug in wet appliances. Local officials will be contacted to determine if the building is safe for operations. Uninhabitable Building Procedures will be followed if necessary.

FIRE

Prevention

All survivors will be informed of fire evacuation routes, fire procedures, and the location of exits, extinguishers, and pull boxes at intake. Staff will receive this information at orientation.

Fire drills should be held once a month. (Your program will have to devise your own fire drill procedures according to the layout and structure of your building and its surrounding areas. They should include a planned route to an exit from every location in the building, along with a designated meeting spot outside the building.)

Small Fires

To put out a small fire, cut off its air or fuel supply, use water, or a fire extinguisher. Never use water on an electrical fire. Use only a fire extinguisher. Oil and grease fires occur primarily in the kitchen. Smother the flames with baking soda or salt, or put a lid over the flame if it is burning in a pan. Do not try to put out a fire that is getting out of control. Yell “fire”, pull the closest red fire alarm box, dial 911 to report the fire, and get everyone out of the house immediately if it is safe to do so.

In Case Of Fire Alarm (Large Fires)

Survivor Procedures: Survivors will evacuate the house immediately, using the closest, safest designated exit. Once outside the building, continue to your designated meeting area to count heads.

Bedroom doors must be closed. Survivors will sleep with their doors closed. If you wake up to the sound of the fire alarm, feel the bottom of your door with the palm of your hand before you open it. If the door is cool, leave immediately. Be prepared to bend low or crawl; smoke and heat rise, and the air is clearer and cooler near the floor. If the door is hot, escape through a window. If you cannot escape, hang a white or light colored sheet or blanket outside the window, alerting fire fighters to your presence.

Staff Procedures: When the alarm sounds, if it is safe to do so, staff will make a sweep of the house to check to see that everyone is responding to the alarm (check cribs for babies and assist persons with disabilities). Windows and doors will be closed along the way.

Designated exits will be used. Staff will continue to the designated meeting area for a head count. Dial 911 from a nearby phone to report the fire.

General Information

If your clothes catch on fire, stop, drop and roll until the fire is extinguished. Running only makes the fire burn faster.

If all exits are blocked by fire, escape through a window. If you cannot escape, hang a white or a light colored sheet or other item outside the window, and yell for help, alerting fire fighters to your presence.

Do not re-enter the building to rescue someone; instead, inform the first fire fighters on the scene that a person remains in the building and their probably location. Everyone will remain outside until an all-clear determination is made by the fire department officials.

If the building is uninhabitable, arrangement will be made to transfer survivors and children to an alternate location until the agency's Board meets and develops an alternate operating/service plan. (See Uninhabitable Building Procedures.)

EVACUATION PROCEDURES

Preparation

Survivors and staff will be informed of the advisories and of the agency's policy regarding closing the shelter if area Emergency Evacuation Sites are established by local officials.

Agency staff will assist the survivors in making plans for potential evacuations to alternate locations (other domestic violence shelters, emergency evacuation sites, or privately arranged locations). It is ultimately the responsibility of the survivor to arrange for their transfer. Transportation will be provided through the survivor's own means or through mass transportation systems. If funds are available, the agency will assist survivors with transportation costs if necessary. Survivors will be instructed to fill their cars' gas tanks, refill prescriptions, and gather important papers.

In all instances of evacuation, if time permits, the staff will provide for the security of the building and contents to prevent plundering.

In evacuation, survivors and staff will be instructed to use designated evacuation routes.

Returning to Shelter

When local officials determine that it is safe to return to the center, staff will follow these guidelines:

If there appears to be any sort of damage to the building, the appropriate inspectors will be contracted to make an assessment of the house before staff re-enters.

If no damage has been reported in the area, and local officials determine that it is safe to return to the shelter, then the staff will enter the building, being cautious and following these guidelines: Beware of broken glass, electrical wires, and debris. Report any electrical, gas, sewer, or water problems. Check food for spoilage. Do not use the tap water until official word that it is safe. Do not plug in wet appliances.

Normal residential operations will resume once the building and utilities are at optimal operation capacities. This will be determined by local officials.

EMERGENCY SUPPLIES

Staff will make sure the following supplies are on hand at all times at the shelter:

1. Weather radio
2. Battery operated radio and batteries (for radio and flashlight)
3. Flashlights
4. Canned goods and non-perishable foods
5. Personal supplies
6. Hand operated can and bottle openers
7. Paper plates, cups and utensils
8. Containers for drinking water
9. Materials for protecting glass openings (plywood, masking tape, nails, hammer)
10. Vinyl drop cloths
11. Rope
12. First Aid Kits (2)
13. Blankets
14. Waterproof containers (for storing important papers)
15. Duct tape

Also to be on hand for emergencies is a list of staff, Board, volunteers and their phone numbers.

A list of people that are contracted to take care of things such as the electrical work, fire extinguishers, glass repair, heating and air, insurance, intercom system, lighting, locks and keys, and medicine and prescriptions should also be on hand for reference.

DISASTER RECOVERY

If the building is uninhabitable, then the Board should convene an immediate meeting to develop an alternate operating/service plan. Plans will be communicated swiftly to appropriate staff to reduce possible down time of organizational services. Temporary measures may be implemented, such as the use of motels or other area shelters or referrals to surrounding domestic violence shelters. Plans will be developed to insure that necessary public announcements are made concerning services, insurance procedures are implemented, and employee scheduling and benefits are administered until the normal situation returns. IDHS and ICADV will be notified of any interruption in services. Specific funds have been set aside by the agency to cover emergency situations.

MEDIA POLICY

All requests for information from the media must be referred to Jane Dow, Executive Director, at 555-1234.

Please remember that nothing is “off the record”. Do not make any statements to the media, even if you feel they are in the best interests of the program. Simply let them know that you or another agency representative will get back to them as soon as possible. This also allows us time to get our information together, instead of making a hasty comment.

Sample Visitor Declaration of Confidentiality

I understand that I must maintain the highest level of professionalism in my capacity of a guest of [agency].

I do hereby declare that I will hold confidential all communications, observations, and information made by and between or about survivors. This information specifically includes survivors' identity information and physical whereabouts information.”

Visitor's Signature _____ Date _____

Shelter Staff _____ Date _____

Sample Policy On Equal Employment Opportunity And Affirmative Action

EQUAL EMPLOYMENT OPPORTUNITY

Policy Statement

It is policy that neither race, color, religion, gender, age, sexual orientation, nor national origin is to be considered in the:

- Recruitment and hiring of new employees
- Promotion, demotion, transfer, layoff, termination or selection of employees for training and development
- Establishment of rates of pay including the awarding of salary adjustments and/or merit salary increments

AFFIRMATIVE ACTION PROGRAM

Policy Statement

It is policy to provide equal employment opportunity to all people without regard to race, color, creed, gender, age, sexual orientation, or national origin and to promote the full realization of that policy through a positive domestic violence program. This program is fully committed to assuring equal opportunity and equal consideration to all applicants and employees in personnel matters including recruitment and hiring, training, promotion, salaries and other compensation, transfer and layoff or termination. In the implementation of this policy, this domestic violence program will seek personnel for all job levels within the organization through upgrading and recruitment for minority groups and women.

DISSEMINATION OF POLICY

This policy will be implemented throughout all components of this domestic violence program and is the responsibility of all personnel, supervisory and non-supervisory. The Executive Director and the Personnel Committee of the Board of Directors have overall responsibility for monitoring compliance with Affirmative Action Program.

1. The policy is specifically included in the Employee Handbook and will be a continuing and essential component of the employee policies and procedures.
2. A copy of this document will be given to each employee and will be issued to all persons engaged in the recruitment, hiring, placement, training, and education of employees.
3. The policy will thoroughly be discussed in employee orientation and in appropriate management and supervisory meetings, so that the organization's policy is made clear.

4. Notices require the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance in the Department of Labor and any state or city human rights agencies will be displayed in working areas and in employment offices.
5. All sources of recruitment for this program will be informed orally and in writing of the equal employment policy stipulating that they actively recruit and refer qualified persons for openings, including women and minority candidates for all positions listed.

RESPONSIBILITY FOR IMPLEMENTATION

The Executive Director and Personnel Committee of the Board of Directors will be responsible for, although not limited to:

1. Developing additional or amended policy statements as needed, additional affirmative action programs and internal and external communication techniques.
2. Assisting in the identification of problems in administering this policy and helping to resolve them.
3. Designing and implementing record keeping and audit systems that will measure the effectiveness of the program, indicate the need for remedial action and determine the degree to which the goals and objectives have been attained, keep the Executive Committee informed of progress in attaining the objectives of the policy and affirmative action programs and the latest developments in the entire equal employment opportunity area.
4. Provide reporting to the liaison with compliance agencies.
5. Periodic evaluation of hiring and promotion patterns to evaluate progress and to remove impediments to attainment of goals.
6. Regular discussions with supervisors and employees to insure that the organization's policies are fully understood and being carried out.
7. Review of the qualifications of employees to insure that minority group employees and women are given equal opportunities for transfers and promotions.
8. See to it that minority group employees and women are afforded full opportunity and encouraged to participate in all organization-sponsored educational, training, recreational and social activities.
9. Evaluation of supervisory staff will include consideration of their equal employment opportunity efforts and results.

PROGRAMS TO ATTAIN GOALS

Recruitment

The recruitment program will be continued in a manner to insure the agency is actively reaching minority group members and women. This means taking direct initiative to make certain that minority women candidates are identified, made familiar with available positions, and encouraged to apply. This will be done by:

1. A review of qualifications for professional and non-professional positions to remove artificial barriers that may restrict the pool of candidates. This will also include a review of the organization's application procedures.
2. A review of present staff who may be qualified for promotion. Consideration will be given to internal promotion first before seeking candidates outside the organization.

Training

Learning opportunities leading to more responsible positions will be available to all staff on a planned basis.

AUDIT, REPORT AND EVALUATION

The following records will be maintained for statistical purposes and will be reviewed when appropriate by the Executive Director and the Personnel Committee to evaluate the status of the Affirmative Action Program.

1. Applicant flow by race and gender
2. New employees, job classification, race and gender
3. Rejections by race and gender and the reasons for those rejections
4. Promotion, job classification, race and gender
5. Turnover, job classification, race, gender and the reason for turnover (e.g. dismissal, resignation, job elimination)
6. Employee participation in organization training programs by program, division, race and gender
7. Employees hired through special programs for the unemployed by component, job classification, race, gender, and their retention rate
8. Changes in composition of the organization work force, type of job and level of management as these relate to the Affirmative Action Program goals.
9. Changes being made to the Affirmative Action Program as a result of the activities during the reporting year.

Sample Employee Handbook Outline

INTRODUCTION

- General Principles
- Agency Philosophy

EMPLOYMENT POLICIES AND PROCEDURES

- Job Descriptions
- Job Openings
- Hiring Practices

***AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

PROBATIONARY PERIOD

EMPLOYEE STATUS

- Exempt/Non-Exempt
- Overtime Compensation

EVALUATIONS

- Responsibility
- Procedures
- Corrective Actions

***GRIEVANCE (TIMEFRAMES)**

SEPARATION FROM EMPLOYMENT

- Resignation
- Termination
- Reduction in Staff
- Exit Interviews

SALARY ADMINISTRATION

- Incremental Raises
- Promotion
- Bonus

PERSONNEL FILES

- Access
- Information Contained

WORKING CONDITIONS

USE OF ELECTRONIC COMMUNICATIONS

- Phones, computer, network, internet, email account, social media, etc

Expectations of understand confidentiality

BENEFITS

- Insurance Package
- Holidays
- Sick leave
- Vacation
- Personal Leave
- Maternity
- Other Leaves
- Bereavement
- Jury Duty
- Military Commitment
- Family Medical Leave

***TRAVEL**

- Mileage
- Per Diem
- Miscellaneous Reimbursements

OTHER

DATE LAST REVISED _____

Employee Handbooks and procedures should be detailed for each classification of employee. Benefits should be specified and the policies should state whether or not the employee is compensated for specific accrual benefits. Grievance procedures should list time frames for each step in the process.

* MAKE SURE THESE ARE INCLUDED IN THE POLICIES.

Sample Personnel Policy Guidelines

Caveat: This is only an example and not meant to stipulate specific policies for programs. This publication was prepared to provide accurate information regarding the topics covered. Legal requirements and non-legal administrative practice standards discussed in this document are capable of change due to new legislation, regulatory and judicial pronouncements, and updated and evolving guidelines. The Minnesota Council of Nonprofits is providing this information for your reference, and this service does not constitute an engagement to provide legal, tax, or other professional services on either the part of the Minnesota Council of Nonprofits or the professionals who authored and/or reviewed it. If you require professional assistance on these or other nonprofit tax or administrative law issues, please contact an attorney, accountant or other professional advisor, or the relevant government agency.

ORGANIZATION NAME
DATE EFFECTIVE

INTRODUCTION

The ORGANIZATION is committed to fair, clearly stated and supportive relationships between the organization and its staff. The Employee Handbooks of the ORGANIZATION have been established in order to provide a guide to the personnel practices of the ORGANIZATION and to ensure consistency of personnel decisions. It is the intention of the ORGANIZATION to administer the personnel programs in a manner that complies with the letter and spirit of all applicable federal, state and local regulations. This document is designed to provide guidance to staff at the ORGANIZATION. It is not a part of any contract between the ORGANIZATION and its employees. It is only a set of informal guidelines for personnel practices. Notwithstanding the provisions of the employee policies, all employees are "at will employees" which means that they may be terminated at any time with or without cause without subjecting the ORGANIZATION to a claim for breach of an employment contract.

Employee Classification

All employees are classified as either regular or temporary. Regular employees are employees hired without a specific termination date. Temporary employees are employees whose position at the time of hire is for a short-term period. Terms of employment will depend on agency needs, and in no case will a temporary position be construed as being a contract for a definite time and terminate for cause.

Employees also are classified as either exempt or non-exempt according to provisions of the Fair Labor Standards Act.

Full-time Salaried Employees are those employees who work 40 hours per week and are eligible for all fringe benefits.

Part-time Salaried Employees are those employees working at least 20 hours but less than 40 hours per week. Part-time salaried employees are eligible for all fringe benefits and earn sick

leave and vacation at a rate proportionate to the hours they work. Regular part-time employees that work less than 20 hours per week are not eligible for fringe benefits.

Special Project Employees are those employees who are paid hourly and work less than 40 hours per week under Letter of Agreement.

AFFIRMATIVE ACTION

The policy and intent of the ORGANIZATION is to provide equal employment opportunity for all persons regardless of race, color, religion, national origin, marital status, political affiliation, sexual orientation or gender identity, status with regard to public assistance, disability, sex, or age.

The ORGANIZATION intends to respond affirmatively in its employment practices. Affirmative action applies to all aspects of employment practices including, but not limited to, recruiting, hiring, placement, promotion, demotion, transfer, training, compensation, benefits, layoff, recall, and termination. The ORGANIZATION seeks to do business with organizations that encourage equal employment opportunity.

RECRUITMENT PROCEDURES

The ORGANIZATION intends to recruit, hire, and place applicants on the basis of the applicant's relative knowledge, skills, and abilities. The decision to employ an applicant will be based solely on the individual's qualification for the particular position along with other requisite job skills. Minimum qualifications shall be specified in the job description.

When a new position is established, the Executive Director will prepare a job announcement identifying the position's responsibilities and overall relationship to the ORGANIZATION for posting or circulation within the ORGANIZATION and for public notification. Posted positions will be open for a minimum application period of 15 days.

COMPENSATION

Persons employed by the ORGANIZATION in a part-time or full-time capacity except those persons in non-exempt positions will receive a salary negotiated at the time of recruitment that will not be based upon an hourly wage. At the time of hire, new employees will receive a letter of hire, a job description, salary and benefits detail and a copy of the Employee Handbooks. The magnitude of the work assignments and the full scope of responsibility for the position will be fully discussed at time of hire. In setting compensation, the ORGANIZATION may consider, among other things, external labor market rates, equitable relationship with other jobs within the organization and the organization's ability to pay. Each employee may be eligible for a salary review at the beginning of each fiscal year. Recommendations by the Executive Director for pay adjustments are reviewed by the Personnel Committee, which makes the recommendation to the Finance Committee. The Finance Committee has the authority to approve or disapprove

increases based on the budget's ability to sustain such raises. The Board of Directors will determine the Executive Director's salary annually.

WORK SCHEDULE

The ORGANIZATION will establish a 40-hour weekly work schedule that is cognizant of each individual's personal commitments and the needs of the organization.

HOLIDAY SCHEDULE

Official holidays are as follows:

New Year's Day - January 1
Martin Luther King Holiday - January
Memorial Day - May
Independence Day - July 4
Labor Day - First Monday in September
Thanksgiving Day - Fourth Thursday in November
Day after Thanksgiving Day - Fourth Friday in November
Christmas Day - December 25

When New Year's Day, Independence Day, or Christmas Day falls on a Sunday, the following day shall be considered the official holiday. When these holidays fall on a Saturday, the preceding Friday shall be considered the official holiday.

If Christmas Day falls outside of an employee's religion, a substitute holiday may be taken, e.g. Yom Kippur, Rosh Hashanah, etc.

If the paid holiday occurs during vacation, an extra day off will be granted in its place.

Floating Holiday

Each employee of the ORGANIZATION also shall have two floating holidays to be used in each calendar year.

Part-time Staff

For staff who are employed at least 20 hours a week but less than 40 hours a week, holiday time will be compensated in proportion to the usual hours worked. Interns and consultants are not compensated for holidays.

PARENTING LEAVE

The ORGANIZATION desires to assist new parents in balancing the demands of working and caring for children. The ORGANIZATION will provide up to 8 weeks of unpaid family leave to any employee for the birth or adoption of a child. Leave must be initiated within six weeks of the birth or adoption of the child, unless otherwise approved by the Executive Director. The use of the 8 weeks shall be at the discretion of the employee and shall be discussed with the Executive Director as to its impact on ongoing work responsibilities and other employees. Although a maximum of 8 weeks is available, an employee may utilize accumulated sick leave as well as annual leave to enable either partial payment for or extension of the basic 8-week period. Special circumstances shall be reviewed by the Executive Director. Insurance benefits will continue to be in force during this leave period but all premiums and expenses for benefits will be paid by the employee. Accrual of leave benefits and seniority cease during an approved leave. Upon completion of leave, the employee will be allowed to return to the same or a substantially similar position at the same salary as the employee earned prior to the leave.

ANNUAL LEAVE (Vacation Time)

The ORGANIZATION will provide to each full-time staff employee x hours or x working days paid annual leave based upon one year's full time employment with the ORGANIZATION. Accrual of annual leave will commence upon the date of employment for each employee and will be based, on an annual basis, upon each individual's anniversary date with the ORGANIZATION. Annual leave will increase with the number of years employed by the ORGANIZATION as follows:

0-3 years = x days
4 years = x days
5 years = x days
6 years = x days
7 years = x days
8 or more years = x days

Employees may use their annual leave as earned if absence from assignment does not unduly provide an impediment for completion of an assigned task or prevent other staff from completion of their work assignments. The Executive Director must approve scheduled absences and the employee should request such leave as soon as possible, with a minimum of two weeks in advance.

It is the policy of the ORGANIZATION to encourage each employee to utilize allotted annual leave during each individual's employment year. A maximum of five days, or 40 hours, will be allowed to be carried over from one year to the next. All other accrued annual leave will be forfeited on the employee's anniversary date. The interchange or exchange of annual leave and sick leave is not allowed.

Part-time Employees

For staff who are employed at least 20 hours per week but less than 40 hours per week, the policy will be identical to that of full-time employees. One additional pro-rated day per year for years 4 through 8 will be added to the total annual leave earned.

Interns and consultants are not eligible for annual leave.

Special Leave

Special leaves of absence without pay may be granted an employee at the discretion of the Executive Director or in the case of the Executive Director, the Board of Directors.

School Conference and Activities Leave

An employee is entitled up to sixteen hours non-paid leave during the school year to attend a child's school conferences or classroom activities, if these activities cannot be scheduled during non-working hours. This time should be scheduled in advance with the employee's supervisor. The employee must provide "reasonable" notice when possible to the supervisor to minimize any disruption resulting from the employee's absence. Vacation or floating holidays may be used for this absence.

Bone Marrow Donor Leave

An employee will be granted paid leave of up to 40 hours per year to undergo a medical procedure to donate bone marrow. All sick leave must be used first. This time will be charged to accrued sick leave except in cases where the employee has no accrued sick leave, in that case, it would simply be paid time off.

SICK LEAVE

The ORGANIZATION will provide up to ten working days each employment year to each staff person to be utilized for purposes of addressing health needs. Compensation will be based upon the employee's salary rate at the time sick leave is taken. Sick leave may be utilized at the discretion of the employee and is granted for sickness of the individual employee, his or her spouse/partner, children, or other immediate family members. Sick leave can also be used for health needs, e.g. dental or medical appointments.

Each staff person of the ORGANIZATION should notify the office each day they will be absent from work due to illness, if at all possible.

Sick leave may be accumulated up to a maximum of x days and may be carried over from one employment year to the next. At no time will compensation for any unused sick leave be made to an employee who is leaving employment.

Sick leave will be pro-rated for persons employed by the ORGANIZATION at least 20 hours per week but less than 40 hours per week.

If requested by the Executive Director, the employee will provide documentation from their treating physician explaining their absence.

COMPASSIONATE LEAVE

Employees of the ORGANIZATION shall be granted up to three working days with pay due to a death in their immediate family (mother, father, sister, brother, spouse/partner, children, in-laws, grandparent, and grandchildren). The Executive Director will consider special cases on an individual basis.

JURY DUTY

The ORGANIZATION will pay an employee his or her normal pay for up to two weeks of jury duty.

VOTING LEAVE

The ORGANIZATION will grant to all employees one-hour during the working day to vote in governmental elections when it is not possible to vote outside the regularly scheduled work time.

MILITARY LEAVE

Employees absent on their annual two-week reserve or National Guard duty shall be considered on an excused leave of absence and may elect one of the following options related to their pay:

- The employee may take their vacation and retain their military pay.
- The employee may surrender their military pay to the ORGANIZATION, receive their regular salary and take their vacation at a later date.
- The employee may take unpaid leave and retain their military pay.

An employee called up to active duty is allowed an unpaid leave of absence to meet her/his military responsibilities.

Upon honorable discharge from active duty, the employee will be allowed ninety days to apply for reinstatement to her/his former job. The employee will be reinstated to the same job formerly held, with the same duties, same level of pay, benefits and seniority had s/he not been on active military duty. Employee benefits will not accumulate during the leave. The employee will be given a Consolidated Omnibus Budget Reconciliation Act notice for election to continue insurances during the leave.

SEXUAL HARASSMENT POLICY

It is the ORGANIZATION's belief that the employees of the ORGANIZATION are the primary means by which the goals and objectives of the ORGANIZATION will be met. To that end, the rights of all employees must be respected. All employees of the ORGANIZATION must understand its position on harassment. By definition, sexual harassment is any unwanted attention or action of a sexual nature by someone in the workplace that creates an intimidating, hostile, or offensive work environment. It will also be considered sexual harassment to harass an employee because of that employee's gender, even if the harassment is nonsexual. The procedure for reporting and dealing with this very sensitive issue is as follows:

- If a person's behavior makes an employee uncomfortable, the employee should feel free to immediately advise the person that, in the employee's opinion, the behavior is inappropriate and that the employee would like it stopped.
- If the employee is not comfortable discussing the issue with the person, or if the person fails to respect an employee's request, the employee should report the incident to his or her supervisor. If, for whatever reason, the employee does not feel that the supervisor is a suitable person to whom to report the incident, the employee should contact the Executive Director or, if appropriate, a member of the Personnel Committee.

In all instances, a prompt, thorough and, fair investigation will take place, giving careful consideration to protect the rights and dignity of all people involved. The ORGANIZATION will take those steps it feels necessary to resolve the problem, which may include verbal or written reprimand, suspension or termination.

No retaliation or any kind will occur because an employee has in good faith reported an incident of suspected harassment. The supervisor, or other person to whom the complaint was made, will work to establish mutually agreed upon safeguards against retaliation while attempting to mediate any sexual harassment complaint.

SUBSTANCE ABUSE

Employees needing help with a substance abuse problem are encouraged to contact their supervisor or a treatment facility.

Early recognition and treatment are critical to any program to curb abuse and to enhance the employee's ability to perform satisfactorily. The ORGANIZATION finds that both the employee and the ORGANIZATION will benefit greatly from early substance abuse recognition and treatment.

No person will be penalized for seeking or accepting counseling or treatment for a substance abuse problem. If, however, the employee is unable to perform the requirements of his or her job assignment, appropriate steps, which may include the ORGANIZATION requiring that treatment be sought, will be taken to address performance issues.

STAFF TRAINING

The ORGANIZATION recognized that the effectiveness of its professional staff is largely dependent upon sound staff training. As part of this staff training, the ORGANIZATION encourages staff to participate in classes, seminars, and trainings that will enhance the knowledge and performance of its staff. Staff will be reimbursed for such training when funds are available with prior approval by the Executive Director and in conjunction with an individual's work plan. Trainings that are required by the ORGANIZATION will be paid by ORGANIZATION. Paid time off for training purposes must have prior approval by the employee's supervisor.

BENEFITS

The ORGANIZATION is committed to providing a flexible and cost-effective medical care, disability income, life insurance and retirement program for all its employees. The Personnel Committee of the ORGANIZATION will review the overall percentage allowed for benefits annually.

Medical Care

The ORGANIZATION will provide a group health insurance plan for all its full-time and part-time employees on a pro-rated basis on the number of hours worked. Interns and consultants are not eligible for health insurance coverage. In addition, the ORGANIZATION will cover x% of individual coverage and x% of family coverage for its employees.

Long Term Disability

The ORGANIZATION will provide its employees a long-term disability insurance package, which will provide for x% of one's salary after the qualifying period if the employee becomes disabled.

Life Insurance

Salaried employees of the ORGANIZATION will have a life insurance policy with a face value equal to one times their annual salary.

Retirement

The ORGANIZATION will contribute 4% of each employee's annual salary to his or her retirement fund. Individuals may also contribute to the fund at their discretion according to the rules of the plan.

Worker's Compensation

Worker's compensation insurance premiums will be paid for each employee as required by law.

Unemployment Compensation

Unemployment compensation insurance premiums will be paid for each employee as required by law.

Travel and Employee Expenses

Travel and related expenses: the cost for transportation, lodging, meals, conference registration fees, and other reasonable expenses will be covered by the ORGANIZATION for its employees when traveling in the course of ORGANIZATION related business. The ORGANIZATION may be billed directly for certain items or the staff person incurring the expense may be reimbursed. Wherever possible, the request for reimbursement will be accompanied by an appropriate receipt indicating payment against which reimbursement is being requested.

All expenses incurred by staff in the course of doing business on behalf of the ORGANIZATION will be submitted to the bookkeeper each month. When preparing the monthly submittal for expense reimbursement, staff is requested to prepare an employee expense report listing the expense and the relationship to the project for which it was incurred.

Means of Travel: When using their own automobile for business activities related to the ORGANIZATION, staff will be paid a mileage allowance as set annually by the Board of Directors.

It is assumed that employees will exercise discretion when traveling and use accommodations that are economical.

PERFORMANCE REVIEWS

Each performance review should be a positive and interactive process whereby both the ORGANIZATION and the individual being reviewed receive information about his or her success in meeting the responsibilities of the job, and the ORGANIZATION can learn about its strengths and weaknesses as an employer of that employee. In general, the goal of the ORGANIZATION is to conduct a performance review of each new employee during the sixth month of employment, after the first year of service and annually thereafter.

TERMINATION

Resignation

Any employee of the ORGANIZATION may resign by submitting a letter of resignation to the Executive Director or in the case of the Executive Director, the Board of Directors at least ten working days prior to the effective date of the resignation.

At the time of the effective date of the resignation, the employee shall be able to use any accrued annual leave or the employee shall be paid for all unused accrued annual leave. If the employee has used all annual leave due prior to resignation, all hours used in excess of those earned shall be deducted from the employee's final paycheck at the rate of salary paid at the time of resignation. No employee shall be compensated for any unused sick leave at the time of resignation.

Other Discharges

Discipline and/or discharge may result for many reasons including, but not limited to, inappropriate behavior and/or unsatisfactory performance.

Inappropriate behavior is defined as including, but not limited to, misbehavior on the job, refusal to do work reasonably expected, wrongful use of or taking of agency property, conviction of a felony, or violation of any policies or practices of the ORGANIZATION.

Unsatisfactory performance means failure of an employee to meet performance standards, to complete tasks in a timely, competent way, or to maintain an adequate attendance record. Uncooperative behavior or negative attitudes that affect the work or morale of others may result in termination. At the discretion of the Executive Director, any staff member facing termination for unsatisfactory performance may be given the option to resign as described in the above section under "Resignation."

Layoffs

The ORGANIZATION attempts to hire highly qualified staff with broad capabilities. There may be occasions, however (due to program changes, loss of contract support, etc), when it may be necessary to initiate lay-offs. In such cases, it is the intent of the ORGANIZATION to attempt to avoid abrupt, arbitrary, and unfair actions whenever possible.

EMPLOYEE APPEALS (Grievance Procedures)

The purpose of the employee appeal procedure is to provide a means for employees to resolve their work place concerns with management. All regular and temporary employees of the ORGANIZATION may file a grievance under this section.

Definition of an Appeal

A grievance shall be determined as an alleged misapplication of ORGANIZATION employee policies. This procedure represents an intent to offer a dispute resolution mechanism to the employees of the ORGANIZATION. Failure by the ORGANIZATION to exactly follow this procedure shall not subject the ORGANIZATION to a breach of contract claim.

Timing for Appeals

In order to qualify for processing under this section, an appeal must be filed no later than thirty (30) calendar days after the date on which the aggrieved condition commenced.

Step One:

Any employee who is eligible may present an appeal to his/her immediate supervisor for discussion. The supervisor shall have five (5) regular working days in which to respond to the relief requested. Should the supervisor fail to respond within this time limit or if the employee finds the response unsatisfactory, the appeal may be reduced to writing, clearly specifying the policy allegedly misapplied, and the relief requested. The appeal should be submitted to the Executive Director within five (5) regular working days from the time the first step answer was due or was given. The Executive Director should respond in writing within five (5) days of receipt and if the Executive Director fails to respond within this time, or if the employee finds the response unsatisfactory, or in cases where the Executive Director is the immediate supervisor, the employee may proceed to Step Two.

Step Two:

The employee may submit an appeal to the Personnel Committee if Step One has not resolved the issue. Upon receipt of a written appeal, the Personnel Committee will inform the Executive Committee and the Board Chair of the appeal. The Personnel Committee shall also convene a meeting wherein statements shall be taken from the appealing employee and the employee's immediate supervisor, as applicable, either separately or jointly at the discretion of the Personnel Committee Chair. The Personnel Committee may also request statements from other employees. The Committee may refuse to grant the employee's request for appeal when the issues involved are minor in nature, or involve evaluations or judgments by management unless they appear to be contrary to policy, malicious or vindictive. The Personnel Committee shall have twenty (20) regular working days in which to respond to the employee in writing concerning the relief requested. If the Personnel Committee fails to respond within this time limit, the employee may petition the Chair of the Board of Directors. Failure on the part of the employee to petition the Chair of the Board of Directors within thirty (30) days of the result of Step Two shall result in the appeal being waived.

Step Three:

The Chair of the Board shall convene a meeting with the aggrieved employee, the Personnel Committee Chair, the Executive Director and the Immediate Supervisor, as applicable, either separately or jointly at the discretion of the Chair. The Chair may convene an executive committee meeting and within ten (10) working days shall respond to the grievant in writing with the final decision. In all instances, a thorough and fair investigation will take place, giving careful consideration to the rights and dignity of the people involved. The Chair will report the grievance and the result at the next regularly scheduled Board meeting.

WORK PRODUCTS AND FILES

All supplies, materials, and work products of an employee if purchased by ORGANIZATION shall remain the property of the ORGANIZATION after resignation, discharge, or layoff of that employee. The employee may retain any personal files, but work files and other papers shall remain with the ORGANIZATION.

CONSULTANT FEES, HONORARIA, GIFTS

All employees are encouraged to participate in a variety of community and professional activities. In those instances where an employee's activities are part of their regular duties and responsibilities, any payment will be turned over to the ORGANIZATION. All fees derived from ORGANIZATION reports, activities, events, or speaking engagements while employed by the ORGANIZATION shall also be turned over to the ORGANIZATION.

In some instances, an individual may do work that is based on activities or experiences prior to or separate from their regular duties and responsibilities at the ORGANIZATION. To avoid actual or appearance of conflict of interest, any employee who engages in any remuneration activity in any field directly related to ORGANIZATION programs must have prior approval by the Executive Director. The Board of Directors will review these issues for the Executive Director. No employee may formally represent himself/herself as a spokesperson for ORGANIZATION without prior approval of his/her supervisor.

For more information contact:

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St. Paul, MN 55114
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Sample Policy for Employee Use of Agency Electronic Communications

General Statement

The internal network is connected to the Internet. Everyone with computer access to the internal network has the ability to access the Internet, including use of electronic mail and the World Wide Web. While the Internet is a great resource, it is the responsibility of each employee to use this resource responsibly and respectfully. It is assumed that the predominant use of these resources will be for work use, and that any personal use of electronic mail or the World Wide Web will be very limited; never a priority over work matters. If an employee is found spending excessive time on personal use of these resources, this privilege may be revoked for that employee.

If documents viewed on the Internet are of questionable nature (e.g. obscene, harassing, threatening) the employee should check with her/his supervisor to receive approval for viewing such documents on agency computers and time.

Electronic Mail and Other Online Communication Tools

Electronic mail sent from agency accounts should be treated the same as any other communication that is sent. All communications represent the agency as a whole, and as such, should be written in a professional and appropriate manner. This also applies to any material that is published on the agency website.

Other agency staff may access e-mail that is normally under an employee's control without the consent of the individual employee when necessary to carry out normal business functions, or if suspicious of possible misuse of any of the items. Employees will not delete or modify data files belonging to other employees without prior consent.

Whenever an employee sends an e-mail, her/his user name is attached to that e-mail. Each employee is responsible for all electronic mail originating from her/his user name. Attempts to delete or modify the email of other users is prohibited. Attempts at sending harassing, obscene, and/or other threatening e-mail to another user inside the agency or outside of the agency is prohibited.

Confidential conversations (e.g., personnel issues, messages regarding corrective/disciplinary actions) should not be sent over e-mail. Employees should be aware that messages may be forwarded to others by the recipient, printed in a location where individuals other than the intended recipient may view the message, or directed to the wrong recipient.

Employees shall not use agency provided e-mail media in a fashion that promotes discrimination on the basis of race, color, gender, religion, sexual preference or ability; sexual harassment; personal political beliefs; or any unlawful activity.

These requirements apply to all other electronic communication used for agency business such as social media websites, instant messaging and text messaging communications.

Local Area Network and Electronic Files

Ownership -- All software, programs, applications, templates, data, and data files residing on the agency computers or storage media or developed on the agency computer system are the property of the agency. The agency retains the right to access, copy, change, alter, modify, destroy, delete, or erase this property without the consent of the individual employee should it be deemed necessary to carry out normal business.

Confidentiality – All electronic files should be considered as information appropriate for public domain.

Back Up of Data Files—Employees are expected to store all files on the network which are backed up on tape to avoid irretrievable loss through hardware failure. Files stored on employee workstations are not backed up and therefore agency is not responsible for the loss of those documents.

Phone Usage

Agency provides employees with phone accessibility. A portion of agency business is carried out over the telephone. However, it is the responsibility of each employee to use this resource responsibly and respectfully. It is assumed that the predominant use of these resources will be for work use, and that any personal use of telephones will be very limited; never a priority over work matters. If an employee is found spending excessive time on personal use of these resources, this privilege may be revoked for that employee

Failure to Abide by Policies

Any employee attempting to damage, fabricate, or misrepresent the Local Area Network or Electronic Files will be denied privileges and may be subject to disciplinary action including termination.

Sample Employee Grievance Procedure

A grievance is a written complaint by an individual employee expressing dissatisfaction in the administration of a policy or rule or dissatisfaction with a condition of employment. For instance, a grievance may involve discipline taken with regard to the employee or may involve a claim of discrimination or harassment. Employees may raise concerns, file grievances, and make reports in good faith without fear of reprisal.

If an employee has a grievance, the following procedure should be followed:

- A. An employee who has a complaint should submit the complaint to the Executive Director within ten (10) working days of the event or within a reasonable time. The Executive Director will make every attempt to resolve the grievance within ten (10) working days thereafter. In the event the grievance is not resolved, the employee shall proceed immediately to the procedures set forth in B, hereafter.
- B. If the employee is not satisfied with the Executive Director's handling of the grievance, the employee may submit a grievance to the Personnel Committee Chair of the Board of Directors promptly after receiving the Director's decision. Upon the receipt of such grievance, the Chair will call a meeting of the Personnel Committee. This committee will hear the grievance within ten (10) working days of receiving the notice, if possible, and will promptly render a decision and recommendation to the employee thereafter. This decision shall be rendered in writing and shall be considered final.
- C. Grievances against the Executive Director may be submitted directly to the President of the Board of Directors of the Center. The President will call a meeting of the Executive Committee. The Executive Committee will hear the grievance promptly and, thereafter, promptly render a written decision. The decision of the Executive Committee shall be considered final.

Since all grievances and decisions are to be made in writing, it is important that the grievance contain sufficient information to render a decision and sufficient information to communicate a decision. The written grievance should:

- A. Give a clear, detailed statement of the grievance, the full name and title (if applicable) of the person(s) involved, documents in support of the grievance (if any), and the date(s) pertinent to the grievance.
- B. A clear description of the specific action desired by the employee(s) regarding the grievance.
- C. State reasons why the specific action should be taken.
- D. State in a brief summary the results of previous discussions on the issues involved (if applicable).
- E. The grievance should be signed by the employee(s).

Provided by Crisis Center Foundation

Sample Problem Solving Procedure

Occasionally, you may have a problem or grievance, which is not resolved through the informal open door policy. If that occurs, you may use the following problem solving procedure to assure that your problem or grievance receives prompt and fair handling by the Program.

The problem solving procedure is designed to be fair and fast and to be available at no cost to the employee. You may follow this procedure during your working time with no loss of pay. For the purpose of this procedure, a “problem” or “grievance” is defined as a dispute or question concerning the meaning, interpretation, or application of the provisions of this Employee Handbook. Only present employees may open themselves up for the problem solving procedure.

STEP ONE:

An employee having a problem/grievance shall first present it orally to the Executive Director within five working days of its occurrence or within five working days of when the employee first learned of the problem. The Executive Director will meet with the employee and attempt to solve, resolve, or adjust the problem.

STEP TWO:

If the employee is not satisfied with the answer received in step one, the employee may, in writing, request a review by the Executive Director. The Executive Director or his/her designee shall meet with the employee within five working days and discuss the problem. The Executive Director or his/her designee shall provide a written answer to the employee within five working days of the meeting.

STEP THREE:

If the employee is not satisfied with the response from the Executive Director, the employee may, within 7 calendar days of receiving the Director’s answer, request in writing an appeal to the Program Board of Directors or designated Operations and Administration Committee. The Board or Committee shall within Five working days, review the written material pertaining to the grievance and may, if it deems necessary, meet with the employee to solicit additional input from the employee. The Board or Committee shall render a written decision as soon as practicable. The decision of the Board or Committee shall be final.

Provided by Choices

Sample Employee Grievance Policy

1.0 PURPOSE

The Center has a responsibility to address employee complaints and dissatisfaction through an expeditious and fair grievance process.

2.0 SCOPE:

This policy applies to all Center employees.

3.0 RESPONSIBILITY:

All employees have a responsibility to appropriately address complaints or grievances with their immediate supervisor, and all supervisory employees have a responsibility to consistently follow the grievance procedure. In certain cases, the Board of Directors has the responsibility to consider reviewing grievances.

4.0 PROCEDURES:

The following grievance procedure should be used in order of presentation to assure that the employee's grievance is resolved fairly, equitably, and expeditiously.

1. The employee must state his or her grievance in writing using the Employee Grievance Form. The grievance will be referred to the supervisor who shall take appropriate steps to resolve the grievance unless the grievance is concerning the Executive Director. In that case, the grievance is referred directly to the Executive Director as outlined in step 2.

Appropriate steps by the supervisor for all other grievances may include discussing the concern and possible resolutions with the employee, gathering additional information, and reviewing the concern with the Executive Director for guidance.

- A. If a resolution is reached between the supervisor and the employee, the supervisor shall prepare a written statement documenting case particulars and resolution within ten (10) business days of the date the grievance was received from the employee. The employee will receive a copy of the resolution and all documentation shall be maintained in the grievance file as described below under Records.
- B. A grievance not resolved at step 1 shall be referred by the supervisor to the Executive Director.

2. The Executive Director, employee, and supervisor if needed, shall meet in an attempt to resolve the grievance. Once a resolution is determined, the Executive Director shall prepare a written statement documenting case particulars and resolution within ten (10) business days of the date the grievance was received from the supervisor. The employee will receive a copy of the resolution and all documentation shall be maintained in the grievance file as described below under Records. The decision of the Executive Director shall be final and binding on all parties involved.
3. If the Executive Director is the subject of the grievance AND the employee is not satisfied with the resolution reached in step 2, the employee may request, in writing, that the grievance be presented to the President of the Board of Directors for potential review. In that case, the Executive Director is responsible for and required to deliver the written grievance to the President. It is within the discretion of the Executive Committee of the Board of Directors to determine whether the grievance will be reviewed or not. The Executive Committee must state such decision in writing within five (5) business days from the receipt of the request for review.
 - A. If review is granted, the Executive Committee will set a hearing date and time within ten (10) business days at which the involved parties may appear and assert or defend their positions. At least three (3) members of the Executive Committee must be present for the hearing. If the employee who filed the grievance fails to appear at the hearing, the Executive Committee will render its decision based upon all written documentation previously submitted. A final decision shall be rendered by the Executive Committee in writing within five (5) business days of the hearing. The Executive Committee may confer with the full Board at its discretion. The decision of the Executive Committee shall be final and binding on all parties involved.
 - B. If the review is denied, the grievance is considered settled with no further action required.

All original written responses and decisions by the Board of Directors shall be maintained in the grievance file. Copies shall be provided to the employee and the Executive Director.

Employees do not jeopardize their position by appropriately using the grievance procedure.

Normal job performance and professional conduct is expected by all employees during the grievance process.

5.0 RECORDS:

The grievance file shall be maintained and completed as follows:

- A. The Executive Director shall initiate and maintain the grievance file until satisfactory adjustment has been made;

- B. The file shall be considered confidential and shall be stored and handled as such according to the agency's Information Management Plan Policy;
- C. The grievance file shall be independent, separate, and distinct from the employee's personnel file. This file shall contain the employee's original actions and all correspondence or information related to the grievance and to related decisions;
- D. This file shall be the official mechanism through all steps in the grievance and appeal procedure.

6.0 REVISION HISTORY:

Initial Issue

Committee Approved: _____ Date: _____

Board Approved: _____ Date: _____

Implementer: _____ Date: _____

Reviewed by: _____ Date: _____

Revised by: _____ Date: _____

Provided by Phoenix Crisis Center

Sample Employee Grievance Form

Name: _____ Position: _____

Supervisor: _____ Date: _____

In this box, describe your grievance or concern. Please be specific.

Have you taken any steps so far to address this grievance or concern? Yes No
If so, please explain in detail the steps you have taken:

Please turn in this form to your immediate supervisor unless your grievance directly concerns the Executive Director. In that case, please turn in this form to the Executive Director for presentation to and potential review by the Board of Directors.

Your grievance will be addressed according to the procedures outlined in the Employee Grievance policy.

Date

Employee Signature

Provided by Phoenix Crisis Center

Principles Of Ethical Communication Within An Ongoing Group Of Women With Decision-Making Responsibility

- 1. UNDERMINING ANOTHER PERSON IS AN UNETHICAL MEANS OF ADVOCATING A POINT OF VIEW. – EVERY WOMAN HAS EXPERIENCED HER BELIEFS BEING DISCOUNTED. PEOPLE KNOW WHEN THEY OR OTHERS ARE BEING DISCOUNTED.**
- 2. PERSONS HAVE A RIGHT TO INFORMATION THAT AFFECTS THEM.**
 - a. The obvious meaning deals with facts – “we are considering taking X action,” or “we are going to change our program in X way.”
 - b. The more complex meaning is in terms of feelings we have about an individual or action. If we seek perspective on our feelings that is one thing, and quite another if we seek another to criticize and join us in our “judgment”. It is a gift to help a person confront a problem, and is a disservice to each to encourage avoiding confrontation.
 - c. We cannot continue to deny each other honest feedback, or the right to make decisions based upon real interpersonal information; nor can we avoid feedback on our judgments and feelings. Neither can we create through secret discussions allegiances against each other, which weaken us as a group, dissolve our programs, degrade our work and the lessons we would teach others about constructive ways to use power.
- 3. EACH PERSON HAS AN OBLIGATION TO BE HONEST WITH EACH OTHER PERSON, TO BE STRAIGHTFORWARD AND TALK WITH THAT PERSON DIRECTLY, RATHER THAN TO ‘TALK IT OUT’ WITH OTHERS.**
 - a. In tribal societies, this process has a long history:
 - i. If you have twice been moved to talk about your problems with another in private with someone else, then it is time to act.
 - ii. Ask the person for an appointment with uninterrupted time.
 - iii. Know that she/he may resist: she may be afraid of what you will say; she may not think having time with you is important to her.
 - iv. Insist: it is your integrity you are maintaining.
 - b. Confrontations: maintaining integrity – not a one-shot act or hit-and-run –not dumping or getting it off your chest – done with respect and honesty.
 - c. It is foolish to believe that any conflict of personality or ideology is private business. If any persons are in serious and on-going discord, then the group will be affected.
 - d. If we agree not to listen to one person about another except to help them to confront their feelings, then we must also agree to a process that will support, give safety and strength to those who have that courage.

4. FOR THE GROUP TO DISCUSS ANOTHER PERSON OUTSIDE HER/HIS PRESENCE IS UNETHICAL COMMUNICATION IN THE EXTREME.

- a. Most of us do not speak fully on painful or angry subjects, waiting until later to be with those who think or feel as we do. This blocks communication from members who would speak but know that what they say will be dissected out of their presence, rather than confronted within the support and respect of all the members of the group.
- b. If supportive and respectful confrontation is to occur, then the group must also build in safeguards for the sharing of feelings and for resolving conflicts.

5. IT IS THE GROUP'S RESPONSIBILITY TO AFFIRM EACH PERSON AS A VALUABLE MEMBER OF THE GROUP.

- a. When a person speaks her/his view, it is critical to remember that she/he is one of us.
- b. She/he alone may hold a view, and more important than the content of her view or ours, is the content of our behavior.
- c. Each of us has a responsibility to reach out and acknowledge the person who has the courage to be in a difficult stance with the rest of the group.

6. NO TRUE GROUP DECISION CAN BE REACHED IF ONE PORTION OF MEMBERS MANIPULATES, MISINFORMS, OR UNDERINFORMS ANOTHER. DECISIONS MADE UNDER THOSE CIRCUMSTANCES WILL NEVER HOLD.

- a. Everyone knows when a secret agenda is being played out. Dishonest communication is an effort to gain power over others. To lobby, deal, align is an inappropriate strategy for us and only means we remain dominated by the process. Decisions made when one group of members have been manipulated will be sabotaged, overturned, blocked; and will create hostility so great that old and new members alike leave in turmoil and disgust, not because they cannot support a decision, but because they cannot support a dishonest process.

7. SEEKING POWER OVER GROUP DIRECTION BY BLOCKING THE VOICES OF OTHERS IS NOT EFFECTIVE IN ACHIEVING AND MAINTAINING THE DESIRED OUTCOME.

- a. This can be done by seizing on a fragment of an issue and making it the central discussion, inciting feelings through rhetoric, or invalidating the speaker; this creates the lack of long-term support for a decision because persons who feel they were not allowed input will have no investment in upholding the decision and may, in fact, feel they have the right to undermine the group or the individual they see as having blocked/harassed them; when one of us blocks or harasses another into silence, the group operates without full information.

8. IT IS THE RESPONSIBILITY OF EACH GROUP MEMBER TO ENSURE THAT EACH OTHER MEMBER HAS ADEQUATE OPPORTUNITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS.

- a. Each person is responsible for noticing the group process: who is speaking, who is not speaking, who has made several attempts and has not been heard, and who has been cut off.
- b. It is common in groups of persons to be too absorbed in formulating their own thoughts and getting a chance to express themselves, and put no attention into easing the way for someone else.
- c. Concentration by every person on the importance of the other's view begins to create a sense of trust and safety that mitigates disagreement within the group.
- d. No one leader can monitor participation completely: it must be a group and individual commitment.

9. THE PURPOSE OF EACH INDIVIDUAL'S COMMUNICATION WITHIN A GROUP NEEDS TO BE TO WORK TOWARD AGREEMENT, NOT TO SHAPE DECISIONS TO THEIR OWN IMAGE.

10. ACKNOWLEDGING FEELINGS IS NOT INCONSISTENT WITH CONDUCTING BUSINESS, AND TO IGNORE OR FAIL TO RESPOND TO CONFLICT, PAIN OR MISTRUST BETWEEN MEMBERS IS UNETHICAL COMMUNICATION.

- a. Own up; we all know when there is conflict, pain, mistrust, alliances, and a sense of alienation or pre-planned decisions.
- b. By not acknowledging this situation to each other, we maintain complicity in allowing each other to be hurting, angry, isolated and invalidated.
- c. We each bear responsibility for speaking out; although the feelings do not have to be dealt with right at the moment, if they go unnoticed or ignored, we are all guilty of pretending that people's needs, feelings, responses do not exist or are not important.
- d. If our feelings are ignored, our anger will overturn us and overthrow our work.

11. EVERY PERSONAL RELATIONSHIP BETWEEN MEMBERS OF A GROUP AFFECTS THE GROUP AND THEREFORE MAY BE PERSONAL, BUT NOT ALWAYS PRIVATE.

- a. Personal relationships often provide affiliations of thought and influence. To bond is legitimate, but the group has the right to monitor that power and to call individuals on it if they feel the power is being wielded in unethical ways.
- b. We have all experienced the predictable and continual disagreement between members – a relationship based on sniping and depreciation regardless of subject. If there are such conflicts, then the group has to deal with it or the group may be asked to help resolve conflicts/interpersonal issues when those persons involved cannot.

12. THE MEANS IS THE END.

- a. How we do our work will determine the product. How it will model for others.
How long it will last. What, if any, value it will have to those who come after us.

Synopsis of paper presented to NCADV by Kit Evans, 1981.
In revision by TCFV Staff, 1987; this is a working draft.

Illinois Certified Domestic Violence Professionals Board, Inc. Code Of Ethics

Certified Domestic Violence Professionals:

1. Have a primary commitment to provide the highest quality professional support for those who seek services.
2. Protect the safety of the domestic violence victim at all times.
3. Dedicate themselves to the best interest of clients and empower clients to help themselves.
4. Maintain confidentiality of the working relationship and information resulting from it, consistent with all legal obligations.
5. Do not exploit relationships with clients for personal advantage.
6. Do not solicit the clients of one's agency for private practice.
7. Do not have sexual or romantic relationships with clients.
8. Avoid any action that will violate or diminish the legal and civil rights of clients.
9. Do not condone or engage in sexual or other harassment as defined by the law.
10. Do not discriminate against clients or professionals on the basis of age, gender, spiritual beliefs, race, ethnicity, sexual orientation, marital status, national origin or disability.
11. Develop knowledge, personal awareness, and sensitivity pertinent to the client populations served and incorporate culturally relevant techniques into their practice.
12. Are willing to release or refer a client to another program or individual when it is in the best interest of the client.
13. Do not perpetrate or condone domestic violence as defined in the Illinois Domestic Violence Act and its amendments.
14. Respect the rights and views of other professionals, agencies and organizations serving domestic violence victims.
15. Take personal responsibility for professional growth.
16. Do not knowingly misrepresent credentials or those of their employer.
17. Abide by all ICDVP requirements for professional certification standards.

Volunteers

Volunteers are unpaid individuals who provide direct and indirect services to domestic violence programs. Direct service volunteers are those who have direct contact with the survivors of domestic violence in the program, supervise those who do, or have access to survivor records. Most volunteers generally fall under the category of direct service volunteers. Volunteers providing indirect services have no direct contact with survivors or their records, and instead perform other duties that benefit the program, such as clerical or fundraising activities.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following criteria in volunteer management:

- All volunteers working in the program who may be in a position to provide or supervise direct services or who have access to confidential information must complete a minimum of 40 hours of training conducted by qualified domestic violence personnel. Training must cover the topics listed in Appendix D.
 - Volunteers providing services not requiring domestic violence skills need not complete the 40-hour training to provide such services. Examples of such volunteers may include those conducting periodic trainings to survivors on topics other than domestic violence, or volunteers conducting general outreach services in the community. However, in such instances a 40-hour trained volunteer or staff member must accompany the volunteer at any time survivors are or may be present.
- To ensure that direct-service volunteers have the most current information, programs must develop a plan for providing additional domestic violence training on an annual basis.
- All volunteers must sign a confidentiality agreement.
- Programs must designate a staff person, either paid or volunteer, to act as volunteer coordinator.
- Programs must have a written policy regarding screening, training, supervising, evaluating, and terminating volunteers.
- Programs must perform both CANTS and LEADS checks on volunteers coming in direct contact with children served by the program.
- Programs must have written policies that prohibit survivors from volunteering while receiving program services. Although survivors may choose to volunteer after

completing program services, programs shall never require it. Policies must also include procedures to follow when a survivor volunteering for the program is re-victimized by the perpetrator of domestic violence.

Suggestions for establishing effective volunteer programs are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

For every volunteer who is in a position to provide or supervise direct services or have access to confidential information, programs must maintain a file that includes at a minimum the following information:

- Application form
- Time spent at program
- Signed Declaration of Confidentiality
- Certificate of completion of 40-hour training
- Any statements requiring signature according to program policy, such as Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status or Policy Agreement Form
- CANTS and LEADS checks, if applicable
- Records of additional trainings attended
- Records of awards or recognition for contributions to the program

Records must also be kept for volunteers providing indirect services as well. These must include at a minimum the time they have spent volunteering and the contributions they have made.

Guidelines

Recommendations

To help recruit and utilize volunteers, programs are encouraged to develop a wide variety of both direct and indirect service tasks with which volunteers may be able to assist. The list will help potential volunteers determine if they are willing or able to contribute specific abilities to the program.

Potential direct service duties may include but not be limited to the following:

- Childcare
- Transportation
- Crisis intervention
- Counseling
- Legal or individual advocacy
- Technology safety advocacy
- Hotline coverage
- Recreational activities for adults or children
- Group counseling facilitation for adults or children
- Mentoring children
- Life skills training
- Job seeking skills and resume development
- Computer training or other job training
- Assistance with moving

Potential indirect services may include the following duties if they do not include direct contact with survivors in the program:

- Picking up/sorting donations
- Clerical duties that don't involve confidential records
- Fundraising activities
- Event organizing
- Public speaking
- Answering non-hotline office phone calls
- Yard work
- Shelter maintenance and upkeep activities
- Cooking

Recruiting and Management

It is important to remember that many requirements for paid staff apply to direct service volunteers as well, including the mandatory 40-hour training, CANTS and LEADS checks for all

those who will be in contact with children, and confidentiality agreements. Further information on these subjects is included in the Personnel chapter.

Just as with paid staff, it may be useful to have an interview and screening process for potential volunteers to help assess if are appropriate to work with survivors. The tool *Assessing Attitudes Toward Domestic Violence* is included in the Personnel chapter for reference.

Once they have recruited volunteers, programs are encouraged to have a well-organized system of volunteer orientation, training, support and supervision. A list of guidelines for creating a successful volunteer program is included in this chapter.

Finally, programs are encouraged to have written procedures to reach diverse groups of people from communities of each county the program serves. It is important that programs have processes in place to promote a diverse representation of volunteers in language, color, age, ability, sexual orientation, income and other demographics that reflect the diversity of survivors. The program should be a welcoming and safe place for minority groups to volunteer.

Tools and Samples

Guidelines for Volunteer Coordination

The following practices are suggested for creating supportive volunteer programs:

- Keep a sign-in sheet to document volunteer time. This helps not only with program records of volunteer hours, but also in later recognizing volunteers for their contributions.
- Ensure that the volunteer coordinator is consistently available for volunteers to report to with questions, concerns, or scheduling conflicts. Volunteers should have a reliable contact person as a support system for discussing experiences and day-to-day issues.
- Designate someone to greet volunteers when they arrive and guide them to their duties if the volunteer coordinator is not present.
- Facilitate a process of ongoing communication between volunteers and any paid staff. For instance, if a volunteer notices a behavior change in a child, the volunteer should know who to contact and feel comfortable bringing the issue to a staff member who can address it further. This type of ongoing communication between staff, volunteers and management allows for a seamless system of services.
- Have written job descriptions for each type of volunteer position, including all responsibilities. These descriptions should be provided to all volunteers to clarify roles and responsibilities.
- Assess volunteers for skills and abilities, and provide appropriate placements that best utilize each person. For instance, a volunteer who is very computer savvy but unable to work well with children may be more suited toward helping with administrative duties.
- Be creative and flexible in utilizing unusual or diverse volunteer skills. If volunteers are able to contribute special skills that lie outside of general program services but may still benefit survivors (e.g. hair styling or leading a yoga class), make efforts to accommodate these potential contributions.
- Provide a high level of program involvement for volunteers, including ongoing participation in program staff trainings, retreats and meetings as appropriate. This allows volunteers to learn more and feel recognized.
- Acknowledge the efforts of volunteers. This includes not only informal positive feedback and praise to volunteers on a day-to-day basis, but more formal recognition as well. A way to provide formal recognition might include an annual reception for volunteers at which they receive awards for their time and efforts.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Ohio Domestic Violence Network.

Fiscal Responsibilities

Nonprofit agencies providing domestic violence services must responsibly manage the fiscal resources of the agency. This is to ensure that the agency is using funds for the purposes for which they were awarded, and to demonstrate the agency's general responsibility to its funding agencies, donors, and community. The Executive Director and the agency staff act to maintain the fiscal health of the organization. The Board of Directors is responsible for monitoring the outcomes of their actions and, as a result, is ultimately responsible for the financial outcomes of the organization.

Minimum Requirements

The following responsibilities are required in the fiscal management of domestic violence programs funded by IDHS or ICADV. The party most commonly responsible for each requirement is shown in parentheses.

- Plan and develop the annual budget (Staff)
- Review, adjust and approve the annual budget (Board)
- Elect a Board Treasurer and appoint a Finance Committee and subcommittees to oversee the safeguarding and profitable management of the agency's assets (Board)
- Research and arrange for adequate insurance policies (Staff)
- Administer contracts for any contractual services required by the agency (Staff)
- Oversee all insurance policies and contracts made by the agency (Board)
- Ensure that all requirements are met for 501(c)3 status (Board and Staff)
- Ensure that all services are provided to survivors free of charge (Board)
- Prepare the state and federal reports and tax forms (Either external accountants or Staff)
- Monitor the filing of state and federal reports and tax forms (Board)
- Budget and anticipate financial problems, including long-range financial forecasting (Both Staff and Board)

- Arrange for an annual audit of the organization's books, including A-133 audits required for agencies receiving federal funding above specified amounts (Staff)
- Review all audit materials and strategize fiscal planning as needed (Board)
- Generate policies for internal financial controls (Board)
- Adopt and maintain procedures for internal financial controls (Staff)
- Periodically inspect the books and records of the organization (Board)
- Ensure that the agency manages resources in a manner consistent with sound fiscal standards and keeps written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts and risk management (Board)
- Ensure that the agency conducts all financial record keeping in accordance with generally accepted accounting principles consistently applied. Accounting transactions must be properly classified, adequately documented in appropriate books of original entry (journals), and posted to general ledgers on a monthly basis (Staff and Board)
- Keeps all fiscal records for at least six years beyond the fiscal year that the expenditure occurred or longer if there is an audit, in which case the records shall be maintained until the audit is completed (Staff)
- In programs funded by IDHS, ensure that money is never given directly to those receiving services (Staff)

Suggested guidelines and tools for fiscal processes are included in the following section.

Guidelines

Recommendations

It is important that nonprofit organizations providing domestic violence services have written fiscal policies and procedures that are understandable and complete. Samples of site review tools (not specific to IDHS or ICADV) and *A Checklist to Assess Financial Activities in Nonprofit Organizations* are provided in this chapter.

The following procedures are generally administered by staff members. The Board of Directors is responsible for ensuring that policies and procedures are in place to manage these fiscal concerns.

It is recommended that fiscal policy and procedures clearly address and outline the following:

- The accounting system, including who carries out the system and how often the Board Treasurer or Finance Chair reviews the books to ensure compliance with generally accepted accounting principles
- Financial reports, including who generates monthly reports, what they will contain, how often reports are given at Board meetings and what information is provided
- Authorized check signatories, including who they are and the dollar amount limits
- Banking procedures and accounts, including how often deposits and withdrawals are made, by whom, and under what circumstances
- Audits, including how often they will occur, who will conduct them, and what processes will be used
- Invoices, including who will approve them
- Petty cash, including maximum amounts, who has access, uses, and periodic reconciliation
- Purchasing/bid process, including what supplies will be purchased, how often and by whom, and what approvals are necessary
- Supply/equipment management, including who is responsible for monitoring and when expenses and projected needs are reported
- Donated materials, including the processes for receiving and recording them
- Donated funds, including the processes for receiving, recording and depositing them

- Staff travel expenses and other reimbursements, including required forms and applicable mileage rates
- Permits for zoning and occupancy, as well as safety, fire and health inspections as local codes require
- Grants/contracts/contractual agreements
- Process for monitoring how compliance with above policies are followed

Tools and Samples

Sample Fiscal Site Review Tool

- A. What information is given to the Board at monthly meetings?
- B. Does the Treasurer of Finance chair ever review the books?
Yes___ No___
Is it a standard procedure? Yes___ No___
Is it written and if so, where? _____
- C. Is there a petty cash fund? Yes___ No___
Is there a written policy establishing the petty cash fund?
Yes___ No___
Where? _____
Maximum amount? _____
Uses _____
Periodic Reconciliation? Yes___ No___
By whom? _____
Who has access to petty cash? _____
- D. How often are deposits made? _____ where _____
And by whom _____
- E. Has there been a recent audit? Yes___ No___
What period did it cover? _____
Did program receive a management letter? Yes___ No___
- F. Is a physical inventory of equipment done? Yes___ No___
In writing? Yes___ No___
How often? _____
Who is responsible? _____
- G. Are Emergency Shelter Units (ESU's) a part of your contract? Yes___ No___
In-kind? Yes___ No___
- H. Who fills out monthly reports? _____
- I. Who is (are) the agency check signer(s)? _____
Is there a dollar amount limit? Yes___ No___
Amount _____

Check the balance system in place. Explain.

J. Facility Y- Yes
 N- No

Do local codes require:	Required		On File		Date of Inspection
Zoning permits	Y	N	Y	N	
Occupancy Permits	Y	N	Y	N	
Safety Inspection	Y	N	Y	N	
Fife Inspection	Y	N	Y	N	
Health Inspection	Y	N	Y	N	
Other: <hr/> <hr/>					

Are there any problems meeting any of these requirements? _____

Have there been any violations? Describe the problem and how it is being remedied.

Is the facility owned _____ leased _____

Sample Fiscal Review Tool

Date: _____

Site: _____

BOOKS OF ACCOUNT CONTENT
Cash/Accrual:
Cash Receipts:
Cash Disbursements:
Payroll Ledger:
Computerized:
Software Package:
General Ledger:
General Journal:
Who is Responsible for the Books:
Other:

CASH RECEIPTS CONTENTS
Date:
Received From:
Grant:
Bank Account:
Amount:
Other:

PAYROLL LEDGER CONTENTS
Who prepares:
Semi-weekly or Semi-monthly:
Employee Name:
Date Paid:
Pay Period:
Total Earnings:
YTD Earnings:
Funding Sources:

PAID VOUCHERS CONTENTS
Voucher System:
Date Paid:
Amount:
Paid to:
Check #:
Line Item:
Grant:
Voucher:
Authorized Initial:
How Filed:
PETTY CASH VOUCHER CONTENTS

Date:
Amount:
Paid To:
Grant:
Authorized Initial:

CORPORATE MANAGEMENT PAPERS (WHO PREPARES)
990T/AG990:
Annual State NP:
W2's:
SUTA (St. Unemployment):
941/IL941:
501 (c):
State Sales Tax Exemption:
Contractual Agreements:
Bids:

CASH DISBURSEMENTS CONTENTS
Date:
Paid To:
Check #:
Line Item:
Grant:
Amount:
Voucher #:

CHART OF ACCOUNTS CONTENTS
Grants:
Line Items:
Programs:
Core Match:
Children's Match

FINANCIAL REPORT CONTENTS
Who Prepares:
Grants:
Line Items:
Income/Exp. By Month:
YTD:
Budget:
Cash Balances:

COST ALLOCATION PLAN CONTENTS
Agency:
Program:
Payroll:
MATCH SOURCES
CORE:
Children:

INSURANCE POLICIES CONTENTS
D & O:
Property:
General Liability:
Staff Liability:
Bonding:
Non-Owned Car:
W.C.:
Other:

MANUALS
Admin. Manual:
Fiscal Manual:
Employee Handbook:
Others:

EMPLOYEE FILE CONTENTS
Resume:
Salary Information:
Record of Leave Time:
Immigration Form:
Disciplinary Action:
Training Certificates:
Resignation Letter:
Evaluations:
DCFS Mandated Reported Statement:
Signed Confidentiality Statement:
Other:

SAFETY/SECURITY CONTENTS
Locked Doors/Who May Answer:
Written Policy For Location Confidentiality:
Curfew:
Policy Regarding Visitors:
Who May Answer the Phone:
Policy Regarding Violence/Threats of Violence at Program:
Weapons:
Policy on Abuser Attempting/Gained Access to Building:
Storage of Cleaning Supplies:
Toxic Substances:
Storage of Medicine/Drugs:

INVENTORY REPORT CONTENTS
Date:
Amount:
Description:
Location:
Serial Number:
Date of Depletion:

BY-LAWS CONTENTS
Purpose:
Membership:
Amendments:
Dissolution Clause:
Indemnification:
Corporation Clause:
Annual Meeting(s):

BOARD OF DIRECTORS
Powers:
Number:
Term:
Vacancies:
Quorum:

OFFICERS
Election:
Term:
Removal:
Vacancies:
Officer's Duties:

COMMITTEES
Standing:
Duties:
Quorum:
Advisory Board:

Sample Fiscal Site Review - Materials to Review

PROGRAM: _____
REVIEWER: _____

DATE: _____

- _____ BY-LAWS
- _____ ADMINISTRATIVE MANUAL
- _____ EMPLOYEE HANDBOOK
- _____ FISCAL PROCEDURES AND POLICIES
- _____ INSURANCE POLICIES
- _____ CONTRACTS/CONTRACTUAL AGREEMENTS/LEASES
- _____ FISCAL FORMS (BLANKS)
- _____ CHART OF ACCOUNTS
- _____ COST ALLOCATION PLAN/BUDGET
- _____ LAST QUARTERLY PAYROLL TAX FORMS
- _____ FINANCIAL REPORTS TO THE BOARD
- _____ SOURCE DOCUMENTS (PAID BILLS)
- _____ LEDGERS _____
- _____ JOURNALS _____
- _____ MATCH ACCOUNT TRACKED (CORE AND CHILDREN)
- _____ LIST OF BOARD MEMBERS/ADVISORY COUNCIL
- _____ ZONING PERMITS/INSPECTIONS
- _____ INVENTORY
- _____ AG990, 990, ANNUAL REPORT
- _____ 501 (c) 3 /STATE SALES TAX EXEMPTION LETTER
- _____ LAST BOARD MINUTES
- _____ BANK STATEMENTS

Sample ICADV Administrative Check List Tool For Site Visits

Illinois Coalition Against Domestic Violence – Administrative Check List Tool			
<p>This administrative checklist tool should be used during ICADV site visits. ICADV requires that at each site visit, a sampling of fiscal and other agency materials be made available as needed. The monitor reviewing the administrative files should use this form to assess compliance with executed ICADV agreements. Any findings requiring follow up by the agency that are discovered during site visit should be shared with the Executive Director and/or Program Director during an exit interview. You should also provide them a copy of the completed Administrative Check List Tool before your departure from the agency. These findings shall also be documented as part of the site visit report filed for the agency.</p>			
Program:	Date:		
I. ICADV Assurances	YES	NO	Comments
1. Has provided ICDVP certified 40 hour training to direct service staff/volunteers hired after July 1, 2004?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Utilizes volunteers?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Assists victims in seeking crime victim compensation benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Promotes coordinated public/private efforts with community to assist survivors?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Provides 24 hour telephone accessibility by 40 hour training staff/volunteers without survivor having to make a 2 nd phone call or wait for a return phone call?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Provides access to safe housing for victims of domestic violence including access to trained staff?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provides all survivors of domestic violence free, nondiscriminatory, confidential services?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Acts on behalf of individual survivor's behalf with other social services/criminal justice agencies (as needed by survivor)?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Provides ongoing training and education to community groups?	<input type="checkbox"/>	<input type="checkbox"/>	
II. Agency Administration	YES	NO	Comments
1. Agency operating under board approved policies? <i>For each item indicate the last time they were reviewed by the Board of the agency:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a. personnel policies?	<input type="checkbox"/>	<input type="checkbox"/>	
b. client confidentiality/appeal policies?	<input type="checkbox"/>	<input type="checkbox"/>	
c. safety and security policies?	<input type="checkbox"/>	<input type="checkbox"/>	

Illinois Coalition Against Domestic Violence – Administrative Check List Tool

This administrative checklist tool should be used during ICADV site visits. ICADV requires that at each site visit, a sampling of fiscal and other agency materials be made available as needed. The monitor reviewing the administrative files should use this form to assess compliance with executed ICADV agreements. Any findings requiring follow up by the agency that are discovered during site visit should be shared with the Executive Director and/or Program Director during an exit interview. You should also provide them a copy of the completed Administrative Check List Tool before your departure from the agency. These findings shall also be documented as part of the site visit report filed for the agency.

d. fiscal policies?			
2. Board of Directors does not consist of anyone who may have a conflict of interest?			
III. Fiscal Documentation	YES	NO	Comments
1. Does fiscal documentation provided indicate the agency is segregating dollars by funder AND by project?			
2. Does fiscal documentation provided demonstrate that required match funds on ICADV grants are accounted for and segregated by project?			
3. Does it appear that program is on target to spend all ICADV grant funds by end of grant period?			
4. Are monthly fiscal reports submitted in a timely manner?			
IV. Service Documentation	YES	NO	Comments
1. Are staff using the most current version of InfoNet Service Definitions? Do all staff providing service have access to and have been trained on current service category definitions?			
2. Do staff/supervisors/directors routinely use InfoNet to monitor progress on service goals and objectives and/or for other uses in the agency like case management, staff supervision?			
3. Does the agency use Exception Reports and/or other methods to routinely monitor accuracy of data entry?			

Sample ICADV Client File Check List Tool For Site Visits

Illinois Coalition Against Domestic Violence – Client File Check List Tool				
This client file checklist tool should be used during ICADV site visits. ICADV requires that at each site visit, a sampling of client files be reviewed. The monitor reviewing the client file should use this form to assess if a client file meets minimum requirements for content. Any findings requiring follow up by the agency that are discovered during site visit should be shared with the Executive Director and/or Program Director during an exit interview. You should also provide them a copy of the completed Client File Check List Tool before your departure from the agency. These findings shall also be documented as part of the site visit report filed for the agency.				
Program:		Date:		Grant/Project:
Client ID Number:	What type of client? (circle one) ADULT CHILD			
I. Intake/Eligibility Criteria		YES	NO	Comments
1. Eligibility determined				
2. Dated:				
3. Completed within 24 hrs of intake				
4. Signed by Intake Worker				
II. Release of Information		YES	NO	Comments
1. Any releases in file (not required) <i>If YES, complete questions II.B.-D. If NO, skip to question III.</i>				
2. Identifying information				
a. Client ID				
b. Dated				
c. Signed by client				
3. Content				
a. Specified person/agency whom disclosure is to be made				
b. Specified purpose for disclosure				
c. Specifies material to be released				
d. States client's right to inspect the written information to be disclosed				
e. States consequences of refusal to consent, if any				
f. Expiration date				
g. Revocation information				
4. Was information released w/o authorization				
III. Documentation of Service		YES	NO	
1. IDVA services documented?				
2. Length of services apparent?				

3. Are contacts dated?			
4. Service contacts initialed by service provider?			
5. Staff accurately document work in appropriate category?			
6. Is file set up to follow from staff to staff?			
7. Is info critical to what needs to be done/is done indicated?			

Sample ICADV Site Visit Report

Illinois Coalition Against Domestic Violence Site Visit Report	
Agency: _____	For Fiscal Year: FYXX _____
Monitor Submitting Report: _____	Site Visit Date: _____
Staff Interviewed At Visit: _____	
ICADV Assurances Met? YES NO	
ORGANIZATION UPDATE	
<i>Type Here.</i>	
REPORTS ATTACHED	
VOCA (Victims of Crime Act) _____ Legal Advocacy _____ Order of Protection Follow up _____ Medical Advocacy _____ Special Population: WWDC Friends Macoupin _____ Child Basic _____ Child Enhanced Services _____ Child Therapy Reimbursement Services	VAWA (Violence Against Women Act) _____ Latina Services _____ Rural Satellite _____ Chemical Dependency
Information About the Site Visit Report	
<i>Performance expectations that are considered at the site review:</i>	
❖ <i>Does the staff demonstrate knowledge and expertise? Are they trained?</i>	
❖ <i>Is your project making sufficient progress toward its goals & objectives?</i>	
❖ <i>Do you regularly monitor the project? Are adjustments made to your activities in order to reach your objectives?</i>	
❖ <i>Is your project providing a sufficient scope and level of services? Is it reaching the target population?</i>	
❖ <i>Does your dv program provide systems advocacy, education, and training to increase the effectiveness of your individual advocacy for clients?</i>	
❖ <i>How do you respond to internal & external changes and new challenges?</i>	
❖ <i>Any special accomplishments?</i>	

**Illinois Coalition Against Domestic Violence
Site Visit Report (continued)**

Agency:

For Fiscal Year: FYXX

REPORT FOR GRANT/PROJECT:

VOCA (Victims of Crime Act)

- Legal Advocacy
- Order of Protection Follow up
- Medical Advocacy
- Special Population: WWDC Friends Macoupin
- Child Basic
- Child Enhanced Services
- Child Therapy Reimbursement Services

VAWA (Violence Against Women Act)

- Latina Services
- Rural Satellite
- Chemical Dependency

A. PROJECT RATING

Excellent	Exceeds expectations in most or all of the key areas. (Explain why this agency's project exceeds expectations.)
Satisfactory	Meets expectations in most or all of the key areas.
Developing	Needs significant improvement in key areas.*
Unsatisfactory	Fails to meet minimum expectations in key areas.* (Explain why this agency's project fails to meet minimum expectations in key areas.)

**see attached request for action steps and timeline for improvement.*

B. PROJECT PROGRESS SUMMARY

Insert summary here

C. SERVICE DOCUMENTATION / CONFIDENTIALITY

Client Files Contain:

- Completed Intakes
- Appropriate releases of information and signatures
- Service hours are documented and dated
- Narrative shows interventions and case progressions
- Staff signatures

Data:

- Program generates statistical reports
- Uses statistical reports to monitor progress on project

D. FISCAL INFORMATION

- Grants are segregated by funding source (by funder and by project)
- Match funds account is segregated.
- Fiscal reports are consistently submitted in a timely manner.

Sample IDHS Quality Review Tool

**Illinois Department of Human Services
Division of Community Health and Prevention - Bureau of Domestic and Sexual Violence
Prevention
Quality Review Tool**

Provider: _____ Date: _____

Program Director: _____

DHS Staff:

Grant Administration	Yes	No
A. Verify provider has a copy of an Annual Audit, Board of Directors list and Board Minutes.		
B. Verify Payroll for Review Month indicating which staff were working in Domestic Violence Program.		
C. Annual Program Plan is on file at agency location.		
D. If needed, a revised Program Plan is required by DHS. Reason:		
E. Annual Spending Plan is on file at agency location.		
F. Annual program budget meets guidelines on allowable costs.		
G. Verify that summary expenditure documentation forms (EDF's) are on file.		
1. Quarterly EDFs reflect actual program costs.		
2. Quarterly EDFs indicate spending is on target for each line item (25% of amount on approved budget).		
3. EDFs are submitted in a timely manner.		
H. All subcontractor agreements are on file (includes subcontract, amount, and budgets for each subcontractor).		
I. Provider has a process for monitoring subcontractor performance, expenditures and reporting.		
Comments/Suggestions:		

Personnel	Yes	No
A. Personnel files are kept on each employee.		
B. Job descriptions for each DV position are on file.		
1. Application for employment is on file.		
2. Background checks are on file.		
C. 40-Hour Documentation on file.		
D. Volunteer files contain background checks, 40-hour certificate.		
E. Signed confidentiality agreements for staff/volunteers are in personnel file		
F. Staff/volunteers are aware they are legally responsible and liable for maintaining client confidentiality		
G. Sanctions are defined for non-compliance by staff/volunteers.		
Comments/Suggestions:		

Confidentiality Procedures	Yes	No
A. Staff and volunteers are required to keep identities and communications of client confidential		
B. Staff are to obtain signed written release from client for all releases of any confidential communication		
C. Clients are aware the identity and communications of other clients is to remain confidential		
D. Adult clients are informed of their right to confidential communications and the agency policy		
E. Adult clients' signed confidentiality agreements are placed in client files		
F. Confidentiality agreements contain disclaimers explaining what would force the agency to break confidentiality		
G. Client files are kept locked at all times or specified times of the day		
H. Agency has a policy outlining staff access to client files		
Comments/Suggestions:		

Safety Procedures	Yes	No
A. Entrances are secured and persons are screened before entering the agency or program location (as appropriate)		
B. Procedures for answering the door and phone are included in policy		
C. Procedures for responding to abusers who telephone or come to shelter or program location are included in policy.		
D. Written emergency procedures are in place		
E. Staff/volunteers are informed of need for security and are required to follow the written procedures		
F. Clients are informed of need for security and are required to follow the written procedures		
Comments/Suggestions:		

Notification and Documentation	Yes	No
A. Intakes completed and signed by Staff and Client		
B. Confidentiality forms signed and dated by Staff and Client.		
C. Release of Information forms signed and dated by Staff and Client.		
D. Service Plans are completed, updated and/or modified based on the client's services		
E. Service Plan and client services can be linked to show objectives were met and/or progressing as planned		
F. Case notes reflect client's progress towards achieving set goals and/or objectives		
G. Appropriate referrals were made, if necessary		
H. Referrals for services reflect goals listed in service plan		
I. For those clients in shelter more than 45 days, documentation is in file explaining continued shelter stay		
J. Male victim files are consistent with agency's Program Plan description for services		
K. If client is ineligible, "Notice of Ineligibility" and reason(s) and right to fair hearing were given		
Comments/Suggestions		

Shelter Logs	Yes	No
A. Shelter log includes client's identification number and date(s) client was sheltered		
B. Staff/volunteer names are present for each shift change		
C. Payroll and volunteer rosters verify the staff/volunteer listed was documented for the program		
D. Turn away list (if applicable for review month) reflects reason shelter was denied		
Comments/Suggestions:		

Program Performance	Yes	No
A. Number of staff working in the DV program is consistent with the Program Plan		
B. Number of clients served for reporting quarter consistent with InfoNet Reports		
C. Agency utilizes a self monitoring management evaluation system which reviews client files		
D. Agency provides ongoing training opportunities for staff		
E. All quarterly reports are complete, accurate and submitted on time		
F. All reports (Program Plan, Spending Plan and Closeout Report) have been submitted on a timely basis this fiscal year		
Comments/Suggestions:		

Sample IDHS Quality Review Instructions

DV Tool
ATTACHMENT 1

Grant Administration

A. According to Illinois Department of Human Services (IDHS) contracts and/or Illinois Domestic Violence Service Provider Guidelines (Guidelines) each service provider must maintain a copy of the Agency Annual Report, a list of their Board of Directors and Board Minutes.

Review Steps

- Ask Agency Representative to see copies of the above mentioned documents.
- Make appropriate remarks on Quality Review Tool.

B. Reviewer will verify payroll for Domestic Violence Program for two months prior to the review month (i.e. verify March payroll for a May review).

Review Steps

- Ask Agency Representative to provide payroll and time sheets for designated month.
- Ensure staffs listed for program are documented in Program Plan.

C/D. According to IDHS contract and/or Guidelines each service provider must submit an Annual Program Plan to IDHS Bureau of Domestic and Sexual Violence Prevention.

Review Steps

- Prior to Quality Review Site Visit verify that the Agency has submitted an Annual Program Plan and that it has been approved by checking the Transformation Master Folder.
- If the Program Plan has not been approved determine why as well as the timeframe for submission of revised Plan.
- While at the Agency verify that the Plan on file is the Plan that has been approved by IDHS.

E/F. According to IDHS contract and/or Guidelines each service provider is required to submit and Annual Spending Plan to IDHS Bureau of Domestic and Sexual Violence Prevention.

Review Steps

- Prior to Quality Review Site Visit verify that the Program has submitted an Annual Spending Plan by checking the Transformation Master Folder.
- Verify with Program Representative that there is an Annual Spending Plan on file at the Agency.
- Verify that the Spending Plan outlines a 17% match for the grant award.
- Verify that administrative costs account for no more than 20% of the program's Spending Plan.

G. Agencies/Programs are required to submit Expenditure Documentation Forms (EDFs) at least quarterly.

Review Steps

- Ask Program Representative to provide Reviewer with EDFs for prior two quarters as well as supporting documentation.
- Verify that the costs are allowable.
- Verify that EDFs reflect the actual program costs (?????)
- Verify that quarterly EDF's indicate spending is on target for each line item (25% of amount on approved budget).
- Ask for documentation indicating that EDFs have been submitted on a quarterly basis (minimum standard).

H. All subcontractor agreements are on file.

Review Steps

- Discuss with provider what services have been sub-contracted.
- Ask to see sub-contracts for any services discussed.

I. Provider has process for monitoring subcontractor performance, expenditures and reporting.

Review Steps

- Ask to documentation/tools that provider uses to monitor performance, expenditures and reporting by sub-contractors.
- Verify that documentation/tools are being kept up-to-date.

Personnel

A-C. Personnel files are kept on each employee/Job description on file/40-hour training certificate on file.

Review Steps

- Review personnel files for all new direct service employees since last site visit.
- All employee files should contain the following:
 - Employee's application/resume and references
 - Job description
 - Date of hire
 - Work performance evaluations
 - Salary
 - Promotions
 - Any disciplinary actions taken
 - Signed Declaration of Confidentiality
 - Certificate of completion of 40-hour training
 - Documentation of professional certifications or licensure as applicable
 - Signed Employment Eligibility Verification (I-9)
 - Any statements requiring signature according to program policy (i.e. Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status, etc.)
 - CANTS and LEADS checks, if applicable
 - Emergency information

- Any confidential medical information
- Verify that Personnel files are kept in a location that disallows access by staff other than supervisors.

D. Volunteer files contain background checks and 40-hour training certificate.

Review Steps

- Ask for a random sample of 10 volunteer files
- Review files of volunteers providing direct service or having access to confidential information to verify they contain the following:
 - Application form
 - Time spent at program
 - Signed Declaration of Confidentiality
 - Certificate of completion of 40-hour training
 - Any statements requiring signature according to program policy (i.e. Drug Free Workplace Policy, Communication Guidelines, Acknowledgement of Mandated Reporter Status, etc.)
 - CANTS and LEADS checks, if applicable
 - Records of additional trainings attended
 - Records of awards or recognition for contributions to the program
- Review files of volunteers who are providing indirect service to verify they contain the following:
 - Time spent volunteering in the Program
 - Contributions made to the Program

E. Signed confidentiality agreements are in staff/volunteer files

Review Steps

- Verified through above process.

F/G Staff/Volunteers are aware they are legally responsible for maintaining confidentiality. Sanctions are defined for non-compliance.

Review Steps

- Ask to view Confidentiality Policy and/or Declaration of Confidentiality
- Confirm that the policy and/or declaration contain the following statements/elements:
 - Staff and volunteers are required by the Illinois Domestic Violence Act to maintain each survivor’s confidentiality; failure to do so is a crime.
- Information can be released without a survivor’s consent only under one of the following conditions:
 - Survivor has given prior specific written consent through a Release of Information form
 - When it is required by the Abused and Neglected Child Reporting Act or the Elder Abuse Act
 - In cases where failure to do so is likely to result in imminent risk of serious bodily harm or death.
- Staff/volunteers must maintain confidentiality even after their employment/affiliation ends.

- Definitions of confidential communications, observations, and information.
- How the program addresses illegal breaches of confidentiality, including sanctions.
- Possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of survivors and staff/volunteers.
- A statement that the staff/volunteer has read and understands all of the program's confidentiality policies and procedures.
- A signature/date line for staff/volunteers.

Confidentiality Procedures

A. Staff and Volunteers are required to keep identities and communications of clients confidential.

Review Steps

- Ask to see program's confidentiality policy and Declaration of Confidentiality.
- Confirm that both policy and Declaration indicate that staff/volunteers are required to maintain confidentiality in accordance with the Illinois Domestic Violence Act and failure to do so is a crime.

B. Staff is to obtain signed, written Release of Information from client for all release of any confidential information.

Review Steps

- Request a copy of the program policy regarding client's Release of Information.
- Verify that policy indicates a signed Release must be in place before the actual release of any information.

C. Clients are aware the identity and communications of other clients is to remain confidential.

Review Steps

- Verify that the program has a policy and/or Declaration of Confidentiality for the survivors using their services.
- Policy/Declaration should include the following:
 - Staff/volunteers are required by the Illinois Domestic Violence Act to maintain each survivor's confidentiality.
 - Information can only be released if written consent is given; or as required by the Abused and Neglected Child Reporting Act or Elder Abuse Act; or in cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.
 - Confidentiality expectations of survivors, such as keeping the location of the shelter or other survivor's identities and communications confidential.
 - A warning that survivors in the program are not legally responsible to uphold the confidentiality of other in the program.
 - A warning of the possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of other survivors as well as staff/volunteers.
 - A description of documentation procedures and maintenance, including:
 - what information is recorded and why, and the methods of collection

- the program's policy for responding to court orders for records
- processes for survivors viewing their own files
- a description of what kind of information will remain on file once a survivor terminates services, and timelines for when records will be destroyed
- A signature/date line for the survivor and witness.

D. Adult clients are informed of their right to confidential communications and the agency policy.

Review Steps

- Verified using information listed above

E. Adult clients' signed Declarations of Confidentiality are placed in client files.

Review Steps

- Will be verified during review of client files.

F. Declarations of Confidentiality contain disclaimers explaining what would force the agency to violate confidentiality.

Review Steps

- Review agency/program Declaration of Confidentiality
- Verify that the Declaration indicates the reasons to violate confidentiality:
 - Survivor has given prior specific written consent through a Release of Information form
 - When it is required by the Abused and Neglected Child Reporting Act or the Elder Abuse Act
 - In cases where failure to do so is likely to result in imminent risk of serious bodily harm or death.

G. Client files are kept locked at all times or specified times of the day.

Review Steps

- Review agency/program policy regarding the retention of records.
- Confirm that records are kept locked.

H. Agency has a policy outlining staff/volunteer access to files.

Review Steps

- Review agency/program policy regarding staff/volunteer access to files.

Safety Procedures

A. Entrances are secured and persons are screened before entering the agency/program location (as appropriate).

Review Steps

- Visibly verify that entrances are secure.
- Inquire as to policy regarding entrance to the agency/program.

B. Procedures for answering the door and phone are included in the policy.

Review Steps

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

C. Procedures for responding to abusers who telephone or come to shelter or program location are included in the policy.

Review Steps

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

D. Written emergency procedures are in place.

Review Steps

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

E. Staff/volunteers are informed on need for security and are required to follow the written procedures.

Review Steps

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

F. Clients are informed of need for security and are required to follow the written procedures.

Review Steps

- Review agency/program policy for answering the door and phone.
- Inquire as to how staff/volunteers are made aware of the policy.

Notification and Documentation

- A. Intakes completed and signed by staff and client
- B. Confidentiality forms signed and dated by staff and client
- C. Release of Information forms signed and dated by staff and client
- D. Service Plans are completed, updated and/or modified based on the client's length of stay
- E. Service Plan and client services can be linked to show objectives were met and/or progressing as planned
- F. Case notes reflect client's progress toward achieving set goal and/or objectives
- G. Appropriate referrals were made, if necessary
- H. Referrals for services reflect goals listed in Service Plan
- I. For those clients staying in shelter more than 45 days documentation is in the file explaining continued shelter stay
- J. Male victim files are consistent with agency's Program Plan description for services
- K. If client is ineligible, a "Notice of Ineligibility" and reason(s) and right to fair hearing were given.

Review Steps (for sections A-K)

- Ask for a list of client numbers for clients served during the last three months.
- Randomly select 9 client numbers.....these will be the files that are reviewed. Ask staff to provide you with one more file for a male client. If no male clients have been served in the last three months then randomly select one more number from the list provided.
- In each file verify that the Client Intake Form has been signed by staff/volunteer and client.
- Verify that each file has a Declaration of Confidentiality signed/dated by staff/volunteer and client.
- If applicable, appropriate Releases of Information have been signed and dated.
- Service Plans have been completed/updated as needed. Provider Guidelines outline the following recommendations:
 - Shelter/Residential: developed within three (3) days of being admitted, with weekly updates thereafter, or as changes in the situation warrant.
 - Walk-In/Counseling: developed within two visits, with updates at each subsequent visit or as changes in the situation warrant.
 - Legal Advocacy: developed during the first visit, with updates at each subsequent visit, or as changes in the situation warrant.
- Compare Service Plans with Case Notes in file to determine if needs addressed in the creation of the Service Plan have been addressed during individual and/or group counseling. Also verify that appropriate referrals have been made when provider is unable to assist client in achieving the stated goal(s).
- If client has been in shelter for more than 45 days, verify that there is documentation in the file explaining continued stay as well as how/when the stay is reviewed and by whom.
- If you are reviewing the file for a male client, verify that the provision of services is consistent with what the agency has stated in their Program Plan. Program Plans should be obtained from the Transformation folder and reviewed prior to the Quality Review Site Visit.
- Verify in Case Notes that if a person has been deemed ineligible for some or all services that a Notice of Ineligibility, including reasons for ineligibility, has been given to the client as well as explanation as to how she/he can obtain a fair hearing.

Shelter Logs

- A. Shelter log includes client's identification number and date(s) client was sheltered
- B. Staff/volunteer names are present for each shift change
- C. Payroll and volunteer rosters verify the staff/volunteer listed was documented for the program
- D. Turn away list (if applicable for review month) reflects reason shelter was denied

Review Steps

- Ask agency/program to provide Shelter Logs for the previous month.
- Verify that Logs include client identification number; date(s) client was sheltered and staff/volunteer names for each shift change.
- Also verify that the payroll and volunteer rosters do actually verify that the staff/volunteer listed was documented appropriately for the program.

- *Shelters only:* the Turn Away list must list all Turn Aways the agency/program has encountered. To be considered a Turn Away a person must be determined to be a survivor of domestic violence, eligible for domestic violence shelter services, and in need of shelter but **due to lack of bed space** the program was unable to provide on-site shelter. The Turn Away Log must include the following information:
 - Date
 - Number of survivors, children, and other vulnerable family members turned away
 - Alternative referrals
 - Name of the advocate

Program Performance

- A. Number of staff working in the DV program is consistent with the Program Plan
- B. Number of clients served for reporting quarter is consistent with InfoNet reports
- C. Agency utilizes a self-monitoring management evaluation system which reviews client files
- D. Agency provides on-going training opportunities for staff
- E. All quarterly reports are complete, accurate and submitted on time
- F. All reports (Program Plan and Closeout Report) have been submitted on a timely basis this fiscal year

Review Steps

- Compare the number of staff reported to be working in the domestic violence program to that reported on the Program Plan for the current fiscal year. Program Plans should be obtained from the Transformation folder and reviewed prior to the Quality Review Site Visit.
- Obtain documentation during the Quality Review Site Visit to indicate the number of clients served during the most recent completed quarter. Confirm that the number documented is consistent with the InfoNet reporting system. InfoNet reports can be obtained from the Bureau of Domestic and Sexual Violence Prevention Staff and should be requested one week prior to the scheduled Quality Review Site Visit.
- Self-Monitoring Management Evaluation System.
- Verify with program representative that there are on-going training opportunities for staff/volunteers. Document how the agency/program disseminates the information regarding upcoming opportunities to staff/volunteers as well as how the agency/program documents staff attendance at such trainings.
- Verify with agency/program representative that all appropriate reports have been submitted to DHS in a timely manner. This can also be verified by checking the Transformation folder to determine if there has been any action taken due to the agency/program not submitting necessary information.

Checklist to Assess Financial Activities in Nonprofit Organizations

Be sure to read How to Use This Tool and Disclaimers before using information in this document.

Rating *	Indicator	Met	Needs Work	N/A
E	1. The organization follows accounting practices that conform to accepted standards.			
E	2. The organization has systems in place to provide the appropriate information needed by staff and board to make sound financial decisions and to fulfill Internal Revenue Service requirements.			
R	3. The organization prepares timely financial statements including the Balance Sheet [or statement of financial position) and Statement of Revenue and Expenses [or statement of financial activities] which are clearly stated and useful for the board and staff.			
R	4. The organization prepares financial statements on a budget versus actual and/or comparative basis to achieve a better understanding of their finances.			
E	5. The organization develops an annual comprehensive operating budget that includes costs for all programs, management and fundraising and all sources of funding. This budget is reviewed and approved by the Board of Directors.			
R	6. The organization monitors unit costs of programs and services through the documentation of staff time and direct expenses and use of a process for allocation of management and general and fundraising expenses.			
E	7. The organization prepares cash flow projections.			
R	8. The organization periodically forecasts year-end revenues and expenses to assist in making sound management decisions during the year.			
E	9. The organization reconciles all cash accounts monthly.			
E	10. The organization has a review process to monitor that they are receiving appropriate and accurate financial information whether from a contracted service or internal processing.			
E	11. If the organization has billable contracts or other service income, procedures are established for the periodic billing, follow-up and collection of all accounts, and there is documentation that substantiates all billings.			
E	12. Government contracts, purchase of service agreements and grant agreements are in writing and are reviewed by a staff member of the organization to monitor compliance with all stated conditions.			
E	13. Payroll is prepared following appropriate State and Federal regulations and organizational policy.			
E	14. Persons employed on a contract basis meet all Federal requirements for this form of employment. Disbursement records are kept so 1099's can be issued at year end.			

E	15. Organizations that purchase and sell merchandise take periodic inventories to monitor the inventory against theft, to reconcile general ledger inventory information and to maintain an adequate inventory level.			
R	16. The organization has a written fiscal policy and procedures manual and follows it.			
E	17. The organization has documented a set of internal controls, including the handling of cash and deposits, approval over spending and disbursements, including plan for periodic assessment of appropriate implementation of those controls.			
E	18. The organization has a policy identifying authorized check signers and the number of signatures required on checks in excess of specified dollar amounts.			
E	19. All expenses of the organization are approved by a designated person before payment is made.			
R	20. The organization has a written policy related to investments.			
R	21. Capital needs are reviewed at least annually and priorities established.			
R	22. The organization has established a plan identifying actions to take in the event of a reduction or loss in funding.			
R	23. The organization has established, or is actively trying to develop, a reserve of funds to cover at least three months of operating expenses.			
E	24. The organization has suitable insurance coverage, which is periodically reviewed to ensure the appropriate levels and types of coverage are in place.			
E	25. Employees, board members and volunteers who handle cash and investments are bonded to help assure the safeguarding of assets.			
E	26. The organization files IRS form 990's in a timely basis within prescribed time lines.			
R	27. The organization reviews income annually to determine and report unrelated business income to the IRS.			
R	28. The organization has an annual, independent audit of their financial statements, prepared by a certified public accountant.			
R	29. In addition to the audit, the CPA prepares a management letter containing recommendations for improvements in the financial operations of the organization.			
R	30. The Board of Directors, or an appropriate committee, is responsible for soliciting bids, interviewing auditors and hiring an auditor for the organization.			
R	31. The Board of Directors, or an appropriate committee, reviews and approves the audit report and management letter and with staff input and support, institutes any necessary changes.			
E	32. The audit, or an organization-prepared annual report that includes financial statements, is made available to service recipients, volunteers, contributors, funders and other interested parties.			

A	33. Training is made available for board and appropriate staff on relevant accounting topics and all appropriate persons are encouraged to participate in various training opportunities.			
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Indicators ratings: E=essential; R=recommended; A=additional to strengthen organizational activities

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How to Use the Tool: The checklist indicators represent what is needed to have a healthy, well-managed organization. Since it is a self-assessment tool, organizations should evaluate themselves honestly against each issue and use the response to change or strengthen its administrative operations.

Ratings: Each indicator is rated based on its importance to the operation and effectiveness of any nonprofit organization. The ratings are: **E:** Indicators with an "E" are essential or basic requirements to the operations of *all* nonprofit organizations. Organizations that do not meet the requirements of these indicators could place their organizations in jeopardy. **R:** An "R" rating signifies that these indicators are recommended as standard practice for effective nonprofit organizations. **A:** Additional indicators which organizations can implement to enhance and strengthen their management operations and activities are rated with an "A".

Checklist Responses: Organizations can respond in one of three ways to each indicator used:

1. **Needs work** - An indicator that is marked as "Needs Work" implies that work has been done towards achieving this goal. The organization is aware of the need for this indicator, and is working towards attaining it.
2. **Met** - All indicators marked as "Met" demonstrate that the organization has fulfilled an essential management need. However, the organization should review these indicators in the future to be sure that their management remains healthy in view of the many internal and external changes that constantly occur in all organizations.
3. **N/A** - Indicators marked as "N/A" can mean several things, including: - the indicator is not applicable to the management operations of this organization - the organization is not sure of the need to meet the requirements of this indicator - the organization has not met, nor is working on this indicator presently, but may address it in the future.

All organizations should take note: All responses to indicators should be reviewed carefully to see if they could improve management operations. Indicators checked "N/A" due to uncertain applicability to the organization must be further reviewed to determine if they should become a part of "doing business." If the assessors simply do not know what the indicator means, further information may be needed to accurately assess the feasibility of its application. Indicators marked "N/A" because they have not been met but that apply to the organization, may require immediate attention. Technical assistance, consulting, or training may be required to implement these indicators.

The indicators in this checklist should be informative and thought provoking. The checklist can be used to achieve not only a beginning level of good management, but improve existing management to provide the organization with greater stability, reliability and success in the

nonprofit community. It is also a useful tool if an organization is experiencing management problems, to help pinpoint any weaknesses so action can be taken or assistance sought to improve the organization's health. All organizations should use the checklist to re-assess themselves periodically to ensure compliance with established rules and regulations, and to continue improving administrative health through the indicator's helpful suggestions.

Disclaimer: This checklist is designed to provide accurate and authoritative information regarding the topics covered. Legal requirements and non-legal administrative practice standards reflected herein are capable of change due to new legislation, regulatory and judicial pronouncements, and updated and evolving guidelines. All stated legal requirements are in effect as of September 1, 1995. The same are utilized with the understanding that the provision of this checklist does not constitute the rendering of legal, tax or other professional services. If the organization requires professional assistance on these or other nonprofit tax, management, or accounting issues, please contact your own professional advisors.

Portions of this chapter adapted from materials produced by the Ohio Domestic Violence Network.

Data Collection and Reporting

Programs funded by IDHS or ICADV must develop a system to document services, maintain accurate and complete records, and submit documentation using InfoNet and program reports as directed by IDHS or ICADV. This data collection is essential in determining program policies, identifying and defining unmet needs, and shaping present programs or developing new programs to meet those needs.

The service documentation reported to IDHS and ICADV must include each survivor's eligibility and identified needs, and the types and amounts of direct services provided to survivors. For details on the minimum requirements of documentation and which services must be documented in each service category, please refer to the Documenting Services chapter of this manual. Programs must also regularly report to IDHS and ICADV on the expenditures of funds required to carry out these services.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following data collection and reporting requirements:

- Programs must develop and maintain a data collection and record-keeping system for all services provided. This system must allow for the efficient retrieval of data needed to measure and report the program's performance in relation to its stated goals and objectives. Documentation must include all services outlined in the Documenting Services chapter of this manual.
- Programs must provide summary documentation of use of IDHS and ICADV funds by line item of actual expenditures incurred for the purchase of goods and services necessary for conducting program activities. Expenditures must be recorded in the program's records in such a manner as to establish an audit trail for future verification of appropriate use of funds.
- Programs must make available to IDHS and ICADV access to all data, records and facilities to ensure compliance with the terms and conditions of funding. These include but are not limited to survivor records, records of requests for services and referrals, administrative records, and financial records. Programs may delete all survivor identifying data from such records prior to inspection, with the exception of identification numbers. If the reviewer is someone who could create a safety risk to a survivor in the program, the program should inform IDHS and ICADV. Prior to giving access to de-identified records, programs should have each reviewer sign a confidentiality agreement.

- Programs must provide program information to the Illinois Domestic Violence Help Line agency database as requested. In addition, programs must notify the Help Line of any updates to program services to ensure the database has the most current information.
- Programs must report to IDHS and ICADV by the next business day serious incidents or unusual occurrences that have:
 - o Significantly threatened the safety of the survivors or advocates;
 - o Caused the program to interrupt or cease operations;
 - o The potential to damage the reputation of the agency and/or staff.
 Reports may be made by telephone with documentation following by fax or e-mail.
- Programs must document any significant disciplinary action, health or safety issue, rules violation, or action involving liability, and actions taken to verify or resolve the issue. These may include but are not limited to:
 - o Fire, flood, tornado or other natural disaster that creates structural damages to the facility or poses health hazards;
 - o An outbreak of contagious disease dangerous to public health; for example, Tuberculosis (TB), food poisoning, or Hepatitis A;
 - o Any acts by program advocate(s) that result in or that pose serious illness, injury, or psychological impairment of a survivor;
 - o Any suicide or attempted suicide of a person receiving services;
 - o Any death of a person receiving services;
 - o On-site incidents that include acts of physical harm to a survivor or advocate by a survivor or advocate or by a perpetrator;
 - o Any disruptive incident occurring on program grounds or within the facility, including any situation or circumstance that results in the presence of law enforcement or the local news media to the facility.
- Programs must document any suspected abuse or neglect of children. Suspected child abuse or neglect must also be reported to IDCFS. For more information, please refer to the Mandated Reporting of Child Abuse and Neglect chapter.
- Suspected abuse or neglect of elderly survivors who are unable to report the abuse or neglect themselves must be documented. This must also be reported to the Illinois Department on Aging. For further information, please refer to the Mandated Reporting of Elder Abuse and Neglect chapter.
- Programs must document and report suspected abuse, neglect or financial exploitation of survivors or their vulnerable family members with disabilities who, because of their disability, are unable to seek assistance on their own behalf. Reports are made to the Office of Inspector General, Illinois Department of Human Services, through the Domestic Abuse Project Statewide Reporting Hotline at (800) 368-1463. The Office of Inspector General will conduct an investigation and, if founded, will create a service plan to eliminate further abuse. Services may include assistance such as helping to find independent living arrangements apart from abusive family members, or arranging legal assistance in removing abusive guardians.

- Programs must comply with any additional service and fiscal reporting requirements outlined in their contracts with IDHS and/or ICADV.

Portions of this chapter adapted from materials produced by the New Mexico Children, Youth and Families Department.

Evaluation

Evaluation is the process of assessing the effectiveness of a program in achieving its objectives. All programs funded by IDHS or ICADV must participate in evaluation efforts that have been approved by the funding agency. The purpose of evaluation is to gather information that can be used to measure results of services and make program improvements.

In addition to participating in statewide evaluation efforts, programs must also develop internal systems for collecting feedback from survivors for their own purposes of self-assessment. This will help programs to examine the quality of their own services, assess outcomes and determine what program improvements to make.

Minimum Requirements

All programs funded by IDHS and ICADV must adhere to the following criteria in evaluation.

- Programs must cooperate and participate in research and survey efforts that have been approved by IDHS or ICADV for the purposes of program evaluation and strategic plan initiatives. IDHS and ICADV will consider written requests from individual programs for waivers or modifications of research participation mandates.
- Programs must have processes in place by which feedback from those receiving program services is used to enhance programs.
- Evaluation information collected from survivors must be used for program research and evaluation purposes only, and must be kept confidential.
- Survivors will have the right to refuse to participate in evaluation or feedback processes.

Recommendations for meeting these requirements are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Evaluation forms will differ by program depending upon program services and needs. Completed evaluation forms must be kept together in the confidential personnel file.

Guidelines

Recommendations-

Programs are encouraged to make the opportunity to provide feedback available to all those served by the program, whether they have stayed in shelter or used non-residential services such as counseling, legal advocacy or other services. Guidelines for collecting and reviewing feedback from those receiving services are included in this chapter. Although the guidelines focus on gathering the feedback of survivors, programs should also collect feedback from the community members who form the audience of outreach presentations.

Service Outcome Measures

Programs funded by the IDHS and/or ICADV must develop a system to collect service outcome data and submit this information using InfoNet. This data collection is essential in determining outcomes of services provided to clients seeking, shelter, support groups and/or supportive services/advocacy.

Minimum Requirements for Service Outcomes

Programs funded by IDHS or ICADV must adhere to the following data collection and reporting requirements:

- Programs must collect outcome data for at least 5% (but not less than 30 individuals) of eligible clients in each client group. This includes clients seeking any combination of shelter, support groups, supportive services/advocacy services, and/or counseling.
- Clients should answer the outcomes questions in regard to the most intensive services received. In order of “intensity”, service groups are shelter, supportive services and advocacy, counseling, and support groups. (i.e. if a client receives shelter and attends a support group then that client should answer the outcome questions in regard to the shelter service received, but not as a support group response).
- Data must be entered into InfoNet on no less than a quarterly basis. For each client service group, you should enter two records (or two lines of information)—one for safety planning and another for community resources. The four (4) distinct service groups are: Shelter; Other Supportive Services; Counseling; and Support Groups. If you have survey responses from clients in all four groups, you need to enter minimally eight records into InfoNet per quarter. See InfoNet System Messages on the Welcome Screen for more detailed data entry instructions.
- Clients need only answer the questions once per service delivery episode or case (e.g. she doesn’t need to fill out her outcome measures survey at each group session she attends).

Guidelines for Collecting Service Outcome Data

Programs may find the following guidelines helpful when collecting data from those receiving services:

- Collect the data in a way that allows for anonymity of the survivors, not only to protect confidentiality, but also to encourage genuine response.
- Seek responses from survivors in various stages of services.
- Ideally, include all those receiving services at the time of data collection.
- A program may want to employ a means to delineate between surveys answered by those in shelter, those receiving support services/advocacy, those in counseling and those in support groups. This could be done by using different colors of paper for each group of clients (i.e. yellow paper for shelter, pink paper for support services/advocacy, purple paper for counseling and green paper for support groups).
- During delivery of this survey, you may want to preface it by asking clients who have already submitted a response during a previous service interaction to decline from completing another. This will help reduce duplicate reporting.
- A data collection form has been provided for your convenience. There is a separate data collection form for each of the four client service groups.
- If your agency already collects outcome measures or client evaluation information, and your methods for doing so follow all minimum guidelines provided herein, you may choose to incorporate the collection of these two (2) required outcome measures into the forms you already use.
- Establish a formal process for staff and Board members to review the compiled information from all feedback, and use the information to assess, develop and improve program services.

Tools and Samples

Guidelines for Collecting Feedback from Survivors

Programs may find the following guidelines helpful in surveying those receiving services:

- Collect surveys in a way that allows for the anonymity of the survivors, not only to protect confidentiality, but also to encourage genuine responses.
- Encourage survivors to fill out surveys as completely as possible.
- Use a rating scale or check boxes to make information from questionnaires easier to read and compile. For more detailed information, include open-ended questions that ask for written feedback.
- Include separate questions for each type of service the survivor received, such as shelter, counseling, legal advocacy, children's services, hotline counseling, etc.
- Develop a plan to have the questionnaire given orally to survivors with lower reading skills. Have processes in place to give the questionnaire to those who do not speak English.
- Seek input not only when survivors are leaving the program, but during other parts of the service process as well, such as at initial contact or during a survivor's involvement with the program. This can be done informally through such means as an anonymous suggestion box, or through more structured processes.
- Ideally, include all those receiving services in any survey process. If a program administers surveys to only a sample of those receiving services, all survivors in the program should still be given the opportunity to provide feedback through other means.
- If a process is in place to ensure the survivor's safety, conduct follow-up questionnaires or make follow-up phone calls to obtain further feedback after three to six months. However, do not attempt this if there is any possibility that the contact could endanger the survivor.
- Programs wanting more elaborate or extensive feedback data should consider having an independent entity evaluate the program.
- Establish a formal process for staff and Board members to review the compiled information from all feedback, and use the information to assess, develop and improve program services.
- Establish a panel of survivors to help guide research efforts.

Grant Writing

Grant writing refers to the process of writing grant proposals in the attempt to obtain funding. This process usually involves responding to a Request For Proposals (RFP) from a funding agency. Carefully prepared proposals that clearly outline needs and services are generally most effective in obtaining funds.

Minimum Requirements

Requirements differ according to the individual grant, and will be clearly delineated in each RFP. The service and administrative requirements for IDHS and ICADV domestic violence program funding are outlined throughout this manual.

IDHS and ICADV Requirements for Matching Funds

Programs funded by IDHS must provide matching funds at a rate determined by the Department and specified in the contract. Funds used for this match cannot be used to match other contracts or grants of the program.

For Victims of Crime Act (VOCA) funding, programs funded by ICADV must provide matching support of at least 20% from sources other than the VOCA program. For Violence Against Women Act (VAWA) funding, programs funded by ICADV must provide matching support of at least 25% from sources other than the VAWA program. These match funds cannot include other federal funding, but may include in-kind contributions and volunteer service hours. Programs applying for ICADV funding must also have had financial support from other sources for at least the previous two years. For additional information on ICADV requirements for VOCA/VAWA and VAWA funding, please refer to the ICADV VOCA/VAWA requirements listed in this chapter.

Suggested guidelines for preparing and writing successful grant proposals are included in the following section.

Guidelines

Recommendations

It is important that grant proposals be well organized, clear and detailed. Most importantly, they should clearly answer each question put forth in the RFP. Tools for preparing and writing effective grant proposals are attached. A list of requirements for VOCA/VAWA funding is also included for reference.

Programs seeking further guidance in writing grant proposals may obtain samples through ICADV. The samples may be useful as examples in writing proposals for domestic violence programs; however, it is important to tailor any proposal not only to the individual program, but also to the particular requirements of the RFP.

Tools and Samples

Guidelines for Preparing to Write a Proposal

The following steps may be useful to programs in preparing to write a proposal:

- Utilize listings such as the Federal Register or the Foundation Directory to investigate possible funding sources and opportunities.
- Research foundations and other potential funding agencies, and review their prior grant awards.
- Request a copy of the funding agency's proposal guidelines and annual report.
- Submit a one to two page letter of inquiry if this is requested, and wait for a response before submitting the proposal.
- Don't hesitate to speak directly with a staff member of the funding agency to gain information.
- Ask other programs to share funded proposals, and use these for guidance; also ask about prior mistakes so as not to repeat them in the proposal.
- Find ways that the entire agency can provide support to ensure the proposed program is a success.
- Research the program's successful history in managing grant finances, or partner with other community programs that have this history.
- Assign one person to be the proposal manager.
- Create a reasonable and feasible schedule for writing, editing, revising, copying and sending the document. Allow enough time in the final stages to deliver proposals in time for their strict deadlines.

Guidelines for Writing Proposals

The following practices are suggested for writing effective proposals:

- Be clear in program goals, how they will be accomplished, why the program's approach is effective, and why the program would be successful. Detail specific program policies and procedures, and never be vague.
- Make a strong case of need for your program; use current research and local statistics for this that pertain to the specific issue your proposal is addressing.
- Keep the proposal simple, organized and user-friendly.
- Follow the RFP directions precisely, responding to each section of the RFP exactly as it asks. If a particular section does not apply write N/A, but do not skip it or leave it blank. It may be necessary to repeat statements already made if the proposal asks for something twice; this shows that the program is following the outline, organization and format of the RFP.
- Relate the proposal's goals back to the funding agency, and state how the program would support and promote the funding agency's goals.
- Mirror the terms and language used in the funding agency's materials in order to avoid confusion, especially in personnel and service categories.
- Cite goals in measurable terms, using numbers whenever possible.
- Set realistic goals for program outcomes and timelines; when in doubt, it is better to underestimate rather than overestimate project deliverables.
- Identify staff with strong capabilities who will be responsible for carrying out the project, and cite their qualifications in the proposal.
- Be consistent throughout the proposal with the goals that the program wants to accomplish; don't lose sight of the original plan.
- Use attention-grabbing devices to get the reader's attention, but be careful to avoid anything potentially offensive.
- Include a realistic budget that includes all costs associated with the proposed projects.
- Use anecdotes where appropriate.

- Provide limited supplemental information but not too much; for instance, it is often more effective to provide one letter from a survivor describing the program's services than twenty such letters.
- State other sources of program funding if applicable; this adds to credibility.
- Be realistic and upfront about strengths and limitations.
- Proofread the proposal thoroughly; simple math errors or unclear language can lead to the refusal of the request.

If applying for funding that is specified for direct services:

- Clearly describe the direct service responsibilities of different positions and the percentage of time each position spends providing direct services, especially if it is not made clear in the position title. For instance, if the Executive Director of a start-up program spends time providing direct services, proposals should make this very clear.
- Be aware that some position titles, such as case manager, are considered administrative positions in other areas of the country; in such instances it's especially important to outline the actual service duties.

VOCA/VAWA Requirements

Eligible agencies:

- Has a principal mission to provide services to victims of domestic violence;
- Has a record of providing effective, victim-centered services to victims of domestic violence for the past two years;
- Has provided 40 hours of training in domestic violence to all of its direct service staff and volunteers. Staff trained after July 1, 2004, must be trained by a site approved by the Illinois Certified Domestic Violence Professionals;
- Is a legally incorporated nonprofit organization that provides services to victims;
- Has had financial support from other sources for at least the previous two years. At least one-fifth of its support (including in-kind contributions) shall be from sources other than the Victims of Crime Act program;
- Is able to provide an independent audit at the time of application;
- Utilizes volunteers;
- Promotes coordinated public and private efforts within the local community to aid crime victims; and
- Assists victims in seeking available crime victim compensation benefits;
- Provides 24-hour telephone accessibility by personnel trained in domestic violence without requiring the victim to make a second phone call or wait for a return phone call;
- Provides access to safe housing for victims of domestic violence including access to trained staff and services to effectively meet the needs of victims;
- Has a demonstrated ability to utilize an intake assessment to determine eligible clients and uses appropriate service plans for eligible clients;
- Has credibility within their service community regarding provision of services to domestic violence victims;
- Provides all victims of domestic violence with free, nondiscriminatory and confidential services; and
- Provides services to victims of federal crimes on the same basis as victims of state and local crimes.

Eligible agencies may be required to agree that ICADV funding will be used to provide the following activities for the direct benefit of individual crime victims:

- Making victims of domestic violence aware of the availability of crime victims' compensation, and assisting them in completing the required forms and in gathering the needed documentation. Assistance may also include follow-up contact with the victim compensation agency on behalf of the victim.
- Acting on the crime victim's behalf vis-à-vis other social service and criminal justice agencies, and referring to other sources of assistance, as needed.

- Assisting crime victims in participating in criminal justice proceedings including transportation to court, child care, escort services, obtaining and enforcing orders of protection, and advocacy on behalf of victims with criminal justice system personnel.
- Providing ongoing training, and conducting advocacy with legal and criminal justice agencies on behalf of identified victims (training for implementing agency staff only, outside agencies may be invited to attend).
- Using funds from this grant for a designated position as applicable.
- Certifying that federal matching funds from state and/or local sources are available per contract specifications.

Portions of this chapter adapted from materials produced by the Missouri Coalition Against Domestic Violence.

SERVICES

Eligibility

All programs funded by IDHS or ICADV must have a policies and procedures in place to determine who qualifies for program services. Although programs may develop their own specific guidelines for eligibility, certain requirements for eligibility determination processes must be met.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following requirements when determining eligibility.

Direct Service Eligibility

- Eligible participants must be people who state that they are or have been victims of or threatened with domestic violence, or if they are not able to state this, are referred with a credible story that indicates domestic violence dynamics. Services may be provided to adults and/or their vulnerable family or household members, and minors who are or have been involved in dating or engagement relationships and/or their vulnerable family or household members.
- Providers shall not discriminate in the provision of services on the basis of income, age, race, creed, sex, ethnicity, color, national origin, the county of origin, marital status, sexual orientation, gender identity, citizenship status, spoken language, disability or religion. Services shall not promote a specific religion or lifestyle.
- Programs shall have clearly written criteria for determining eligibility for services.
- Programs shall provide all domestic violence services free of any charge to the survivor. In some instances other agencies may pay for services for survivors or their children; in these situations programs must be especially careful to avoid violating the confidentiality of survivors or their children.
- Programs shall not provide services to the perpetrator of domestic violence. For guidance on determining which partner is the perpetrator, please refer to the *Guidelines* section of this chapter.
- Eligibility policies shall be designed to be inclusive, not to exclude from services.

- Neither shelter nor any other services shall be denied due to a survivor’s failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.
- If a non-sheltered survivor is under 17 and not an emancipated minor or living independently from parents or guardians, programs may provide five sessions of 45 minutes each without obtaining parental consent. After the initial five sessions, programs must make every effort to obtain consent from the parent or guardian before providing additional services. This applies to any domestic violence services, whether they are provided by a licensed therapists or an advocate. If the teen is living independently from parents or guardians and requires additional services, **programs may determine how to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys.** The younger the child, the more stringent the need for consent. Children over twelve also have the right to their own records and may legally deny their parents access to their records. For more information, please refer to excerpts of the Mental Health and Developmental Disability Confidentiality Act in the Counseling and Advocacy chapter.

Community Member Eligibility

- Any community member may be eligible for information and referral, community education, institutional advocacy, outreach, and prevention or training services. Programs may determine the eligibility of community members for these services.

Suggested procedures related to eligibility are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Documentation of eligibility determinations must include the following information:

- Survivor name or ID number
- Gender of survivor
- Race of survivor
- Age of survivor
- Date of the determination
- Summary of the contact
- Signature of the advocate

Eligibility information may be collected on the InfoNet Client Intake/Eligibility Determination Form or programs may also create their own forms that gather the required data. The form is then placed in the survivor’s file.

Programs must also record all turn-a-ways of shelter. To be counted as a turn away, a person must be determined to be a survivor of domestic violence, eligible for domestic violence

services, and in need of shelter, but **due to lack of bed space** the program is unable to provide on-site shelter.

Documentation of turn-a-ways must include the following information:

- Date
- Number of survivors, children and other vulnerable family members turned away
- Alternative referrals offered

Programs may use the InfoNet Monthly Turn Away Data Collection form to record this data, or another form that collects the required information.

Guidelines

Recommendations

Eligibility is determined during the initial contact with the program, which often happens on the crisis hotline. Individual program policies will determine the specific guidelines for eligibility, but denial of services to survivors of domestic violence should only occur when there are health or safety concerns attached to the survivor's involvement in the program.

Determining Which Partner is the Perpetrator of Domestic Violence

Because perpetrators of domestic violence will sometimes claim they are victims in order to influence court proceedings against them, it's important to assess survivors carefully if there is any question as to who is the victim and who is the perpetrator (for example, if both partners are requesting services). When in doubt, advocates may consider whether those seeking services exhibit the following characteristics common to victims:

- Do they seem to blame themselves for the violence directed toward them?
- Do they seem to be kept isolated from friends and family?
- Have they experienced stalking behavior from the partner?
- Are they afraid of their partner?

If the answer to these questions is yes, the person is more likely to be the victim than the perpetrator. Advocates should consult with supervisors to help assess these situations. These determinations may also need to be reassessed as more information becomes available.

In some instances, programs may gain information only after beginning services that the client is actually a perpetrator, not a victim, of domestic violence. In these situations, a program may terminate services to a client if the client gave misleading or incomplete information at intake and the program has subsequent information that is consistent with a determination that the person is a perpetrator. The person should be referred to an IDHS protocol-approved Partner Abuse Intervention Program. This is not intended to be used to deny services to victims of domestic violence who were defending themselves.

Referrals

As indicated under *Minimum Requirements*, if the program is at capacity or the person is found to be ineligible, advocates must offer referrals to other resources appropriate to the person's needs. Referrals should be offered whether or not the person seeking services is a survivor of domestic violence. Other appropriate referrals may include referrals to substance abuse treatment centers, health care services, the Illinois Department of Children and Family Services, or homeless shelters.

For more information on procedures for initial contact, hotline calls, and denial of service, please refer to the Initial Contact and Intake chapter, the Crisis Hotline and Walk-In Services chapter, and the Denial of Service and Involuntary Termination chapter of this manual. More information on supporting diverse groups, such as survivors with substance abuse or mental health issues, can be found in Special Considerations chapter.

Initial Contact and Intake

The purpose of the initial contact is to identify the survivor's safety level, need for domestic violence services, and how the program can best assist. The intake continues the process of collecting information, and documents the survivor's profile at the time of admission into the program. The information gathered from both the initial contact and the intake can be used to identify needs of the survivor, begin service planning and set initial goals.

Minimum Requirements

Programs funded by IDHS or ICADV must comply with the following requirements to provide initial contact and intake services.

Initial Contact

At the time of the survivor's initial contact, via telephone or in person, programs shall:

- Determine eligibility. Criteria for eligibility must be based on the individual's status as a survivor without regard to income, race, age, gender, sexual orientation, language, disability or other factors. Requirements for eligibility determination, including rules for services to minors, can be found in the Eligibility chapter.
- Screen for risk of violence to the individual, minor children or any other vulnerable family member.
- Assist in the creation of an individualized safety plan.

Intake

If the survivor is found eligible for services during the initial contact, programs will complete an intake process. The length and detail of the intake process will depend upon the type of services offered through the program, with shelter services requiring the most in-depth intakes. Intakes for any service must minimally include, but not be limited to:

- A determination of the survivor's immediate needs, if any, including safety and legal assistance/IDVA advocacy.
- An explanation of available services including current capacity limitations, time limitations associated with services, and the reasons that services may be involuntarily terminated or denied.
- An explanation of the IDVA and its provisions.

- An explanation of survivor's rights regarding:
 - o Confidentiality
 - o Voluntary, survivor-driven service planning including referral options and refusal of offered services or referrals
 - o Mandated reporting of child abuse
 - o Mandated reporting of elder abuse when elders cannot report the abuse themselves
 - o Survivor involvement in publicity or fund-raising
 - o Nondiscrimination in service delivery
 - o Description of the criteria and process the program uses for denial of services and the involuntary termination of services
 - o The right to private space for counseling sessions
 - o The right to have policies and procedures explained in an understandable way
- A Survivor Rights/Responsibilities form signed by both survivor and advocate.
- A description of the procedure for resolving grievances relating to the provision of services. The grievance procedure must:
 - o Be given to the survivor in writing on a form signed by both survivor and advocate, as well as clearly outlined to the survivor verbally
 - o Be designed to allow survivors participating in the program to make complaints without fear of retaliation
 - o Comply with IDVA confidentiality requirements

Intakes for shelter services will require all of the above information, but will also involve the following:

- An in-depth assessment of additional needs such as medical and dental care, food, housing, and clothing. This shall include any special accommodations needed due to special needs or disabilities, such as interpreters or personal care attendants.
- An explanation to the survivor of shelter house guidelines/responsibilities, including policies regarding discipline of children.

Suggested procedures and samples related to initial contacts and intakes are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Information collected on an intake must include the following data:

- Survivor's name or ID number
- Gender, race and age of survivor
- Date of the intake
- Amount of time the intake took

- Summary of the contact
- Signature of the advocate
- Signature of survivor if applicable

Programs may use the InfoNet Client Intake/Eligibility Determination Form to capture this information, or may choose to use their own forms to gather the same required data. The InfoNet Client Intake/Eligibility Determination Form can be used to document initial contacts as well.

It is possible to begin the intake with minimal information and leave fields blank if necessary. The amount of documentation collected from survivors will depend partly upon the program's amount of contact with them and their length of stay. However, programs must collect as much intake data as possible over time, as this information is relevant to developing a comprehensive safety plan. Unknown or unassigned data must be kept to a minimum. If an intake is left incomplete due to an early departure, make a note of this in a case note.

Programs must also assign the survivor an identification number at intake. Programs may use their own system for assigning identification numbers; however, identification numbers must never contain identifiers such as survivor's initials, name, date of birth or part of a social security number and must follow guidelines outlined for InfoNet Data Collection system purposes.

If initial contact to the program is through the crisis hotline, either directly from the caller or through the Illinois Domestic Violence Help Line, the hotline call must be documented as well; please refer to the Crisis Hotline and Walk-In Services chapter for additional guidelines on crisis call documentation.

InfoNet has additional requirements and guidelines for intake documentation. For this information, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Recommendations

The initial contact and intake processes overlap one another. Collecting information for an intake generally begins during the process of initial contact and eligibility determination. Once a person has been offered services, advocates then conduct the entire intake.

Initial Contact

At the time of the survivor's initial contact with the program, advocates may use their program's policy to determine if the individual is eligible for services. Survivors may be in crisis during initial contact, especially if this contact is through the crisis hotline. To assess the immediate risk to the survivor and provide immediate safety, advocates may use the ICADV Flowchart for Handling Domestic Violence Crisis Calls. The Flowchart is included in Crisis Hotline and Walk-In Services chapter of this manual, along with additional information on providing hotline services.

Initial contacts will also involve safety planning with survivors. For information on safety planning with the survivor for before, during and after violent incidents, please refer to the Safety Planning section of the Counseling and Advocacy chapter.

Intake

Most of the information needed for the intake can be obtained by simply saying to the survivor "Tell me about your situation". Advocates should not complete an intake with a survivor by quickly asking each question one by one, as is done in hospitals or large bureaucratic institutions. Neither should they simply hand the survivor the form saying: "Fill this out." Instead, information should be gathered in a conversational, supportive way. Advocates who use this discussion style are likely to get all of the information and help survivors the most. Clients have the right to refuse answering one or more intake questions. If client refuses to answer intake questions, advocates may explain how provision of services in need may be limited without the information but that services will not be withheld as a result of her omission.

Intakes at shelters should be done with special attention toward the survivor's arrival and the crisis that brought them to the program. A list of recommended practices for shelter intakes is included in this chapter.

Domestic Violence Service Assessment

Programs may determine how much information to gather at intake in addition to the required data. Conducting a domestic violence service assessment is an effective way to begin initial services. A service assessment provides information describing, assessing and identifying survivor strengths, coping skills, needs and behaviors without requiring a diagnosis. It includes

telling the domestic violence story – with whom, what, when, for how long, intensity and severity over time, coping and survival skills, and other information. The service assessment:

- Determines the course of service and types of services that are to be provided
- Includes screenings for mental health, substance abuse, trauma, risk and lethality
- Provides the focus for the Service Plan and begin to inform the Safety Plan
- Determines eligibility and appropriateness for specific services and programs
- Provides information for possible referral outside of the agency

Tools and Samples

Guidelines for Conducting Shelter Intakes

The following steps are recommended for effective intakes at domestic violence shelters:

- **Let the survivor guide the pace of the intake.**
Often, the intake won't be completed in the first session. Before proceeding with a full intake, assess if the survivor is ready to complete it. Survivors may need time to recover from the crisis that caused them to come to the program, or to make further arrangements to ensure safety for themselves and their family members. If this is the case, collect only what is needed for safety planning and eligibility, and to meet minimal program requirements, and continue the intake later. The rest of the information should be gathered within 24 hours of the survivor's arrival.
- **When survivors initially enter into shelter, greet them and help them and their children to feel comfortable.**
Offer water and something to eat, and ask what the survivor wants to do first, such as rest or talk. Provide any needed items such as clothes, personal care products, diapers or bottles. Briefly orient survivors to the facility by showing them the location of their bedroom, bathroom, shower, kitchen, phone, and laundry and storage areas.
- **Don't provide all program details or inundate the survivor with verbal information during initial arrival.**
If appropriate, advocates can provide survivors with written information to read at their convenience and discuss at a later time. When the survivor is ready, provide all of the information about rights, services and policies in an unhurried way, allowing time for questions.
- **Encourage current residents to help in welcoming and assisting new residents.**
This will help survivors to feel ownership of the program and to develop skills in leadership.

Sample Client Rights and Responsibilities, Confidentiality Agreement and Client Grievance Procedure Form

1. Client Rights and Responsibilities

I understand that as a client my rights include:

1. The right to receive services regardless of my race, religion, color, ethnic origin, national origin, the county of origin, marital status, sexual orientation, citizenship status, spoken language, disability or age.
2. The right to have all of my records kept confidential. Confidentiality means the Program staff will not tell anyone that I am a client or have been a client. No details of my situation will be disclosed without my written permission. This disclosure would occur when and if I sign a Release of Information form.
3. The right to revoke a signed Release of Information form. A revocation must be done in writing and will be placed in my client file.
4. The right to meet with staff in a private space.
5. The right to receive a copy of the Program's confidentiality policy.
6. The right to make my own decisions. I have the right to accept or reject staff recommendations or services.
7. The right to participate in the development of my service plan. I have the right to be informed of staff's ideas and plans for assisting me and/or my children. I have the right to be informed of how the program may be beneficial for me and/or my children.
8. The right to appeal staff decisions regarding the services offered to me.
9. The right to refuse to take part in any special projects that may occur such as research, film, fundraising, television, radio and interviews with media. My refusal will not affect the services offered to me.
10. The right to have all policies, procedures, rights, responsibilities and other necessary information explained to me in an understanding manner.

I understand that as a client my responsibilities include:

1. The responsibility to respect the privacy and confidentiality of all other clients and staff members of the Program.
2. The responsibility to respect the Program as a non-violent, safe location. I will take part in services in a non-violent manner. I will not use physical discipline while at the Program.
3. The responsibility to use or receive services at the Program free of illegal substance or alcohol.
4. The responsibility to keep appointments I make or call at least 24 hours in advance to cancel them.
5. The responsibility to work toward the mutually agreed upon goals established in my service plan.

Client's Signature

Date

2. Confidentiality Agreement

The Program's confidentiality policy is to respect all disclosures made by our clients in the course of receiving services from the Program. No information may be released without the signed consent of the client; to do so is a crime under the Illinois Domestic Violence Act. However, the Program is mandated by law to report to the appropriate parties when there is imminent risk of serious physical injury or death. Therefore, in such situations, the agency will take whatever action is necessary to protect the client or others from such injury or death.

The four situations that would require action and are exceptions to the confidentiality policy are:

1. The client plans to harm herself or himself.
2. The client threatens to harm or take the life of her/his partner or any other person.
3. The client discloses that there is abuse or neglect of any minor child.
4. The client discloses that there is abuse or neglect of any elder person (age 60 and above) who cannot advocate for themselves.

Only the Program staff has access to client files. Files may be occasionally reviewed for quality assurance and monitoring purposes by government or private funders. In the event a court subpoenas our client files, the Program will make every effort to prevent the release of such files. If the Program is mandated to release files, the client will be notified in writing and their signature will be required as an acknowledgment. If a client has not participated in services for a period of 5 years or more, their file will be destroyed.

Though the Program staff and volunteers are required by the Illinois Domestic Violence Act to maintain client confidentiality, clients are not so bound. Therefore, clients are asked to be careful about sharing their own private information. The Program cannot guarantee client-to-client confidentiality.

The Program makes every effort to ensure that information shared in a group is kept confidential. Since we cannot absolutely guarantee that all group participants will observe our policy, you may choose to take some protective measures. Please keep in mind when revealing information about yourself to other clients, that those clients are not legally responsible for upholding your confidentiality. If you have an extremely sensitive issue that you would like to discuss, you may opt to discuss it in private with your advocate.

As a client of the Program, I have read this policy, reviewed this policy with my advocate and understand the provisions of the confidentiality policy. I agree to the following:

1. I will abide by all the policies regarding client confidentiality as outlined in this document and explained by my advocate. I understand that a breach of confidentiality may result in immediate termination of any or all of the Program services.
2. I understand that while I participate in services at the Program, I may see or talk with other program participants. I agree that, for reasons of trust, respect and safety, I will not

reveal the identities of others or the content of their discussions to anyone. If I violate the confidentiality of others, I will be asked to leave the program or group service.

3. I will never divulge the location of the Program. I understand that this means that I will not inform my abuser, or anyone else of the Program's location. I understand that this is necessary to maintain the safety of all clients and staff of the Program. I also understand that if I inform my abuser or someone I know to be abusive of the location I will not be permitted to return to the Program's services.
4. I understand that while the Program staff and volunteers will respect confidentiality and obey the confidentiality provisions under the Illinois Domestic Violence Act, the agency cannot assure the confidentiality of information I share with other participants who are not required by law to maintain confidentiality.
5. I will consider these conditions binding even after I terminate my client status at the Program.

Client's Signature

Date

3. Client Grievance Procedure

1. If a client has a grievance regarding their service at the Program, she/he has the legal right to request a review. This request must be in writing, must be addressed to the Program Director and must specify the area of concern.
2. The Program Director will respond to the request within two working days. This response will be in writing.
3. If the client is in disagreement with the findings of the Program Director, the client may request a review by the Executive Director. This request must be in writing.
4. The Executive Director will respond within two working days. This response will be in writing.
5. At all times during this process, the client will continue to receive domestic violence services to the best of the Program's ability. Referrals to agencies which may better serve the specific needs of the client will be included in the services offered to the client.

As a client of the Program, I have read the Client Grievance Procedure, reviewed this procedure with a the Program staff member and understand the provisions of the Client Grievance Procedure.

Client's Signature

Date

Program Staff Member Witness Signature

Date

Provided by Sarah's Inn

Actual Program Sample Of Client Confidentiality Agreement

I, _____, agree to abide by [PROGRAM NAME HERE] Domestic Violence Program's Confidentiality Policy as stated in the Procedure Manual and [INSERT PROGRAM NAME HERE]'s Code of Ethics, the following:

1. I shall never, in verbal or written exchange, divulge any information about another client (including their families) receiving services through the [INSERT PROGRAM NAME HERE] Domestic Violence Program.
2. I shall abide by this Agreement even when I am no longer receiving services at [INSERT PROGRAM NAME HERE].
3. I understand that no information regarding my case will be disclosed to anyone outside of [INSERT PROGRAM NAME HERE], without my signed Release of Information, unless:
 - **In case of any disclosure involving physical or sexual abuse of children, the associate (staff or volunteer) reports it immediately to a "mandated reporter" or directly to the IL Department of Children & Family Services (DCFS), and then notifies appropriate supervisors and colleagues.**
 - In case of any disclosure involving physical or sexual abuse of a person over the age of 60, the staff or volunteer reports it immediately to a "mandated reporter" or directly to C.H.E.L.P., and then notifies the appropriate supervisors and colleagues.
 - In case of a client/participant clearly threatening to harm any other person, the [INSERT PROGRAM NAME HERE] associate makes every reasonable attempt to warn anyone in imminent danger and notifies law enforcement authorities. The associate then notifies the supervisor of action taken as soon as possible.
 - In case of a client/participant clearly threatening to harm self, the [INSERT PROGRAM NAME HERE] associate immediately contacts a recognized suicide intervention organization (i.e., Heritage Behavioral Health Center, DeWitt County Human Resource Center).
 - Revelation of crimes by clients/participants always prompt consultation with supervisor and preview of relevant law.
 - Information germane to the provision of services to current and past clients/participants is divulged within this agency only to those who have a legitimate need to know, including appropriate co-workers and supervisors.

I understand that failure to abide by this Confidentiality Agreement will result in my termination of services from the program.

I further understand that when I reveal information about myself to another client, it does not make that client legally responsible in upholding client confidentiality.

Client Signature	Date
Staff Signature	Date

Spanish Sample Client Rights and Responsibilities, Confidentiality Agreement and Client Grievance Procedure Form

Forma de Los Derechos y Responsabilidades de Cliente, Acuerdo de Confidencialidad
y Procedimiento de Agravio del Cliente

Derecho y Responsabilidades del Cliente

Yo entiendo que como cliente de Program mis derechos incluyen:

1. El derecho de recibir servicios sin importar la raza, religion, color, origen étnico, origen nacional, el condado de origen, estacion matrimonial, estacion de ciudadania, idioma hablado, orientación sexual, incapacidad o edad.
2. El derecho a que todos los expedientes que contengan información personal sean mantenidos en confidencialidad eso incluye que ningún empleado(a) de Program puede divulgar mi presente o pasado participación en los servicios que ofrece esta agencia y ningún detalle de mi participación en esta agencia sera compartido sin autorización escrita. Esto ocurre cuando y si yo firmo una forma para desglose el información.
3. El derecho de revocar el consentimiento firmado para desglose el información. Esta revocación debe ser por escrito y deberá incluirse en mi expediente.
4. El derecho de reunirme con empleados de Program en un espacio privado.
5. El derecho de recibir una copia de la póliza de confidencialidad de Program.
6. El derecho de tomar mis propias decisions. El derecho de aceptar o rechazar recomendaciones hechas por los empleados de Program acerca de los servicios que se me ofrezcan.
7. El derecho de participar en el desarrollo de mi plan de servicios. Yo tengo derecho de ser informada de las ideas y planes para asistir a mi y/o mi hijo(s). Yo tengo el derecho de saber como el programa puede beneficiarme a mi y/o a mi hijo(s).
8. El derecho de apelar las decisions de los empleados (as) acerca de los servicios que se me ofrecen.
9. El derecho de rehusarme a participar en proyectos que puedan ser presentados en una investigación, películas, recaudación de fondos, televisión, radio o entrevistas con cualquier otro medio de comunicación. Mi negación a participar en estas actividades no afectará negativamente los servicios que se ofrecen.
10. El derecho a que toda la información necesaria asi como las pólizas, mis derechos, mis responsabilidades y los procedimientos, me sean explicados por una consejera de manera que pueda entenderlos.

Yo entiendo que como cliente mis responsabilidades incluyen:

1. La responsabilidad de respetar la privacidad y confidencialidad de todas(os) las clientes y empleados de Program.
2. La responsabilidad de respetar Program como un lugar seguro y no violento. Yo tomaré parte en los servicios de manera no violenta. Yo no usaré la disciplina física con mis hijos mientras recibo servicios en Program.

3. La responsabilidad de no presentarme a recibir servicios en Program bajo la influencia de Alcohol o drogas ilegales.
4. La responsabilidad de asistir a mis citas y si no puedo asistir deberé llamar para cancelar la cita por lo menos 24 horas antes.
5. La responsabilidad de trabajar mutuamente en las metas que se establecieron en mi plan de servicios.

Firma del Cliente

Fecha

2. Acuerdo de Confidencialidad

La póliza de Program acerca de la confidencialidad de nuestros cliente es de respetar toda la información proveída por nuestros clientes en servicios. Ninguna información puede ser revelada sin el consentimiento firmado del cliente; una revelación sin consentimiento escrito es un delito sobre la Acta de Violencia Doméstica de Illinois. Sin embargo Program es mandada por ley a intervenir cuando hay un riesgo inminente de muerte o herida físicas serias para el cliente o alguna persona cercana al cliente. Por lo tanto si se presenta esa situación la agencia tomara cualquier acción necesaria para proteger al cliente u otros de daños físicos o muerte.

Las cuatro situaciones que podrian requerir acción y son excepción a nuestra poliza son:

1. Si el cliente planes lastimarse
2. Si el cliente amenaza con lastimar o asesinar a su pareja u otra persona
3. Si el cliente informa que hay abuso o negligencia de un menor.
4. Si el cliente informa que hay abuso o negligencia de una persona mayor de edad. (60 años de edad o mayor) que no puede abogar por si mismo

Solamente empleados de Program tienen acceso de los expedientes de nuestros clientes. Fondadores privados o del gobierno repasan los expedientes periodacamente para aseguramiento de calidad y monitorización de los servicios. En caso que recibamos ordenes de la corte para revisar los expedientes de nuestro cliente, Program hara hasta el ultimo esfuerzo para evitar reveler la información. Si se requiere que Program revele los expedientes por la carte, el cliente sera notificado por escrito y su firma sera requerida como prueba de que el cliente esta enterado. Si un cliente no ha participado en servicios de Program por un periodo de cinco anos o mas, sus expedientes seran destruidos.

Aunque los voluntarios y empleados de Program están requeridos por la Acta de Violencia Domestica de Illinois mantener la confidencialidad de el cliente, el cliente no esta atado a este requisito. Por lo cual se le pide a los clientes que tengan cuidado de compartir su propia información privada. Program no garantiza la confidencialidad de cliente a cliente.

Program hace todo el esfurezo de segurar que la infiormación que se comparte en grupo se mantenga confidencial. Como no podemos asegurar absolutamente que todos los participantes

de grupo observen nuestra poliza, puede elegir medidas protectivas. Por favor recuerden cuando revelan información personal a otros clientes, que esos clientes no son responsables legalmente de mantener su confidencialidad. Si tienes un tema extremadamente sensible en el cual quieres discutir tienes la opción de discutirlo en privado con su consejera/o.

Como cliente de Program yo he leído y revisado esta póliza con mi consejera/o y entiendo las condiciones de esta póliza. Yo estoy de acuerdo con lo siguiente.

1. Yo me guiaré por todas las reglas acerca de la confidencialidad según está escrito arriba y explicado por mi consejera(o). Yo entiendo que la violación de confidencialidad puede resultar en la inmediata terminación de algunos o todos los servicios de Program.
2. Yo entiendo que mientras estoy participando en los servicios de Program, puedo ver o hablar con otros participantes del programa. Estoy de acuerdo que, por razones de confianza, respeto y seguridad yo no revelaré a nadie la identidad de otros o el contenido de sus conversaciones. Si violo la confidencialidad de otros, me despedirán del programa o terminarán los servicios de grupos de apoyo.
3. Yo nunca divulgaré la dirección de Program. Yo entiendo que esto significa que yo no informaré a mi pareja (abusador), o a ninguna otra persona que tenga una conducta abusiva de la dirección de Program. Yo entiendo que esto es necesario para la seguridad de todos los clientes y del personal de Program. Yo entiendo que si informo a mi abusador, o a otra persona que yo crea que tiene conducta abusiva de la dirección no se me permitirá utilizar los servicios de Program.
4. Yo entiendo que los voluntarios y empleados de Program respetarán y obedecerán las leyes requerido en la Acta de Violencia Doméstica de Illinois, pero la agencia no puede asegurar la confidencialidad de la información que comparto con otros clientes que no estén obligados por ley a mantener la confidencialidad.
5. Yo entiendo que estas condiciones siguen vigentes aún después de que yo termine mi relación como cliente en Program.

Firma del Cliente

Fecha

Procedimiento de Agravio del Cliente

1. Si un cliente tiene una queja sobre sus servicios de Program, ella o el por ley tiene el derecho de solicitar una revisión de sus servicios. La solicitud tiene que ser en forma escrita, y dirigido al Director/a del Programa y tiene que esperar el área de preocupación.
2. La respuesta de su solicitud será respondida por el Director/a del Programa en escrito entre dos días de la semana laborales.
3. Si el cliente no está de acuerdo con la respuesta de Director/a del Programa, el cliente puede solicitar una revisión por el Director/a Ejecutivo/a en escrito.
4. La respuesta de su solicitud será respondida por el Director Ejecutivo/a en escrito entre dos días de la semana.
5. Durante todo el proceso de la revisión al cliente recibirá los servicios de violencia doméstica de Program de lo mejor de nuestra habilidad. Referidos a otras agencias que

puedan server mejor sus necesidades especificas sera incluido entre los servicios a el cliente.

Firma del cliente

Fecha

Firma del empleado/a de Program como Testigo

Fecha

Provided by Sarah's Inn

Sample Domestic Violence Program Client Grievance Process

It is the policy of the Domestic Violence Program to provide confidential, victim-centered services to domestic violence victims and their children, without regard for race, creed, gender, sexual orientation, nation origin, or HIV status. Further, no services will be denied based upon inability to pay. We will make every effort to provide services in a fair and considerate manner.

Each person who requests services from the Domestic Violence Program shall have the right to voice a grievance if unsatisfied with the program's action in relation thereto. Examples include, but are not limited to:

- denial of a request for services
- termination or modification of services
- lack of confidentiality in rendering services.

Each person who requests services shall be notified of the right to voice a grievance at the intake interview. The grievance procedures will be available upon request.

Grievance Procedures

A. Informal Resolution

The preferred method for responding to a grievance shall be by informal resolution. Open and direct communication is the best method of resolving a problem. The Domestic Violence Program and complainant shall make every effort to work towards a constructive resolution of the grievance.

A person who feels their rights have been violated should discuss the problem with the Director of Crisis Services. If these attempts do not result in satisfactory resolution, the formal grievance procedures below may be instituted.

B. Formal Resolution

Any person who requests services from the Domestic Violence Program has the right to voice a grievance concerning any action or inaction by the center which the person believes to be unfair or a violation of right. If informal resolution procedures are unsatisfactory, the following procedure shall apply:

1. Grievance

A grievance must be made within thirty (30) days of the last action complained of, unless good cause is shown for the delay. A grievance must be in writing. An anonymous or oral grievance will be examined and appropriately reviewed for possible action.

A grievance shall be made to the Director of Crisis Services; or to the Executive Director if the grievance is about the Director of Crisis Services. If the grievance is about the Executive Director, it should be made to the Board of Directors.

2. Response

The Director of Crisis Services will review the grievance within seven (7) working days and make an attempt to resolve the matter by:

- a.** scheduling a conference and/or meeting with the staff member/volunteer to review the problem; and
- b.** scheduling a meeting with the complainant, if so desired by complainant.

Only those persons directly involved or named in the grievance shall be present and the meeting will be confidential.

A written response shall be sent to the person making the grievance within five (5) working days of the completion of any meeting or conference scheduled pursuant to (a) and (b) above.

C. Request for Review

If the complainant disagrees with or is unsatisfied with the resolution by the Director of Crisis Services, a Request for Review may be made to the Executive Director within five (5) working days of receipt of the response. The Request for Review may be bypassed if the Executive Director has issued the response.

The Request for Review must be made in writing and shall state what action, if any the complainant believes would resolve the grievance. Within five (5) working days of receipt the Executive Director shall review the Request for Review, contact the complainant and necessary staff, and schedule a meeting, if needed or requested by the complainant.

At the conclusion of any meetings, the Executive Director shall respond to the Request for Review with a decision in writing within fourteen (14) calendar days. The decision shall be accompanied by a notice that states: If you are dissatisfied with this decision, you may request to present your case to the Board of Directors. To do this you must submit your request to the President; 100 Main Street; Anytown, IL 62704 within ten (10) days of your receipt of this decision.

D. Appeal to Board of Directors

The Board of Directors shall grant a complainant the right to appear and voice the grievance at its next scheduled meeting and shall further undertake any additional investigation it deems necessary to resolve the matter. The Board of Directors shall, to the extent possible, protect the privacy of the complainant. The Board of Directors shall issue a written conclusion to the complainant within thirty (30) days of the complainant's appearance.

The written conclusion of the Board of Directors shall be final.

Provided by YWCA of Sauk Valley

Sample Client / Volunteer Grievance Policy

1. Coverage

This policy can be used by any person served by the Program, or by any volunteer for the Program. It should be used when a client or volunteer feels that she/he has been unfairly treated by the Program. The person who files the grievance is the Complainant.

2. Informal Resolution

The Complainant should first try to get the problem solved by discussing it informally with the Program Director, Volunteer Director, or Executive Director, whichever is appropriate. This should be done within seven (7) days of the action which caused the problem.

3. Filing a Grievance

If informal discussions do not resolve the issue, the Complainant should file a written Grievance. This Grievance should state the nature of the problem, and what should be done to solve it. It must be signed and dated. The Grievance should be filed with the Chairperson of the Program Council within seven (7) days of the informal discussions.

4. Hearing the Grievance

Each Program Council has a Grievance Committee. Staff shall not be voting members of this Committee. The Committee shall, within seven (7) days of receiving a Grievance, begin its investigation. The Committee may review files and interview involved persons. The Committee shall make a decision within fifteen (15) days of receiving the Grievance, and notify the parties involved.

5. Appeal

If the Complainant wishes to appeal the decision, she/he may within seven (7) days of being notified of the decision, file a written Appeal with the Board President. A committee consisting of the President, Vice President, Secretary and Treasurer shall make any investigation deemed necessary, and shall, within fifteen (15) days of receiving the Appeal, issue its decision, which shall be binding on all parties.

Sample Grievance Complaint

Name of Complainant: _____

1. NATURE: What is your grievance about? Please be exact.

2. EVIDENCE: What specific action(s) or inaction(s) occurred to cause this grievance? Please give names, dates & any other information needed to explain your complaint.

3. REMEDY: What do you want done to resolve the issue? Please be exact and precise.

4. DOCUMENTATION: State how you have met the steps required before filing this written grievance. Give names & dates.

Signature of COMPLAINANT _____

Date _____

Please attach any information you believe to be pertinent to this Complaint. All attachments are incorporated into the Grievance. Provide a list of all attachments on the reverse side of this page.

Provided by Dove, Inc.

Sample Participant Grievance Policy and Procedures

I. Mission

The mission of the Center is to end abuse. Together, the Center offers prevention, education, advocacy, and intervention in partnership with the community so that everyone can live free from violence.

II. Introduction

It is the goal of the Center to provide confidential and compassionate service in a safe environment with one goal in mind – to empower people to live free from violence and abuse.

We believe that to accomplish this, we must provide forums for those we serve to give feedback. We offer written surveys and encourage open discussion and positive conflict resolution. However, there may be times when differences cannot be resolved through such methods. This document explains a procedure that can be used to address those differences.

III. Definitions

A “Participant” is anyone served by The Center. Some examples include but are not limited to: a survivor of domestic violence, sexual assault/abuse, elder abuse/neglect/exploitation; a significant other of a survivor or violence; a parent, student or teacher involved in a prevention education program; a community professional.

A “Grievance” is a complaint by a participant about any issue thought to be unjust, unfair, or abusive. Participants should, to the best of their abilities, document in writing the events that created the Grievance. It is the responsibility of Center staff members to help participants read, understand, and follow through the grievance procedure.

IV. Policy

It is the policy of the Center to provide participants (or if participants are minors, their parent(s) or legal guardians) an opportunity to express concerns about services provided or denied to them by the Center. Participants have the right to file a grievance at any time without fear of retaliation or threat of reprisal. The Center is committed to consistently providing services to participants while a resolution of the grievance is formulated.

V. Procedures

In the event participants are dissatisfied with the provision of or denial of services, grievances must be resolved in the following manner:

- Step 1:** All questions, concerns, and issues regarding the Grievance should first be directed to the staff member who is most directly involved with the

participant (his/her prevention educator, counselor, caseworker, or advocate). Those concerns should be given in writing on the Center's Participant Grievance Form. This should be done within 30 days from the date of the act giving rise to the Grievance. If the participant feels s/he cannot talk to the staff member in question, s/he may proceed directly to Step 3.

- Step 2:** Within 5 working days of the date the Grievance is received, the staff member will consider the Grievance and provide a written decision to the participant.
- Step 3:** If the participant is dissatisfied with the decision of the staff member, or the staff member has not responded to the participant within the appropriate time frame, he or she may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the staff member's decision, to the staff member's immediate supervisor. These documents shall be sent to the Supervisor within 5 days of the date of the of the staff member's decision.
- Step 4:** Within 5 working days of the date the Grievance is received, the Supervisor will consider the Grievance and provide a written decision to the participant.
- Step 5:** If the participant is dissatisfied with the decision of the Supervisor, or the Supervisor has not responded to the participant within the appropriate time frame, s/he may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the Supervisor's decision, to the Executive Director. These documents shall be sent to the Executive Director within 5 days of the date of the of the Supervisor's decision.
- Step 6:** The Executive Director will consider the Grievance, which may include contacting the participant, appropriate staff, legal counsel, and/or Board members. Every effort shall be made to protect the privacy and confidentiality of the client. Within 10 working days of the date the Grievance is received, the Executive Director will provide a written decision to the participant.
- Step 7:** If the participant is dissatisfied with the decision of the Executive Director, or the Executive Director has not responded to the participant within the appropriate time frame, s/he may forward the Grievance Form, along with a written statement containing the reasons for disagreement with the Executive Director's decision, to the President of the Board of Directors. Contact information for the Board President may be obtained from the Executive Director. These documents shall be sent to the Board

President within 5 days of the date of the of the Executive Director’s decision.

Step 8: The Board President will consider the Grievance, which may include undertaking additional investigation he/she deems necessary to resolve the matter. Every effort shall be made to protect the privacy and confidentiality of the participant. Within 15 working days of the date the Grievance is received, the Board President will provide a written decision to the participant. This decision by the Board President will be considered the Center’s final agency action.

A written copy of the Grievance Form, as well as all decisions regarding the Grievance, whether from a staff member, Supervisor, Executive Director, or President of the Board of Directors, will be noted in the participant’s file. Every effort shall be made to ensure that caution is used in language that will be placed in the participant’s file.

Depending on the participant’s particular situation, a participant may have the right, at any time during the grievance procedure, to contact:

- a. the Illinois Coalition Against Sexual Assault, 100 North 16th St., Springfield, IL, 62703-1102, or by telephone at (217) 753-4117; or
- b. the Illinois Coalition Against Domestic Violence, 801 South Eleventh Street, Springfield, IL 62703, or by telephone at (217) 789-2830; or
- c. the Illinois Department on Aging, 421 East Capitol Avenue, # 100, Springfield, IL, 62701, or by telephone at (217) 785-3356.

If unsure about which agency to contact, participants may ask a staff member for direction. If participants elect to file a grievance with any of the above agencies, the grievance must be within the guidelines of that agency.

This is to certify that I, _____, have received the Participant Grievance Policy and have had it explained to me. I am satisfied with the explanation and understand the content of this policy.

Participant/guardian signature: _____ Date: _____

Staff Signature: _____ Date: _____

Provided by The Center for Prevention of Abuse

Sample Grievance Procedure

Subject: Client Appeal/Grievances

Policy: Grievances will be handled in a timely manner according to agency procedure.

Procedures: In the event that a client feels that she/he had been treated unfairly or has not received the services to which she/he is entitled, the following procedures will be instituted.

1. The client will be encouraged to work out difference with the assigned staff member with the assistance of the Program Director if necessary/requested.
2. If the client remains dissatisfied, the client may submit a written summary to the Program Director outlining the nature of the complaint.
3. The Program Director will investigate the nature of the complaint and take appropriate remedial action and inform the client, in writing, within 10 working days of receipt of the complaint. (The Program Director is not required to disclose the specific action(s) taken).
4. If this does not lead to successful conflict resolution, the client shall be informed of her/his right to speak with the Executive Director, to hear her/his grievance.
5. The Executive Director will review the situation and respond, in writing, within 10 working days of receipt of the grievance. (The Executive Director is not required to disclose the specific action(s) taken).
6. If the client remains unsatisfied with the response and/or action taken by the Executive Director, the grievance shall be forwarded, at the request of the client, to the Executive Committee of the Board of Directors. The client has the right to speak with the Committee to voice the grievance.
7. A written response will be reviewed by the Executive Director and the Executive Committee within 30 days of receipt of the grievance. The decision shall be final.
8. If not satisfied with the final decision, the client may contact the Illinois Department of Human Rights at 222 S. College Room 101-A, Intake Unit, Springfield, IL 62704 or by phone at (217) 785-5100 or (217) 785-5125 TTY. The report must be made within 180 days of the date of alleged incident.
9. All written correspondence pertaining to the complaint shall be filed in the Executive Director's office.

NOTE: The program will ensure that this process does not unduly limit persons by virtue of the ability to communicate.

Provided by the Crisis Center Foundation

Sample Grievance/Complaint Policy

Policy:

To respond in a timely and appropriate manner to all clients, staff, and volunteers grievances/complaints.

Procedure:

1. Grievance forms, available in the front office, will be filled out and submitted to the Executive Director.
2. The Executive Director will review grievance and discuss with staff person and supervisor within five business days.
3. All grievances will be responded to by the supervisor or Executive Director and an attempt made to resolve the issue within ten business days of receipt of grievance form.
4. If all attempts to resolve the issue fail, the staff and clients have the right (as noted on the Clients Rights and Responsibilities form) to register a grievance about the Program with the Program Board President and the Board of Directors.
5. If the grievance is against the Executive Director, the grievance is submitted to the President of the Board of Directors.

If issue is not resolved, the grievance can be registered with the following agencies:

County Mental Health Board	555-555-5555
Equipped for Equality	800-537-2632
Department of Human Services	217-524-6034

6. All grievances will be documented and filed in the Grievance Log Book upon the completion of the Grievance process.
7. Grievances are reviewed by the Board of Directors.
8. The grievance will not result in retaliation or barriers to services.
9. All grievances are reviewed for trends on an annual basis or more frequently if indicated.
10. The Grievance Log Book is kept in a locked and secured area.

Provided by Turning Point

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.

Crisis Hotline and Walk-In Services

Any Comprehensive domestic violence program funded by IDHS or ICADV must be available on a 24-hour basis to answer calls directly from the Illinois Domestic Violence Help Line and others for immediate crisis intervention. The primary purpose of crisis hotline and walk-in services is to provide crisis intervention that meets the urgent physical and emotional needs of survivors of domestic violence. Other important services provided on the hotline can include collecting information for the survivor's intake, assisting with developing a safety plan for the survivor, explaining program services, counseling the survivor, or providing information and referrals. All crisis hotline services may also be provided face-to-face through crisis walk-in services. Although the descriptions in this chapter are oriented toward providing these services by telephone, all requirements and guidelines for hotline services also apply to crisis walk-in services provided in person.

Although the program may have a special phone line designated specifically for receiving hotline calls from the Illinois Domestic Violence Help Line, a crisis hotline or walk-in service can be any telephone or face-to-face contact coming into the program that is NOT related to agency administration or operations, but instead focused on services. These contacts can include:

- An incoming call or contact from a survivor who is interested in the program's services;
- An incoming call or contact from a survivor already participating in the program and in need of further assistance;
- An incoming call or contact from a survivor who is not interested in becoming a participant of the program, but who would like other information or assistance;
- An incoming call or contact from someone who is not a survivor of domestic violence but who is seeking information on other services such as food or homeless shelters;
- A call or contact made by a program advocate to provide urgent assistance to a survivor of domestic violence referred to the program from another source, such as the police department.

Minimum Requirements

Programs providing domestic violence crisis hotline services must, at a minimum, adhere to the following criteria:

- Comprehensive On-Site and Off-Site programs must have trained staff and/or trained volunteers available on a 24-hour basis to answer calls directly from the statewide hotline

and others for immediate crisis intervention. No answering machines or services are permitted.

- Specialized programs must have trained staff and/or trained volunteers available to answer calls directly from the Illinois Domestic Violence Help Line and others for information and referral and crisis intervention. Voice mail systems are permitted at Specialized programs when the program is closed.
- All staff or volunteers answering hotline calls must have completed the 40-hour domestic violence training.
- TTY equipment with advocates trained in its use, access to a relay operator through 711, or access to video relay (866-327-8877) for the Deaf and Hard of Hearing is required at the program location.
- There shall be written procedures that address how the hotline advocates will meet the needs of non-English speaking, Deaf and Hard of Hearing survivors.
- If shelter can be accessed only by first calling the hotline, written procedures shall be developed for use by staff and volunteers describing the steps to be taken to access shelter or safe homes on a 24-hour basis.
- At the time of any survivor's initial contact with the program, by hotline or other means, programs shall:
 - o Determine eligibility;
 - o Screen for risk of violence to the individual, minor children or any other vulnerable family member; and
 - o Assist in the creation of an individualized safety plan.

The *Guidelines* section of this chapter contains suggestions and tools for the most effective delivery of domestic violence crisis hotline services.

Minimum Requirements in Documentation

Calls must be documented if there is any contact with the caller. For each crisis hotline or walk-in service, the advocate shall document the following data:

- Date
- Length of time the call or contact took
- Type of call or contact
- Disposition of the call or contact

The InfoNet Hotline Call Log Sheet may be used, but programs may use their own forms as long as this information is included. The InfoNet Hotline Call Log Sheet Sample collects the additional information required for InfoNet documentation as well.

Programs must designate the type of each hotline call. The Illinois Criminal Justice Information Authority uses the following four call types to categorize crisis hotline or walk-in services:

- **Hotline – Victim, has Client ID:** this is an incoming call or contact to the program from a survivor of domestic violence that is a client of the program. If the survivor has a client ID number, document the call as this type. An example of this would be an existing client, with an ID number, in need of counseling who calls the program for assistance. **Note:** if staff speak to this type of caller for over 15 minutes, then the time must also be documented as the type of service provided, such as counseling or intake, in addition to being recorded as a hotline call.
- **Hotline – Victim, Not a Client:** this is an incoming call or contact to the program from a survivor of domestic violence that is NOT a client of the program. The caller is a survivor of domestic violence but does not have a client ID number in the program. An example of this would be a survivor of domestic violence in need of some information or counseling who calls the program for assistance, but is not interested in becoming a client of the program.
- **Hotline – Information and Referral (not a DV victim):** any miscellaneous call or contact not regarding a survivor of domestic violence. An example would be a woman who calls and wants help dealing with her husband’s abuse toward their 3-year-old child. The domestic violence program may refer the woman on to another social service agency, maybe DCFS. If the agency housing the domestic violence program has several programs, an information and referral call can also be within the agency. For example, a woman who is not a survivor of domestic violence calls the hotline. What she really needs is assistance with food, a service that your agency also offers. This is an information and referral call.
- **Call Back – Non-Client:** a call or contact made by the program to a survivor of domestic violence who does not have a client ID number in the program. An example of this would be an advocate of the program, when it is safe to do so, contacting a woman who reported domestic violence to the local police department the previous night to try to provide her with information and assistance. This survivor of domestic violence does not currently have an ID number in the program.

The advocate may document the call or contact after it takes place or jot notes during the interaction, but information must be collected in an unobtrusive way. The documentation need not include survivors’ names or any identifying information if they prefer not to share it; all hotline services and documentation shall allow for the anonymity of survivors.

Advocates whose positions are VOCA/VAWA funded must also enter their name on the form. Programs shall have a system in place so that the calls of all staff and volunteers supported by VOCA/VAWA grants are documented separately from the other staff members or volunteers. This is to allow ICADV to extract hotline call service supported by VOCA/VAWA grants. Call time must also be documented in minutes, not hours, for VOCA/VAWA funding.

Guidelines

Recommendations

It is recommended that the program's hotline be a phone line that is devoted solely to hotline purposes rather than shared for other program uses. To best ensure the confidentiality and security of the calls, programs are encouraged to use a land line for all hotline calls, and calls should take place in a private area within the program.

Staff

Advocates answering hotline calls should be comfortable with crisis work and trained in listening and communication skills. Due to the critical nature of some calls, it is also important for advocates answering the hotline to have a supervisor or designated colleague available for added support and guidance when needed.

Advocates staffing the hotline should also reflect the community the program serves. In particular, bilingual staff should be available to answer the hotline calls of non-English speaking survivors. The Illinois Domestic Violence Help Line also has translation services available. As stated under *Minimum Requirements*, a TTY, access to a relay operator through 711, or access to video relay (866-327-8877) must be available to receive calls from Deaf and Hard of Hearing survivors. In general, video relay is considered the easiest system to use and available at the lowest cost; however, the TTY is still sometimes best for survivors who do not have knowledge of or access to the newer, more technological systems.

Procedures

Programs should have clear, user-friendly protocols for staff and volunteers to follow when answering hotline calls. Suggested guidelines for these procedures and ICADV's Domestic Violence Hotline Flowchart are included in this chapter for reference.

Tools and Samples

Suggested Guidelines for Hotline Support

The following steps are recommended for safe and effective hotline services:

- **Address the immediate safety of the caller.** If the caller is a domestic violence survivor looking for assistance, begin by assessing immediate safety. Ask a question such as: “Are you in a safe place right now?” If the answer is no, make immediate plans with the survivor to get to a safe place before continuing. If survivors are in immediate physical danger, offer to contact someone for them while they stay on the line. If the perpetrator is near and the survivor is not able to directly say whether or not it is safe, it may be helpful to ask the survivor to say a number between 1 and 10 to signify the level of danger. Refer to ICADV’s Domestic Violence Hotline Flowchart in this chapter for further guidance in addressing safety.
- **Listen and provide emotional support.** If it is safe for the survivor to talk, ask an open-ended question such as: “Can you tell me about what has been going on?” As the survivor talks, provide reassurance and sympathetic responses. Use the same empathic listening and communication techniques that would be used in face-to-face counseling, including the following:
 - o Allow the survivor to direct the conversation.
 - o Actively listen.
 - o Empathize with the survivor.
 - o Validate the survivor’s feelings and experiences.
 - o Affirm belief in the survivor’s story.
 - o Affirm the survivor’s strength.
 - o Do not respond with judgments, opinions, suggestions or advice.
 - o Because domestic violence can occur in same-sex relationships, use language that is gender-neutral until the survivor identifies the gender of the perpetrator.

When providing emotional support, if appropriate, begin to explain the dynamics of domestic violence, and spend time listening to and validating how the information relates to the situation the survivor describes. If the survivor seems to be interested, it may be appropriate to help identify and explore emotions such as fear, ambivalence and other barriers, and develop follow-up activities to help address these emotions. More information on counseling survivors of domestic violence can be found in the Counseling and Advocacy chapter of this manual.

- **Assist in individualized safety planning.** A minimum requirement of domestic violence programs is to screen for the risk of violence to survivors and their vulnerable family members upon their initial contact with the program, and to assist them in creating a safety plan. To do this, gather as much information as possible about their safety level and the safety level of their family, the steps they have already taken to help remain safe, and other possible resources that will help to ensure their future safety. For more information on safety planning with survivors for before, during and after violent incidents, please refer to the Safety Planning tool in the Counseling and Advocacy chapter of this manual.

Remember that not all survivors have regular access to a private phone. Work with survivors to find creative ways to call back or link with services. Possible options may include the phone at their workplace, place of worship, a social service agency, a friend's house, or their children's school. If they are available, the program may also provide cellular phones to survivors.

- **Provide information about the program and determine eligibility.** As stated under *Minimum Requirements*, eligibility must be determined upon the survivor's initial contact with the program. While gathering information from survivors, help them to determine their service needs. If the survivor is interested in participating in program services, explain the policies and procedures, and if appropriate, begin an intake or service plan. Assist them with transportation to shelter if needed. For more information on determining eligibility and conducting intakes, refer to the Eligibility and Initial Contact and Intake chapters of this manual.

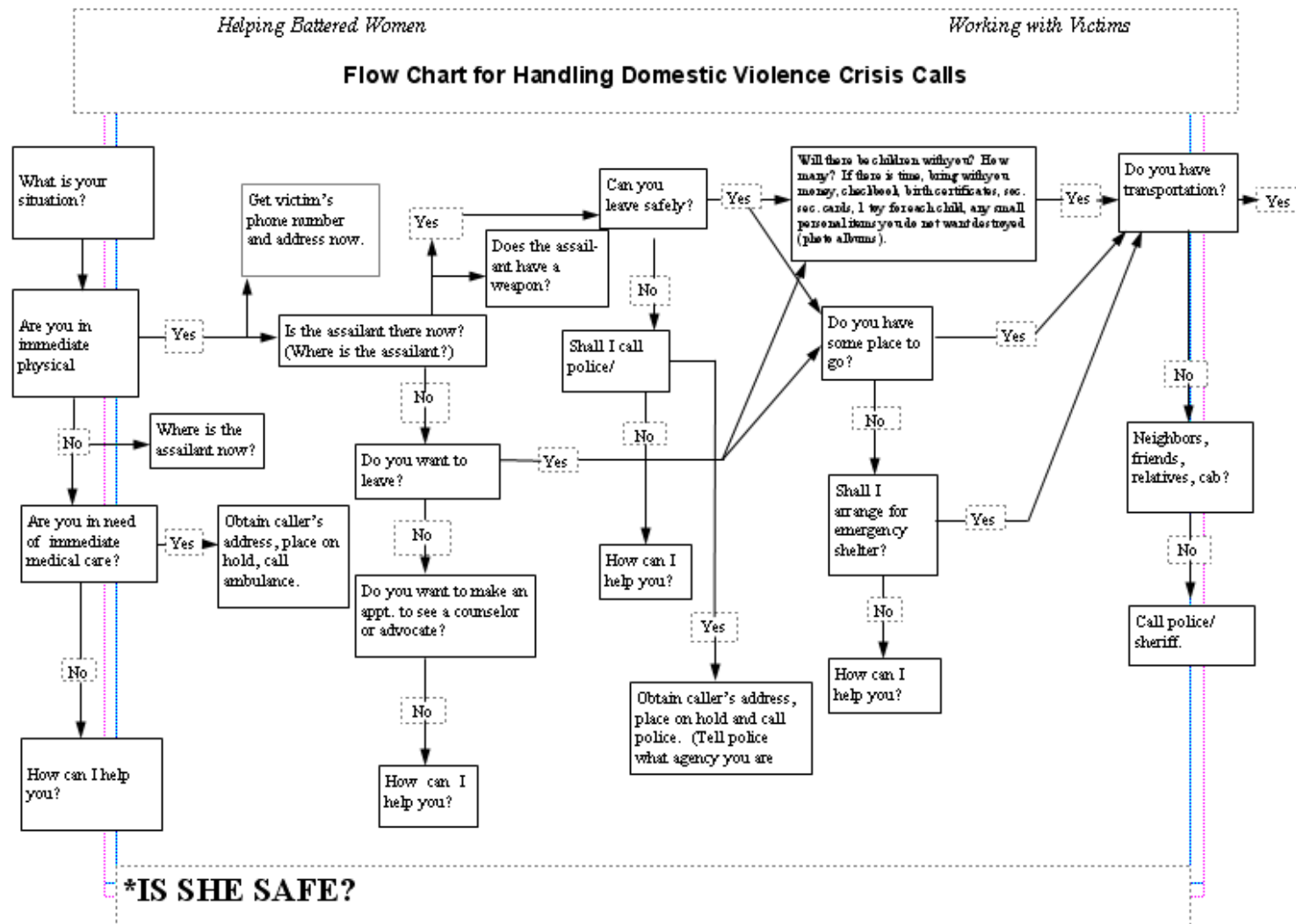
Survivors may not be interested in taking advantage of program services, or may be ambivalent. If this is the case, spend time listening to the survivor and validating feelings about the abuse. Some survivors may call the program repeatedly and eventually seek further services as the advocate builds rapport with them; others may never request other services. Whatever the survivor's decisions, it is important to provide emotional support and help the survivor to develop tools for safety.

- **Provide information about other community services.** If survivors seem interested in other services or resources in the community, provide them with resource information and help link them with appropriate services. Offer referrals to all callers in need of assistance, whether or not they are survivors of domestic violence.

Remember that the intent of a hotline is to provide survivors with support, solutions, and instructions if needed, not to simply provide quick referrals with no other support. If survivors are not able to access services due to transportation or other issues, assist them in finding the additional resources needed. This may include finding accessible services or locating shuttle services. It may also be helpful to assist survivors with a back-up plan of what to do if the referral agency does not address their needs.

More information and guidelines on helping survivors to link with community resources can be found in the Information and Referral chapter of this manual.

ICADV Hotline Crisis Call Flow Chart



Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.

Information and Referral

Comprehensive or Specialized domestic violence programs funded by IDHS or ICADV must provide information and referral services to domestic violence survivors in order to assist them in obtaining other services and resources in the community. Providing this assistance is critical in order to help survivors meet their needs and service goals.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following requirements in providing information and referral services to survivors:

- Programs must establish and maintain linkages with community agencies and individuals for the provision of those services that are required by survivors, their family members, or callers to the hotline.
- Each program will take an active role in developing and maintaining ongoing relationships with community agencies. Programs shall ensure service linkages through the development of a community resource list. Hotline and direct service advocates will have access to this list while they are on duty. This list shall include, at the minimum, the following services/resources:
 - o Illinois Department of Children and Family Services
 - o Local Illinois Department of Human Services offices
 - o Local health department
 - o Court personnel/legal services
 - o Police
 - o Protocol-compliant Partner Abuse Intervention Programs
 - o Area agencies on aging
 - o Area schools
 - o Emergency service phone numbers
 - o Substance abuse treatment programs
 - o Medical and health care services; dentistry services
 - o Translation services/interpreter service, including the translation services available through the Illinois Domestic Violence Help Line
 - o Housing options/resources/alternatives
 - o Services for those with physical or cognitive disabilities
 - o Lesbian, gay, bisexual and transgender support services
 - o Counseling services for adults, children and vulnerable family members
 - o Emergency and other transportation services
 - o Continuing education and job training
 - o Child care services, parenting education, and resources
 - o Consumer credit and financial services

- o Adolescent services and programs
- o Sexual assault services
- o School-based services
- o Victim-Witness programs
- o Illinois Department of Corrections, Juvenile Division
- o Local mental health agencies

Suggestions for providing effective information and referral services to survivors are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Documentation of information and referral services provided to survivors involved in the program must include the following data:

- Survivor name or identification number
- Type of referral provided
- Date of the service
- Length of time the service took

This information is then placed in the survivor's file. If the referral was given to someone not involved in the program calling on the crisis hotline, it may be documented on a hotline call log sheet.

Referrals made to survivors may be documented on the InfoNet Hotline Call Log Sheet, the InfoNet Client Intake/Eligibility Determination Form, the InfoNet Adult Services Contact Form, the InfoNet Adult Legal Services Contact Form, or the InfoNet Adult Non Legal Services Contact Form, depending on the type of referral and when it was given. Programs may also choose to use their own forms as long as the required information is recorded.

Guidelines

Recommendations

Programs are encouraged to keep the required community resource list organized and easily accessible to all program advocates. The list should include all the relevant information for each agency, such as the address, phone number, e-mail, contact person and services provided, as well as any other information that may be important to know before referring survivors. This information will need to be frequently updated as staff and agencies change.

It is important that advocates be knowledgeable about the different local agencies so they can give realistic and informed referrals to survivors, including the time limits, admission criteria, costs, and limitations of the resources available. Advocates should not recommend survivors to agencies or programs they are not familiar with, and should be careful to avoid creating false expectations.

The attached tool provides further guidance in providing effective information and referral services.

Tools and Samples

Guidelines for Providing Information and Referrals

The following practices are recommended for providing safe and effective information and referral services to survivors.

Safety Issues

- Be aware of the need for confidentiality, and avoid systems that could put the survivor at risk of being traced by the perpetrator. For instance, some services identify survivors by name, social security number or fingerprint on computer systems, or by another identifying number such as a driver's license number or child's social security number. Make survivors aware of the potential or known risks of systems like these, so they can make informed decisions about whether to utilize the services. Even authorized users of such systems are risks for breaching confidentiality and possibly compromising her safety. Advise survivors that social security numbers should never be required to receive services.
- Encourage the agencies and systems that could potentially put survivors of domestic violence at risk to develop policies that better protect them. Offer assistance in making changes, and approach the agencies in a constructive way to encourage collaboration. Informed consent for the client of these outside systems is crucial to maintain her safety. A Sample Notice for such a system is provided later in this chapter. For more information on advocating with different service systems, please refer to the Counseling and Advocacy chapter of this manual.

Underserved Populations

- Stay well informed of agencies in the community that specialize in underserved populations. This will help not only with providing referrals, but also with coordinating services for those survivors in the program with special needs. Helpful agencies may include those that provide specialized services for elderly, disabled, teen, lesbian, gay, bisexual or trans-gendered communities, or those that provide services for a specific nationality or culture. These agencies can assist in providing or finding special services such as interpreters, and can help provide peer support for marginalized groups.
- Investigate and be aware of the resources and options available to various populations. Examples of special resources for underserved populations include but are not limited to the following:
 - o Survivors who receive Temporary Assistance to Needy Families (TANF) may be eligible for the TANF domestic violence exclusion. TANF recipients who qualify for the domestic violence exclusion are not required to participate in work and training activities, and the 60-month time counter for benefits temporarily stops.
 - o Programs may call the Domestic Abuse Project Statewide Reporting Hotline at (800) 368-1463 to obtain assistance for survivors with disabilities who are being abused,

- neglected or exploited. Programs are required to make this report if the person's disability makes them unable to seek assistance for themselves, but may also voluntarily use this resource to assist survivors with disabilities. The Office of Inspector General will conduct an investigation and, if founded, will create a service plan to eliminate further abuse. Services may include assistance such as helping to find independent living arrangements apart from abusive family members, or providing legal assistance in removing abusive guardians.
- o Advocates may call the Illinois Department on Aging Elder Abuse Hotline at (800) 544-5304 for assistance with elderly survivors who have difficulty caring for themselves. Elder abuse legislation was recently expanded to accommodate not just reports of elder abuse and neglect, but any situation of self-neglect in which a person over 60 has difficulty meeting basic needs such as accessing food, clothing, shelter, health care, or other services needed to maintain well-being and safety. The Department on Aging will conduct an assessment with the elderly survivor and help connect them to specific services, such as Meals on Wheels, in-home health care, homemaker services, housing or other services.
 - Be cognizant of survivors' special needs when making referrals. Any written referral information given to survivors should be available in the survivor's primary language, for instance, or in larger type if the survivor is Hard of Sight. Consider the special situations of underserved populations when providing referrals, and be careful to tailor the referrals to their needs. For example, advocates should not refer undocumented survivors to obtain public assistance if doing so would jeopardize their ability to stay in the country.

Community Collaborations

- To become better informed about local resources, meet with the managers of referral agencies, and attempt to form personal connections and relationships with the people representing local agencies. One way to do this is to invite agencies to come to speak to the program about their services or resources, and offer to provide cross training to their agency staff as well.
- Take part in any interagency, multidisciplinary or networking groups that bring together service providers in their community, or start such groups if none exist. Taking part in these groups not only helps build linkages with individual programs, but also helps to create a community-wide safety net of interrelated services. Further detail on community collaborations can be found in the Outreach and Prevention chapter of this manual.

Transportation

- When contacting community agencies, ask if transportation is provided in their services. For more information on transportation services, please refer to the Transportation chapter of this manual.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.

Counseling and Advocacy

Counseling and advocacy services in domestic violence programs include three distinct areas: domestic violence counseling/peer support, therapeutic counseling, and advocacy/social action.

Domestic Violence Counseling/Peer Support is a one-to-one interaction between a domestic violence advocate and an adult or child survivor for the purpose of benefiting the survivor. Examples of domestic violence counseling include support, education on dynamics of domestic violence and power and control, problem solving and discussing options. Domestic violence counseling shall be provided with the survivor's service plan in mind, and may be provided by telephone or in person. Safety must always be the primary consideration of any counseling interaction.

Domestic violence counseling/peer support also seeks to promote self-advocacy and self-help in survivors. Toward this end, the empowerment model of counseling is used in domestic violence counseling/peer support services. This philosophy is based upon empowering survivors in nondirective ways to make their own choices. The empowerment model is described in further detail in the *Required Guidelines* section of this chapter.

- ***Therapeutic Counseling*** is a one-to-one interaction between a licensed or board-certified mental health professional and an adult or child survivor for the purpose of addressing the trauma that interferes in the survivor's ability to effectively use a safety plan or benefit from other services. Therapeutic counseling may also be provided by a Master's level counselor under supervision pending their licensure. An example of therapeutic counseling is processing and integrating feelings dealing with trauma with the purpose of self-empowerment. Counseling shall be provided with the survivor's service plan in mind, and may be provided by telephone or in person. Safety must always be the primary consideration of any therapeutic counseling interaction.

Advocacy/Social Action is the active support of and speaking on behalf of a person, group or cause. The primary focus of advocacy is empowerment; counselor/advocates act as agents to create an environment that allows survivors to empower themselves to become self-reliant and live violence free. Advocacy is divided into the following four categories:

- **Self-advocacy/Self-help** is the empowered process of speaking on behalf of oneself to insure one's own rights and safety. Survivor self-advocacy/self-help is one of the main goals in all domestic violence services.
- **Individual Advocacy** is the process of speaking on behalf of an individual survivor or family to ensure their rights and safety. This is done in partnership with the survivor. Examples of individual advocacy include accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals or talking to referral sources on behalf of a survivor.

- **Legal or Court Advocacy** refers to empowering methods of assisting a survivor or group of survivors in obtaining legal and human rights. This may include providing survivors with legal information and options, accompanying them through the legal system or advocating for them within the legal system. It also includes emotional support, encouragement and problem solving related to legal issues.

The most common form of legal advocacy is **IDVA advocacy**, which specifically includes:

- o An explanation of the Illinois Domestic Violence Act given at intake
- o Information on how to obtain a civil or criminal Order of Protection
- o Assistance in obtaining an Order of Protection, including intervention/contact on the survivor's behalf with representatives of the civil or criminal justice system and law enforcement personnel

Although much of legal advocacy is the IDVA advocacy specifically related to the Illinois Domestic Violence Act, legal advocacy can also include assistance with any other legal issues in systems such as DCFS, housing, the police, or the State's Attorney's office.

- **Systems or Social Action Advocacy** refers to the process of changing and influencing systems in ways that will benefit survivors of violence. Rather than interacting with organizations on behalf of individual survivors, systems advocacy focuses on making system-wide changes to services and institutions on behalf of survivors as a whole. This includes working to make changes to the law, government, service policies, and community attitudes. Systems advocacy on behalf of all survivors of violence and to prevent future violence has been one of the major goals of the domestic violence movement. This is sometimes also referred to as institutional advocacy.

Minimum Requirements

IDHS and ICADV require that all Comprehensive programs provide domestic violence counseling/peer support and advocacy/social action. The following criteria are required for any domestic violence programs receiving IDHS or ICADV funding:

Domestic Violence Counseling/Peer Support Requirements

- Programs will provide domestic violence counseling/peer support services to survivors. Counseling activities include but are not limited to collecting information for intake and to determine eligibility, developing safety plans, assessing lethality, identifying barriers and activities to remove barriers, providing emotional support, explaining program services, domestic violence education, life skills education, and developing or reviewing a service plan. More information on these processes is provided in the *Required Guidelines* section of this chapter.

- Staff or volunteers providing counseling services of any type to survivors **must** have completed the 40-hour domestic violence training.
- The counselor/advocate and the survivor shall develop a service plan that identifies the survivor's immediate and long-term needs. Identifying individualized survivor needs implies that the survivor will be asked specifically about comprehensive needs or empathically screened for comprehensive needs.
- All counseling with the survivor must be kept confidential in compliance with the Illinois Domestic Violence Act. Confidentiality does not apply in situations of child or elder abuse or neglect, or in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person. Confidentiality and the limits of confidentiality must be discussed with the survivor. For more information on confidentiality requirements and limits, refer to the Confidentiality chapter of this manual.
- Counseling must be provided in a manner that demonstrates sensitivity and respect for diverse cultural traditions, values and lifestyles, and that seeks to promote self-help/self-advocacy in survivors.
- Couples or family counseling that includes the perpetrator of domestic violence is prohibited.

Therapeutic Counseling Requirements

- Domestic violence counseling/peer support and advocacy/social action shall not include therapeutic assessments or counseling.
- Therapeutic counseling must meet all the minimum requirements for domestic violence counseling/peer support and advocacy, and must additionally be provided by a licensed or board certified mental health professional or Master's level counselor under supervision pending their licensure.

Advocacy/Social Action Requirements

- Programs will provide individual advocacy, including but not limited to:
 - Providing information to survivors about community services and systems.
 - Contacting services, agencies, resources or systems on behalf of and in partnership with survivors.
 - Accompanying survivors to obtain resources and services in the community.
- Programs will provide legal advocacy to all survivors receiving services, including but not limited to:
 - Information, options and support for navigating legal systems.
 - Accompanying survivors through legal systems.
 - Advocating for survivors within legal systems.

- o IDVA advocacy, including:
 - An explanation of the Illinois Domestic Violence Act during the intake process.
 - Information on how to obtain a civil or criminal Order of Protection
 - Assistance in obtaining an Order of Protection, including intervention/contact on the survivor's behalf with representatives of the civil or criminal justice system and law enforcement personnel.
- o Assisting survivors in participating in criminal justice proceedings including transportation and accompaniment to court, and child care services.
- Programs funded by ICADV must inform survivors of the availability of crime victims' compensation, and provide assistance in completing the required forms, gathering the needed documentation, and following up with agencies as needed. More information about compensation for crime victims is available at the Illinois Attorney General's website at: <http://www.ag.state.il.us/victims/index.html>.
- A Waiver and Consent for Release of Information form signed by the survivor is required prior to any third-party contact on behalf of the survivor. If the individual is a dependent child, a Release of Information signed by the parent or legal guardian is required prior to a third-party contact.
- Programs will provide systems or social advocacy, including but not limited to:
 - o Communications, presentations, education and training to community groups, agencies and systems for purposes of changing current policies, practices or attitudes that endanger survivors; or for preventing future violence.
 - o Participation in coordinated response efforts that seek to end violence.

Additional Requirements

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

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

Minimum Requirements in Documentation

Domestic Violence Counseling and Therapeutic Counseling

The documentation of each domestic violence counseling or therapeutic counseling service must include the following data:

- Survivor name or identification number
- Date of the interaction
- Length of the interaction

- Type of service provided
- A case note summarizing the contact
- Name and signature of counselor/advocate

All documentation shall then be placed in the survivor's file.

Programs may use the InfoNet Adult Services Contact Form or InfoNet Adult Non Legal Services Contact Form to document counseling and individual advocacy services, or may choose to use their own forms as long as the required information is included. The InfoNet forms collect the additional data required for InfoNet documentation. For more information on InfoNet requirements and guidelines, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Case Notes

Because information in a case note can be misused against the survivor by courts, it is important that counseling services be documented accurately and appropriately. Case notes for counseling services must be brief, relevant and objective. They should not contain the survivor's views, religion, or intimate personal details unless they have direct and very important relevance to the intervention.

Psychological or psychiatric terms and diagnoses should not be included in case notes unless the provider using them is a licensed and certified mental health professional. Even then, such terms should be used with caution. Programs must have policies in place regarding whether to include diagnoses in documentation. These policies should weigh the needs of the survivor and vulnerable family members with the dangers of how documentation could potentially be used against them by others. In addition, programs should have practices in place to engage survivors in decisions regarding what is included in their documentation whenever possible.

Children's counseling services must be kept separately from that of their parent or guardian. Children's information is subject to being subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements. It also might be possible for a child's abusive parent to obtain access to the child's record.

For more guidelines on documenting case notes and other requirements regarding confidentiality, please refer to the Documenting Services and Confidentiality chapters of this manual. Additional and more extensive information on documentation and confidentiality can be found through ICADV's web-based training on confidentiality and/or other in person training opportunities.

Individual Advocacy

Individual advocacy services must be documented and placed in the survivor's file. This documentation shall include the following data:

- Survivor name or identification number

- Date of the service
- Length of time spent
- Type of service provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service

Programs may gather this information on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or may develop their own forms to collect the required data.

Legal Advocacy

Legal advocacy shall be recorded as such, though it may overlap with other services. The documentation must include the following information:

- Survivor name or identification number
- Date of the service
- Length of time spent
- Type of legal advocacy provided
- Summary of the contact
- Name and signature of counselor/advocate providing the service

If legal advocacy is done with more than one survivor at once, it must be documented as a group service. The InfoNet Adult Legal Service Contact Form and InfoNet Adult Services Contact Form can be used for this documentation, but programs may create their own forms for these services if the information above is captured.

To assist in holding perpetrators accountable, programs may also choose to document violent incidents involving medical, police or court intervention. This documentation can include information on Orders of Protection and any applicable medical, police or prosecution information. The offender's criminal information can also be included, such as arrests made, charges filed, type of charge, disposition and sentencing. This documentation is placed in the survivor's file. The InfoNet Medical/Criminal Justice Process Form may be used, but programs may use their own forms to collect this information.

Counselor/advocates must complete case notes for legal advocacy services. However, depending on the needs of individual programs, case notes completed by counselor/advocates attending court may need to be less detailed and extensive. Some programs have a high volume of survivors seen at court in short periods of time, which prevents sufficient time for extensive individual case notes. Court counselor/advocates may use a formatted case note where specific information about a survivor's court case (e.g. type of OP sought, whether OP was granted, courtroom or judge survivor saw, next court date, remedies granted on OP, etc.) is written into blanks on a prewritten form. The InfoNet Legal Report Form is an example of this. Situations that are unusual, or when the court counselor/advocate spends an unusual length of time with a survivor, must be reflected in a case note. Court counselor/advocates shall still record all other contacts with a survivor outside of court, as well as advocacy and collateral contacts.

Systems or Social Action Advocacy

Programs are required to maintain complete and accurate records of systems advocacy provided to the community for the purposes of educating, raising awareness and creating a community-wide environment that is sensitive to domestic violence. Programs shall maintain documentation that includes:

- Description of audience
- Date of the service
- Length of time spent
- Description of presentation or communications
- Number of attendees
- Counselor/advocate providing the systems advocacy

The InfoNet Community and Institutional Services Log Sheet may be used, but programs may use their own forms. Systems advocacy may overlap with other services, such as outreach and prevention services.

InfoNet has additional requirements related to documenting advocacy services. For more information on these requirements, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Required Guidelines

Domestic violence counseling/peer support, therapeutic counseling and advocacy/social action encompass a wide range of domestic violence services. The following guidelines are first divided into general counseling skills and some of the important types of domestic violence counseling: crisis intervention, service planning, safety planning, lethality assessments and suicide/homicide assessments. Guidelines are also outlined for individual, legal and systems advocacy/social action. Finally, tools and samples for counseling and advocacy are included for reference.

Domestic Violence and Therapeutic Counseling Skills

Whether it is focused on domestic violence education, service planning, safety planning or general emotional support, counseling in domestic violence programs should be done from an empowerment perspective. Empowerment means not telling survivors what to do, but enabling them to make their own life changes and gain control over their lives. This means that counseling domestic violence survivors is a mutually shared effort between the counselor/advocate and the survivor. The counselor/advocate's role is to encourage the survivor, not to direct the interventions. The survivors will address the issues they want, when they want, and set the goals for the healing process. In this way, programs promote self-advocacy/self-help in survivors.

In all types of counseling interventions, it is critical that counselor/advocates employ excellent listening and communication skills. Staff and volunteers learn effective counseling skills in the 40-hour training, but will also need ongoing support and supervision in this area. Tools for counseling adult and teen domestic violence survivors are included in this chapter.

Crisis Intervention

It is important that counselor/advocates be adept at crisis intervention when working with survivors. A crisis occurs when a stressful event takes place and the survivor's usual coping methods fail, creating a sense of insurmountable difficulty. Crisis situations place survivors in very vulnerable positions; counselor/advocates should therefore be particularly careful in crisis situations to not impose their own values, thoughts, opinions, or viewpoints onto the survivor. It is the counselor/advocate's job to offer support, education and counseling that enables survivors to function in a manner that reduces their stress and enables them to develop their future goals and plans.

Objectives for crisis intervention include the following:

- Assessing the survivor's safety needs
- Finding out what the survivor wants
- Building rapport and validating the survivor's feelings
- Discussing the problem and what led up to this problem

- Assuring the survivors that they are not to blame and that they have a right to be safe
- Assisting in examining alternatives, problem-solving and implementing a plan
- Establishing a commitment for the survivor to take and own the planned action steps

Assessing the survivor's capacity for collaborative work is also critical in crisis interventions. While the counselor/advocate never makes decisions for the survivor, there are times when a more directive approach is appropriate if the survivor is completely immobilized by the crisis.

Crisis interventions may require assistance from a supervisor depending on the situation. Programs should have procedures in place to facilitate the process of counselor/advocates seeking needed support. Staff and volunteers should always be encouraged to ask for help, support and feedback from supervisors or other counselor/advocates.

Service Planning

A service plan is an individualized plan for each survivor's services that is personalized to the needs and goals of each survivor. Working together with the survivor to create a service plan guided by the survivor's needs and safety is an important part of domestic violence counseling. Service planning includes but is not limited to the following:

- Setting goals
- Defining what challenges and obstacles have interfered with meeting goals
- Setting up building blocks toward reaching goals
- Evaluating potential options
- Selecting options and discussing their implementation
- Generating alternative solutions or action steps
- Using the plan as a road map to guide other services
- Being consistent with updating service plans during services to document activities and progress

In updating service plans, counselor/advocates look to see that the survivor's needs, wishes and rights are being addressed in the service plan and through collaborative survivor and counselor/advocate interaction. Counselor/advocates should note the survivor's changes and achievements in the service plan as well. Both the survivor and the counselor/advocate must sign off on the plan.

Recommendations for service plan timelines are as follows:

- Shelter/Residential - Developed within three days of being admitted, with weekly updates thereafter, or as changes in the situation warrant.
- Walk-In/Counseling - Developed within two visits, with updates at each subsequent visit, or as changes in the situation warrant.

- Legal Advocacy – Developed during the first visit, with updates at each subsequent visit, or as changes in the situation warrant.

Processes should also be in place for supervisory review of the service planning process. Supervisors should develop a plan for how they will monitor service planning. The longer the survivor is part of the program, the more important this is.

Examples of recommended service plan forms for residential, legal and walk-in programs and a sample service plan update form are included in this chapter.

Safety Planning

A safety plan is a tool to help survivors plan what they can do to protect themselves from abuse. It involves discussing with the survivor ways to safely prepare to leave or stay with the abuser. Counselor/advocates work with survivors to develop safety plans that are specifically tailored to the survivor's individual situation, and assess with the survivor whether each potential safety plan will increase safety or increase the danger. Because the survivor is the most knowledgeable about the situation, it is particularly important to use the empowerment model in safety planning, rather than giving advice or directing the survivor. Counselor/advocates should be prepared to work with survivors in a variety of settings (in court, by phone, at the program, etc.) to develop and implement safety plans, and to update plans as situations require. Tools for safety planning for adult and teen survivors are included in this chapter.

Lethality Assessment

In counseling survivors of domestic violence, it is important to recognize potential lethality in perpetrators, and to have procedures to follow if an assessment shows the survivor to be in extreme danger. Possible indicators of lethality in perpetrators can include a history of threats of or attempts at homicide or suicide, access to weapons, depression, obsession, rage over the survivor's leaving, addiction to drugs or alcohol, stalking, escalation in violence, and access to the survivor. A sample lethality assessment is included in this chapter.

Use extreme caution when assessing and discussing potential danger with the survivor. Lethality scales that use a number total can be inaccurate; do not assume a survivor is safe based on such a scale. Instead, it's important to respect the survivor's assessment of high risk; the survivor is the most knowledgeable of the level of danger the abuser presents. If the counselor/advocate feels that the situation could be lethal, it is important to share this information with the survivor and express concern for the survivor's safety level.

Suicide/Homicide Assessment

Suicidal or homicidal survivors can be program participants or callers to the hotline. It is critical to take every threat or comment of suicide or homicide very seriously. If a counselor/advocate is suspicious that a survivor may be considering suicide or homicide, it is important to ask. Counselor/advocates should never leave a suicidal or homicidal person alone; recommend professional mental health services for the survivor immediately. Counselor/advocates need to

be aware of the warning signs and intervention strategies for suicidal or homicidal survivors, and must seek supervision and consultation on these issues if they arise. In these situations, confidentiality may be breached if the failure to disclose is likely to result in an imminent risk of serious bodily harm or death.

Individual Advocacy

Individual advocacy involves providing survivors information and assistance with third parties in an empowering way. As opposed to general case management-style services wherein a service provider might simply arrange resources for a client, the focus of individual advocacy must be to encourage self-reliance. This means fostering the ability in survivors to effectively cope with their situations, make decisions, and act on their own behalf in a way that will ensure their own rights and safety. A tool for effective individual advocacy is included in this chapter.

Legal Advocacy

Legal advocacy is focused on providing legal information and resources to survivors in a way that helps empower them to navigate the legal system. Therefore, legal counselor/advocates need to be very knowledgeable of the legal system and how to navigate it. In particular, all legal counselor/advocates shall be knowledgeable of the following areas:

- The remedies of the IDVA
- Process to obtain Orders of Protection
- Differences between emergency, interim and plenary OP's
- Differences between civil and criminal OP's
- Enforcement of OP's, including Full Faith and Credit Provision of VAWA
- Law enforcement's responsibilities
- Related crimes
- Violations of OP
- Definitions of domestic battery, aggravated domestic battery, stalking, aggravated stalking, aggravated battery
- Immigration issues, e.g. undocumented immigrants can still obtain OP's and press charges against the abuser
- Issues of violation, e.g. petitioners should not be charged with violating OP's
- Financial and other resources available to survivors of domestic violence

The above list by no means comprehensive of the legal information that programs will need to assist survivors effectively. Because legal advocacy is so information intensive, programs should consider recruiting staff, consultants or volunteers who have the particular expertise needed for complex, in-depth or specialized legal services.

The main job of the legal advocate is to translate the legal system and processes for the survivor, so it's important that counselor/advocates explain the legal information in a clear and understandable way. In addition to explaining the legal process verbally, counselor/advocates may also provide other written materials that may include shorter explanations of the IDVA or

other relevant laws, a list of legal terms and definitions, or a flow chart of the legal system to help the survivor visually follow a case.

Although the focus of legal advocacy is providing information, it requires empowerment-based counseling skills as well. This involves listening, providing support, and if necessary, helping to develop a safety plan. As in individual advocacy, legal counselor/advocates should never “push” a specific option onto survivors, especially if survivors feel it will put them in greater danger.

Finally, an essential part of legal advocacy is assisting survivors with immigration issues. Immigration systems and laws are complex and change frequently, so it is helpful to develop a working relationship with a local immigration expert who can answer questions in this area. A list of resources to help with legal issues related to immigration is included in this chapter.

Systems or Social Action Advocacy

Because an inappropriate response to domestic violence from the medical, legal, criminal justice, social service, mental health or other communities can put survivors and their children at further risk, it is important for programs to put efforts toward systems advocacy/social action as well as individual advocacy. It can be ineffective to advocate individually for survivors without also attempting to address the shortcomings of systems they rely on for safety.

Communicating with Agencies and Systems

Systems advocacy/social action can be something as simple as contacting a key staff person in a local agency to discuss a particular policy that is harmful to survivors. However, programs need not wait until there are problems to approach agencies. It is better to proactively request meetings with agencies such as local hospitals, mental health agencies, law enforcement, and substance abuse programs to review their local protocols for domestic violence.

When advocating with systems, it is important to provide information in an assertive yet non-aggressive way. Counselor/advocates may simply discuss and explain what happens to survivors when specific steps are taken or not taken. It’s also important for counselor/advocates to review their own services to let the staff of other agencies know the resources they provide and how they can help. Counselor/advocates should always offer to help in changing and implementing any policies or protocols that they are suggesting be revised. If local agencies do not have domestic violence protocols, counselor/advocates should discuss the possibility of working together to develop and implement them.

Presentations

Providing presentations about domestic violence to agencies and community groups is another key part of systems advocacy/social action. It is essential to offer trainings or cross trainings for all significant personnel involved in systems responding to domestic violence. Presentations to community groups and stakeholders can also help in changing community attitudes toward domestic violence, and therefore the overall community response. For more information on presentations and trainings, please refer to the Outreach and Prevention chapter of this manual.

Working with Groups

Systems advocacy/social action is often more effective when done as part of a coalition of people from different sections of the community. Taking part in or developing a local coordinated community response team to address domestic violence is another critical part of this process. For more information on this, please see the Coordinated Community Response section of the Outreach and Prevention chapter.

Finally, it is important that programs be aware of the larger-level statewide or national issues that affect survivors of domestic violence, and take part in the groups that respond to these issues. Participating in statewide workgroups that address domestic violence is one way for programs to stay informed and make their concerns heard at a larger systems level. Programs should also stay up to date in national, state and local domestic violence public policy, and make their concerns known to legislators who are voting on bills that will affect survivors of domestic violence.

Language Considerations

To provide effective counseling and advocacy services, programs are encouraged to hire multilingual staff and volunteers, especially in multilingual communities, and to arrange for on-call translators trained in domestic violence dynamics. Children or other relatives of the survivor should not be used as translators, as this may place them in danger or force them to hear disturbing disclosures.

Programs should use alternate means when translation is needed and no counselor/advocates are available, such as calling the Illinois Domestic Violence Help Line at (877) 863-6338 (877- TO END DV) or the National Domestic Violence Hotline at (800) 799-SAFE (7233). Both numbers provide access to translators in 140 languages through a language bank. Another resource is the Language Line at: (877) 886-3885 or info@languageline.com; this is a fee-for-service program providing interpretation in 150 languages.

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

Tools and Samples

Domestic Violence and Therapeutic Counseling Suggested Guidelines for Counseling Domestic Violence Survivors

- Remain calm.
- Look directly at the survivor (if culturally inappropriate, find another way to show attendance to their disclosures).
- Insure privacy, including from any of the following until determined to be safe:
 - o Verbal age children
 - o Interpreters
 - o Friends/family accompanying the survivor
- Avoid a series of questions and answers and try to have a conversation instead.
- Avoid "sequential interviewing" (e.g. "and then what did you do, and then what did you do").
- Establish an environment of respect and trust by:
 - o Normalizing the situation and the need for questions.
 - o Disclosing why certain questions must be asked and how the information will be used.
 - o Allaying fears that admissions will jeopardize the help available.
- Proceed from the least to most sensitive topics.
- Use caution and tact to alleviate:
 - o Guilt and shame
 - o Fear
 - o Defensiveness of the abusive partner
- Show sufficient interest and concern to probe vague answers and validate body language ("You seem scared"). Ignoring validates the shame and guilt, as well as the belief survivors have that they should not tell.
- Support the survivor by use of the six things to say:
 - o I'm afraid for you and your children.
 - o You are not alone.
 - o It is not your fault.
 - o You do not deserve to be abused.
 - o Help is available.
 - o How can I help?
- Let the survivor do most of the talking.

- Listen in a non-judgmental way.
- Explore and helping the survivor to define the problem.
- Mobilize resources and explain information thoroughly; do not assume survivors are aware of their rights or the services available.
- Avoid judgmental responses such as imposing values, advising, ordering, lecturing, preaching, moralizing, blaming, analyzing or diagnosing.
- Do not convey disappointment if the survivor decides to return to an abusive relationship or makes other choices the counselor/advocate feels are unsafe. It is possible to point out concerns about the survivor's safety while still being supportive.
- Do not avoid subjects that may be embarrassing or uncomfortable for the counselor/advocate.

Suggested Guidelines for Counseling Teenaged Survivors

Counseling teenaged survivors of domestic violence involves the guidelines outlined for adults, but requires extra considerations due to their differing developmental level. Counseling teens should focus on creating norms of healthy relationships, preventing intimate partner violence, and helping to establish positive identities.

Additional guidelines to consider in counseling teenaged survivors include the following:

- Provide services to teen survivors in a non-judgmental way; avoid scolding, lecturing, or authoritative responses.
- Make it clear that the teen can trust the adult counselor/advocates, and that the program will advocate for the teen regardless of age.
- Give precise information about the choices available given their age and individual situation; don't give false reassurances.
- Help teens to plan for the future in ways that give hope for regaining control of their lives and future successes.

Please refer to the Children's Services chapter of this manual for requirements on service limits to teenaged survivors.

Guidelines for Safety Planning with Survivors

The following may be used in safety planning with survivors, depending upon individual situations and needs.

Examples of things to suggest that survivors consider before a violent incident might include:

- Identifying a neighbor they can tell about the violence and ask that person to call the police if they hear a disturbance.
- Devising a code word or signal for them to use with family, friends, or neighbors when they need them to call the police.
- Opening their own savings account to increase their independence.
- Leaving money, an extra set of keys, copies of important documents, and extra clothes with someone they trust.
- Deciding where they will go if they leave their home, even if right now they don't think it will come to that.
- Encouraging them to call the program's crisis line at any time.
- Finding out if they have a friend or relative that will let them stay with them or lend them money.
- Keeping the shelter number or Illinois Domestic Violence Help Line number close at hand and keeping change or a calling card on them at all times.
- Identifying which door, window, stairwell, or elevator offers the quickest way out of their home, and practice their escape route.
- Teaching their children to dial 911.
- Keeping cell phone charged and with them at all times.
- Packing a bag and having it ready to go in case they must leave home, and keeping it in a private but accessible place where they can grab it quickly. Items in the bag may include:
 - o Money - cash, your checkbook, credit cards, ATM cards, etc.
 - o Identification - driver's license and registration, Social Security card, passport, green card, public assistance ID, work permit, etc.
 - o Important papers - such as divorce papers; school and vaccination records; and birth certificates for yourself and your children
 - o Clothing

- o Keys - house, car, or work
- o Medications
- Keeping any order of protection they already have with them at all times.
- Assessing extent of victim's use of technology such as cell phones, internet, email, and other technologies and risk of abuser's ability to misuse technologies to perpetrate further abuse.
- Reviewing their safety plan as often as possible.

Examples of things survivors can consider during a violent incident include:

- Staying close to a room or area with easy access to an exit, and staying away from the bathroom, kitchen, or anywhere near weapons.
- Getting away, bringing the emergency bag of possessions on the way out if possible, but if it's too dangerous, leaving without it.
- Going to a relative, friend, or shelter.
- Calling 911 or the local police. Police are required to arrange transportation to a hospital or other safe place.
- Using judgment and intuition; if the situation is very dangerous, giving the abusers what they want to calm them down. Survivors have to protect themselves and any children until they are out of danger.

Examples of things survivors can consider after a violent incident might include:

- Getting medical attention immediately; asking the medical provider to take pictures of the injuries.
- Making a police report, whether or not they want the abuser arrested. The report will become evidence of past abuse, which might prove helpful to them in the future. The report should be made as soon as possible after the abuse.
- Saving evidence in case they decide to take legal action now or later. Evidence includes medical records and police reports, dated photos of their injuries or the house in disarray, torn clothing, any weapons used, and statements from anyone who saw the attack.
- Going to court to get an order of protection from domestic abuse. The domestic violence program can provide more information about this option and help with court action.
- Seeking out people who want to help them, and deciding who they can talk openly with to receive the support they need.

- Planning to attend a survivor's support group to learn more about themselves and the relationship.

Guidelines for Safety Planning with Teenaged Survivors

It is important to develop safety plans with teen survivors that are tailored to their needs and situations. Although many guidelines for teen safety planning will overlap with those outlined for adults, some elements will be unique to teens. Remember that if teen survivors are still living at home, they may have little control over things such as finances or phone privileges.

The following guidelines are recommended in safety planning with teen survivors in violent dating relationships:

- As in safety planning with adults, allow the teen to control the conversation.
- Ask if the teen has friends or adults they can talk to about the abuse. Supportive people to tell may include school guidance counselors, teachers, church members, coaches, employers, neighbors, parents or other family members.
- Respect the teen's opinion regarding including or excluding a parent from the safety planning process, but inform the teen that some plans would need the support and permission of a parent in order to be carried out.
- Assess risk using the following guidelines:
 - o Explore if the teen is still in contact with the abusive partner, and if they see each other in school or through mutual friends. The perpetrator could be a classmate, teammate, family member, neighbor, or parent of their child.
 - o Explore teen's use of technologies that may put teen at further risk such as cell phones, email, social networking, etc.
 - o Ask if the teen or the abusing partner has gang involvement.
 - o Ask if the teen is still seeing the abusing partner; if not, ask if the teen has a new partner and if so, how the abusive partner is reacting. Teens may see the abusing partner at school, parties, part-time jobs, in their homes, with friends, at school activities and or in their neighborhoods.
 - o Explore if drugs or alcohol have been part of the abuse.
 - o Ask if the abusive partner has weapons.
 - o Ask if the teen has been raped or forced to have sex before ready to.
 - o Explore possible suicidal or homicidal thoughts by the teen or perpetrator.
- Ask teen survivors what would make them feel safe.
- Explore the option of getting new cell phones and pagers or new numbers.
- Keep the plans simple but concrete, e.g. carrying a cell phone with speed dial to the police, or never going anywhere without friends.
- Ask the teen if they could use a buddy system for going to school, classes and after school activities. Remember that teens often spend more time with friends than at home, so it is important to explore ways that friends may be part of the safety plan.

- Explore the option of keeping a journal describing the abuse-- keeping a dated record of abuse can be helpful if you decide to use the civil and criminal justice systems.
- Educate teens on how to get an Order of Protection, if available.
- Ask the teen if it is possible to change their route to/from school.
- Plan with teens whom to call for a ride home if they are stranded.
- Teach the teen how to come up with a code word to share with family or friends that can be used to signal that the teen is with the abuser and in danger.
- Explore ways to answer the door or telephone.
- Plan with teens to keep spare change, calling cards, numbers of local domestic violence programs, the numbers of those who can help, and any restraining orders with them at all times.

Adapted from the Domestic Violence Advocacy Program of Family Resources, Inc.

Sample Service Plan

Survivor was not here long enough to establish plan

Name _____ Date _____ Client ID _____

Case Manager _____ Counselor _____

Entrance Date _____ Departure Date _____ Extended End Date _____

Date of Birth _____ Age _____ Grade Completed _____

Partner Status _____ Abuser Name _____

Type of Abuse _____

<u>CHILDREN</u>	<u>F/M</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMMEDIATE NEEDS

Safety _____
Counseling _____
Legal _____
Referrals _____
Medical (if applicable) _____

IMMEDIATE GOALS

Completed by 2-Week Review?

(If No, transfer the Goal to 2-Week Goals)

(1) _____ Y/N
(2) _____ Y/N
(3) _____ Y/N

Two Week Review Date _____

SERVICES RECEIVED UPON ENTRY TO PROGRAM

I agree to participate in all groups, counseling sessions, and case management meetings for the Program. I understand that my lack of participation will result in points and/or departure.

CLIENT SIGNATURE: _____ DATE: _____

CASE MANAGER: _____ DATE: _____

Sample Service Delivery Plan—Survivor Goals

Name _____ ID# DE _____

Case Opened _____ Date of Plan _____

Updated On _____

Staff Name _____ Date _____

My goals are:

1. _____ Completion Date _____

The specific steps I need to take to accomplish this goal are:

Step 1: _____

Step 2: _____

2. _____ Completion Date _____

The specific steps I need to take to accomplish this goal are:

Step 1: _____

Step 2: _____

3. _____ Completion Date _____

The specific steps I need to take to accomplish this goal are:

Step 1: _____

Step 2: _____

My financial goal while in the shelter is:

1. _____ Completion Date _____

The steps I need to take to accomplish this goal are:

Step 1: _____

Step 2: _____

Non-Resident Signature _____ Date _____

Staff Signature _____ Date _____

I understand my stay at the domestic violence shelter is partly based on my active work toward meeting my goals.

Resident Signature _____ Date _____

Staff Signature _____ Date _____

Sample Legal Advocacy Service Plan

Survivor Name: _____ **Advocate:** _____

Children:	_____	Age _____	M / F
	_____	Age _____	M / F
	_____	Age _____	M / F
	_____	Age _____	M / F
	_____	Age _____	M / F

Type of Abuse: Physical Emotional Sexual Financial Other _____

Survivor has obtained or has interest in the following services:

Counseling Legal Shelter RCS Other _____

Survivor has obtained the following services from the Legal Advocate:

EOP POP Court Advocacy Referrals Other _____

Referrals made to: _____

Further appointments scheduled for: _____

Legal Advocacy Service Plan Update

Has survivor followed through with recommendations or services offered? Y / N

Has client identified other needs? Y / N (Refer as needed)

Sample Service Plan –Weekly Review

Referred to Extended Program: Yes or No

If yes: How long is extension: _____

If no: Reason for Denial: _____

Transitional application given: Yes or No

If no, reason for Denial _____

Other suggested action _____

Safety Plan _____

CURRENTLY EMPLOYED? Yes No

FT/PT Hours per Week Employer

OTHER AGENCIES INVOLVED

AGENCY	CONTACT	PHONE NUMBER	RELEASE SIGNED Y/N
--------	---------	--------------	--------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS _____

NEEDS _____

DEBTS/BILLS

COMPANY	LENGTH OVER DUE	AMOUNT OWED
---------	-----------------	-------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

LONG TERM GOALS

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

GOAL (1) _____ **DATE** _____

TASK	UPDATES	DATE COMPLETED

GOAL (2) _____ **DATE** _____

TASK	UPDATES	DATE COMPLETED

GOAL (3) _____ DATE _____

TASK	UPDATES	DATE COMPLETED

GOAL (4) _____ DATE _____

TASK	UPDATES	DATE COMPLETED

GOAL (5) _____ DATE _____

TASK	UPDATES	DATE COMPLETED

Sample Lethality Assessment for Domestic Violence Situations

The Law Enforcement Committee of the Third Judicial Circuit Family Violence Coordinating Council has developed these general guidelines that may be used to assess the potential for lethal attacks in domestic violence situations. If three or more of these are present in a relationship, there is real danger of homicide. However, the victim is the one who can provide the best assessment of danger to herself and others, and certainly there have been homicides when only one of the following applies. Key risk factors are indicated when the abuser:

- Has a history of domestic violence, made threats of suicide or homicide
- Is unemployed
- Has access to guns (firearms are the number one weapon of choice in domestic violence homicides)
- Abuses the victim in public locations
- Has fantasies of homicide or suicide
- Blames the victim for the injuries she has suffered
- Holds obsessive or possessive beliefs or attitudes
- Has made statements such as, “I’ll never let you go”
- Is unwilling to end the relationship with the victim
- Has taken victim hostage
- Has attempted to strangle the victim
- Increases in frequency and severity of domestic violence episodes
- Threatens to kidnap, injure, or kill children
- Increases use of drugs and alcohol
- Has been left by the victim, or the victim threatens separation
- Beats pregnant victim
- Repeatedly violates orders of protection
- Abuses animals
- Is extremely jealous, and monitors victim’s time away from him
- Has prior or additional criminal activity

(Information compiled from various sources including Geri M. Redden, 1990; Anne O’Dell, 2002; U.S. Federal Bureau of Investigation, 2003; American Journal of Public Health, 2003)

Mental Health & Developmental Disability Confidentiality Act

Minor's Access to Records:

(740 ILCS 110/4) (from Ch. 91 ½, par.804)

Sec. 4. (a) The following persons shall be entitled, upon request, to inspect and copy a recipient's record or any part thereof:

1. the parent or guardian of a recipient who is under 12 years of age;
2. the recipient if he is 12 years of age or older
3. the parent or guardian of a recipient who is at least 12 but under 18 years, if the recipient is informed and does not object or if the therapist does not find that there are compelling reasons for denying the access. The parent or guardian who is denied access by either the recipient or the therapist may petition a court for access to the record. Nothing in this paragraph is intended to prohibit the parent or guardian of a recipient who is at least 12 but under 18 years from requesting and receiving the following information: current physical and mental condition, diagnosis, treatment needs, services provided, and services needed, including medication, if any;
4. the guardian of a recipient who is 18 years or older;
5. an attorney or guardian ad litem who represents a minor 12 years of age or older in any judicial or administrative proceeding, provided that the court or administrative hearing officer has entered an order granting the attorney this right or...

Mental Health Treatment-Outpatient:

Any minor 12 years of age or older may request and receive counseling services or psychotherapy on an outpatient basis without the consent of the minor's parent or guardian. Outpatient counseling or psychotherapy provided to a minor under the age of 17 shall be limited to not more than five sessions, a session lasting not more than 45 minutes, until the consent of the minor's parent or guardian is obtained. The minor's parents shall not be informed without the consent of the minor unless the facility director believes such disclosure is necessary. The minor's parent or guardian is not liable for the costs of the outpatient counseling or psychotherapy. 405ILCS 5/3-502

Tools and Samples for Advocacy/Social Action

Suggested Guidelines for Providing Individual Advocacy

The following steps are recommended for providing empowering advocacy to survivors:

- Provide options for services and let the survivor decide; don't direct the survivor toward one particular service or action. Respect the ability of survivors to make their own choices and control their own lives.
- Ask survivors which resources they need help navigating. Base the assistance on what the survivors have requested, while encouraging them to take steps on their own behalf. For instance, don't make a series of phone calls to obtain a particular service if the survivor has not voiced the need for this help. If counselor/advocates feel they are doing all the work or "rescuing" survivors, they are not using the empowerment model.
- Work in partnership with the survivor in navigating systems, and keep them involved in the interactions and decisions with third parties. Don't start discussing what the survivor needs with other service providers without the survivor's input.

Providing individual advocacy for survivors overlaps with the service of information and referral. For more details on how to provide this service, please refer to the Information and Referral chapter.

Sample Informed Consent Notice For Outside Agency Data Collection
***Prior to entering any information in the [data system] this Notice must be handed to and explained to every person who arrives for service.**

SPECIAL NOTICE*
for PERSONS WHO MAY BE VICTIMS
OF DOMESTIC VIOLENCE

If you are or have been a victim of violence or abuse by:

- a member of your family (related by blood or marriage)
- a current or former member of your household
- a current or former spouse
- a current or former domestic or dating partner
- a personal caregiver

you may fear for your safety if you are found.

Our agency is entering information about the people who use services into a database used by our agency staff. Personal identifying information such as your name, social security number, and date of birth will be put into the database.

Abusers sometimes try to track down their victims, and even look for them in computer databases.

Extensive security protections have been put in place in the [data system]. However, no database is completely secure.

If your identifying information is entered into the database, it will be seen by staff at our/other agencies if you go to them for services. It may be seen by staff of the [other agencies or related organizations] and its contractors who manage the database.

If you are concerned about your safety if your abuser saw your information, you need to make an important choice about how to best protect yourself. You can decide whether your information should be put into the database. To make your choice, read and complete the attached Notice & Consent.

**SAMPLE NOTICE & CONSENT
FOR PERSONS WHO MAY BE VICTIMS OF DOMESTIC VIOLENCE**

If you are or have been a victim of violence or abuse, you may fear for your safety if you are found. You may be at risk if your information is entered into the [data system]. **You need to make an important choice about how to best protect your safety.**

You have the right to refuse to give information. You will not be denied services if you decide that your information should not be put into the [data system]. *(note: this may need to be specific to service requested depending on service agency.)*

You can make your choice by checking ONE of the boxes below.

I do not permit my information to be entered into the database. Only the staff at this Agency will see my information.

OR

I permit my name, social security number, and date of birth to be entered into the database, **but request that they be hidden from other agencies other than [this agency]**. I understand that this identifying information will be hidden from other service agencies. I understand that my identifying information **may be seen** by staff of [agency] and the contractors who manage the database.

OR

I permit my name, social security number, and date of birth to be entered into the database. I understand that the staff who work at this agency, other agencies, and the contractors who manage the database **will be able to see** my identifying information.

Client Name (please print)	Client Signature	Date
Legal Guardian Name (please print)	Legal Guardian Signature	Date
Agency Personnel Name (please print)	Agency Personnel Signature	Date
Agency Name		

Resources for Immigration Law

The following agencies provide assistance with legal issues related to immigration:

- Heartland Alliance For Human Needs and Human Rights
208 South LaSalle Street, Suite 1818
Chicago, Illinois 60604
Phone: (312) 660-1300
Fax: (312) 660-1500
e-mail: moreinfo@heartlandalliance.org
- The Illinois Coalition for Immigrant and Refugee Rights
36 South Wabash Avenue, Suite 1425
Chicago, Illinois 60603
Phone: (312) 332-7360
Fax: (312) 332-7044
www.icirr.org
- Marti L. Jones, J.D., M.O.B.
Executive Director
Immigration Project
P.O. Box 753; 1950 State St.
Granite City, IL 62040
(618) 452-7018
(618) 452-3549 (fax)

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.

Group Counseling

Group counseling services are meetings of two or more domestic violence survivors facilitated by one or more advocates for the purpose of sharing concerns and support. These group services provide emotional support to survivors by decreasing their sense of isolation and allowing them to discuss issues with other participants confronting the same difficulties.

Although group therapy falls under the category of group counseling services, there is a difference between group counseling and group therapy. While group counseling focuses on general emotional support and domestic violence education, group therapy is a more intensive therapeutic service that must be provided by a licensed therapist.

Minimum Requirements

The following minimum requirements apply to any domestic violence program funded through IDHS or ICADV that provides group counseling services to survivors:

- Group counseling services will provide support, domestic violence education, problem solving, listening, discussion of rights and options, safety planning and related services.
- Group counseling services must be facilitated by staff or volunteers who have completed the 40-hour domestic violence training requirements.
- Group counseling services must be confidential, in accordance with IDVA. Confidentiality must be discussed with participants as well as the limits of confidentiality, such as the mandated reporting of child or elder abuse or neglect, and the risk of harm to self or others.
- Domestic violence programs are prohibited from providing group counseling services to perpetrators. Agencies overseeing domestic violence programs may provide group services to perpetrators through a separate program; however, they must hold perpetrator group counseling services at a separate time or location from that of the survivor group services.
- Group counseling for survivors may include supportive friends or family members of the survivor as determined by program policy; involvement of perpetrators or other abusive family members in survivors' group counseling is prohibited.
- If available, programs will provide translation and interpretation services to allow survivors of other languages and Deaf and Hard of Hearing survivors to participate in groups.

Suggestions for implementing effective group counseling services are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Documentation of group counseling sessions must include the following data:

- Date of group
- Number of attendees
- Length of session
- Name of each facilitator
- Case note summarizing the session

Group documentation showing the names or identification numbers of multiple group members may be placed in a separate group file, but may not be placed in an individual's file. Any group documentation placed in an individual survivor or child's file must not have other group members identified, either by name or identification number.

For information and guidelines on the different types of group case notes, please refer to the case notes tool in the Documenting Services chapter of this manual.

A minimum of two survivors must be present to document a session as a group service; if only one survivor attends, then the service must be recorded as the appropriate individual service depending on the services provided.

Programs may document group counseling services on the InfoNet Group Services Log Sheet to record the group session as a whole, or on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form to document each survivor's individual participation. Programs may also use their own forms as long as the required data is gathered. The InfoNet forms capture the additional information required for InfoNet documentation. For more guidance on InfoNet requirements, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Recommendations

Group counseling services provide domestic violence survivors an opportunity for personal growth, education, or work toward a goal. They may provide information regarding domestic violence, exploring personal situations, and/or providing support and safety planning.

Facilitators may use group time to lead a discussion on a specific topic, facilitate group exercises, or provide speakers on various subjects. Some issues that are often presented in domestic violence group counseling for discussion include:

- How to identify domestic violence
- Defining domestic violence and the different types of abuse
- Progression of violence in a relationship
- How to leave safely
- Effects of domestic violence on children
- Support systems
- Substance abuse or other issues complicating the abuse
- Navigating the courts, criminal justice or child protection systems
- Housing
- Reactions of family, work or community

It is important that group facilitators be skilled in listening, communication, problem-solving and conflict resolution. An empathic, nonjudgmental attitude toward survivors is essential in an effective facilitator. Group facilitators should also be able to appropriately confront group members if needed (for instance, if a participant breaches confidentiality). In this way they will serve as positive role models to group participants. Finally, it is important that facilitators are able to appropriately address their own issues on the topic of domestic violence.

Tools for planning and running effective groups are attached.

Tools and Samples

Guidelines for Planning the Group

Programs may determine if the group is open only to those currently receiving other program services or to the outside community, and whether participation in groups is voluntary or mandatory for those in the program. Regardless of program rules regarding participation, the way a group is scheduled can affect the attendance rate of that group.

When scheduling groups, the following steps are recommended to promote participation:

- Base group times on the convenience of group members. Where possible, a variety of times and days is best to accommodate differing schedules.
- Provide childcare during group time, or arrange for a children's counseling group to be held simultaneously.
- Provide a safe, confidential location that is convenient to group members.

Suggested Guidelines for Group Facilitation

The following practices are recommended for facilitating group services:

- Make the group a safe environment for participants to express themselves (especially feelings they may not feel safe to express to their partner) and share experiences. Respecting all opinions expressed in the group will help create this atmosphere.
- Discuss with each group member the importance of confidentiality: not only the confidentiality requirements of the program outlined in the *Minimum Requirements* section, but also the importance of confidentiality among group members.
- Allow the group participants to take ownership of the group process by developing ground rules and topics, and allowing them to guide the environment and direction of the group. Facilitators can provide guidance without controlling this process.
- Encourage active participation from group members, but don't pressure them to take part in discussions they may not be ready to join.
- Have two facilitators lead a group if possible. This is helpful if a group member becomes emotional and needs individual attention; one facilitator can provide support for that group member while the other continues to facilitate the rest of the group.
- End groups on time, because a survivor may need to be accountable to the perpetrator in order to stay safe.
- Provide closure for group participants at the end of each session by allowing time to "wrap up" rather than abruptly ending the session.
- Provide culturally specific group counseling if possible, such as Spanish-speaking groups or groups for survivors of color. This will allow survivors the opportunity to process barriers specific to being a minority with others facing similar issues. Give survivors the choice of which groups to attend.
- Establish a process to collect feedback from group attendees. Refer to the Evaluation chapter for more information on this process.

Transportation

Transportation is a required service for any Comprehensive domestic violence program funded by IDHS or ICADV. Transportation services may include directly transporting a survivor from one place to another, assisting the survivor in finding transportation, or traveling to provide a specific service on behalf of the survivor. These services are often necessary in order for survivors to meet their basic needs, gain access to community resources, or fulfill the goals of their service plans. Other times, emergency transportation services are needed to provide immediate safety for the survivor.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following criteria:

- Programs shall provide transportation advocacy or provide direct transportation to survivors in furtherance of their service plan. Transportation advocacy may be in the form of:
 - o Bus tokens.
 - o Taxi vouchers or gas vouchers.
 - o Information and guidance regarding public transportation options or other transportation resources in the community.
 - o Arranging law enforcement transport for victims in crisis; this may include transportation to shelter, medical facilities, or to the circuit judge or associate judge to allow the survivor to file an order of protection.
- Staff and volunteers providing direct transportation must have a valid driver's license.
- Vehicles used by the program must be insured, and must follow safety laws regarding seat belts and child safety seats.

Suggestions for providing transportation services are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Transportation services must be documented whether the advocate provided the transport directly, spent time arranging it, or traveled to provide a specific service on behalf of a survivor. This documentation shall include at a minimum the following information:

- Name or identification number of survivor

- Date of the service
- Type of transportation service provided
- Length of time it took to provide the transportation or to arrange for it
- Name of the advocate

The documentation is then placed in the survivor's file.

If the advocate provided a survivor with transportation but other services took place during the time of travel, (for example, counseling or legal advocacy), the contact should be documented as the more meaningful service rather than as transportation.

Transportation may be documented on the InfoNet Adult Services Contact Form or InfoNet Adult Non Legal Services Contact Form if the service was provided to an individual, and the InfoNet Group Services Log Sheet if it was provided to a group. Programs may also use their own forms if they capture the required information. For additional guidelines on InfoNet documentation of transportation services, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Recommendations

Whenever advocates provide survivors with information about other community resources, it is recommended that they also assess the survivor's transportation needs, and then provide whatever assistance is needed in order to access the service. To provide guidance for advocates in providing transportation services for survivors, programs are encouraged to have a policy in place that outlines the steps they take to provide these services.

Programs may allow staff to transport survivors directly and recruit volunteers to do so; however, these arrangements must be made with caution based on the safety of the staff or volunteers providing the service. For instance, an advocate should never be sent to transport a survivor from the survivor's home when the perpetrator would be there or watching. When safety is an issue, police may need to escort or provide the transportation.

A list of recommended guidelines for providing transportation services is included in this chapter. Because transportation needs and resources vary widely by geographic area, not all recommendations will apply to every location.

Tools and Samples

Guidelines for Transportation Services

The following practices are recommended in accessing or providing transportation services:

- Be knowledgeable in directions and public transportation routes, both to the program and to the resources that survivors frequently use.
- Research and be aware of any potential transportation resources in the community. Consider alternative methods such as church vans or other sources of transportation that may be available.
- Whenever contacting community agencies to ask about services on behalf of a survivor, ask if they provide transportation as well; service providers such as community health workers or local Red Cross groups sometimes provide transport.
- Develop and maintain linkages and partnerships with transportation providers in the community, such as cab or shuttle services.
- Attempt to recruit organizations or individuals who will donate cars or car repair services.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.

Outreach and Prevention

Outreach and prevention services are efforts aimed toward increasing community awareness of domestic violence and the related services available. By educating the public on services available in the program, a program will not only reach out to more survivors, but also to those who may be able to assist survivors in accessing services. In raising general awareness on the existence and extent of domestic violence, the program also helps the community as a whole to address the issue more effectively.

Because outreach and prevention services are so often focused on service systems, they can also be considered a form of systems advocacy, depending on the service. For more information on systems advocacy and the other types of advocacy services, please see the Counseling and Advocacy chapter of this manual.

Minimum Requirements

Comprehensive domestic violence programs funded by IDHS or ICADV must adhere to the following criteria:

- Programs will actively work to increase awareness of its services to survivors of domestic violence and their vulnerable family members in the service area.
- Programs shall provide education and prevention programs and/or information to the community, and will have a policy addressing whether or not fees are charged or honoraria accepted for these services.
- Programs will reach out to diverse and traditionally underserved survivors of domestic violence and their vulnerable family members in the service area.
- Programs will coordinate services with and provide systems advocacy to other systems in the service area, with the goal of creating a community-wide environment that is sensitive and responsive to the needs of survivors, their children and vulnerable family members. This will include participation in local coordinated community response teams. The systems and services will include but not be limited to:
 - o Courts
 - o State's Attorneys
 - o Local law enforcement agencies
 - o Illinois Department of Juvenile Justice
 - o Illinois Department of Children and Family Services
 - o Local probation departments
 - o Local mental health agencies
 - o Local schools/children's programs

- o Local hospitals and health care programs
 - o Local substance abuse service providers
 - o Partner Abuse Intervention Programs
 - o Other related social service agencies
- Programs will collaborate with other service providers to address any specialized needs of survivors that present barriers to accessing domestic violence services.

Suggested procedures for providing outreach and prevention presentations to the community are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Programs are required to maintain complete and accurate records of outreach and prevention services provided to the community. Programs shall maintain documentation that includes:

- Description of audience
- Date
- Length of time spent
- Number of attendees
- Description of presentation
- Name of advocate providing the service

A sign-in sheet is helpful for capturing the total number of attendees at a presentation.

Outreach and prevention services may be recorded on the InfoNet Community and Institutional Services Log Sheet, or programs may use their own forms to document these services if they collect the same data. The InfoNet form gathers additional data required for InfoNet documentation. For more guidelines on InfoNet documentation, please refer to the Frequently Asked Questions section of the InfoNet Manual.

Guidelines

Recommendations

Outreach and prevention presentations indirectly assist domestic violence survivors by educating and assisting those who work with them in other systems. It is therefore important to consider a wide range of community agencies and systems in outreach efforts.

In addition to the organizations listed in the *Minimum Requirements* section, potential audiences for outreach and prevention presentations can include organizations including but not limited to the following:

- Civic organizations
- Legal Aid
- Government officials
- Employers/businesses
- Media
- Military organizations
- Women's groups
- Local IDHS offices
- Translators/interpreters
- Sports groups
- Faith-based groups

Conducting presentations to different groups and agencies helps advocates not only to raise awareness, but also to learn of other resources available, and to increase linkages and two-way communication with other organizations. For instance, at a presentation to substance abuse center staff, an advocate may learn that free services are available to qualifying participants.

Outreach to Underserved Populations

An effective way to reach diverse and underserved populations of survivors is to outreach to groups or agencies that serve or connect with them in the community. Examples include agencies that serve the elderly, the disabled, teens or lesbian, gay, bisexual and trans-gendered communities, or those that serve specific nationalities or cultures.

Linkages with agencies that serve specific communities are important not only for conducting specialized outreach, but also for addressing the special needs of survivors already receiving domestic violence services. For example, forming strong linkages with local mental health agencies will allow programs to better access and coordinate services with survivors who may be in need of these specialized services.

Outreach efforts should also be tailored to best reach specific groups. For instance, programs are encouraged to distribute brochures and materials in multiple languages to reach those who speak

languages other than English. Promotional material such as posters, safety plans, and guideline cards are available in multiple languages through the Illinois Domestic Violence Help Line at (877) TO-END-DV. Programs should also distribute written outreach materials geared toward specific underserved communities, such as the Deaf and Hard of Hearing community. An example is included in this chapter. Materials tailored to communities help to send the message that survivors from the community will be welcome in the program.

Outreach and Prevention Presentations

Outreach and prevention presentations generally include information on the following topics:

- Domestic violence
- Services provided by the program
- How systems impact survivors
- Barriers survivors face
- What the audience can do to help

Programs are encouraged to have policies in place that determine how the program contacts agencies to initiate prevention and outreach presentations, as well as how the program responds to requests for community presentations. If community agencies are reluctant to host a presentation on domestic violence, it may be helpful to remind them that domestic violence is not only a family issue, but also a social problem that affects the whole community. A tool for conducting outreach presentations is included in this chapter.

Coordinated Community Response

Forming a coordinated community response team is the ideal way to not only coordinate services with other local programs, but also to provide a clear, uniform response to domestic violence and a safety net to survivors throughout the entire community. To create a coordinated community response team, it is necessary to bring together an interdisciplinary team of professionals from the various local systems and services involved in responding to domestic violence. These include leaders from domestic violence programs, the courts, law enforcement, and the many other systems listed in the *Minimum Requirements* section. Suggested action steps for forming or contributing to a coordinated community response team are included in this chapter.

Tools and Samples

Suggested Guidelines for Community Presentations

The following action steps are recommended in developing and conducting effective presentations:

- Discuss with the hosting agency ahead of time what the presentation will involve.
- Plan a convenient location for the presentation.
- Address any language or special needs before the presentation.
- Find out the number of expected attendees, time expected to speak, and specific location directions from the hosting agency.
- Notify the hosting agency of any equipment needed.
- Arrive on time, or early if time is needed to set up equipment or displays.
- Dress professionally.
- Prepare the presentation so that it is clear, interesting and respectful.
- Tailor the presentation to the audience's background knowledge on domestic violence, and what is most important for them to know given their job descriptions.
- Be culturally sensitive, and sensitive to the fact that audience members may have a personal or family history of domestic violence.
- Refrain from using labels, generalizations or acronyms.
- Focus on domestic violence as a community safety issue, not a family problem.
- Provide information and links with services to interested audience members.
- Be prepared for disclosure of personal experiences by audience members.
- Provide individual support to any audience members who disclose information; this must be done in a private area for confidentiality. Having a second advocate there during the presentation is helpful for providing this support if needed.
- Be prepared to address hostility or resentment from members of the audience.
- Keep any commitments made during the presentation to provide further information.

- Follow up with audience members or organizations that offer to provide more information or arrange further presentations.
- Collect feedback to evaluate the presentation. Evaluation forms should ask the audience to rate the presentation, information, and how helpful the information will be in their job or other settings. Demographic information can also be collected on these forms as a way to help track the communities the program has reached.

Guidelines for Working With a Coordinated Community Response Team

The following steps are recommended for those interested in creating a local coordinated community response team or contributing to one:

- If a local team does not yet exist, begin with a core group of interested parties committed to spearheading the project.
- Seek to include key stakeholders of the community and those from within the systems the team hopes to influence.
- Outline a clear set of goals that includes:
 - o Safety, support and advocacy for domestic violence survivors and their children or any other vulnerable family or household members.
 - o A criminal justice response to domestic violence that includes the consistent arrest, prosecution and sentencing of perpetrators, including incarceration as needed.
 - o Civil protection including the enforcement of Orders of Protection.
 - o Mandated perpetrator services that work in coordination with law enforcement to hold perpetrators accountable for their violence.
 - o Collaboration and coordination among community services and systems, represented in their written policies and procedures.
 - o Participation of domestic violence survivors and accountability to them.
- Gather information on responses of local systems and agencies to domestic violence in the community.
- Meet with the coordinated community response team to review the domestic violence program's services to survivors of domestic violence. Inform them of the types of advocacy the program provides, and how this can be of value to the team.
- Ask for meetings with agencies such as local hospitals, law enforcement, and the State's Attorney's office to review their policies and procedures relating to domestic violence. If the agencies do not yet have protocols, offer to work with them as a team to create and implement them.
- Develop and institute cross trainings for the staff involved in response systems in the community.
- Collaborate with other team members on developing a grant to form a response team, establish a service advocate position, or write policy.
- Assess the domestic violence program's own policies, protocols and service delivery on a regular basis to ensure it is helping survivors.

Sample Brochure for Deaf and Hard of Hearing

If you are in immediate danger call 911

For more information about getting safe, call your local domestic violence program, at:

24-hour Hotlines:
National Domestic Violence Hotline:
(800) 799-SAFE (7233)
TTY Hotline: (800) 787-3224

For more information about this brochure, you can contact:



Illinois Coalition Against Domestic Violence (ICADV)
801 South 11th Street
Springfield, IL 62703
Phone: (217) 789-2830
TTY: (217) 241-4376
Fax: (217) 789-1939
Website: www.icadv.org
(Click on "DV Programs")

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Services for Deaf/Hard of Hearing Victims of Domestic Violence



Did you know...?

- that domestic violence is a crime!
- that every nine seconds a person is battered.
- that it is extremely important to have a safety plan in place when trying to leave a crisis situation.
- that the emotional stress of domestic violence does not just "go away" once you are out of the crisis situation.
- that you can get help from your local domestic violence program on topics such as shelter or safe housing, setting up your own safety plan, legal advocacy, group counseling for you and your children, or education about the dynamics of domestic violence.

Where can you get help?

If you want to find the closest domestic violence program in your area, you may call the National Domestic Violence Hotline Number:

TTY-800-787-3224
Voice-800-799-SAFE(7233)

This national hotline works to provide callers with the information they need as soon as possible. Hotline personnel will assist you in finding the domestic violence program closest to your location.

What if the local domestic violence program doesn't have a TTY?

Call the national relay service number to assist you in communicating your needs.

1-800-877-8973 (Sprint relay, 27 states)
1-800-676-3777 (Customer Service)

Will the domestic violence program know how to obtain a sign language interpreter?

There is a strong possibility that they may not know how to obtain an interpreter. Additionally, they may not know that they are required to provide one, especially if you request this service. It would be wise to bring this brochure with you and show them the following suggestions.

Contact the following agencies to help you locate an interpreter.

Local Level:
Independent Living Centers or Centers for Independent Living. These agencies might go by either name and could be listed in the yellow pages under "Social Services."

State Level:
Deaf and Hard of Hearing Commission or Council. Nearly every State has one.

National Level:
Sign Language Associates, Incorporated.
If you are still unsure who to contact locally

*continued on next page

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Missouri Coalition Against Domestic Violence.

Shelter

A domestic violence shelter is a facility that provides survivors of domestic violence and their vulnerable family or household members with a safe, protective temporary residence and the related necessities such as food and clothing. Shelter services may be on-site at a residential domestic violence program, or off-site at a hotel/motel or safe home arranged by the domestic violence program.

Minimum Requirements

Domestic violence programs funded by IDHS or ICADV to provide shelter services must adhere to the following criteria.

Programs providing shelter shall:

- Be able to accommodate/accept survivors 24 hours per day, 365 days per year.
- Have written policies describing the circumstances that make survivors eligible for shelter services, including a complete exploration of all options to shelter male survivors or male dependent children of all ages.
- Have one or more advocates present at the on-site shelter at all times when survivors are present.
- Notify IDHS and ICADV of any interruption in shelter services. Please refer to the Data Collection and Reporting chapter for more information on reporting interruptions in service.
- Have a 40-hour trained domestic violence advocate available 24 hours per day who will be able to assess requests for shelter and arrange for an immediate intake into a domestic violence shelter, safe home, or hotel/motel. An advocate must be physically present to admit survivors into on-site shelter. At off-site shelters, safe homes, or hotels/motels, an advocate or law enforcement officer may be present to assist with safety, or contact must be made with the survivor the following day.
- Offer referrals to alternative housing resources to anyone turned away.
- Never deny shelter or other services due to a survivor's failure to obtain an Order of Protection or police report, or to take other legal action against the perpetrator.

- Have procedures available that guide advocates in facilitating transitions when requested for survivors, their children and vulnerable family members who are leaving shelter due to voluntary or involuntary termination of shelter services.
- Have procedures regarding the specifics of children residing in shelter.
- Have length of stay policies that are communicated to all incoming shelter residents, both verbally and through written materials. If circumstances necessitate that the survivor stay beyond the program's length of stay policy or beyond 45 days, whichever comes first, the survivor's file must be updated stating the reason for continuing the stay at that time, and at every additional 45 days thereafter. Examples of reasons for continued stays may include but are not limited to a lack of affordable housing in the community, or a continuing need for other services outlined in the service plan.

Facilities

Shelters will provide facilities and accommodations that include:

- Compliance with all state and local health and safety codes and inspection requirements.
- Private areas available for counseling.
- Furnishings and structures in clean and good repair.
- Lavatory and bathing facilities maintained in a clean, sanitary manner.
- Sleeping rooms with infant-safe beds and bedding meeting current safety standards.
- Lighting adequate to the use of each area.
- A plan to secure survivors' belongings, including medication.
- A telephone available to survivors for the purpose of meeting their service plan goals.
- Structures on the grounds of the facility accessible to survivors that are maintained in good repair and are free from any undue hazard to health and safety; this includes all facilities necessary for compliance with the ADA, such as an accessible entrance, bathroom, bedroom and community area.
- A plan to address personal hygiene needs for all survivors regardless of cultures and special needs.
- A plan to address all survivors having access to clean and well-fitting appropriate clothing.

- Preparation, handling, and storage of food in compliance with state and local requirements.
- Survivor access to at least three meals, or their equivalent, daily.
- Food and utensils for survivors in accord with their cultural and religious beliefs, or other personal needs. No survivor will be denied a meal at mealtime for any reason.

Recommended processes for providing quality shelter service to survivors of domestic violence and their vulnerable family members are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Documentation of shelter must include the following:

- Survivor intake (see Initial Contact and Intake chapter for intake documentation requirements)
- Beginning and end dates of shelter
- Whether the shelter was on-site, off-site, or transitional housing
- Record of survivor receipt and understanding of any applicable shelter house rules, guidelines and responsibilities
- Statement of explanation for each stay lasting longer than the length of stay policy or 45 days, whichever comes first, and every 45 days thereafter

Shelter may be recorded on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form, or programs may use their own forms for this. The information is then placed in the survivor's file.

Shelter Logs

Shelters may have specific documentation or logs pertaining to whether survivors are meeting requirements of shelter stay. These are generally for the purpose of documenting survivor compliance to shelter rules and responsibilities rather than service benefits, and for informing each shift of staff what has occurred during the previous shift or day. These notes must be brief and specific, and are not kept in the survivor's file.

Shelters should also have policies and procedures to shred shelter logs on a regular basis throughout each 12-month period. Although the length of time to keep log documentation is an individual program decision, programs are encouraged to keep these logs no longer than 14-30 days.

Documentation of injuries, threats, or other events that might result in an injury or other legal action should be kept in a separate log that is saved as long as the requirements of the funders. Programs should consult staff attorneys regarding issues related to documentation in these logs.

Turn-A-Ways

Programs must document all turn-a-ways. To be counted as a turn away, a person must be determined to be a survivor of domestic violence, eligible for domestic violence shelter services, and in need of shelter, but **due to lack of bed space** the program is unable to provide on-site shelter. Turn away data must include the following information:

- Date
- Number of survivors, children and other vulnerable family members turned away
- Alternative referrals
- Name of the advocate

The InfoNet Monthly Turn Away Data Collection form may be used for reference, but programs may also use their own forms if they collect the required data. The InfoNet form gathers additional data required for InfoNet documentation.

Guidelines

Recommendations

In addition to providing physical safety, programs are encouraged to have the following goals in providing shelter to survivors and their families fleeing domestic violence:

- To provide a sanctuary of emotional safety in a nurturing environment.
- To decrease isolation by building a supportive community of survivors within the shelter.
- To restore a sense of dignity to survivors and support them in leading violence-free lives.
- To provide an environment that fosters choices, independence, rights, opportunities and autonomy.

All shelter services and guidelines may be based on the goals above, as well as the primary goal of physical safety. Programs support these goals by providing other important services in conjunction with shelter, such as crisis intervention, counseling, group counseling and children's services. These services are addressed in other parts of this manual.

Shelter Rules

Shelters are encouraged to have clear rules for the purpose of creating a safe and supportive environment. While some rules will be based on statewide requirements for programs, others may be based on individual program policies. Whichever the case, these rules should be explained clearly to survivors during the intake process. Examples of safety-based shelter rules are included in this chapter.

Shelters may also have rules pertaining to responsibilities such as program participation, or daily activities such as cooking or cleaning. In keeping with the philosophy of empowerment, such rules should support the autonomy and self-determination of the survivors. This means that they should provide structure without being overly restrictive or intrusive. A tool for creating empowering shelter rules is included in this chapter.

Diversity in the Environment

It is especially important to promote a safe, inviting and welcoming environment to survivors of all backgrounds and communities. Posters, magazines and reference materials in the shelter should reflect people of different cultural backgrounds, colors, abilities, ages and sexual orientations. Reading materials should include materials in multiple languages, and in larger type to accommodate the Hard of Sight.

Finally, shelter services should be available for survivors or their vulnerable family members with disabilities that may hinder independent living. Programs seeking assistance or resources in providing shelter services to those with disabilities may contact the Illinois Network of Centers for Independent Living at (800) 587-1227 or at <http://www.incil.org/>.

Tools and Samples

Examples of Common Safety-Based Shelter Rules

The following are examples of common shelter rules to promote safety. While some are also state requirements, others are based upon safety needs of individual programs.

- No physical, sexual, verbal or emotional abuse
- No corporal punishment of children
- Confidentiality of survivors, information and locations
- No drugs, alcohol or weapons on the premises
- Curfews
- No visitation by perpetrators or those who may share information with the perpetrator
- Phones and doors answered in a way that protects safety of survivors
- Doors and windows kept locked

Recommended Practices for Shelter Rules

The following guidelines are recommended in creating and maintaining shelter rules:

- As much as possible, support survivors in regaining control over their lives by permitting them to make their own decisions regarding their schedule, money, personal property, or contact with their support systems.
- As much as possible, allow survivors to have choices in their participation in other program services.
- Allow for flexibility in the enforcement of rules to respect individual situations.
- To help empower survivors in making decisions affecting their lives, develop a process wherein they can contribute to the creation of shelter guidelines and expectations.
- Share responsibilities for shelter upkeep and maintenance by balancing duties and chores between residents, volunteers and staff.
- State the rules in positive ways that are geared toward personal responsibility, not limits. For instance, curfews may be listed as “safe hours”, while responsibilities can be called “shelter contributions.”
- Make sure that rules foster, not hinder, the community connections that reconnect survivors with family, friends or community participation such as church involvement.
- Review the rules at least annually, utilizing input of survivors, to continue to evaluate for controlling or unnecessary practices.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence, the Ohio Domestic Violence Network, and the Missouri Coalition Against Domestic Violence.

Children's Services

Access to children's services is a required part of Comprehensive programs funded by IDHS and ICADV. The purpose of these services is to address the emotional, behavioral and cognitive effects of witnessing or experiencing domestic violence. Children's services may include service planning, individual and group counseling, safety planning, intake, advocacy, education and other services for children.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following criteria in providing children's services.

- Programs serving children will provide the following services in an age-appropriate fashion:
 - Child intake and needs assessment
 - Family safety planning
 - Individual counseling and/or support contacts
 - Advocacy with outside systems
 - Education advocacy, if appropriate
 - Information and referral sources
 - Age-appropriate information about domestic violence
 - Service plan development
 - Other services as agreed upon with the child and the child's parent or legal guardian
- Programs shall help each parent or legal guardian identify the child's immediate and long-term needs and develop individualized service plans to meet their children's identified needs.
- Age appropriate child program participant service plans shall address, at the minimum, the following needs:
 - Domestic violence education
 - Safety
 - Needs due to trauma
 - Prevention services
 - Medical needs, and
 - Education
- Programs will have a staff person trained in the needs of children who will respond to the needs of child participants in an age-appropriate manner.

- Safe and secure play areas are to be provided for children.
- Programs shall have written policies and procedures regarding childcare. These policies must address acceptable procedures for survivors arranging babysitting services among one another for their children.
- If staff members provide on-site childcare in a manner that rises to the level of needing licensure, the childcare must be in accordance with all state regulations.
- Programs shall have a policy prohibiting the use of corporal punishment of children by either the parent or the provider of care while a family is receiving services under the organization's auspices, and shall provide each participant with a copy of the policy to be signed and kept in the file. This need not be a separate form from other program policies. No staff member, volunteer or intern will use corporal punishment on any child.
- Programs must provide services that address the needs of teenagers who have witnessed or experienced domestic violence. If a non-sheltered teenager is under 17 and not an emancipated minor or living independently from parents or guardians, programs may provide five counseling sessions of 45 minutes each without obtaining parental consent. Programs must make every effort to obtain consent from the parent or guardian to provide additional services. This applies to any domestic violence services, whether they are provided by licensed therapists or advocates. **If the teen is living independently from parents or guardians and requires additional services, programs may determine how best to proceed based upon the age of the teen, the individual situation, and consultation with staff attorneys.** The younger the child, the more stringent the need for consent. Children over twelve also have the right to their own records and may legally deny their parents access to their records. For more information, please refer to excerpts of the Mental Health and Developmental Disability Confidentiality Act in the Counseling and Advocacy chapter.
- Programs must report any suspected child abuse or neglect to the Illinois Department of Children and Family Services. For more information on mandated reporting, please refer to the Mandated Reporting of Child Abuse and Neglect chapter of this manual.

Suggestions and tools for providing effective services to children who have experienced and/or witnessed domestic violence are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Documentation for children must follow the same policies and procedures as documentation for adult survivors. Each child must have his/her own file, which includes the child's intake, service documentation, and any other information relevant to the child. Because domestic violence perpetrators can more easily access children's files than those of the adult survivor, children's information must be kept in a separate file from that of the adult survivor.

Child Intakes

Information collected on a child intake shall include basic demographic data including:

- Name or ID number
- Gender
- Race
- Age
- Date of the intake
- Length of time the intake took
- Summary of the contact
- Name of the advocate
- Signatures of both the advocate and adult survivor.

The InfoNet Child Information Form is an example of a child intake form, but programs may use their own forms as well. The InfoNet Child Information Form captures additional important information required for InfoNet such as emotional, physical, social and educational issues the child may be experiencing.

Just as with adult survivors, it is possible to begin the intake with minimal information and leave fields blank if necessary. However, advocates must fill in all information as it becomes available, since this information is relevant to developing comprehensive service and safety plans. Unknown and unassigned data must be kept to a minimum.

Children must be assigned ID numbers at intake. Programs may use their own numbering system for assigning child ID numbers, but numbers must not contain any identifying information such as initials or parts of social security numbers and must follow applicable InfoNet Data Collection ID guidelines.

Children's Services

All services provided to the child must be recorded and placed in the child's file. Each service record shall include the following data:

- Name or ID number of child
- Date of service
- Amount of time service took
- Service provided
- Summary of contact
- Name of advocate

The InfoNet Children's Service Contact Form is an example, but programs may use their own forms to collect the required data.

Categorizing Services

Advocates leading groups of children in activities will need to determine how to properly classify the service to record it. If the advocate led a group of children in activities that included counseling or other meaningful interactions, then it is documented as group children's counseling. If the advocate simply supervised a group of children but no other meaningful contact took place, the service is documented as childcare.

Just as in adult services, it is important to separate counseling from therapy when documenting children's services. If children's counseling is therapeutic and led by a licensed therapist, it is documented as therapy, not counseling. Conversely, counseling services led by an advocate who is not a licensed therapist are never documented as therapy. To be documented as therapy, a service must be provided by a licensed therapist. However, not all services provided by a licensed therapist are automatically documented as therapy; the content of the service is the primary consideration in determining how to document it.

Children's services may also seem to overlap with adult services. When determining whether a service will be documented as a children's service or a service for the adult, advocates should consider whom the service most benefited. For instance, childcare services are documented in the survivor's records, not the child's, since it is a service provided to the survivor. Conversely, time spent distributing medication to adult survivors for their children is documented in the child's file, not the survivor's. When advocates spend time discussing children's needs and goals with adult survivors, this service is documented as individual children's counseling. This includes the time advocates spend with adult survivors discussing the child's intake.

Children's case notes that include contact with the adult survivor shall follow the same process outlined above. When the advocate discusses information with the adult survivor that relates to the child's goals or progress, or the adult survivor's concerns about the child, this is recorded in the child's case note and placed in the child's file. However, any information that adult survivors share related to their own goals or issues never goes into the child's file.

Documentation of Mandated Reporting

Any suspicion of child abuse or neglect shall be thoroughly documented along with actions taken by the advocate. Suspicion of abuse must be specifically recorded. For more information on documenting mandated reports, please refer to the Mandated Reporting of Child Abuse and Neglect chapter of this manual.

Guidelines

Recommendations

Services for children can include a wide array of interventions, such as art therapy; individual, group or family therapy or counseling; or other services such medical advocacy or educational advocacy. In all services and interactions with children, programs are encouraged to have the goals of helping children to:

- Learn that violent behavior is not acceptable
- Develop positive self-esteem
- Develop positive, non-violent ways of interacting with peers and adults
- Learn coping/problem solving skills
- Experience healthy role models
- Maintain physical health, have sensory stimulation and develop motor skills
- Feel safe and secure
- Have age-appropriate fun
- Understand that all feelings are valid
- Talk about the violence they have witnessed, without feeling pressured to do so
- Experience success
- Make the transition to a new environment as smoothly as possible
- Learn about available services

A list of general guidelines for working with children in ways that will help to meet these goals is included in this chapter.

Initial Contact and Intake

The child intake includes the information that will help assess the child's needs, including any physical, emotional, social or other issues and recommended services. The process is usually completed with the parent or guardian, but programs are encouraged to have processes in place to talk individually with each child entering the program as well. A tool to guide the process of initial contact with children is included in this chapter.

Service Planning With Children

Children's needs vary significantly with age and situation, but advocates in shelter or walk-in counseling programs should conduct service planning with children as appropriate. Just as with adult service plans, children's service plans should be individualized to their needs, and used to plan and guide their services. In updating these plans, counselors/advocates should review the services and results to ensure that the child's needs and wishes are being met. A sample children's service plan form is included in this chapter.

Recommendations for children's service plan timelines are as follows:

- Shelter/Residential - Developed within three days of being admitted, with weekly updates thereafter, or as changes in the situation warrant.
- Walk-In/Counseling - Developed within two visits, with updates at each subsequent visit, or as changes in the situation warrant.

Counseling Services

Programs are encouraged to provide high quality group and individual counseling services for children in order to adequately address the trauma of witnessing or experiencing violence. Ideally, group or individual therapy conducted by a licensed therapist is recommended. It is also recommended to provide family counseling or family therapy that involves both child and adult survivor. This may help the child and adult survivor to feel comfortable discussing the violence and their feelings about it together.

Therapy groups for children can be oriented toward a particular behavior issue, such as acting out, or organized around a particular therapeutic activity such as music or art therapy. A key focus of children's counseling is to teach and model skills for talking about feelings rather than acting them out aggressively. It is also important to work with survivors to model these skills for their children.

Safety planning for children is another important part of children's counseling, one that is very different from safety planning with adults. A tool for children's safety planning is included in this chapter.

Parenting Services

Programs are encouraged to provide strength-based parenting services for the adult survivors. These services address how domestic violence has affected the survivor as a parent and the relationship with the children, and address non-violent discipline methods. A list of suggested practices for providing effective parenting services is included in this chapter.

Working with Teenagers

In developing children's services, it is also important to create services that are tailored to the higher maturity level and cognitive development of teenagers. Teens may need services due to witnessing a parent's abuse, experiencing their own partner's violence toward them, or both. A list of guidelines for working with teenagers is included in this chapter.

Tools and Samples

Guidelines for Working with Children

The following practices are recommended for children's counseling services and other contact with children in domestic violence programs:

- Establish routines to promote stability.
- Provide ample opportunities for activities, games and creative expression through arts and crafts as well as other materials.
- Encourage the use of non-violent toys, media and games for children.
- Provide toys and books in the children's area that are appropriate to a wide range of ages, from toddlers to teens; provide child-size chairs for all ages.
- Use positive discipline techniques. It is important to provide a positive example for handling conflict resolution calmly.
- Provide opportunities for the parent to engage in activities with the child.
- Empower the parent to intervene in the child's misbehavior.
- Recognize the child's fear of being in a home where violence may erupt, even if they try to hide this fear with a tough façade.
- Make activities and interventions age-appropriate. Separate children's services, especially children's counseling groups, by age group whenever possible.
- Advocate with the parent to get the children the attention they may be lacking; help the parent to arrange quality day care or involve supportive teachers or other adults in the children's lives.
- Working with the parent, network with community agencies to enable the child to receive any additional needed services not provided by the program.

Guidelines for Initial Contact with Children

The following steps are recommended during the initial contact with children entering domestic violence program services:

- Approach the child with warmth and calmness. Squat or sit down when speaking to the child so as to be at eye level with him or her.
- Provide a straightforward account of why the family is at the program. Give honest answers to the child's questions; however, it's not necessary to disclose details. It's also important not to appear to take sides.
- Be alert to any information that children provide about their family life, as it will provide a starting point to future counseling or service planning; but don't push the child to self-disclose.
- Explain the rules of the shelter, such as no hitting, in a simple way that they can understand.
- Don't make promises you can't keep.

Guidelines for Providing Parenting Services

The following are recommendations for providing effective parenting services to survivors of domestic violence:

- Listen to survivors and involve them in a nonjudgmental way to engage them in the process.
- Partner with the parent to explore new ways of interacting with the child.
- Focus on positive interactions.
- Focus on the child.
- Build on small successes.
- Encourage the parent to engage in activities with the child such as playing or reading.
- Teach the parent the appropriate developmental expectations to have with their child.
- Explain to the parent the effects of domestic violence on children, including the possibility of regression.
- Provide ample opportunities to practice, receive feedback and review what has been learned.
- Remember that helping the parent feel safe also helps children feel safe and healthy.

Guidelines for Safety Planning with Children

The following are recommended practices to consider in safety planning with children in domestic violence programs:

- Keep it simple.
- Listen to the child and let the child be in control of the conversation; direct the safety plan to the areas in which the child expresses fear.
- Ask if there are friends or family members the child can talk to about the abuse.
- Ask the child what would help him or her to feel safe while parents are yelling.
- Respect the child's plan even if you don't think it's feasible. Explore the pros and cons of the plan with them.
- Develop the safety plan with both the non-abusing parent and child, after talking individually with the child first. This will provide the parent an opportunity to support the child, and will make carrying out the plan more successful.
- Discuss technology use and safer ways to utilize those technologies
- Explore with the child and the parent what could be a code word that means the child should call the police; however, do not make the child feel responsible for protecting the parent.
- Identify a safe place for the child to go when violence occurs; for instance, a locked room or a neighbor's house.
- Teach young children how to dial 9-1-1.
- Discuss how to answer the door or telephone.
- If the child expresses fear that the abuser will come to the school, discuss this with the adult survivor. If the parent has an order of protection, ask if a copy of it has been left with school personnel.
- Monitor to ensure that the plan does not endanger the child or adult survivor.

Note: During children's safety plan meetings, information may emerge that causes concerns about the child's safety. If this happens, assess the child's level of danger by considering what the child says about the violence, if the child is living with or soon returning to the abuser, and whether the non-abusing parent is minimizing violence toward the child and the child's needs.

This information should help advocates determine if they need to report child abuse. For more information on identifying and reporting child abuse and neglect, please refer to the Mandated Reporting of Child Abuse and Neglect chapter.

Guidelines For Working With Teenagers In Domestic Violence Programs

Teenagers in domestic violence programs require special considerations. The following steps are recommended to provide effective services to teens:

- Try to facilitate an atmosphere in which the teenager can feel free to talk about the violence. Allow them opportunities to vent their feelings, since they can't do this at home.
- Keep information confidential unless the teen or others could be in endangered. If information must be shared, discuss this and possible results of the disclosure with the teenager.
- Let teens know that no one deserves to be beaten, including them and their families.
- Focus on developing resources that will be helpful in the future. Assist teens in making plans for their adult life, finding ways to separate themselves from the fear of abuse. If the teenager decides on a plan, provide assistance for taking action on this plan.
- Teach them ways of dealing with anger appropriately.
- Teach them about the intergenerational nature of abuse, and danger signs to be alert to in their own partners or potential partners.
- Discuss technology use and safer ways to utilize those technologies
- Refer to local agencies that can provide adult role models or mentoring programs, such as Big Brother Big Sister.
- Encourage teenagers to get ongoing counseling for themselves after the program, and provide advocacy in finding appropriate services.
- Help the teenager to understand the patterns of domestic violence, so that the actions of the adult survivors are more understandable.

For information on safety planning with teens who are themselves survivors of dating violence, please refer to the Counseling and Advocacy chapter of this manual.

Sample Children's Service Plan

Name _____ Case # _____ Date _____

Goals	Plan	Progress
Counseling		Attended group on the following dates:
Education		
Medical		
Advocacy		

 Parent/Guardian Signature Child over 12 years old signature Staff Signature

Provided by Community Crisis Center

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence, the Missouri Coalition Against Domestic Violence and the Ohio Domestic Violence Network.

Follow-Up Services

Follow-up services refer to ongoing or additional services provided to survivors after their completion of initial services. The term is generally used in relation to survivors leaving shelter services; however, non-residential programs may offer follow-up services as well. Follow-up services can include ongoing participation in group or individual counseling, continuing advocacy, referrals, or other services as appropriate. These services can be important in assisting survivors to fully utilize the benefits of the program.

Minimum Requirements

Programs funded by IDHS or ICADV must offer follow-up services to survivors departing the program as appropriate to the survivors' needs.

Suggested procedures for providing effective follow-up services are provided in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Follow-up services are documented as the type of service provided. Documentation of each follow-up service shall include the following:

- Survivor name or ID number
- Date
- Length of the interaction
- Type of services provided
- Summary of the contact
- Name of the advocate

All documentation is then placed in the survivor's file.

Follow-up services may be documented on the InfoNet Adult Services Contact Form or the InfoNet Adult Non Legal Services Contact Form. However, programs may use their own forms if the required data is captured.

Guidelines

Recommendations

At the time of survivors' departure from a program, programs are encouraged to make them aware of the follow-up services available, and to invite them to continue contact with the program as needed. An example of this may be encouraging a survivor leaving a shelter program to participate in ongoing group counseling. However, programs should also be creative in the types of follow-up services they provide to survivors. For instance, programs may provide more concrete tasks such as assisting the survivor in moving into a new apartment, or related support such as helping to find necessary furniture or kitchen utensils. Providing this type of support after a survivor leaves a program can help the survivor in establishing ongoing independence.

Programs may also wish to schedule follow-up contact with survivors to be available to provide services they may need in the future. When planning any follow-up contact, it is important to use caution and attend to safety issues. One way to do this is to give survivors the option of completing a follow-up services form that gives advocates permission to contact them at a safe number at an established time, such as three to six months. The program can then call the survivor at that time to ask if any further services or support are needed. This system should only be used if the safety of the phone number is guaranteed and the call won't jeopardize the survivor's safety.

Programs may also give survivors the option to contact the program in three to six months. Advocates may provide departing survivors with a stamped postcard on which they can send the program safe contact information in the future if they choose. The program can then call the survivor at the number they provide.

Documenting Services

Documentation refers to the process of recording and collecting data that reflects the services provided by the program. Accurate documentation is essential in identifying and defining unmet needs, and in determining program policy, shaping present services or developing new programs to meet those needs.

Documenting interactions with survivors or on behalf of survivors also helps advocates to improve and maintain effective services at the individual level. Recording services with complete and accurate case notes and other documentation allows advocates to:

- Maintain an accurate record of all services a survivor receives and when possible, the results of these interventions. This helps to ensure that services are not duplicated and that unsuccessful interventions are not repeated.
- Track the survivor's progress in the program.
- Communicate important information with other advocates.
- Review past services and their results to explore their effectiveness in helping the survivor meet service goals.
- Prevent survivors from having to unnecessarily repeat themselves about information already collected at intake or in their service plan.
- Use the process as a counseling tool with the survivor. Survivors can be involved in discussion of what goes into the case note. This helps survivors become aware of their progress and what they have done that has worked for them.
- With the survivor's written permission, convey a history of services the survivor received to outside agencies in order to assist the survivor.

Confidentiality

Confidential communications between the advocate and the domestic violence survivor (including case files) are protected under the Illinois Domestic Violence Act (IDVA). Documentation is therefore intimately related to issues of survivor confidentiality. For more information on confidentiality requirements and guidelines as they relate to documentation, please refer to the Confidentiality chapter of this manual.

Minimum Requirements

Programs funded by IDHS or ICADV shall adhere to the following criteria in providing documentation.

- Programs must develop and maintain a data collection and record-keeping system for the services provided. This system shall allow for the efficient retrieval of data needed to measure the program's performance in relation to its stated goals and objectives.
- Programs must provide accurate and complete documentation including but not limited to the following services:
 - All crisis hotline calls coming directly to the program or coming from the Illinois Domestic Violence Help Line, including:
 - Date of call
 - Advocate taking call
 - Length of time of call
 - Caller type
 - Disposition of call
 - Community services, including:
 - Description of audience
 - Date and length of time spent
 - Number of attendees
 - Description of presentation or communications
 - Staff person or volunteer providing the community service
 - Survivor services, including:
 - Name
 - Demographic information, i.e. gender, race, age
 - Services provided
 - Date service
 - Amount of time
 - Summary of contact
 - Signature of worker
 - Shelter turn-a-ways, including:
 - Date
 - Number of survivors, children and other vulnerable family members turned away
 - Alternative referrals
 - Individual files for survivors in the program, including:
 - Advocate and survivor/parent signed intake/eligibility form (phone intakes do not require a signature)

- Service plans developed with the full involvement and signature of survivor (service plans developed over the phone do not require a signature)
- Documentation of survivor receipt and understanding of shelter house guidelines/responsibilities, if applicable
- Documentation of survivor receipt and understanding of survivor's rights
- Child care releases, if applicable (the file cannot contain another survivor's name)
- Exit interview/service evaluation
- Documentation of information released and release forms signed by the survivor
- The names of the advocates assigned to work with the survivor

Individual Files

Programs shall adhere to the following criteria for individual file records:

- Survivor records must include individualized, clear, and specific material pertinent to the survivor's situation, eligibility, needs, benefit of service, and the types and amount of services provided that support the service plan and survivor data reported to IDHS and ICADV.
- All entries regarding services provided shall contain only sufficient information to document the individualized needs of the survivor and the individualized nature of the service provided. Survivor records shall be free of any reference to the advocate's interpretation, judgment or projection of the survivor's feelings, statements, or intentions.
- Records shall be free of any diagnoses or clinical terms unless the provider is licensed to provide clinical mental health services. Even then, these terms should be used with caution. Programs must have policies in place regarding whether or not to include documentation of diagnoses in documentation. These policies should weigh the needs of the survivors and their vulnerable family members with how the documentation could potentially be used against them. Whenever possible, the decision of whether to include diagnoses or clinical terms in documentation should be made together with the survivor.
- Only records/documentation pertaining to the survivor shall be kept in the individual survivor's file. Neither names nor ID numbers of other survivors shall appear in survivor files.
- All survivor records must be secured within an individual file to prevent loss of documentation or inadvertent placement into another survivor's record. Survivor records shall be kept in a secured location to preserve confidentiality.
- Records developed or maintained concerning minor children or vulnerable family members of survivors shall adhere to the same policies and procedures applicable to the survivor records.

Survivor Access to Files

Programs must have written policies regarding the right of survivors to access their own records as well as the procedures for informing survivors of their rights and of the process for obtaining access to their records. Policy statements shall reflect the following:

- The procedures to be followed for survivors to access their own files/records.
- Who, other than the survivor, is permitted access and under what circumstances.
- Who is responsible for handling all requests from survivors for access to a record.
- The time frame for responding to survivors' requests for information.
- The manner in which the material is to be shared (e.g. oral discussion, reading the record, or duplicating the information).
- A procedure for survivors to correct, amend, or challenge in writing any inaccurate or incomplete information the record might contain, or any information with which the survivor disagrees.
- Procedures for children over age twelve to access their own records, and to deny their parents access to them. For more information, please refer to the Mental Health & Developmental Disability Confidentiality Act information in the Counseling and Advocacy chapter.

InfoNet

The InfoNet data collection system often requires further specification in recording the services listed here. These distinctions help to clarify the particular service provided. For instance, InfoNet divides survivor services into categories of in-person counseling, life skills and others. Similarly, the area of community services is subdivided into categories such as public education, professional training or institutional advocacy depending upon the service provided. Further requirements and guidelines for InfoNet documentation can be found in the Frequently Asked Questions section of the InfoNet Manual.

Recommended practices for writing accurate and appropriate case notes are included in the *Guidelines* section of this chapter.

Guidelines

Recommendations

Programs are encouraged to have clear policies regarding what is and is not documented or entered into survivor files, and should devote time to training new advocates on the procedures. Advocates should be allowed enough time in their schedule to be able to both provide services and adequately document them.

As stated under *Minimum Requirements*, advocates must add a summary of contact (case note) to the survivor's file whenever a significant service takes place. Case notes are the most detailed form of service documentation, and require special care to ensure they are accurate and complete. The tool for case notes in this chapter provides guidance in recording case notes for each type of domestic violence service.

Tools and Samples

Guidelines for Writing Complete and Accurate Case Notes

When to Make a Case Note

Advocates must make case notes whenever the following takes place:

Face to face and phone contacts - A case note must be written for in-person contacts and significant phone contacts. Examples of situations that would necessitate a case note are: counseling session, phone call during which survivor's concerns are discussed, crisis call, *significant* contact an advocate has with a survivor in a shelter.

Advocacy contacts - Case notes must also be written when contacts are made with others and when advocacy is performed on behalf of a survivor. Examples include: researching employment programs in the area, talking with staff at another agency to facilitate a referral, contact with others on behalf of survivor such as child's school, therapist from another agency, DCFS caseworker, etc. Case notes for advocacy primarily document the action taken by the advocate and the outcome.

Content of a Case Note

A. Basic Elements

Every case note must include:

1. **Date** of interaction
2. **Any other required elements for agency** (i.e. service hours, type of service, etc.)
3. **Signature of advocate/case worker** (good idea to include job title, i.e., intern, court advocate)

B. Narrative

The content of a case note must be:

1. **Brief and reflect the length of time spent**
(i.e., 15 minute contact will likely be shorter than 1 hour session).
2. **Objective about the interaction and the survivor instead of subjective.**

Examples of objective and subjective notes are as follows:

- **Objective:** Survivor said she was anxious about seeing her abuser and asked questions about the court process.
- **Subjective:** Survivor was really nervous and didn't seem prepared for court date.
- **Objective:** Survivor cried when discussing her divorce.
- **Subjective:** Survivor was upset in group.

Subjective statements are **not** as useful as objective statements because they:

- Are generally based on the caseworker's impressions or opinions, which can be biased and/or inaccurate. Impressions or opinions vary from advocate to advocate, but objective observations are generally consistent

- Can be widely interpreted to potentially hurt a survivor in court or with an outside agency
- Do not convey specific information that will be useful to other advocates reading the record

C. Format

SOAP (Summary Objective Action Plan) - SOAP can be used as a mnemonic device to recall the essential “ingredients” of a complete case note. This format can be used in case notes for individual and group contacts, face-to-face or lengthy phone contact, and with adults and children. This is one proposed format; others also exist. This one is appropriate for domestic violence agencies.

Format of a Case Note

SOAP (Summary Objective Action Plan)

SUMMARY: Brief description of the interaction that captures the basic focus or important information the survivor conveyed or the group addressed. Includes the survivor’s description of feelings, concerns, plans and thoughts.

Examples We talked about survivor’s visit with her father this weekend. She described feeling scared about seeing her father and also sad that he wasn’t coming home with her.

Survivor said her husband came to her house last night and threatened her. She called the police. She described feeling angry at him for violating the OP, but also proud of herself for taking steps to protect herself and her children.

Group members discussed the cycle of violence and warning signs of abuse. Several group members shared that they have noticed the severity of abuse escalating in their relationships.

OBJECTIVE: Relevant observations of the mood or physical presentation of the survivor or group (e.g., appearance, behavior). Any visible signs of abuse must be recorded (e.g. bruises, swelling, torn clothing, etc). Descriptions of injuries shall be specific and accurate.

Note: A case note for a phone contact may not include this section.

Examples Survivor was quiet during the session and did not make eye contact while discussing the pictures she drew.

Survivor had a large bruise over her left eye and a scratch on her right cheek.

Seven women attended the group, two of whom were attending for the first time.

ACTION: Brief description of action or intervention taken by advocate/advocates.

Examples I helped the child survivor to identify her feelings using dolls.

I supported survivor as she shared her story and provided her with information on the IDVA and the resources available. I gave her times of our support groups and encouraged her to come.

Group facilitator provided members with information about their rights under the IDVA and how they could obtain an OP. Facilitator also encouraged members to develop a safety plan and group members assisted each other in making these plans.

PLAN: Brief description of services planned for individual survivor or group.

Examples We will continue to use the dolls to help the child survivor express her feelings about her parents' separation.

Survivor will return next week for individual counseling session. We plan to review the cycle of violence. I will bring a list of legal referrals.

Next week in group we will continue to discuss safety planning.

What NOT to include in a Case Note

Subjective or irrelevant material shall not be included in a case note, especially if it could potentially be used against the best interests of the survivor or child in court or with another agency. Also, survivors have a right to read their files, and advocates need to consider the effect material would have on survivors if they read the file.

Some things that are NOT included in a case note include:

- Advocate's **opinions, impressions or judgment**
- Information regarding a **survivor's political, religious or other personal views** unless it has direct and very important bearing on the counseling process (e.g., you might include that a survivor does not want to leave and/or divorce the spouse because the survivor's religion states that it would be a sin)
- **Intimate, personal details** that have little or no relevance to the helping process (i.e., you would not include that a survivor has had multiple sexual partners, or survivor has smoked marijuana)
- **Information about other survivors**

- **Details that could be misinterpreted or misused** by other agencies or courts. This can sometimes be difficult to determine, as even the fact that a survivor left home to stay in a shelter has been used against survivors in court proceedings. Some examples of things that could be used against a survivor are: information about emotional stability; the survivor’s difficulty in handling stressful situations; advocate opinions or judgment. Advocates must discuss situations they are unsure about with their supervisors.
- **Anything that could be hurtful or surprising to survivors if they were to read their own files** (e.g., a survivor could be surprised by “survivor is in denial about her husband’s abusive behavior”, or hurt by “survivor is not strong enough to leave her abuser.”) Nothing in the case file should be a surprise to the survivor. If the advocate has a concern significant enough to be noted in the case file then it is significant enough to warrant a direct discussion with the survivor.
- **Psychological or diagnostic terms** must never be in the case file unless the person providing the service is a licensed, certified psychologist or therapist. Even then, the psychologist or mental health professional must use them carefully. A term may not be fully understood by the survivor if the survivor were to read the file, or could cause undue concern. This type of language could also easily be misunderstood or misinterpreted by outside agencies or the courts (e.g., “survivor’s repression of her core issues prevent her from processing the trauma” could be re-written as “survivor said she doesn’t like to discuss the night her boyfriend raped her”).

Different Types of Case Notes

Intake Case Notes

When an intake is done, a more comprehensive note must be written to include the survivor’s presenting situation, relevant history, needs expressed, and plan for services and/or referrals given.

Things to include in an Intake Case Note:

Survivor’s description of the current situation

- Survivor’s reason for seeking services *at this point* - it may be useful to know “why now?” Has the abuse escalated? Have the children been exposed to abuse? Have the police gotten involved?, etc. Be especially careful not to ask these questions in a way that is blaming to the survivor for not seeking services sooner.
- The services the survivor is seeking. Be careful to distinguish between what the survivor is seeking versus what you think is needed. For example, “the survivor wants to learn more about how she can deal with the abuse” (survivor’s stated need) versus “survivor needs to leave the situation” (advocate’s opinion)

- Relevant history (i.e., relationship to abuser, presence of children, length of relationship with the abuser, types and severity of abuse, frequency of abuse, previous attempts to seek help or leave the relationship and the outcome)
- Support available (i.e., friends, family, financial)
- Referrals given at time of intake
- Plan, including what services have been offered and what the survivor says s/he will pursue

Court Advocate Case Notes

Depending on the needs of individual programs, case notes completed by court advocates may need to be less detailed and extensive. Some programs have a high volume of survivors seen at court in short periods of time, which prevents sufficient time for extensive individual case notes. Court advocates may use a formatted case note where specific information about a survivor's court case (i.e., type of OP sought, whether OP was granted, courtroom or judge survivor saw, next court date, remedies granted on OP, etc.) is written into blanks on a prewritten form.

Situations that are unusual, or when the court advocate spends an unusual length of time with a survivor, must be reflected in the case note. Court advocates must of course still record all other contacts with a survivor outside of the court, as well as advocacy and collateral contacts.

Case Notes for Group Sessions

There are two main ways to complete group case notes: the group case note or the individual group note. Either choice is appropriate, and programs may select the one that suits them best after consideration of advantages and disadvantages.

Group Case Note - One case note is written to document what took place in the group. The case note describes the group content, activities, benefits of the group and the group process. An individual's level of participation and issues discussed by an individual are not recorded. Individual members are also not identified in the Case Note to maintain confidentiality. The one case note is generally photocopied and a copy goes in each group member's file.

Example

Seven women attended group. Group addressed how to obtain an OP. Members discussed common characteristics of batterers and how they feel their situations compare. Facilitator provided information on batterers' characteristics and encouraged members to share their experiences. Members expressed wanting to learn more about how to recognize early warning signs of abuse in next week's group.

Advantages of group case note:

- Only have to write one note

- Minimizes specific information available that can be used against a survivor
- Gives more information about the process of the group, which can be useful when advocates reflect on the therapeutic benefit of the group

Disadvantages of group case note:

- Doesn't record how an individual participated

Individual Group Note - A separate case note is written for each group member's file. These are generally very brief.

Example

Survivor shared that her husband prevented her from going to work this week. She expressed feeling scared and talked about a safety plan.

Advantages of individual group note:

- Records an individual's participation
- Advocate can look back over successive group notes to see patterns in survivor's participation

Disadvantages of individual case note:

- Doesn't record the group process
- Only have a record of individual's participation in isolation of what was happening in group

A third option for group services is the mixed note. To make a mixed note, the advocate writes a general group case note and photocopies it so that there is one copy for each group member's file. The advocate then records each group member's participation in the session on the individual's own copy and places it in the individual's file.

Whichever option is used, any group documentation that includes names or identification numbers of other group members may not be placed into individual survivor or child files. Group documentation that contains multiple names and identification numbers may only be placed in a separate group file.

Child Case Notes

Children's case notes for individual and group sessions can have the same general format as those of adults. The advocate will be documenting contact with the parent/guardian as well as contact with the child. When the advocate discusses information with the parent/guardian that relates to the child's goals or progress, or the parent/guardian's concerns, these must be recorded in the case note. **Any information that the parent shares related to the parent's own goals or issues shall not go into the child's file.**

Any suspicion of child abuse or neglect must be thoroughly documented along with actions taken by the advocate. Evidence of abuse must be specifically recorded (i.e., exact location of bruises or marks). The child's own words shall be used if s/he is reporting abuse to the advocate.

Shelter Case Notes

Shelters may have specific case notes pertaining to whether survivors are meeting requirements of shelter stay. These are generally for the purpose of documenting survivor compliance versus clinical benefit. These notes would be generally very brief and specific. It is recommended to keep these notes in a separate file or log.

Confidentiality

Confidentiality is the guarantee that information will be kept private and not shared with other parties. In domestic violence services, confidentiality is critical to maintaining the safety of survivors and their families. The disclosure of written or other information regarding survivors in the program to family, friends, law enforcement, other organizations or individuals is therefore prohibited. This applies to information regarding those who are currently receiving program services as well as those who have received services in the past.

Confidentiality is defined by statute in the Illinois Domestic Violence Act (750 ILCS 60/227). Confidential communications include any communications between a survivor and an advocate, including all records kept in the course of providing services. Violation of confidentiality by any staff or volunteer advocates who have completed the 40-hour training is a crime; advocates may be charged with a Class A misdemeanor if they disclose any confidential communications without a written Release from the survivor.

The survivor has the legal right to disclose or not disclose information, and may sign a Waiver and Consent for Release of Information form if they would like their information to be shared with others outside of the program. Advocates must fully inform survivors about what type of information will and will not be shared when they sign a Release, and the advantages and disadvantages of sharing information.

Minimum Requirements

The following criteria for confidentiality policies and procedures are required for programs funded by IDHS or ICADV:

- Programs must develop confidentiality policies and procedures that adhere to IDVA and address the following:
 - Releasing information only with the written consent of the survivor, with the two exceptions of mandated reporting of child or elder abuse or neglect, or the harm of self or others (see Release of Information Requirements below)
 - Access to records by others, including funding sources;
 - Definitions of confidential communications, observations, and information;
 - Security, retention and destruction of all records, including electronic;
 - Protecting survivors from program visitors who may disclose their identity;
 - Maintaining the confidentiality of deceased survivors;
 - Survivors in the program accessing and reviewing their own files;
 - Protecting the confidentiality of minors;
 - Responding to court orders, subpoenas and warrants.
- Programs must inform survivors verbally and in writing of their rights and limits of confidentiality.

- Programs must inform staff, volunteers, visitors, and Board members verbally and in writing of their responsibility and obtain their written agreement to maintain confidentiality. Staff and volunteers must be informed that breaching confidentiality is a crime. The signed agreement must be kept in each personnel, volunteer or individual file. Confidentiality continues after employment or program involvement.
- Programs shall provide private space for service delivery to maintain confidentiality between survivor and counselor.

Release of Information Requirements

- Programs must obtain an informed and voluntary consent from the survivor for the disclosure of any information, including the receipt of services.
 - o This Waiver and Consent for Release of Information form must be obtained before advocates can give any information to outside parties, with only two exceptions:
 - For mandated reporting in accordance with the Abused and Neglected Child Reporting Act or Elder Abuse Act, or
 - In cases where the failure to disclose is likely to result in an imminent risk of serious bodily harm or death to the survivor or another person
 - o The consent shall be in writing and shall include the following:
 - The name of the person, agency, or organization to whom disclosure will be made (only one person, agency or organization per consent);
 - The specific information to be disclosed;
 - The purpose of the disclosure;
 - A dated signature of the survivor or guardian entitled to give consent, witnessed by a person such as the advocate who can attest to the identity of the person so entitled;
 - A dated signature of the advocate;
 - An expiration date of the consent; and
 - An indication that the consent is revocable at the written request of the person giving consent and that the survivor has been informed of this right.
 - o A copy of the consent form must be maintained in the survivor's records.
 - o Programs must be mindful of and address the specific issues pertinent to non-readers and those for whom English is not their primary language.
 - o Programs must receive approval from the survivor prior to accepting a third-party consent to release information.
 - o Programs shall not use "blanket release forms" or require a survivor to sign a blank Release of Information.
 - o Programs may not re-disclose (continue to share information with the party indicated on the Waiver and Consent for Release of Information) unless the person who consented to the disclosure specifically consents to such disclosure

Minimum Requirements in Documentation

All survivor files must contain a signed Waiver and Consent for Release of Information form as described in the *Minimum Requirements* section for each disclosure of information. A sample Waiver and Consent for Release of Information form is included in this chapter. Survivor files must also have a signed confidentiality agreement form indicating that they understand their rights and limitations of confidentiality. All records must be kept for a minimum of six years, or longer if deemed necessary by the agency.

All staff, volunteer and Board member files must also contain a confidentiality agreement indicating their understanding of the confidentiality policy and their responsibilities. A file of visitors' signed agreements must also be maintained.

Guidelines

Recommendations

Confidentiality encompasses a wide range of activities in domestic violence programs. This chapter describes training and documentation as they relate to confidentiality, as well as procedures regarding any breach of confidentiality. Tools are also included for the following confidentiality-related processes:

- Confidentiality agreements for advocates
- Confidentiality agreements for survivors
- Telephone procedures
- Program visitors
- Release of Information
- Responding to subpoenas
- Retention and destruction of records
- Confidentiality of deceased survivors

Finally, a sample Waiver and Consent for Release of Information is included for reference.

Training

It is important that all staff and volunteer advocates understand the importance of confidentiality, and have a thorough understanding of all related program policy and procedures. Programs are encouraged to outline specific rules of confidentiality when training staff rather than simply implying them or assuming they are understood through broader program policies. Examples of specific confidentiality procedures may include the following:

- Advocates cannot bring home files.
- Advocates must not use names or any identifying information when discussing survivors or their children to anyone outside the program. This is especially important in small towns or communities. For example, stating that a survivor in the program has five children may make it easy for others to identify who they are.
- When out in public, advocates shall not acknowledge survivors who are or were in the program, unless the survivor initiates contact.

Confidentiality and Documentation

Confidentiality is closely linked with issues of documentation. To protect confidentiality in record keeping, it is important not to refer to survivor names or ID numbers in other survivors' files, with the exception of children's files, which may be referenced in the parent's file. The child's file may also reference the parent's name. Group counseling files that reference multiple

group members by name or ID number must be kept in a separate group log book, and may not be placed in individual survivor or child files.

It is important to limit documentation to factual content and not to enter information that could be used against a survivor. This is particularly important when working with survivors who have been mandated for services by DCFS or the courts, since their information is most likely to be requested. For more guidelines on documentation, please refer to the Documenting Services chapter of this manual.

Breach of Confidentiality

It is critical that advocates be trained on when it is necessary to breach confidentiality and how to proceed in such circumstances. The Mandated Reporting chapters of this manual outline procedures for breaching confidentiality in cases of suspected child or elder abuse or neglect. Reports must be made in situations when the advocate is concerned that a lack of action will compromise the safety of children or elders. Supervisory or peer consultation is encouraged for guidance, but advocates must then make their own decision.

Other than the mandated reporting of child or elder abuse or neglect, confidentiality may only be breached when the failure to share information may create a safety risk to the survivor or others. An example of this might be if a perpetrator appears at a program threatening to kill a survivor and the survivor's parents, and disappears again; but the survivor has already left the program and is out of contact. This may be a case of when to breach confidentiality to alert the survivor's family and the police. Programs must carefully assess each situation in order to determine the safest way to breach confidentiality, and if breaching confidentiality is necessary.

Tools and Samples

Confidentiality Agreement for Advocates

As stated under *Minimum Requirements*, a signed confidentiality agreement is required for all advocates. It is recommended that this form include the following statements and elements:

- Staff and Volunteers are required by the Illinois Domestic Violence Act to maintain each survivor's confidentiality; failure to do so is a crime.
- Information can be released without survivor consent only under one of the following three circumstances:
 - o When the survivor has given prior specific written consent through a Waiver and Consent for Release of Information form
 - o When it is required by the Abused and Neglected Child Reporting Act (ANCRA) or Elder Abuse Act, or
 - o In cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.
- Advocates must maintain confidentiality even after their employment/affiliation ends.
- Definitions of confidential communications, observations, and information.
- How the program addresses illegal breaches of confidentiality, including sanctions.
- Possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of survivors and advocates.
- A statement that the staff/volunteer has read and understands all of the program's confidentiality policies and procedures.
- A signature/date line for staff/volunteers.

A sample Declaration of Confidentiality is included in the Personnel chapter of this manual.

Confidentiality Agreement for Survivors

It is recommended that the confidentiality agreement for survivors include the following statements and elements:

- Staff and Volunteers are required by the Illinois Domestic Violence Act to maintain each survivor's confidentiality.
- Information can be released only if written consent is given; or as required by the Abused and Neglected Child Reporting Act or Elder Abuse Act; or in cases where failure to disclose is likely to result in imminent risk of serious bodily harm or death.
- Confidentiality expectations of survivors, such as keeping the location of the shelter or other survivors' identities and communications confidential
- A warning that survivors in the program are not legally responsible to uphold the confidentiality of others in the program. Survivors can then keep this in mind when choosing to disclose information to others in the program.
- A warning of the possible repercussions of not abiding by the program's confidentiality expectations; for example, jeopardizing the safety of other survivors and advocates.
- A description of documentation procedures and maintenance, including:
 - o What information is recorded and why, and the methods of collection.
 - o The program's policy for responding to court orders for records.
 - o Processes for survivors viewing their own files.
 - o A description of what kind of information will remain on file once a survivor terminates services, and timelines for when records will be destroyed.
- A signature/date line for the survivor and witness.

Guidelines for Telephone Procedures

The following are suggested practices to protect confidentiality on shared phones in domestic violence programs:

- Advocates and survivors answering shared phones must receive clear instructions on how to protect the confidentiality of others in the program. These instructions shall be posted by the phone and reviewed periodically with survivors.
- Those answering the phone shall not disclose who is in the program to any callers, whether the caller is a friend or family member of the survivor, or another organization.
- Programs may implement a system whereby the person answering the phone offers to post a message without confirming or denying that a survivor is there.
- A survivor may choose to sign a Waiver and Consent for Release of Information form to allow certain callers to be immediately connected to the survivor rather than called back. Even with this Release of Information, however, programs must have procedures in place to screen calls or verify callers' identities. For instance, if a caller says they are phoning from a certain organization, it is prudent to take a message and let the survivor call the person back through that organization's main switchboard number. These procedures will help to ensure that information is not shared with a perpetrator posing as someone else.

Guidelines for Procedures Regarding Program Visitors

Program visitors may include donors/funders/monitors taking a tour of the facility, people bringing donations, or other guests.

In addition to having visitors sign the required confidentiality agreement, the following processes are recommended to address program visits:

- Inform visitors of the reasons and importance of maintaining the confidentiality of the survivors participating in the program, and the location if applicable.
- Give survivors advance notice of any upcoming tours, and give them the options to stay in rooms not included in the tour or to leave the facility during the visit.
- Ensure that advocates escort the guests during the entire visit.
- Cancel or reschedule the visit if a survivor cannot leave the program during the visit and expresses concern about it.
- Keep visits to a minimum to best create a confidential environment.

Guidelines for Release of Information Procedures

When survivors are considering releasing their whole file or parts of their file, it is recommended that advocates employ the following procedures:

- Sit with the survivors and let them review their file so they are aware of its contents before they sign a Waiver and Consent for Release of Information form.
- Make it clear to survivors that they have the legal right to disclose or not disclose the domestic violence program's information about their case to others outside of the program.
- Discuss the potential advantages or problems that may result from releasing information, and make it clear that once the Release is signed, the program cannot protect information from how it may be used.
- If there is concern that information in the file will be used against the survivor, discuss the option of releasing a summary report of the survivor's involvement in services rather than the whole file. Survivors may sign a Release that significantly limits the kinds of information that the program can disclose. For instance, a survivor may sign a Release that only permits the program to report on the dates of group counseling attendance, but does not permit the agency to share anything the survivor said or did in the group. This option can be helpful for survivors who have been mandated for services by the courts or DCFS.

Guidelines for Responding to Subpoenas

As stated under *Minimum Requirements*, Programs must have procedures in place for responding to subpoenas for survivors' files. It is recommended that these procedures include the following information:

- Actions for advocates to take, including how to respond to initial subpoenas and whom to contact.
- A designated custodian of records who is responsible for responding to requests for information.
- Processes for consulting with a staff attorney prior to responding to subpoenas.
- Processes for discussing with the survivor which information, if any, can be released and obtaining a Waiver and Consent for Release of Information for that information. This process includes reviewing the information with the survivor before releasing it.
- Processes for when the survivor does not sign a Waiver and Consent for Release of Information form. In these instances domestic violence programs have an obligation to protect survivor confidentiality, usually by filing a Motion to Quash the subpoena. In the years since the passage of the IDVA, agencies have established a track record of successfully protecting the survivor's records from release.

Retention and Destruction of Records

Policies on the retention and destruction of records should encompass all case notes and files, paper and electronic in nature, staff to staff communications, written and verbal, and all documentation required by funding agencies. Programs are encouraged to use the following guidelines in procedures for the retention and destruction of records:

- Records must be maintained for a period of six years beyond the fiscal year the service occurred unless there is an audit, in which case the records shall be maintained until the audit is completed.
- Staff-to-staff communications that cannot be made verbally due to staffing patterns must be destroyed as soon as possible.
- In determining which records to retain, programs shall weigh the need for information against the potential for the misuse of the record.
- Paper files must be kept locked. Electronic files must be kept appropriately stored in secure location. The files shall not be removed from the program without written permission from the custodian of records.

Guidelines for Confidentiality of Deceased Survivors

The Illinois Domestic Violence Act states that when a survivor or domestic violence is deceased or has been adjudged incompetent by a court of competent jurisdiction, the guardian of the deceased victim or the executor or administrator of the estate of the domestic violence victim may waive the privilege of confidentiality, except if any of the following apply:

- The guardian, executor or administrator of the estate has been charged with a violent crime against the domestic violence victim
- An Order of Protection was entered against the guardian, executor or administrator of the estate at the request of or on behalf of the domestic violence victim
- The guardian, executor or administrator of the estate otherwise has an interest adverse to that of the domestic violence victim with respect to the waiver of the privilege.

In any of the above apply, the court shall appoint an attorney for the estate of the domestic violence victim.

Sample Waiver and Consent for Release of Information
Waiver and Consent for Release of Information

All communications between you and domestic violence program staff are confidential and are protected by the Illinois Domestic Violence Act (IDVA). The only exceptions are child or elder abuse or neglect, or if failure to disclose might result in imminent risk of bodily harm to someone. All staff are mandated reporters of child and elder abuse and neglect.

I _____ Authorize: _____
Client/parent or guardian of child under age _____ DV program _____

To release the following: Written information Verbal information (including name of child)

Description of exactly what is being released

To: _____
Person and agency (use only one form per person and agency)

For the purpose of: _____

This consent expires by said date: _____

You have the right to revoke this consent, and no information will be released to the above-mentioned person(s) or agency. If you revoke this consent after action is taken, DV Program will not release any further information to the abovementioned person(s) or agency.
If this is an authorization for release of written information, you have the right to inspect and copy the information to be disclosed and this consent is granted with full knowledge of the information contained herein.

Date Client/Parent or Guardian of Child Under 12

Date Witness: DV Program Staff Member

Client ID Number: _____

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence.

Mandated Reporting of Child Abuse and Neglect

Child abuse and neglect occurs when parents or other caretakers mistreat children or fail to adequately care for them. Abuse may be physical, emotional or sexual. The perpetrators may be parents, step-parents, the partner of a parent, guardians, immediate family members, any person living in the home of the child, a person who came to know the child through an official capacity or position of trust, or any other person who is responsible for the welfare of the child.

All program staff and volunteers of domestic violence programs are mandated reporters of child abuse and neglect according to the Illinois Abused and Neglected Child Reporting Act (ANCRA). All domestic violence programs must demonstrate compliance with ANCRA. Any suspected child abuse and/or neglect must be immediately reported to the Illinois Department of Children and Family Services (IDCFS) hotline or local office. All phone reports must be confirmed in writing within 48 hours. A Waiver and Consent for Release of Information is not necessary to make a report to IDCFS. Willful failure to report suspected incidents of child abuse or neglect is a misdemeanor. For all legal obligations related to child abuse and neglect, mandated reporting and IDCFS, programs must consult with their staff attorneys or other legal counsel.

Minimum Requirements

Domestic violence programs funded by IDHS or ICADV must, at a minimum, adhere to the following criteria:

- Every program shall have a written policy regarding child abuse and neglect reporting that meets the requirements of the Abused and Neglected Child Reporting Act. This policy shall include the following:
 - Suspected child abuse and neglect must be reported
 - All advocates are mandated reporters
 - What steps advocates must take to inform the parent/guardian of the child who has been abused and/or neglected
 - What procedures to follow if the suspected perpetrator of abuse or neglect is presently receiving services from the program
 - Information released without consent will be limited to the incident of abuse and/or neglect that is being reported
- The policy shall outline procedures for placing a hotline call that include the following steps:
 - Document in writing and prepare all information that is to be reported to the hotline
 - Call the DCFS hotline at (800) 252-2873 (800-25-ABUSE) after receiving the information
 - Provide the hotline the advocate's name, position, and reason for the call

- o Answer all questions to the best of the advocate's ability
- o If the hotline refuses to take a report, request that the hotline take the report as information
- o Follow up each report with the written report (CANTS 5) required by DCFS within 48 hours
- o Consult with program supervisory staff regarding the call

Tools for conducting these processes are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

The hotline call and all of the related information must be documented. This information shall include the following:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Determination made by DCFS
- Supervision that took place
- Steps taken by advocates to address the issues with the family
- A copy of the written report provided to DCFS

Guidelines

Recommendations

All program advocates must be trained in IDCFS terms, types of abuse, what constitutes abuse or neglect, and policies and procedures for reporting suspected abuse or neglect. Reviewing a copy of IDCFS's Mandated Reporter Manual will provide most of the information needed. A copy of this manual can be printed from the IDCFS website at:

<http://www.state.il.us/DCFS/docs/MANDATED2002.pdf>

The Illinois Department of Children and Family Services also provides an online mandated reporting class. To access this 60 to 90 minute web-based interactive training, simply click on the following link: <http://www.dcfstraining.org/manrep/index.jsp> .

Tools for responding to child abuse or neglect are included in this chapter. These tools outline procedures for identifying abuse and neglect, determining when to make a report, responding to disclosures of abuse, making the report, and following up with the child and adult survivor.

Further information related to the Illinois Department of Children and Family Services can be accessed at the Department's website at <http://www.state.il.us/dcf/> .

Tools and Samples

Identifying Abuse and Neglect

In order to be able to identify abuse, advocates should be aware of the following common signs of abuse and neglect in children.

- Signs of physical abuse include but are not limited to:
 - o Unexplained bruises, welts or lacerations, especially in various stages of healing or in the shape of objects used to inflict injury
 - o Broken bones or fractures
 - o Cigarette or cigar burns, especially on soles, palms, back or buttocks
 - o Immersion burns on hands, feet or genitalia
 - o Rope burns on arms, legs, neck or torso
 - o Human bites
 - o Injuries sustained by excessive corporal punishment
 - o Child reports of being restrained, locked in a room or chained
 - o Child reports of being locked alone in a car

- Signs of sexual abuse include but are not limited to:
 - o Bizarre, sophisticated, provocative or unusual sexual behavior
 - o Difficulty in walking or sitting
 - o Torn, stained or bloody clothing
 - o Bruises or bleeding of genitalia
 - o Sexually transmitted diseases or pregnancy at early ages
 - o Reports of being forced to view media or sexual acts that are not appropriate

- Signs of neglect include but are not limited to:
 - o Appearance of general neglect, e.g. poorly nourished or inadequately clothed
 - o Left alone or wandering, especially at late hours

Advocates should also be aware that “creating a substantial risk of physical injury” is also considered abuse. This includes strangling, smothering, shaking, throwing or violently pushing a child into a fixed object, whether or not an injury was intended or sustained, or being threatened with abuse.

Determining When to Make a Report

In considering whether or not to make a report, advocates shall consider the following questions:

- Has the advocate observed evidence that damage was done to the child?
- What communication has the child provided, and is the information plausible and consistent with observations?
- If the explanation comes from someone other than the child, how credible or complete is the information?
- Have there been past incidents that now seem suspicious?

The signs of sexual abuse can be uncertain, so if a child tells an advocate that a caretaker or other person responsible for the child's welfare is abusing him/her, the advocate must report it.

Responding to Disclosures of Abuse

If a child has disclosed to the advocate their experience of abuse, the advocate shall take the following steps in addition to calling the hotline:

- Believe the child.
- Stay calm and reassure the child that he or she is not to blame.
- Praise the child for her/his courage in telling; show confidence in the child.
- Respect the child's privacy; avoid telling anyone not mandated to be told by law or program policy.
- Don't repeatedly ask for the details of the abuse.
- Refer the child for professional therapy.

Making the Report

Advocates shall employ the following procedures in making reports to the IDCFS Child Abuse Hotline:

- Before proceeding to call the hotline, advocates may first encourage adult survivors to call the hotline themselves. However, as a mandated reporter the advocate needs to make the report whether or not the adult survivor calls the hotline.
- It is helpful to make careful notes before calling, especially of any verbatim statements made by the child.
- Ask for the name of the hotline worker at the start of the conversation.
- Although information provided is usually limited to the allegation of abuse or neglect, under the IDVA advocates must also disclose information “in cases where failure to disclose is likely to result in an imminent risk of serious bodily harm or death of the victim or another person.”
- If the hotline worker does not take the report for an investigation, the caller should request the reason if it is not provided.

Following up with the child and adult survivor

Whether or not the report is taken by DCFS for an investigation, programs must have procedures in place to provide or refer for appropriate services for families where abuse or neglect is suspected. Depending on the individual situation, these services may include individual, group or art therapy for the child, family therapy with the child and non-abusing adult survivor together, parenting services for the adult survivor, or other services.

Portions of this chapter adapted from materials produced by the Illinois Department of Children and Family Services.

Mandated Reporting of Elder Abuse and Neglect

Elder abuse is the mistreatment of people aged sixty or over. This abuse or neglect is usually committed by the grown children of the elders, but can also be committed by abusive spouses or other people in the person's community. The abuse or neglect can be committed in a number of ways: physical abuse, psychological abuse, sexual abuse, financial abuse such as theft or fraud, or the denial of basic rights.

All staff are mandated reporters of elder abuse and neglect. Advocates must report all suspected abuse, neglect, and exploitation of persons sixty and over who are unable to report for themselves. The reports are required by the Elder Abuse and Neglect Act (320 ILCS 20/1 et. Seq.) For all legal obligations relating to elder abuse and reporting, programs must consult with their staff attorneys or other legal counsel.

New Elder Abuse and Neglect Act legislation also allows for the use of the elder abuse hotline to voluntarily obtain resources for people over age 60 who have difficulty caring for themselves. For further information on utilizing the elder abuse hotline as a voluntary resource in situations of elderly self-neglect, please refer to the Information and Referral chapter.

Minimum Requirements

Programs funded by IDHS or ICADV must adhere to the following criteria:

- Every program shall have a written policy regarding elder abuse, neglect, and exploitation reporting. This policy shall include the following:
 - o Suspected elder abuse, neglect and exploitation must be reported if the elder is unable to report for themselves
 - o All advocates are mandated reporters of elder abuse and neglect
 - o What procedures to follow if the suspected perpetrator of abuse, neglect, or exploitation is presently receiving services from the program
 - o That information to be released without consent will be limited to only the incident of abuse and/or neglect that is being reported
- The policy shall outline procedures for placing a hotline call. This shall include the following steps:
 - o Document and prepare all information that is to be reported to the hotline
 - o Call the hotline at (866) 800-1409
 - o Provide the hotline the advocate's name, position, and reason for the call
 - o Answer all questions to the best of the advocate's ability
 - o Consult with program supervisory staff regarding the call

Procedures related to this process are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

The hotline call and all of the related information must be documented and placed in the elder's file. This information shall include the following data:

- Date
- Name of the advocate making the report
- Steps taken to report the abuse or neglect
- Information reported to the hotline
- Result of the report
- Supervision that took place
- Steps taken by advocates to address the issues with the family and arrange for care

Guidelines

Recommendations

It is important that advocates be familiar with the Elder Abuse and Neglect Act, the types of elder abuse and neglect, and when to report. A tool for identifying elder abuse is included herein. Further information related to elder abuse and neglect is available at the Illinois Department on Aging website at: <http://www.state.il.us/aging/>.

Determining the Elder's Ability to Self-Report Abuse

Advocates who suspect that elder abuse or neglect is taking place need to then determine if the elder has a physical or mental condition that would prevent self-reporting the abuse. Such conditions might include dementia, paralysis, speech disorders, or being confined to bed and unable to reach or use a telephone. It is up to the advocate's judgment as to whether the older person is able to report the abuse.

Advocates may ask themselves the following questions to help them determine if a person has the mental capacity to self-report:

- Does the person understand the facts of their situation?
- Does the person express a free choice about their situation?
- Does the person understand the risk and benefits of that choice?

If a potential reporter is unsure whether an older person is able to report for themselves, but suspects that they are being abused, neglected or exploited, the Illinois Department on Aging encourages the reporter to voluntarily report the situation to the Elder Abuse and Neglect Program. To determine how to proceed, programs may consult with the Elder Abuse and Neglect Program in their area without violating the confidentiality provided by the IDVA.

Program policy must outline what steps to take after placing a hotline call, including discussing the report with the elder and referring to any additional appropriate services.

Tools and Samples

Identifying Elder Abuse

Advocates should be aware of the following common signs of physical, emotional and financial elder abuse and neglect:

- Bruises, burns, cuts, lacerations, sprains or broken bones
- Neglect in medical problems being treated
- Dehydration or malnutrition
- Symmetrical injuries on two sides of the body
- Signs of being restrained, such as rope marks
- Underutilization or over-utilization of medications
- Numerous or large cash withdrawals
- Objects or money missing
- Early withdrawals from investments
- Sudden changes to beneficiaries or deeds
- Taking out a second mortgage
- Inadequate clothing
- Poor personal hygiene
- Broken glasses or hearing aids
- Bed sores or other untreated wounds or sores
- Prescriptions that are not filled

Portions of this chapter adapted from materials produced by the Illinois Department on Aging.

Denial of Service and Involuntary Termination

Denial of service occurs when individuals applying for program services are found to be inappropriate for a service and therefore denied. Involuntary termination of service occurs when programs discontinue current services to survivors without their concurrence. Although sometimes necessary, these procedures shall happen only as the last option after all other methods for service inclusion have failed.

Minimum Requirements

Programs funded by IDHS and ICADV will determine their own policies regarding what is acceptable for program entry or involvement, and what constitutes service denial or involuntary termination; however, the policies must meet the standards below. For minimum requirements regarding program eligibility determination, please refer to the Eligibility chapter of this manual.

When every attempt to include the survivor in services or alter the survivor's current services has been exhausted, denial of services or involuntary termination of services must be used based upon:

- The survivor's current needs, including safety
- The survivor's current behaviors
- The survivor's current ability to benefit from services
- The safety of other past or present survivors receiving services
- The safety of program advocates

Denial or involuntary termination of services will not be based on an adult survivor's age, race, creed, sex, ethnicity, color, national origin, county of origin, marital status, sexual orientation, citizenship status, spoken language, disability or religion.

Programs shall have policies and procedures regarding the denial of services and the involuntary termination of services. These policies and procedures shall include:

- Clearly defined reasons that all services, some services, or service accommodations cannot be provided or must be involuntarily terminated;
- The process for determining that services cannot be provided or must be involuntarily terminated;
- Notice to the survivor orally and in writing of the policy;
- Grievance procedure;
- Requirement to offer alternative referrals.

Minimum Requirements in Documentation

Programs will maintain a system for documenting cases of service denial or involuntary termination. Documentation of involuntary terminations of services may be maintained in the survivor file or in a separate file determined by program policy. This written documentation will include:

- An explanation of why services were denied or involuntarily terminated;
- The process used to make the determination, including attempts made to avoid denial or involuntary termination;
- The name of the advocate denying or involuntarily terminating services;
- Referrals provided to the individual at the time services were denied or terminated;
- Written documentation of supervisory review of all denied services and involuntary terminations;
- Copy of the survivor's notice of the right to grieve the termination or denied service (program's grievance procedure, signed at intake).

Guidelines

Recommendations

Individual program policy will define what determines denial of services or involuntary termination of services. However, it is recommended that denial and involuntary termination of domestic violence services only be based only on a violation of the health and safety standards of the facility or a breach of confidentiality.

Programs are encouraged to have a consensus-based system of when and how to terminate services after all other solutions have been attempted. Programs may choose to have a quality assurance system that involves the survivor, advocate, administrative staff, childcare staff and other designated people reviewing each instance of potential involuntary termination to assess if it is appropriate.

In some instances, programs may gain information after beginning services that the client is actually the perpetrator of domestic violence rather than the victim. In these situations, a program may terminate services to a client if the client gave misleading or incomplete information at intake and the program has subsequent information that is consistent with a determination that the person is a perpetrator. The person should be referred to an IDHS protocol-approved Partner Abuse Intervention Program. This is not intended to be used to deny services to victims of domestic violence who were defending themselves.

Tools for avoiding and addressing denials or involuntary terminations are included in this chapter.

Tools and Samples

Avoiding Discriminatory Practices

In addition to the requirements for nondiscrimination listed in the *Minimum Requirements* section, advocates must be careful not to let subjective or judgmental attitudes toward survivors influence denial or termination decisions. Unless they are creating a health or safety risk to the program, the following behaviors or characteristics of survivors should **not** be used to deny or involuntarily terminate services:

- Waits to report a violent incident
- Fails to work toward ending the relationship, continues to have contact with the perpetrator or returns to the perpetrator
- Fails to obtain an Order of Protection or take other legal action against the perpetrator
- Appears angry and hostile or does not have a warm, friendly personality
- Does not seem appreciative of services
- Uses drugs or alcohol outside of the facility
- Has difficulty controlling children
- Does not follow rules or stick to a regular schedule
- Has been diagnosed with a mental illness or takes medication
- Is sexually provocative
- Is HIV positive
- Has past participation with the program

Avoiding and Addressing Involuntary Terminations

Guidelines to avoid involuntary terminations will vary according to the situation. Depending upon the circumstances, the following steps may be appropriate:

- Address any issues or incidents of concern at the time they occur.
- Use conflict resolution skills to intervene with any survivors involved.
- When intervening in a conflict, present a variety of possible options that the affected survivor can choose from in order to avoid escalation of the issue.
- Take the opportunity to teach survivors methods for effective conflict resolution. This can help survivors not only in avoiding terminations, but also in learning healthy and empowering ways to solve conflicts.
- If appropriate, ask survivors who have taken part in successful conflict resolution in the past to serve as mentors for other survivors when conflicts occur.
- If termination is being considered, include the involved survivor in the decision-making process whenever possible. Discuss the issue with the survivor, naming specific behaviors and why they are unsafe or disruptive. Then problem solve with the survivor on how to change these behaviors. If appropriate, advocates may offer survivors the option to stay in the program as long as the unsafe behavior stops. This involvement allows survivors to take part in important decisions affecting their lives.

If the program has decided to ask a survivor to terminate services, the following steps are recommended:

- Meet with the survivor in person to plan for the departure and provide the required referrals. Referrals may include those for shelter and services at other agencies or for other programs in the same agency. Although it is involuntary, make the process as supportive as possible.
- Reassess survivors who have been involuntarily terminated or denied services each time they apply to re-engage. Depending on the situation, an agreement with the survivor may need to be in place as part of the re-admittance process.

Portions of this chapter adapted from materials produced by the Arizona Coalition Against Domestic Violence and the Ohio Domestic Violence Network.

Special Considerations

All programs must develop practices to address special considerations in their services. These special considerations may include addressing the mental health or substance abuse issues of survivors in the program, or addressing special situations such as domestic violence in the workplace.

Minimum Requirements

Program policies, procedures and services shall address the barriers to accessing domestic violence services, including coordinating services with other service providers, to address the specialized needs of survivors.

Recommended practices to address substance abuse, mental health issues and specialized outreach to the workplace are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Services that address special considerations must be documented as the type of service provided, whether it is counseling, advocacy, outreach or another service. For details on appropriate documentation, please refer to the chapter describing the specific service provided.

Guidelines

Recommendations

Substance Abuse

Survivors of domestic violence may also suffer from substance abuse problems. These survivors are sometimes reluctant to contact police in response to violence for fear of their own arrest or referral to DCFS. It is therefore important for programs to develop policies and procedures that address substance abuse in survivors effectively.

Tools for addressing substance abuse in domestic violence programs are included in this chapter. For more information and resources regarding services to survivors with substance abuse issues, please refer to the IDHS manual *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse*. The manual can be found on the IDHS website at: <http://www.dhs.state.il.us/chp/op/DVPR/>.

Mental Health

Some survivors of domestic violence will suffer from mental health issues. Temporary mental health issues such as depression, anxiety, or signs of trauma are sometimes related to experiencing domestic violence and may require specialized interventions, even if they do not rise to the level of mental illness.

Guidelines and tools for addressing mental health issues in survivors are included herein. More information and resources on domestic violence and mental health issues can be found on the Domestic Violence and Mental Health Policy Initiative website at: <http://www.dvmhpi.org/>.

Domestic Violence in the Workplace

Programs may conduct outreach services that are specialized toward the needs of different situations as well as diverse populations. One important service is specialized outreach to survivors in the workplace. This chapter includes a list of guidelines for conducting outreach to address domestic violence in the workplace. Additional training materials on domestic violence in the workplace are available through the ICADV lending library. The library can be accessed on the web at: <http://www.ilcadv.org/library/index.htm>.

An important resource for employees experiencing domestic violence is the Victims' Economic Security and Safety Act (VESSA), which can provide survivors of domestic violence, their families and household members to up to 12 weeks unpaid leave from employment to address domestic violence. The VESSA statute is available in its entirety on the ILCADV website at: <http://www.ilcadv.org/legal/ActBooklet4.htm>.

Tools and Samples

Guidelines For Addressing Substance Abuse In Domestic Violence Programs

The following are recommended practices for providing effective domestic violence services to survivors with substance abuse issues:

- Train advocates in identifying and addressing substance abuse and its common characteristics such as denial.
- Through trainings, assist advocates in examining their own stigmas, beliefs, feelings and prejudices about substance abuse.
- Screen every survivor for substance abuse in the intake process. If screening leads the program to suspect the survivor has an alcohol or drug problem, refer for an assessment for further information. Screening forms are included in this chapter. Further information can be found in the manual *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse*, available at: <http://www.dhs.state.il.us/chp/op/DVPR/>.
- Provide domestic violence service options for survivors who are substance dependent whether they are in treatment or not, unless the substance abuse will put them or other program participants at risk or prevent them from benefiting from the services.
- Link substance abusing survivors with substance abuse treatment facilities and abstinence-based support groups in the community. This requires that advocates be informed about community substance abuse services and have ongoing communications with them. A list of all of the licensed substance abuse treatment centers in Illinois, sorted by county, is available through the IDHS Division of Alcoholism and Substance Abuse website at: <http://www.dhs.state.il.us/oasa/>.
- Promote cross trainings with substance abuse agencies to facilitate linkages, and to educate substance abuse agencies on domestic violence issues.
- Keep informed on which local substance abuse programs and support groups provide the highest degree of physical and psychological safety for survivors, and refer survivors with substance abuse issues to these programs.
- Inform both the survivor and substance abuse treatment provider of the risks of conjoint couples counseling that includes perpetrators.
- Determine clear program rules regarding substance use. Individual program policy will determine what these are. Most shelters have firm policies against substance use; however, even if shelter services are terminated due to repeated violations, the program may still provide other program services to the survivor as appropriate.

Guidelines for Counseling Survivors who Abuse Substances

The following are recommendations to provide effective domestic violence counseling to survivors who also have substance abuse issues:

- Minimize blame and moral reprobation for use or relapse, as blame and reprobation can further disempower the survivor and empower the perpetrator.
- Help survivors recognize the role substance abuse plays in keeping them tied to abusive relationships, increasing their risk of harm, and impairing their safety planning ability.
- Assist survivors by helping them to find an alternate means of empowerment as replacement for the sense of power induced by substances.
- Include plans for sobriety as part of the safety plan. Help the survivor understand the ways the perpetrator may attempt to sabotage sobriety before the survivor completes program services.

Domestic Violence and Substance Abuse Initiative Substance Abuse Screening Tool

Client Name or ID: _____

Screen Completed by: _____

As part of our interview with everyone who comes to us for help, we include questions about other issues besides domestic violence. We feel it is really important to help you with as many of your problems as we can. We understand that sometimes in order to help with one problem, other problems must also be addressed.

Many of the survivors who come to us also have problems with alcohol or drugs. We have a program that is especially designed to help women who are dealing with domestic violence and substance abuse. Of course, we encourage you to stop using and to possibly enter a substance abuse treatment program. Be assured that all of your answers will be kept confidential.

1. Do you feel any of your family members (including the abuser) have/had alcohol or drug problems? YES NO

IF YES, please explain _____

2. Does your abuser's violence become more dangerous when under the influence of drugs or alcohol? YES NO

3. Tell me about your alcohol/drug use:

DRUG TYPE/NAME	AGE STARTED	HOW MUCH & HOW OFTEN	EFFECT OF USE	DATE LAST USED
Alcohol (whiskey, gin, wine, beer)				
Marijuana/Hash (pot, weed, grass)				
Cocaine (snot, crack, rock, coke)				
Stimulants (speed, amphetamines, uppers)				
Narcotics (heroin, morphine, codeine, Demerol)				
Sedatives, barbiturates, tranquilizers (valium, Librium, Quaaludes, Sleepeze)				

Hallucinogens (PCP, LSD, mushrooms, peyote)				
Inhalants (glue, paint, gasoline)				

4. Have you ever used alcohol or drugs to cope with fear, stress, physical or emotional pain?
YES NO
5. Do you drink or use drugs more than you intended to at times? YES NO
6. Do you ever feel bad or guilty about drinking or using drugs? YES NO
7. Has anyone ever expressed concern about your substance use? YES NO
8. Has your substance use ever caused you any legal trouble (e.g. disorderly conduct, DUI, etc.)? YES NO
9. Have you ever attended 12 step groups such as AA, NA, CA, ALANON? YES NO
10. Have you ever had treatment for alcohol or drug problems? YES NO

IF YES, please explain _____

Suggestion: _____

Reason: _____

Client Agreeable: YES NO MAYBE

Other observations or comments:

- ___ Smell of alcohol
- ___ Signs of IV drug use (i.e. tracks)
- ___ Unusual or extreme behavior (nodding off, overly alert, slurred speech)
- ___ Staggering
- ___ Tremors
- ___ Glassy eyed/pupils dilated
- ___ Unkempt appearance
- ___ Poor hygiene
- ___ Argumentative, defensive or angry at questions about substance abuse

Short Michigan Alcoholism Screening Test (SMAST)

Name or ID # _____ Date of Birth _____

Date of Administration _____

Yes No

		1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)
		2. Does your partner, a parent, and/or other near relative ever worry or complain about your drinking?
		3. Do you ever feel guilty about your drinking?
		4. Do friends or relatives think you are a normal drinker?
		5. Are you able to stop drinking whenever you want to?
		6. Have you ever attended a meeting of Alcoholics Anonymous?
		7. Has drinking ever created problems between you and your partner, a parent or other near relative?
		8. Have you ever gotten into trouble at work or school because of drinking?
		9. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
		10. Have you ever gone to anyone for help about your drinking? If YES, was this other than Alcoholics Anonymous or a hospital? (If YES, code as YES; if NO, code as NO.)
		11. Have you ever been in a hospital because of drinking? If YES: Was this for (a) detox; (b) alcoholism treatment; (c) alcohol-related injuries or medical problems, e.g. cirrhosis or physical injury incurred while under the influence of alcohol (car accident, fight, etc.)
		12. Have you ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?
		13. Have you ever been arrested, even for a few hours, because of other drunken behavior?

Note: the terms husband and wife are replaced by partner.

Michigan Alcoholism Screening Test (MAST)

Answer Yes or No for each question as it applies to you.

Yes (0)	No (2)	1. Do you feel you are a normal drinker?
Yes (2)	No (0)	2. Have you ever awakened in the morning after some drinking the night before and found you could not remember a part of the evening before?
Yes (1)	No (0)	3. Does your partner (or do your parents) ever worry or complain about your drinking?
Yes (0)	No (2)	4. Can you stop drinking without a struggle after one or two drinks?
Yes (1)	No (0)	5. Do you ever feel bad about your drinking?
Yes (0)	No (2)	6. Do friends or relatives think you are a normal drinker?
Yes (0)	No (0)	7. Do you try to limit your drinking to certain times of the day or to certain places?
Yes (0)	No (2)	8. Are you always able to stop drinking when you want to?
Yes (5)	No (0)	9. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
Yes (1)	No (0)	10. Have you ever gotten into fights when drinking?
Yes (2)	No (0)	11. Has drinking ever created problems with you and your partner?
Yes (2)	No (0)	12. Has your partner (or other family member) ever gone to anyone for help about drinking?
Yes (2)	No (0)	13. Have you ever lost friends or girlfriends/boyfriends because of drinking?
Yes (2)	No (0)	14. Have you ever gotten into trouble at work because of drinking?
Yes (2)	No (0)	15. Have you ever lost a job because of drinking?
Yes (2)	No (0)	16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
Yes (1)	No (0)	17. Do you ever drink before noon?
Yes (2)	No (0)	18. Have you ever been told you have liver trouble? Cirrhosis?
Yes (5)	No (0)	19. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?
Yes (5)	No (0)	20. Have you ever gone to anyone for help about your drinking?
Yes (5)	No (0)	21. Have you ever been in a hospital because of drinking?
Yes (2)	No (0)	22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was a part of the problem?
Yes (2)	No (0)	23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, a social worker, or clergy for help with an emotional problem in which drinking played a part?
Yes (2)	No (0)	24. Have you ever been arrested, even for a few hours, because of drunk behavior?
Yes (2)	No (0)	25. Have you ever been arrested for drunk driving after drinking?

A score of 4 or more suggests evaluation by an AOD professional.

Note: the term wife is replaced by partner.

Guidelines for Addressing Mental Health Issues In Domestic Violence Services

The following are recommended practices for providing effective domestic violence services to survivors with mental health issues:

- Train advocates in identifying and addressing mental health issues.
- Through trainings, assist advocates in examining and attending to their own stigmas, beliefs, feelings and prejudices about mental health issues.
- If advocates are concerned about the mental health of a survivor, provide information about options to the survivor using the guidelines in this chapter. It is also sometimes appropriate to make a referral to a doctor or therapist able to address the issue. If the survivor receives appropriate services to address it, a mental illness need not interfere with the ability to benefit from the domestic violence program.
- Provide domestic violence service options for survivors who are mentally ill whether they are in treatment or not, unless the illness will put them or other program participants at risk or prevent them from benefiting from services.
- Offer to collaborate and conduct cross trainings with local mental health agencies and practitioners to facilitate linkages, and to sensitize mental health professionals to domestic violence issues. The IDHS Division of Mental Health can assist in locating the closest mental health services to each program area by phone at (800) 843-6154 (follow the voice prompts to be connected with the Division of Mental Health). The Division's interactive website also allows programs to locate mental health offices and services by county. The website address is:
<http://www2.dhs.state.il.us/geosource/officelocatorsearch.aspx>.
- If a survivor suffers from a more serious and enduring mental illness that requires specialized care, coordinate program services with clinical services. Behavior that can signal a serious mental illness may include talking to people who are not there or bizarre statements. If a serious mental illness is present, this still need not necessarily prevent the person from benefiting from the program. With a written Waiver and Consent for Release of Information, an advocate may speak with the survivor's physician, psychiatrist or therapist, or arrange for such care.
- If a survivor's mental illness causes dangerous behavior that leads to a termination of services, the program must focus assistance on arranging for appropriate care. The program shall still provide advocacy and any other needed services for the survivor after the survivor leaves the program, if appropriate.
- No matter what the behavior, do not operate outside of your area of expertise. Advocates must not attempt to diagnose the survivor or use diagnostic terms in case notes.

Guidelines for Discussing Mental Health Issues with Survivors

It is important that advocates use an empowerment approach when addressing mental health issues in domestic violence programs. Many times, it may not be clear if a survivor is suffering from a mental health issue that requires further assistance to address. Rather than simply screening for mental health issues in survivors and making referrals based upon their own judgment, advocates should focus on empowering survivors to make their own decisions regarding mental health treatment whenever possible.

Advocates should use the following general guidelines when discussing mental health issues with survivors:

- Be aware of the stigma surrounding mental health issues.
- Empower the survivor with the following steps:
 - o Inform the survivor about the mental health impact of domestic violence and trauma.
 - o Provide the survivor with information about signs and symptoms responses.
 - o Let the survivor know about mental health resources in the community.
 - o Let the survivor know how you can help.
- Offer referrals to professional mental health services when the following circumstances are present:
 - o When the survivor requests therapy.
 - o When the survivor has questions about prescribed medications.
 - o When the survivor is strongly considering suicide.
 - o When the survivor seems unclear or disoriented or shows behavior that is not easily explained.
 - o When the survivor is experiencing consistent lack of sleep or prolonged loss of appetite.

If you are worried or concerned that a survivor may be of immediate harm to themselves, call 911.

Common Mental Health Impacts of Domestic Violence

Survivors of Domestic Violence may experience one or more of the following:

- Depression and anxiety
- Post-traumatic stress disorder
- Indecisiveness
- Health problems and chronic pain
- Suicide and suicidal thoughts/attempts
- Erosion of self-worth
- Confusion
- Coping mechanisms, such as:
 - o Eating disorders
 - o Substance abuse
 - o Self-harm
 - o Misuse of multiple medications

Guidelines for Specialized Outreach: Domestic Violence in the Workplace

Programs are encouraged to conduct outreach to local companies and organizations. The purpose of this outreach is to help them to take the following actions:

- Implement programs that educate employees regarding domestic violence.
- Develop benefits, policy and procedures that deal with problems in the workplace resulting from domestic violence.
- Implement measures to help survivors, including:
 - o Moving the survivor's desk to a safer area.
 - o Screening/monitoring phone calls and using caller ID.
 - o Accompanying survivors as they walk to their car, or car pool together.
 - o Assessing the security and safety of the office; developing a safety plan to prepare the office in case of a threatening episode.
- Provide information to employees regarding the Victims' Economic Security and Safety Act (VESSA), which entitles survivors of domestic violence, their families and household members to up to 12 weeks of unpaid leave from employment to address domestic violence. The VESSA statute can be found in its entirety on the ILCADV website at: <http://www.ilcadv.org/legal/ActBooklet4.htm>.

Portions of this chapter adapted from the IDHS Safety and Sobriety Best Practices Manual, and from materials produced by the West Virginia Coalition Against Domestic Violence, the Ohio Domestic Violence Network and the Missouri Coalition Against Domestic Violence.

Working With Partner Abuse Intervention Programs

To be an effective part of a coordinated community response to domestic violence, it is important to build collaborations that protect survivors of domestic violence and their vulnerable family members and that hold perpetrators accountable. As part of this process, programs funded by IDHS and ICADV are encouraged to develop linkages and cooperative working arrangements with programs that provide appropriate services for perpetrators.

Programs are encouraged to partner only with perpetrator services that have as their goal the safety of survivors and their children. To do this, it is recommended that domestic violence programs form linkages with Partner Abuse Intervention Programs (PAIPs) that are compliant with the *Illinois Protocol for Partner Abuse Intervention Programs* developed by IDHS.

To be compliant with the IDHS protocol, a Partner Abuse Intervention Program must adhere to the following basic principles:

- The safety of survivors and their vulnerable family members is the highest priority
- The cessation of violence, not saving the relationship, is the primary goal
- Perpetrators of domestic violence are solely responsible for their acts and must be held accountable for their violence
- The attitudes, beliefs and behaviors that lie behind domestic violence must be addressed in interventions
- Addressing domestic violence requires a system-wide response that includes law enforcement and courts

A current statewide list of protocol-compliant programs is available on the ICADV website at http://www.ilcadv.org/batterersprogs/paip_judicial_circuit_listing.pdf or on the IDHS website at <http://www.dhs.state.il.us/chp/op/DVPR/>.

Minimum Requirements

PAIP programs are required to initiate a cooperative working agreement with domestic violence victim services as a part of their initial application as well as ongoing compliance with the *Illinois Protocol for Partner Abuse Intervention Programs* (see IL Administrative Code 89 CH IV 501 for details). Programs funded by IDHS or ICADV must adhere to the following criteria in responding to the request from PAIPs to establish a working relationship:

- Every local domestic violence program shall establish linkage agreements and working relationships with local IDHS protocol-compliant PAIPs that seek collaboration. *If the program is not able to establish a working agreement with the local Partner Abuse Intervention Program, IDHS Bureau staff should be contacted to assist in addressing the issue.* Linkages may outline mutual training and/or in-service presentations, regular meetings to discuss cooperation, and joint systems advocacy promoting safety and

accountability by institutions. The design and/or content of the agreement should address local needs and availability of resources.

Suggestions for effective partnering and joint activities are included in the *Guidelines* section of this chapter.

Minimum Requirements in Documentation

Programs are required to maintain complete and accurate records of services provided to other programs for the purpose of creating a community-wide environment that is sensitive to domestic violence. This documentation must include the following data:

- Date
- Length of time spent
- Description of the presentation or communications
- Description of the audience
- Number of attendees
- Name of advocate providing service

Programs may use the InfoNet Community and Institutional Services Log Sheet, or may develop their own forms.

Guidelines

Recommendations

Victim Service providers and Partner Abuse Intervention Programs can strengthen the response to domestic violence by engaging in activities that promote a united front on core principles, such as victim safety and empowerment, perpetrator accountability, and children's needs. Activities may include:

- Joint education projects, such as teen dating programs through schools or community presentations during domestic violence awareness month.
- Cross-training that benefits each provider by enhancing skills and knowledge of program. Topics such as group facilitation skills, impact of domestic violence on children, or assessment and planning can be mutually beneficial.
- Co-facilitation of groups offered through each program. This activity allows each professional to gain a better understanding of the other's work and gives the program participants further opportunities to learn.
- Combined advocacy efforts, such as participation in the local family violence coordinating council or co-authored letters to the judicial system promoting victim safety and perpetrator accountability.
- Joint development of a plan addressing outreach to victims of abusers in the PAIP program.

Assistance to PAIPs

To help PAIPs in establishing perpetrator accountability and ensuring survivor safety, representatives of domestic violence programs should be receptive toward partnerships with IDHS-approved PAIPs that approach them with this goal. Suggested action steps for promoting quality programming include the following:

- Offer input, direction and assistance on all PAIP policies and curriculum, as well as any other program decisions that may affect survivors.
- Hold periodic meetings with PAIPs to discuss mutual problems and concerns such as monitoring, influencing the criminal justice system, safety issues or programmatic changes.
- Attend ongoing case review meetings to provide consultation as requested.
- Serve on the Board of Directors or on the Advisory Board if requested.

If the program is not able to establish a working agreement with the local Partner Abuse Intervention Program, IDHS Bureau staff should be contacted to assist in addressing the issue.

Partner Abuse Programs That Are Not Yet Protocol-Compliant

If partnering with a program for perpetrators that has not yet been found to be compliant with the IDHS protocol, programs should use caution to ensure that the program model is not one that puts survivors and their children or other vulnerable family members at risk.

Domestic violence programs are encouraged to provide the partner abuse program with information on effective interventions for perpetrators, and to offer to help with modifying policies, procedures and service models. The domestic violence program should also inform the perpetrator program about the IDHS Partner Abuse Intervention Program approval process, encourage the program to make the adjustments necessary to become compliant with the IDHS protocol, and offer assistance in this process if possible.

APPENDICES

Appendix A: Glossary of Terms

Advocacy – The active support of and speaking on behalf of a person, group or cause. The primary focus of domestic violence advocacy is empowerment for survivors of domestic violence.

Advocate – Any person who has undergone a minimum of forty hours of training in domestic violence advocacy, crisis intervention, and related areas, and who provides services to survivors through a domestic violence program either on an employed or volunteer basis.

Art therapy – Psychological services provided by a licensed therapist that use art as a means of providing therapy to the survivor or child.

Blanket release forms – Release of Information forms that are not specific regarding who will obtain the information, contain a preprinted list of several agencies to whom information may be released, leave blank the agency, person, or organization to receive the information, or lack sufficient specificity, rendering the advocate unable to determine if the Release of Information would be legal under the IDVA.

Child Abuse and Neglect Tracking System (CANTS) – The system operated by the Illinois Department of Children and Family Services used to track cases of child abuse in Illinois. The system provides information on whether a person has an indicated report of child abuse or neglect on their record in Illinois.

Comprehensive Domestic Violence Services – Program services that include shelter, 24-hour response to calls from the Illinois Domestic Violence Help Line, information and referral, counseling, advocacy, Illinois Domestic Violence Act advocacy, transportation, and community outreach and prevention services.

Confidentiality – The guarantee as provided by the IDVA that information regarding survivors will not be shared with any outside parties. Confidential communications include any communications between a survivor and an advocate, including all records kept in the course of providing services.

Coordinated community response – The uniform and consistent response to domestic violence in a community, brought about by a process of coordinating services and systems through a collaborative team of professionals from the systems involved.

Counseling – The act of providing supportive individual interactions to the survivor. This can include time spent collecting information for the survivor's intake; developing a safety plan with the survivor; identifying and exploring fear, ambivalence or other emotional barriers, and any follow-up activities to remove barriers. This service can also include providing emotional

support or domestic violence education; explaining services, policies, and procedures; and developing service plans.

Crisis hotline – The 24-hour response service that provides crisis intervention services to meet the urgent physical and emotional needs of survivors of domestic violence. Other than helping the survivor to obtain immediate safety, services on the hotline may include collecting information for a survivor’s intake, assisting with developing a safety plan, explaining program services, providing information and referrals, or other counseling and support. Crisis hotline calls may come directly to the program, or may be linked in from the Illinois Domestic Violence Help Line. A hotline call is any call coming into the program that is not related to agency administration or operations, but instead focused on services.

Direct services – Services provided directly to survivors, their children or vulnerable family members, either in person or by telephone, or that involve access to survivor records. Staff or volunteers providing direct services must first receive the required 40-hour domestic violence training.

Domestic Violence – A pattern of coercive behavior that is used by one person in a current or former intimate or family relationship to gain power and control over another. This behavior may include physical abuse, verbal abuse, sexual abuse, emotional and psychological intimidation, stalking, or economic control.

Group counseling – The planned process of two or more domestic violence survivors meeting, facilitated by one or more advocates, for the purpose of sharing concerns and support, exploring personal situations, safety planning, and/or education regarding domestic violence.

IDVA advocacy – Legal advocacy that involves the Illinois Domestic Violence Act (IDVA). This can include explaining the IDVA, providing information and assistance in obtaining an Order of Protection, and intervention/contact on the survivor’s behalf with representatives of the civil or criminal justice system and law enforcement personnel.

Indirect services – Services that do not include direct contact with survivors or their children or vulnerable family members. Examples of such services may include activities such as clerical work, maintenance, or fundraising, as long as these activities do not involve contact with survivors or their records.

Individual advocacy – The process of speaking on behalf of an individual survivor or family to ensure their rights and safety. This may include actions such as accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals or talking to other referral sources on behalf of a survivor.

Initial contact – The program’s first contact with a survivor seeking services, used to identify the survivor’s level of safety, need for services, eligibility and how the program can best assist.

Institutional advocacy – The process of attempting to change institutions and systems in ways that will benefit survivors of domestic violence.

Intake – The process of collecting information from survivors to document their profile at the time of admission into the program. This information can be used to identify possible needs of the survivor, begin service planning and set initial goals.

Law Enforcement Agencies Data System (LEADS) – The statewide system operated by the Illinois State Police designed to provide criminal justice information. The system is used to conduct criminal background checks on potential employees. Background checks can provide criminal history records including arrests, charging decisions, court disposition and sentencing data, and custody information.

Legal advocacy – The process of assisting survivors in obtaining legal and human rights. This may include providing survivors with legal information and options, accompanying them through the legal system or advocating for them within the legal system. It also includes emotional support, encouragement and problem solving related to legal issues. This can include advocacy related to the Illinois Domestic Violence Act or assistance with legal issues in systems such as DCFS, housing, the police, or the State’s Attorney’s office.

Off-Site Domestic Violence Programs – Programs that provide emergency shelter for survivors and their vulnerable family members at off-site facilities such as hotels/motels or safe homes. IDHS programs designated as Off-Site Domestic Violence Programs also provide Comprehensive domestic violence services.

On-Site Domestic Violence Programs – Programs that provide emergency shelter for survivors and their vulnerable family members in a program-operated, on-site facility. IDHS programs designated as On-Site Domestic Violence Programs also provide Comprehensive domestic violence services.

Professional training – The process of training professionals in outside agencies on how to address domestic violence and make appropriate responses to survivors of domestic violence they may encounter.

Public education – The process of educating community members for the purpose of increasing general awareness of domestic violence and its effects on individuals and communities.

Self-advocacy/Self-Help – The empowered process of speaking on behalf of oneself to insure one’s own rights and safety. Domestic violence programs seek to promote self-advocacy/self-help in survivors of domestic violence.

Shelter – a facility that provides survivors of domestic violence and their vulnerable family or household members with a safe, protective temporary residence and the related necessities such as food and clothing. Shelter services may be on-site at a residential domestic violence program, or off-site at a hotel/motel or safe home arranged by the domestic violence program.

Specialized Programs – Programs that provide specialized, limited domestic violence services but do not provide emergency shelter for survivors. A Specialized program is required to

provide referrals to shelter services, information and referral for other services, and at least one of the following services: counseling, advocacy, Illinois Domestic Violence Act advocacy.

Survivor – Any person who consults a domestic violence program for the purpose of securing advice, counseling, or assistance related to one or more incidents or threats of domestic violence.

Systems advocacy – The process of changing and influencing systems in ways that will benefit survivors of domestic violence. This includes working to make changes to the law, government, service policies, and community attitudes.

Therapy – Intensive professional psychological treatment for survivors, children or families provided by a licensed therapist.

Third-party consent to Release of Information – A document executed between the survivor and an individual or entity, requesting Release of Information from the domestic violence program to the named individual or entity. Because the domestic violence program was not a party to the execution, the advocate is unable to determine that it was executed knowingly and complies with the IDVA, including any "interests adverse to that of the domestic violence victim."

Transportation Services – The process of assisting survivors in traveling from one destination to another. Transportation services may involve directly transporting the survivor by providing car rides; accompanying survivors on public transportation; or giving other transportation-related assistance such as providing bus tokens or information on other transportation options.

Turn-a-ways – Adult or teen survivors of domestic violence who are eligible for services, alone or accompanied by vulnerable family member(s), whom a domestic violence shelter program is unable to SHELTER due to lack of space.

Volunteers – Unpaid individuals who provide direct and indirect services to domestic violence programs. Direct service volunteers have direct contact with the survivors of domestic violence in the program or access to confidential information, while those providing indirect services have neither direct contact with survivors nor access to confidential information.

Vulnerable Family Member – Any family or household member, as defined by the Illinois Domestic Violence Act (750 ILCS 60/103 (6)), who may be negatively affected by the perpetrator's abusive acts. Examples may include but are not limited to male or female children, or elderly or disabled family members.

Waiver and Consent for Release of Information Form– The written form indicating the survivor's informed and voluntary consent for the disclosure of any information to outside parties; the form indicates the specific information to be released, when and to whom it will be released, and is signed by the survivor and advocate.

Appendix B: Bibliography

Arizona Coalition Against Domestic Violence, *Best Practices Manual for Domestic Violence Programs*

Idaho Council On Domestic Violence, *Domestic Violence Program and Personnel Standards*

Illinois Certified Domestic Violence Professional Board, Inc., *Policy and Procedure Manual*

Illinois Coalition Against Domestic Violence and Illinois Department of Human Services, *The Illinois Model Administrative Manual for Domestic Violence Services*

Illinois Coalition Against Domestic Violence, *The Illinois Model Training Manual for Domestic Violence Services*

Illinois Coalition Against Domestic Violence, *Partnering with Employers to Address Domestic Violence*

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Illinois Department of Human Services, *Domestic Violence Program Standards*

Illinois Department of Human Services, *Safety and Sobriety: Best Practices in Domestic Violence and Substance Abuse Services*

Michigan Domestic Violence Prevention and Treatment Board, *Quality Assurance Standards: Complete Standards Including Worksheets*

Missouri Coalition Against Domestic Violence, *The Start-Up Manual: A Workbook for New Domestic Violence Service Providers*

New Mexico Children, Youth and Families Department, *Domestic Violence Service Definition Manual*

Ohio Domestic Violence Network, *Promising Practices: Standards for Domestic Violence Programs in Ohio*

Oregon Department of Human Services, *Domestic Violence Council: DHS Quality Assurance Standards for Domestic Violence Standards for Domestic Violence Prevention and Intervention*

West Virginia Coalition Against Domestic Violence, *Intimate Partner Violence and Mental Health*

Appendix C: InfoNet Forms

The

InfoNet Adult Intake for NonResidential Programs 7-2008

InfoNet Child Intake for NonResidential Programs 7-2008

Infonet Community Service Log Form

InfoNet Adult Intake for Residential Programs 7-2008

InfoNet Child Intake for Residential Programs 7-2008

Infonet Group Services Log Form

Can all be downloaded from www.ilcadv.org

- ❖ domestic violence.
- ❖ Define social change and its role in the domestic violence movement.
- ❖ Discuss the necessity of advocating for social change in order to end domestic violence.
- **Myths and Realities**
 - ❖ Discuss some of the more common myths about domestic violence and their realities.

B. DYNAMICS - This section contains statistics and the basic concepts of domestic violence.
Timeframe: 5 hours minimal

- **Statistics of Domestic Violence**
 - ❖ Provide statistics that are current, up to date, and from reputable sources.
- **Cycle of Violence**
 - ❖ Discuss the three stages of the cycle:
 1. Buildup, escalation, tension
 2. Explosion, battering/abuse occurs
 3. Sorrowful/conditional remorse/ re-capture/ reconciliation

Note: This phase has also been referred to as the Honeymoon stage
 - ❖ Discuss the behaviors of the survivor and perpetrator during each stage.
 - ❖ Discuss how the cycle may vary from situation to situation and can shorten or disappear or may never have been present in a given relationship.
- **Power and Control Wheel/Types of Abuse**
 - ❖ Define types of abuse such as:
 - Emotional, economic, sexual, physical, using the children, threats, using male privilege, spiritual abuse, intimidation, isolation.
 - ❖ Define defense mechanisms:
 - Minimization, denial and blame.
 - ❖ Provide an example of a Power and Control Wheel – such as Duluth model. Include:
 - Power and Control dynamics may be present in the absence of physical abuse.
 - ❖ Discuss sexual abuse in intimate relationship.
- **Barriers or Challenges to Leaving an Abuser**
 - ❖ Discuss barriers or challenges including:
 - ❖ Emotional, economic dependence, fear, shame/embarrassment, society, family/friends, isolation, children, shelter/housing, frequency and severity of abuse, self esteem, beliefs about marriage, beliefs about men, guilt, love, hope, immigrant status, cultural and religious norms.
 - ❖ Educate that the most dangerous time for the survivor is when leaving the abuser.
 - ❖ Teach the importance of respecting the survivor’s choice to know when it is best for the individual to leave or stay in the relationship.
- **Identifying Survivors**
 - ❖ Teach participants to ask the survivor about the history of abuse.

- ❖ Describe how abuse affects domestic violence survivors such as; physical,
- ❖ psychological, emotional, self-esteem, family, finances, etc.

C. DIRECT SERVICES ISSUES – This section deals with teaching the intervention skills needed to work with survivors.

Timeframe: 5 hours minimal

- **Counseling Domestic Violence Survivors** –
 - ❖ Educate that counseling domestic violence survivors is a mutually shared effort between the advocate/counselor and survivor.
 - ❖ Teach participants to encourage survivors to direct their healing processes – the survivors address the issues they want to discuss and set the goals for the healing process.
 - ❖ Discuss intervention skills. Include information from the following subcategories:
 - ***Listening Skills***
Development of good listening skills is most important when learning how to work with survivors.
 - Characteristic components
 - Effective listening
 - Communication skills
 - ***Service Planning***
 - In conducting a (weekly) service plan update, advocates/counselors must look to see that the survivor’s needs/wishes/rights are being addressed in the service plan and through collaborative survivor and the staff interaction.
 - Survivor and advocate/counselor need to work together in their attempt to create a service plan guided by the survivor’s needs and safety.
 - Describe what a service plan is and define the steps involved. Service planning includes; but is not limited to, the following:
 - Defining what challenges and obstacles have interfered with meeting goals.
 - Setting goals.
 - Generating alternative solutions or action steps.
 - Evaluating the potential options.
 - Selecting options and discussing their implementation.
 - ***Confidential Communication***
 - Educate on the importance of a discussion between the advocate/counselor and survivor regarding both parties' responsibilities and rights.
 - Describe the privileged communications between domestic violence counselors/advocates and survivors as stated in the Illinois Domestic Violence Act (IDVA).
 - Provide a brief description of what a confidentiality agreement is and that confidentiality must be maintained even after staff, volunteers, board members, interns and survivors leave the domestic violence program.

- ***Personal and Professional Boundaries***
 - Discuss the importance of empathizing with the survivor’s experience and being caring, accepting, honest and trustworthy. .
 - Teach how to establish clear personal and professional boundaries. Give examples.
 - Discuss how to model a professional attitude with a non-judgmental outlook.
 - Discuss the importance/legal aspects of boundaries and how they can be violated.

- ***Empowerment Perspectives***
 - Empowerment is not telling the survivors what to do, but enabling them to make their life changes. Empowerment is a multi-dimensional social process that helps people gain control over their lives. Through this process, power is cultivated within individuals for use in their lives, their communities, and in their society, by acting on issues that they define as important.

- **Defining Advocacy**
 - ❖ Teach a definition of advocacy that is compatible with an empowerment perspective, including definitions and examples of the types of advocacy (self, individual, legal, and systems). For example:
 - Advocacy is the active support of and speaking on behalf of a person, group or cause. It is a method of problem solving. Empowerment is the primary focus of advocacy – we act as agents or advocates to survivors of violence in their process of redefining, experiencing, and realizing their own power.
 - Self advocacy is the empowered process of speaking on behalf of oneself to insure one’s own rights and safety.
 - Individual advocacy is the process of speaking on behalf of an individual or family to insure their rights and safety. Empowering individual advocacy is done in partnership with the survivor. Individual advocacy is an important part of case management and supportive counseling. Examples of individual advocacy; includes, accompanying a survivor to an appointment with Public Aid, gathering housing options, gathering referrals and/or talking to referral sources on behalf of a survivor, etc.
 - Legal advocacy refers to empowerment methods of assisting a survivors or group of survivors in obtaining legal and human rights. It includes providing them with legal information and options, accompanying a survivor or group of survivors through the legal system and advocating within the legal system.
 - Systems advocacy refers to the process of changing and influencing systems in ways that will benefit survivors of violence. It includes working to make changes to the law, government, service policies, and community attitudes. On behalf of all survivors of violence and to prevent future violence system advocacy has been one of the major goals of the domestic violence movement.

- **Basic Crisis Intervention Skills**
 - ❖ Teach the steps needed to assess for crisis and to work with the survivor to handle the

- crisis.
- ❖ Use a definition of crisis that includes the following elements:
 - Stressful event occurs.
 - Individual's view of event
 - Usual coping methods fail
 - ❖ Educate on ethical considerations – Crisis situations place survivors in very vulnerable positions. An advocate/counselor must not impose her/his own values, thoughts, opinions, or viewpoints onto the survivor. It is the advocate's job to offer support, education and counseling; this enables the survivor to function in a manner that reduces stress and to develop future goals/plans.
- **Documentation – Files – Survivor's Rights**
- ❖ Teach the importance of accuracy and appropriateness in service documentation.
 - ❖ Educate participants on the importance of maintaining files that contain clear and accurate documentation as well as effective, necessary and objective service provisions.
 - ❖ Teach that a definition of survivor's rights includes:
 - Survivor's basic rights to receive free, confidential services, regardless of race, disability, religion, ethnic origin, sexual orientation or age.
 - Survivor's right to have confidential communication unless written permission is given *by* them.
 - The right to make their own decisions and participate in mutually agreed upon goals, etc.
 - ❖ Discuss how survivor files are maintained and accessed. Include:
 - Agency guidelines and legal restrictions about the do's and don'ts of what is kept in survivor files, length and format of survivor files, and other relevant information.
 - The importance of keeping documentation on children separate from their parent/guardian. Children's information can be subpoenaed and is not fully confidential due to current child abuse laws and reporting requirements.

D. SAFETY AND ASSESSMENT – The goal of this section is to teach the skills needed to develop and implement safety plans, how to identify tools and skills to assist in assessing the possible danger levels that the survivor may be facing and how to assesses/intervene in potential suicidal crisis situations. **Timeframe: 2.5 hours (some of these hours are assigned to specific topics in this section)**

- **Safety Planning**
- ❖ Teach methods for working with survivors in a variety of settings (i.e. court, domestic violence program, urban, rural etc.) to develop and implement a safety plan.
 - ❖ Educate on the importance of safety planning.
 - ❖ Discuss empowerment vs. giving advice or directing the survivor.
 - ❖ Discuss ways to safely prepare to leave or stay.
 - ❖ Provide information on items that are important to take when leaving.
 - ❖ Educate on the use of code words for family, children, friends or neighbors.
 - ❖ Discuss ways to assess if the safety plan will increase safety for the survivor or

- increase the danger.
- ❖ Teach the need to update the plan as the situation requires.

- **Lethality Assessment**

- ❖ Teach that advocates/counselors must always use extreme caution when assessing and discussing potential danger with a survivor.
- ❖ Explain the danger of using scales that base the assessment on a number total.
- ❖ Discuss the importance of always respecting the survivor's assessment of high risk.
- ❖ Explain current research on lethality assessment.
- ❖ Discuss possible steps to take if the advocate/counselor assesses that the survivor is in extreme danger.

- **Suicide Assessment**

Timeframe: .5 hour minimal (as part of the total minimal requirement for this section)

- ❖ Review tools for suicide assessment. Include:
 - Warning Signs
 - Intervention strategies
- ❖ Review liability risk – for advocate/counselor and agency.
- ❖ Discuss the reasons to seek supervision/ consultation on this issue.
- ❖ Review agency procedures for breaching confidentiality.

E. ABUSERS - This goal of this section is to give a basic review of an abuser profile and batterer intervention services. It is not meant to teach abuser intervention skills.

Timeframe: 1 hour minimal

- Overview of Abusers
 - ❖ Discuss common traits.
 - ❖ Discuss reasons that abusers abuse.
- Overview of Abuser Program Services
 - ❖ Short explanation of either agency's abuser treatment program or other local program approved by survivor services program or DHS Protocol for Partner Abuse Intervention Programs.

F. CHILDREN'S ISSUES – The goal of this section is to teach the negative effects domestic violence has on children and the ways that advocates/counselors and non-abusing parent can intervene to lessen those effects. **Timeframe: 3 hours minimal**

- **Effects of Domestic Violence on Children.**
 - ❖ Teach that children who witness domestic violence are at risk for maladaptive behaviors.
 - ❖ Educate that the developmental areas that are affected can be any or all of the following :
 - Emotional
 - Behavioral

- Physical
- Social
- Cognitive
- ❖ Discuss the role of the domestic violence worker with children.
- ❖ Discuss the importance of providing services to children.
- ❖ Discuss the role of non-abusing parent with children.
- **Child Abuse and Neglect Reporting Act**
 - ❖ Discuss definitions and requirements of a mandated reporter.
- **DCFS Issues**
 - ❖ Describe DCFS procedures for reporting abuse and neglect.
 - ❖ Describe agency's procedures/policies regarding reporting abuse and neglect.
- **Safety Planning for Children**
 - ❖ Discuss the components of a child's safety plan.
 - ❖ Educate on empowerment of the non-abusing parent and the children vs. giving advice or directing.
- **Working with Children**
 - ❖ Intervention Skills – i.e. activities that focus on encouraging the child to express feelings, discuss domestic violence issues, deal with his/her feelings of anger, etc.
 - ❖ Discussing Domestic Violence in an Age Appropriate Manner

G. TEEN DATING VIOLENCE – The goal of this section is to focus on how to intervene and work with teens in either a dating violence situation or a domestic violence situation. **Timeframe: 1 hour minimal**

- **Dynamics**
 - ❖ Discuss how to help teens recognize dating violence situations.
- **Legal Issues for Teens**
 - ❖ Discuss number of counseling session without parental consent.
 - ❖ Educate on documentation and record keeping that applies to teens.
 - ❖ Discuss issues of confidentiality that applies to teens.
 - ❖ Teach that an Order of Protection is available to minors.
- **Safety Planning for Teen Dating Violence**
 - ❖ Discuss components of a safety plan.
 - ❖ Educate on empowerment vs. giving advice or directing.
 - ❖ Provide guideline on when and how to involve the parent.

H. CULTURAL COMPETENCY –The goal of this section is to address issues of culture, ethnicity, race and religion from a culturally competent perspective.
Timeframe: 3 hours minimal (some of these hours are assigned to specific topics in this section)

- **Anti-Racism: Timeframe: 2 hours or more (as part of the total minimal requirement for this section)**
 - ❖ Educate that if we are to address issues of culture, racism must first be addressed. It is appropriate to discuss issues specific to particular cultural or racial communities (such as in the form of a panel) only if it is conducted in conjunction with ant-racism training.
 - ❖ Teach a definition of racism that incorporates the following: Race Prejudice + Power = Racism.
 - ❖ Define and discuss related words, such as; oppression, institutional racism, cultural racism, individual/personal racism, white privilege, colonialism, diversity, culture, ethnocentrism, stereotyping, prejudice, discrimination, tokenism, scapegoat. All of these words have their roots in racism.
 - ❖ Discuss strategies for ensuring that programs are actively anti-racist, promote women of color to leadership positions, and are accessible to all women of color.

- **Religion and Domestic Violence**
 - ❖ Educate that when addressing religion and domestic violence, the discussion should be inclusive, not just from a Judeo/Christian perspective.
 - ❖ Teach advocate/counselor to respect different views and values. Be aware of other beliefs and cultures.
 - ❖ Discuss collaborating with religious communities on ways to support survivors.
 - ❖ Discuss strategies for making services accessible to survivors of all religious/spiritual beliefs.

I. WORKING WITH POPULATIONS WITH COMPLEX/UNIQUE ISSUES – This section focuses on the unique needs of specialized populations that are affected by domestic violence.

Timeframe: 6 hours minimal (some of these hours are assigned to specific topics in this section)

- **Older Survivors**
 - ❖ Briefly describe the needs of older survivors. Include:
 - Health needs.
 - Housing needs.
 - Barriers to obtaining and/or receiving services.
 - Increased isolation and economic concerns.

- **Elder Abuse and Neglect Act**
 - ❖ Briefly give an overview of the act and how it applies to advocates/counselors. Include
 - Legal requirements for reporting.
 - Agency's policies and procedures for reporting.

- **Rural Survivors**
 - ❖ Lack of Resources

- ❖ Isolation
- ❖ Lack of familiarity with power structure
- **Immigrant Survivors**
 - ❖ Examine the additional barriers to safety faced by immigrant survivors, such as: legal barriers; language, religion, cultural norms, domestic violence programs and legal systems that are not culturally competent or bilingual, racism for immigrants of color, fear of losing children, additional isolation, the current anti-immigrant legislation and climate in the US, additional safety considerations (examples: kidnapping of children to another country, fear of calling the police due to immigration status of survivor or batterer), greater restrictions on access to public benefits, etc.
 - ❖ Briefly discuss legal remedies for immigrant survivors, as well as resources and referrals for more information on legal remedies.
 - ❖ Discuss strategies for making services accessible to, and appropriate for, immigrant survivors and their children.
- **People with Unique Challenges**
 - ❖ Describe the additional obstacles faced by survivors with disabilities. Include
 - Difficulties in obtaining and receiving services.
 - Housing Needs.
 - Health Needs.
 - Literacy Levels.
- **Mental Health Issues**
 - ❖ Discuss the effects of domestic violence on survivor's mental health.
 - ❖ Discuss reasons a survivor's mental health can be compound when involved in a domestic violence situation.
- **Lesbian, Gay, Bisexual, Transgender Issues and Homophobia**
Timeframe: 1.5 hours minimal (as part of the total minimal requirement for this section)
 - ❖ Define the words Lesbian, Bisexual, Gay, and Transgender (LGBT).
 - ❖ Define and discuss homophobia and heterosexism.
 - ❖ Discuss issues of power and privilege for heterosexual vs. LGBT people in society. Encourage participant self-exploration.
 - ❖ Discuss the differences and similarities of domestic violence in heterosexual and in LGBT relationships including a discussion of additional barriers faced by LGBT survivors, including:
 - Homophobia.
 - Programs and courts that are not accessible or LGBT friendly/competent (example: lack of programming and shelter).
 - Fear of outing.
 - Fear of losing children, job, family, housing, etc.
 - Fear of gay bashing.
 - Increased aggressor identification difficulty (which increases the likelihood that the survivor is arrested rather than the batterer).

- ❖ Discuss strategies for making services accessible to LGBT people experiencing domestic violence.
- **Substance Abuse and Domestic Violence**
Timeframe: 1 hour minimal (as part of the total minimal requirement for this section)
 - ❖ Provide a brief overview of issues related to the intersection of domestic violence and substance abuse. Include:
 - An explanation that when working with survivors who have both issues it is important to address both safety and sobriety.
 - Substance abuse does not cause domestic violence.
 - Chemical dependency is a disease. Domestic violence is a learned behavior; not a disease.
 - The Cycle of Addiction. Explain that relapse is part of that cycle.
 - Domestic violence can impair the opportunity for addiction recovery and threaten sobriety.
 - ❖ Briefly discuss substance abuse issues that are specific to survivors. Include:
 - Both substance abuse and domestic violence are a health risk to women.
 - Survivors may begin or increase use in response to domestic violence and/or trauma. Many survivors are introduced to substances by their partner.
 - Women who abuse substances are stigmatized to a greater extent than men. Being identified as an alcoholic or addict can negatively affect the survivor's ability to get housing, gain custody of children, obtain services; such as, legal assistance, shelter, etc.
 - Survivors who use are usually more isolated.
 - Substance use may deter survivors from seeking help for fear of arrest or involvement with the child welfare services.
 - Survival skills should not be labeled as co-dependency.
 - Substance abuse may prevent the survivor from assessing the level of danger posed by the abuser and reduce a survivor's ability to use the safety plan.
 - Abusers may sabotage treatment or prevent the survivor from attending.
 - ❖ Briefly discuss substance abuse issues that are specific to abusers. Include:
 - Abusers may use substance abuse to gain power and control.
 - Abuser may use their addiction to justify their actions.
- **Sexually Transmitted Diseases including HIV and AIDS**
 - ❖ Provide a brief overview. Include:
 - Educate on STD's, HIV and AIDS including
 - A basic description and definition.
 - Transmission methods.
 - Myths and facts.
 - Protection from infection.
 - HIV and pregnancy.
 - Confidentiality related to HIV.
 - ❖ Discuss universal precautions. Include:

- What to do when encountering blood or bodily fluids, e.g. wearing gloves, washing hands, discarding of materials appropriately, prevention of contamination
- **Prostitution/Trafficking**
 - ❖ Provide a brief introduction to the issues of prostitution and trafficking. Include:
 - Definition of prostitution and trafficking.
 - How prostitution and trafficking are issues of domestic violence.
 - Barriers to services.

J. IDVA/LEGAL ISSUES – This section focuses on the legal issues related to domestic violence.

Timeframe: 4 hours or more

- **Discuss IDVA Act**
 - ❖ Provide a brief historical overview of the IDVA Act.
 - ❖ Discuss orders of protection. Include:
 - Who can be protected persons on an Order of Protection (OP)?
 - Types and durations of orders of protection.
 - Burden of proof and no fees.
 - Remedies.
 - How to enforce an OP (contempt, violation of order of protection, child abduction).
 - Survivor cannot be charged with violation or assisting in the violation of OP and can't give effective consent for respondent's violation.
 - Law enforcement responsibilities and confidentiality.
 - ❖ Discuss enforcing orders of protection.
 - ❖ Discuss law enforcement responsibilities and confidentiality.
- **Criminal or Civil Court/Orders Of Protection**
 - ❖ How are orders of protection obtained in your county?
 - ❖ **Optional** - Discuss available options for filing criminal charges and for obtaining orders of protection in the county/counties you serve. If criminal charges are possible, what is the process a survivor would use to do so?
- **Criminal Offenses: Assault, Domestic Battery, Violation of Order of Protection, Stalking**
 - ❖ Provide a brief outline of what the state must prove to convict an abuser of any of these offenses.
 - ❖ Optional – Interstate Violation of Order of Protection
- **Conditions of Bond**
 - ❖ Discussion of the Supreme Court ruling that a person charged with domestic battery or violation of order of protection must be taken before a judge to have bond set and the 72 hour bond rule for offenders arrested on any other charges where the survivor is a family or household member.

- **Full Faith and Credit**
 - ❖ Provide a brief discussion of federal law on how full faith and credit works; state issuing order of protection determines who is covered, what remedies are granted, duration of the order, etc. and the state enforcing the order must enforce out of state orders in the same way that they enforce orders of their own state.
 - How Illinois deals with full faith and credit. Include:
 - Allows violation of order of protection charges to be filed for violations of out-of-state orders for remedies that are substantially the same as the remedies protected by arrest in Illinois’ OP.
 - Discuss how to enroll a foreign order with the Clerk of the Court

- **VAWA - Immigration Issues**
 - ❖ Provide a very brief discussion, that needs to make only three points:
 - Survivors of domestic violence can stand in the place of their abuser and self-petition for legal residency if their abuser is a spouse who is a legal resident or citizen.
 - Survivors who are picked up by INS and face deportation can seek a “cancellation of removal” based on domestic violence.
 - Documentation of the right to be in the country is not required to file criminal charges or get an order of protection against the abuser.

- **Prohibitions Against Firearm Possession**
 - ❖ Provide a brief discussion of the sections of the federal Gun Control Act provisions that prohibit firearm arm possession by certain respondents to orders of protection and defendants convicted of certain misdemeanor domestic violence offences. Include:
 - Illinois Firearm Owner Identification law that prohibits possession of firearms by people convicted of domestic battery or violation of the order of protection.

The following legal topics are important to survivors of domestic violence. Qualified speakers might not be available in all areas of the state and these topics are therefore optional. Programs are urged to develop continuing legal educational programs on these topics or to encourage participants to attend appropriate trainings.

- **Parentage**
 - ❖ Discussion regarding who is a legal parent under the Illinois Parentage Act of Illinois.

- **Visitation Issues**
 - ❖ Discussion regarding the standards to restrict visitation in the Illinois Marriage and Dissolution of Marriage Act and the IDVA. Include:
 - ❖ The Unlawful Visitation Interference Statute
 - ❖ Contempt for failing to allow visitation and ways that survivor can protect themselves from false allegations of visitation interference.

- **Child Abduction**
 - ❖ Provide a brief overview of the child abduction statute. In a basic training the statute

cannot be covered in enough detail for participants to be knowledgeable about the law. This is intended to familiarize participants to recognize that they should consult the appropriate handout or person when any of these situations arise.

- **Concerns about Leaving the State**

- ❖ Discuss the problems survivors face if they leave the state with a minor child or conceal the child.

K. MISCELLANEOUS - This section focuses on two issues that need to be taught to domestic violence workers but did not fit into other sections.

Timeframe: .5 hours minimal

- **Certification Code Of Ethics**

- ❖ Discussion of Code of Ethics which can be found in Section II.

- **Referrals To and Working with Other Agencies/Systems**

- ❖ Discuss how and when to refer survivors to outside agencies/systems.
- ❖ Provide access to agency's referral list.
- ❖ Discuss procedure for referral to substance abuse/mental health agencies – when is it in the best interest of the survivor.

L. OPTIONAL – This section focuses on an issue that is important for the advocate/counselor but an agency may chose not to present it in this training.

- **Self Care**

- ❖ Discuss ways that the advocate/counselor can manage the stress of her/his job.
Include:
 - Signs of burnout
 - Compassion fatigue
 - Prevention techniques

Appendix E: Resources for Legal Information

Illinois Domestic Violence Act (IDVA)

In order to provide effective legal advocacy to survivors, programs must be thoroughly knowledgeable of the provisions and remedies of the Illinois Domestic Violence Act. The ICADV website has the full text of the Act and Legal Forms, including Order of Protection Forms, Stalking No Contact Order Forms and No Contact Order Forms. . The legal page of the ICADV website is accessed at: http://www.ilcadv.org/dv_law_in_il/default.html

Programs must be informed of the following federal laws in order to be in compliance with the applicable requirements:

- Americans with Disabilities Act (ADA)
The purpose of the Americans with Disabilities Act is to provide clear standards to address and eliminate discrimination against persons with disabilities. The ADA website provides information on the Act, including the key requirements of employment, services and accessibility; checklists for self-assessments; and answers to common questions. The address for this website is: <http://www.usdoj.gov/crt/ada/adahom1.htm>.
- Equal Employment Opportunity (EEO) Laws
The EEO laws prohibit discrimination in employment. The Equal Employment Opportunity Commission website provides information on the federal EEO laws including the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, the Pregnancy Amendment to Title VII of the Civil Rights Act, and other related laws. It also outlines discriminatory practices, regulations and guidance. The EEOC website address is: <http://www.eeoc.gov/laws/index.cfm>

Programs funded by ICADV or IDHS must also act in accordance with all state and federal laws and administrative rules applicable to the provision of services pursuant to their funding agreements. Applicable laws and rules may include the following:

- Violence Against Women Act
The Violence Against Women Act provides a broad range of services to provide aid to survivors of domestic violence, dating violence, sexual assault, rape, incest and stalking. The text of the Violence Against Women Act (of 1994, 2000 and 2005) and related information can be found at the United States Department of Justice Office of Violence Against Women website at: <http://www.ovw.usdoj.gov/>
- Child Abuse Prevention and Treatment Act of 1996, Public Law 104-235
This law assists states in developing and implementing, expanding or enhancing comprehensive statewide systems of community-based family resource and support services to prevent child abuse and neglect. The Act can be found at the Administration for Children and Families website at: http://www.acf.hhs.gov/programs/cb/laws_policies/cblaws/capta/index.htm.

Domestic Violence Shelters Act 20 ILCS 1310

The Illinois Domestic Violence Shelters Act provides for the funding of domestic violence shelters and service programs, in part from the Domestic Violence Shelter and Service Fund and in part from the General Revenue Fund. This Act can be found by going to the Illinois General Assembly website at: <http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=5> and selecting the link entitled 20 ILCS 1310/ Domestic Violence Shelters Act.

Victim Services Administrative Rule 89 IL ADM Code CH 1 Sub Chapter C 130.200 This Illinois Rule provides that IDHS will fund domestic violence programs from the Domestic Violence Shelter and Service Fund, General Revenue Fund, Local Initiative Fund and other appropriated funds. This rule can be found by going to:

<http://www.ilga.gov/commission/jcar/admincode/089/08900130sections.html> and scrolling down to Section 130.200: Domestic Violence Shelter and Service Programs.

Victims' Economic Security and Safety Act (VESSA) 820 ILCS 180

This Illinois law allows an employee who is a victim of domestic violence or has a family or household member that is a victim of domestic violence, up to 12 weeks of unpaid leave from employment to address the effects of domestic violence. The VESSA statute can be found in its entirety at <http://www.ilga.gov/legislation/ilcs/ilcs.asp> and scrolling down to Chapter 820 Employment and then to 820 ILCS 180/ Victims' Economic Security and Safety Act.

- Abuse of Adults with Disabilities Intervention Act 20 ILCS 2435

This Illinois law created the Domestic Abuse Project, which receives and acts on reports of possible abuse or exploitation of persons with disabilities. The purpose of the law is to assure that reports of abuse of the disabled are investigated, and if founded, to develop service plans to stop the abuse and help the disabled person to become independent. Complaints are filed with the Office of Inspector General, Department of Human Services, through the Statewide Reporting Hotline at (800) 368-1463. Further information regarding the law can be found at:

<http://www.illinoislegaladvocate.org/index.cfm>, type in the site's search line "The Guidebook of Laws and Programs for People with Disabilities" and scroll down to Chapter 12.

The law is available in its entirety at the following website address:

<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=339&ChapAct=20ILCS2435>

- Illinois Elder Abuse and Neglect Act 320 ILCS 20

This law established a statewide program to respond to reports of alleged elder abuse, neglect and exploitation and to work with the victims age 60 and older in resolving abusive situations. Professionals are required to report suspected abuse, neglect and exploitation of persons over 60 who are unable to report it themselves. The Act was expanded to also provide assistance to people over 60 who are suffering from self-neglect or having difficulty in meeting basic needs. The full text of the law is available at: <http://www.ilga.gov/legislation/ilcs/ilcs2.asp?ChapterID=31> and scroll down to 320 ILCS 20 Elder Abuse and Neglect Act.