

MOBILE ADVOCACY PROGRAM POLICY & PROCEDURES

Policy Overview - Victim Driven, Trauma-Informed Mobile Advocacy

Mobile advocacy is the evidence-based service model A Better Way utilizes to provide services to victims and families of domestic violence and sexual violence, in a trauma-informed manner. In this service model victims and survivors lead the process, choose their own goals, define services needed, and safety protocols for themselves. It is important to ensure that the victim has supports in place that will empower them to live self-sufficiently. This model reduces barriers such as geographic location, transportation, childcare, intimidation, unaware/disinclined to use traditional entry points to accessing A Better Way's services. Additionally, mobile advocacy allows the advocate/case manager to interact on equal footing with the victim, restoring power to the victim as they make the journey to becoming a survivor.

During the initial meeting and subsequent meetings, an A Better Way advocate will work with a victim to determine the best place to meet with that person, giving the options of meeting at A Better Way, at the victim's home (if the abuser is not a concern or is incarcerated), or within the community. Ultimately, any meeting location chosen by the victim can be accommodated, as long as staff well-being and safety is not compromised.

Mobile Advocacy cultivates many positive outcomes such as reaching victims who will never need or seek out traditional residential services at a domestic violence shelter. Reaching these victims will improve safety, build skills and tools needed to establish stability and independence, in both the short and long term. This model is also beneficial for victims who would not otherwise be able to access services due to barriers including the lack of transportation, childcare, and potential safety concerns. This model will afford the opportunity for interventions to include family members, who may be at risk or who can support the process of safety and re-stabilization for a victim's journey to survivor.

Victims and their families will be assigned an advocate/case manager who will work with the client/family on their unique, identified goals. Victims will be assigned based on their current location, needs, goals, as well as each advocate/case managers current case load and training. A Better Way of Richmond will focus efforts on Wayne, Union, and/or Fayette counties. A Better Way of Muncie will focus efforts on Delaware, Blackford, Jay, Randolph, and Henry counties. Although each perspective office is focusing on different counties this does not eliminate or limited each victim from receiving services from the office which best meets their needs and long-term location. **A Better Way is one team, working together to assist victims making the journey to SURVIVOR.** Mobile advocacy services are provided for up to one year, unless the victim needs additional time with specific services, which is determined by the staff member, victim, and program director/executive director. In situations of high lethality, emergency sheltering protocols will still be utilized. If a victim is housed in temporary housing, both formal (i.e. emergency shelter at ABW Muncie/another service provider) and informal (i.e. family, friends, etc.), outside of their county of origin, the assigned staff member will continue to work with the victim/family until the victim decides if they are staying in the new county or will return to their

county of origin, no more than 30 days. The advocate will also collaborate on any medical, court or other important appointments for the victim in which the victim request transportation, support, and/or accompaniment with the emergency shelter program staff to ensure the victim does not miss any appointment.

KEY SERVICE PILLARS OF THE MOBILE ADVOCACY MODEL

1. Victim-Driven, Trauma Informed Mobile Advocacy Services (Assesses, Understands, and Engages)
2. Housing Options/Flexible Funding (Build Stable and Independent Lives)
3. Community Engagement (Equip, Connect, and Implement)

VICTIM DRIVEN, TRAUMA INFORMED, CRISIS PRACTICES

- Safety planning + Empowerment + Education.
- Supporting and encouraging self-advocacy.
- Creating emotional safety.
- Re-establishing choice and control.
- Facilitating victim's connections and engagement to community supports.
- Trauma Informed Approach
 - Safety – Physical and Emotional. Awareness of potential triggers.
 - Trust – Relationship with provider is key. Transparency, honesty, clarity, consistency, and healthy boundaries.
 - Collaboration – Avoid hierarchy. Share power and act as partners.
 - Empowerment – Strengths-based. Build clients' skills, not just doing things for them.
- Assessing victim's current crisis situation, allowing victim to create goals to promote growth, and develop a plan while building upon victim's strengths. "What do you need?" Explore strengths and areas for growth with victims based on victim's self-identified needs and their Family Development Matrix (FDM) assessment in order to build goals.
- Respect victim's decisions, Advocates/Case Managers offer options, not opinions or mandates, and build off the strengths of each victim and their children.
- Advocates/Case Managers are mobile. Flexibility to meet in a victim's home, if safe and the abuser is not a threat, and/or in the community.
- Advocates/Case Managers have skills, supervision and technology to support working safely, effectively and efficiently in the community.
- Advocates/Case Managers acknowledge and incorporate strengths of a victim's culture and community in order to increase safety and rebuilding meaningful and necessary connections.
- Advocates/Case Managers understand the impacts of trauma, are aware of potential triggers and engage in trauma informed practices. Identify, plan, and build coping skills around triggers.

HOUSING OPTIONS, HOUSING FIRST/FLEXIBLE FUNDING PRACTICES

- Housing is a right.
- Advocates/Case Manager will provide housing advocacy, this is a wide spectrum of housing options that meet a victim's unique needs.

- Assessment and addressing housing needs first and then working with victims on stability, safety, and self-sufficiency.
- Advocates/Case Managers offer to accompany victims to housing appointments, negotiating lease agreements, and can act as a liaison between the victim and landlords.
- Many domestic violence victims can avoid homelessness if they have access to immediate funds, coupled with housing advocacy and support.
 - Evaluations have shown, funds directed to those in need have immediate, long-term, positive impacts.
- Utilizing flexible financial assistance to address barriers for those victims not served in emergency shelter. This can be an important component and it may open the door to advocacy/additional services.
 - Flexible funds are used to support housing, employment, survivor safety, and other critical needs.
 - i.e., Moving expenses, car repair, rent, storage unit fees, utilities, back rent, medical bills, childcare, employment attire, changing locks on the door, etc.
 - The determination of need, level of need, and amount of financial assistance should be a partnership between the victim and the advocate/case manager. “What are you worried about right now?” “What is your biggest concern right now?” “What in this moment can we help you with?”
- A Better Way will provide home good items (i.e. plates/bowls, silverware, small appliances, cups, etc.).
- Core Components of Flexible Funding Programs for victims:
 - Low Barrier Access
 - Assessment process to determine what a survivor needs is driven by the relationship with the victim, rather than a form or “check off boxes”
 - Survivor-Driven Advocacy
 - Advocates utilize relationship building and trauma-informed support with survivors to:
 - Determine the kind of advocacy and funding needed to support ongoing stability
 - Offer safety planning before, during, and after the flexible funding is provided.
 - Pair the flexible funding with housing advocacy.
 - Flexibility
 - Swift Dissemination of Funds
 - Funds provided asap.
- Develop a working relationship within the community and know what scholarships and other assistance is available for victims.

COMMUNITY ENGAGEMENT PRACTICES

- All about the relationships!
- Advocates/Case Managers are encouraged to spend work time in the community engaging community members in supporting victim safety, independence, and housing stability.
 - Advocates/Case Managers explore community events to support and attend to cultivate relationships.
- Advocates/Case Managers proactively cultivate relationships within the community.
 - i.e. Housing programs, realtors, landlords, emergency shelters, hotels, auto repair shops, gas stations, phone shops, locksmiths, community colleges, treatment centers, clinics, daycares, youth programs, schools, job training and work programs, law enforcement, city councils, legal

services, population-specific resources, mental health providers, furniture and grocery stores, household appliance stores, community resources, clothing, food banks, etc.

- Advocates/Case Managers regularly assess life skills classes to determine needs in areas such as financial empowerment, victim support groups, employment, parenting, recovery programs.
- Equip victims with life skill classes to build skills, assets, and tools.
- Working with victims to increase their support networks by connecting or re-connecting them to their community, family, and friends.
 - Community is vital for restoration of social network.
 - Community is vital for the victim to heal and for children to build resiliency.
 - Community is vital for connection to resources and relationships.
 - Community is vital for safety.
- Practicing the art of accessing community resources with the victim in order to build the confidence to complete individually. Accompanying victims where they need to go.
- Advocates/Case Managers will complete ongoing assessments and evaluations, i.e. Family Development Matrix (FDM), to ensure victims are equipped with accessible, understandable, specific resources, services, and connections to essential resources in the community to assist victims in meeting their goals.
 - Ongoing assessment of Family Development Matrix (FDM) domains to determine areas of need, as well as opportunities for developing skills and resources.
- Providing necessary support before and during implementation with evaluation for further assistance.
- Advocate/case managers will ensure personal safety by following Mobile Advocacy Safety Procedure.

IMPACTS

- Victims feel more equipped to move forward and rebuild.
- Victims regain control over their lives and start to heal.
- Stability and safety mean kids can be kids again.
- Victims will increase the total score on the Family Development Matrix.
- **Victims become Survivors!**

ESSENTIAL PROTOCOL & PROCEDURES FOR MOBILE ADVOCACY

PURPOSE

The purpose of mobile advocacy is to provide victim-driven, trauma-informed, advocacy/case management by working in partnership with victims where they are most comfortable, within safety restraints.

Throughout services the advocate/case manager will:

- Respect each victim as an individual and remember to be a positive example and role model for them.
- Recognize own fears, triggers and biases in order to be prepared ahead of time on how to be professional.
- Portray professionalism and empathy.
- Know the background and history of each assigned victim and family/household members.
- Seek understanding about potential cultural barriers.
- Continue to assess safety throughout involvement.
- Comply with A Better Way Policy Manual.

INITIAL CONTACT/PROCEDURE PRIOR TO MEETING:

Victims can come to us from many locations within the community. A referral from a third party, a phone call with a third-party, walk-in, a phone call from the victim, and many other avenues. However, when a victim comes to A Better Way, advocates/case managers need to be ready to obtain information about the current situation, assess safety/lethality, and provide effective services initially and throughout involvement.

- Upon initial contact advocate/case manager will obtain basic information, including full name and date of birth. At this time staff will check records for previous involvement with A Better Way.
- Advocate/case manager will obtain information about the victim's situation. Identifying crisis, short term need(s), and long-term need(s) to develop a plan to proceed. What services are they seeking and/or needing at the time of contact?
- Advocate/case manager will identify appropriate intake to meet the victims needs and circumstances.

Deciding and planning to meet should be a collaboration between the victim and advocate/case manager. All visits are voluntary, and the victim's availability and comfort level are priority.

- Discuss the best place for visit with victim, taking into consideration the safety of all parties involved and comfort for victim (see below for special considerations); preferably in a public location.
- Each time a meeting is scheduled advocates/case manager should discuss with the victim:
 1. The victims desired goals of the meeting.
 - a. Refer to the Family Development Matrix (FDM).

2. The appropriate location to best work on the identified goal.
 - a. Where will the victim feel most comfortable?
 - b. What will be the safest for both the advocate/case manager and the victim?
 - c. If together the victim and advocate/case manager decide to meet in a home location, answers to safety questions/home visit risk screening tool are required to be obtained.
 3. What safeguards need to be in place for confidentiality? How does the victim want to be addressed in public?
- Discuss any pertinent information concerning their background history (substance use, mental health and overall circumstances). This includes completing the Sex Offender Registry check and may include the completion of a MyCase check. Neither background check should disqualify the victim from receiving services rather used as information and discussion in the discussing needs and goals, specifically within the Family Development Matrix (FDM).
 - Discuss any hesitancy the victim has in meeting (e.g., cultural, religious, increased abuse).
 - Protocols if someone sees victim meeting with advocate/case manager (including abuser) should be discussed and established on how both the victim and the advocate/case manager will respond to others questions about the meeting.
 - Staff will develop a plan for what will be said/done if there is an encounter the person causing harm, friends or family members. Ask how the victim wants to respond if someone they know sees advocate/case manager with victim and wonders who staff is. Examples staff can offer a victim include: “This person is helping me out with food” or “She is connecting me to resources for my kids”
 - Boundaries should be clearly established regarding advocate’s/case manager’s availability, confidential information, contact procedure, preparedness measures, and a plan if things go awry. Be flexible but clear about availability to meet with victims or respond to their phone calls. Assigned advocate/case manager will develop a plan with victims if they need support when assigned staff are not available, both emergent and non-emergent basis.
 - Discuss transportation with the victim. Know about transportation options, costs, and the victim’s access. The victim may need help or financial support if they are meeting staff in the community. Advocate/Case Manager can also offer to pick them up and provide transportation for crisis and goal related needs, when staff safety has been established.
 - Think about what cultural considerations need to be factored into the visit. If staff are unsure, take time to learn more about the community’s culture.
 - Complete Covid Screening with victim prior to meeting.
 - Map route and point of exit.
 - All staff will follow all local office procedures for notifying others of schedule/appointments. Place victim’s DV Client Track number or initials, address of meeting and time on their outlook calendar. Check in before and after a visit. Let at least one staff person working at the same time as the scheduled appointment know the location and approximate time of return to the office.
 - Ensure phone is fully charged.
 - **Note:** Staff will be acquainted of their phone’s shortcuts for contacting emergency services.
 - Call victim before leaving the office and again when arriving at meeting location.

INITIAL/CONTINUED SAFETY

Advocate/case manager should be assessing from initial contact and throughout each interaction for safety of self and victims. Assessing safety before and during every meeting with victims, recognizing when safety

becomes a risk, and practicing safety interventions is a key component. This includes being prepared ahead of meeting for potential concerns and responding quickly on-site if situation becomes unsafe.

- Assess initial safety before meeting with the victim in the community through the completion of a lethality screen, crisis/brief safety plan, Residential and Community Visit Risk Screening Tool including:
 - Staff will develop a plan for what will be said/done if there is an encounter the person causing harm, friends or family members. Ask how the victim wants to respond if someone they know sees advocate/case manager with victim and questions who staff is. Examples staff can offer a victim include: “This person is helping me out with food” or “She is connecting me to resources for my kids”
 - Advocate/Case manager will be respectful and kind to all people encountered but reassure the victim the role as their advocate and will keep their information confidential.
- Follow all local office procedure for notifying co-workers and/or supervisor of schedule. Check in before and after a visit.
- Follow instincts and keep a cell phone charged and handy.
 - Know emergency short cuts on assigned phone.
- If the situation seems uncomfortable or potentially dangerous, the advocate/case manager will talk with their supervisor immediately.
 - **Note:** Call Direct Supervisor/Program Director/Executive Director immediately. If staff’s direct supervisor does not answer, double ring immediately.
- Evaluate continued safety through the completion/update of a safety plan each meeting.

ARRIVAL TO MEETING

- No weapons (i.e., gun, pepper spray, mace, etc.)
- Scan surroundings and have an escape route plan.
- Be alert to any substance use or signs of aggression. (see below for special considerations)
- Park on the street or back into driveway facing the road. Do not drive into a small driveway where a vehicle may be blocked in.
- Carry cell phone into meeting and keep accessible in case need of use arises.
- Keep any items not needed for meeting locked in vehicle.
- Upon knocking on the door of the home give space for the person to observe and provide space in case staff needs to move away.
- Never walk in front of victim or have victim/family walking behind. Let them lead the way.
- Ask permission to enter a location in the home and upon entering ask for permission to sit down.
- When meeting in the home, sit in a position with a clear path to an exit.
- Be courteous and respectful, following A Better Way Policy Manual.
- If the person asks staff to leave and shows signs of aggression, do so. Staff with supervisor to develop a plan to proceed.
- Advocate/case manager will exit or disengage immediately if safety may be compromised (abuser arrives, person becomes irrational, under the influence of a substance, becoming violent, observe the manufacturing of illegal substances, other criminal behavior, weapons are present).

MEETING

Communicating the purpose of a meeting, and ensuring safety measures are followed, assists in creating an efficient and effective meeting. However, there are additional tools to incorporate into mobile advocacy which can increase the level of productivity attained during case management meetings. Come prepared and equipped to meet the needs of the victim. Having a background history of any substance use, mental health needs and the overall circumstances will greatly assist and adjust how to approach each person/situation. Value the person, respect their time and their boundaries.

1. Assess safety. Complete/Reevaluate a thorough safety plan with the victim. Crisis/Brief Safety Plan, Personalized Safety Plan, and/or Continued Safety Plan appropriate to the victim's needs.
2. Collect current/pertinent information to assess the functional strengths, underlying needs, develop goals, and prioritize goals/needs of the victim and family.
 - a. Complete Family Development Matrix (FDM) with the victim at the second meeting. This assessment should be completed at the second meeting, reviewed every 30 days, and reevaluated every 90 days.
 - b. Utilize this assessment to discuss housing, employment, income, food, child care, children's education, adult education, health care coverage for victim/children, life skills, family/social relations, mobility, community involvement, parenting skills, legal, mental health, substance abuse, safety, disabilities, etc.
 - c. "What do you need?"
3. Discuss/Schedule next appointment and safe and preferred methods of contact the victims feels comfortable with: only face-to-face, phone, text, email, etc..
4. Plan ahead and schedule an appointment together with the victim.
5. Take identification, be willing to show identification to the victim, but do not wear identification or have it openly showing.
6. Confirm with the victim the goal for the visit, and what is hoped to be accomplished. This can eliminate stress and anxiety for the victim. Evaluate the completion of the goal and schedule follow up appointment with victim.
7. Utilize a hot spot device when needed to ensure information is collected and secured through a secure avenue.
8. Bring referral information, assessments, forms to be signed, and any worksheet tools/books/calendars to assist victim in being productive as they work toward their goals.
9. Ask open ended questions utilizing motivational interviewing as one strategy to understand the victim's goals and motivations.

SPECIAL CONSIDERATIONS

Determining a Meeting Location:

- Public Location is always preferred for an initial meeting for safety purposes due to having witnesses and a neutral location (e.g., parks, churches, community centers, libraries, local coffee shops), however, a victim's home can be a viable option. When determining the location of the first meeting with a victim, advocates/case managers should attempt meet within the community or the A Better Way office to allow time to assess safety.
- Outside of a residence (front porch) can be more comfortable until victim can trust case manager/advocate and is more familiar with the purpose and services provided.
- Avoid home visits if abuser knows housing location, is a present threat, behavior is of a stalking/following nature, and/or the lethality assessment is high danger.

- Remember safety is paramount. Victim needs to be comfortable with location chosen, however, advocate/case manager also needs to be assured of the safety of the location.

If it is not safe for victim to meet in home but has no means to travel to a designated location, there are a couple options an advocate/case manager can utilize. Advocate/case manager can ask victim (if safe and the victim is physically able) to walk to a public place for advocate/case manager to pick up and transport to public location meeting place. Or an advocate/case manager could offer a gas card, bus card, Uber, etc.

Covid Safety Measures

- Advocates/case managers will check the COVID advisory level of the victim's originating county, county of current residence, and county of meeting.
- Ask COVID screening questions prior to meeting; if anything changes for the staff or victim after COVID screening is complete, the other party should be notified of the changes prior to the meeting. If the victim cannot be reach to complete the screen, appointment will need to be rescheduled.
- Follow all A Better Way identified Covid safety measures.
 - Advocate/case manager and victim will wear facemasks at all times.
 - Take extra masks for victim.
- Sanitize hands before and after.
- If at any point during the meeting advocate/case manager observed COVID symptoms, the face-to-face appointment should be ended. Advocate/case manager should offer to reschedule and/or provide virtual services, if safety is able to be maintained. Staff should encourage victim to seek medical attention.
- Covid Safety Measures are subject to change based off of the CDC guidelines and recommendations.

Law enforcement needed:

- Assess the pros and cons of contacting law enforcement.
- Utilize law enforcement as needed.
- In the event someone is injured/injuring or threatening to injure themselves or others, or criminal behavior is observed, a call to law enforcement is needed.
- If any criminal behavior is occurring, call law enforcement after having exited the premises (unless unable to leave).
- If advocate/case manager is unsure if law enforcement is needed call to staff with direct supervisor.
- Advocate/case manager are to convey all reports to law enforcement to direct supervisor, immediately.

Department of Child Services (DCS) Hotline Report:

- If a child is at eminent risk advocate/case manager will contact law enforcement immediately. Follow Law enforcement procedure.
- All other reports to the Department of Child Services Hotline will be staffed with direct supervisor prior to report.

CONTINUING MOBILE ADVOCACY SERVICES

Continuing Communication/Services

A Better Way is committed to providing a multitude of services to reduce domestic abuse/intimate partner violence, sexual assault, and suicide. To continue providing advocacy and case management services follow up communication is paramount.

- Plan ahead and schedule a follow up appointment together with the victim.
- Discuss follow-up communication. Do they prefer phone, text, email, or only face-to-face contact.
- Follow-up should occur and satisfaction survey should be offered/provided at 3 days, 3 weeks, and every 3 months up to a year.
- The Family Development Matrix (FDM) should be reevaluated every 90 days. The Family Development Matrix should be reviewed with the client no less than once every 30 days. Should a victim need to continue services past a year the Family Development Matrix should be reevaluated monthly.
- Any services provided past crisis/approximately 3 days requires an appropriate intake.
- If a victim no call/no shows 3 appointments or there is no contact for 3 months or more, then a new intake/review of the previous intake will be required in order to continue services. This does not include crisis services.
- It is the expectation that victims are battling other needs outside of domestic violence and/or sexual assault. i.e. addiction, symptoms of mental health diagnoses, etc. Should those other needs begin to over-shadow any work being able to be accomplished with the victim in combination denying additional services directly for those needs, disrupting services of other victims (both individual and group) that victim should be staffed with program direction/executive director immediately.
- Advocates/Case Managers are expected to spend **half** (Full-time = 20 hours weekly; Part-time = 10 hours weekly) of their scheduled time providing direct service to victims and/or engaging community members in supporting victim safety, independence, and housing stability. It is the expectation that Advocates/Case Managers are making meetings with victims the priority.
- All services provided should be documented within the same day in the appropriate system. If advocate/case manager does not document the service, it did **not** happen.
- Flexible Financial Assistance is available to victims. The advocate/case manager should work with the victim on completing the A Better Way Flexible Funds request when needed.
- Security items are available to victims, based on availability. i.e. cell phone (4 months of data, text, and voice), wireless camera with solar panel, window/door jam, portable door lock, etc. The advocate/case manager should work with the victim on completing the A Better Way Security Item request and safety plan including those items provided.
- Caseloads will be evaluated based off each victim's Family Development Matrix (FDM), Lethality assessment, victim's participation, and the advocate/case managers training and current caseload.
- Witten writeup
- Victim still with abuser

TRAINING

All Advocates and Case Managers providing Mobile Advocacy Services are required to complete the following training before providing services in the community.

- Complete A Better Way training procedure.
- Provide driver's license and insurance verification.
- Read and sign this policy and procedure.
- DV Client Track Training
- Complete Mobile Advocacy Webinars:
 - WSCADV, What does it take to become a DV Housing First Agency
 - <https://youtu.be/I9Mq33gAp7g>
 - WSCADV, Domestic Violence Housing First Pillar One: The Service Package

- <https://youtu.be/aBdN9BsWkrQ>
- WSCADV, Domestic Violence Housing First Pillar Two: Flexible Financial Assistance
 - <https://youtu.be/ASQ9qQaeT6E>
- WSCADV, Domestic Violence Housing First Pillar Three: Community Engagement
 - <https://youtu.be/LlheVMYF7X0>
- Complete Motivational Interviewing Webinars:
 - Psychwire, Lifting the Burden in Motivational Interviewing
 - <https://youtu.be/SsNgZ47o2I4>
 - Introduction to Stages of Change and Motivational Interviewing
 - <https://youtu.be/VcJDSuzaMRg>
 - Avoiding the Expert Trap and activity
 - <https://www.pesi.com/blog/details/1994/avoiding-the-expert-trap>
 - <https://ce21.blob.core.windows.net/global/akbnzqbct0olbdlej10g.pdf>
 - Turning “What’s Wrong” into “What’s Strong” and activity
 - https://www.pesi.com/blog/details/1968/turning-%E2%80%9Cwhats-wrong%E2%80%9D-into-%E2%80%9Cwhats-strong%E2%80%9D?internalad=blog_bh_turning_whats_wrong_into_whats_strong
 - <https://ce21.blob.core.windows.net/global/vfzv4u9pju6zjwhmxgyioq.pdf>
- Attended safeTALK training
- Darkness to Light’s Stewards of Children
- Safety Planning Webinars. Review ABW Safety Planning Policy and Protocol. Sign and Date.
 - Safety Planning with Domestic Violence Survivors: Core Concepts
 - <https://youtu.be/nCfCJ2ZjfbI>
 - Domestic Violence Safety Planning
 - <https://youtu.be/MnCw-WGhCNO>
- Complete Family Development Matrix (FDM) training.
- Sexual Assault 101 – The Basics
- Domestic Violence 101 – The Basics

RELAVANT INFORMATION

Definitions

- **Victim** – a person harmed, injured, or killed, as a result of a crime, accident, or other event or action.
- **Survivor** – a person who survives, especially a person remaining alive after an event in which others have died.
- **CFTM** – Child and Family Team Meeting. Specifically involving family’s interaction with Department of Child Services (DCS).
- **DCS** – Department of Child Services
- **DV** – Domestic Violence
- **SA** – Sexual Assault
- **IPV** – Intimate partner violence
- **Child in Need of Services (CHINS)** – A legal term for families involved with DCS and the courts.
- **PTSD (Post Traumatic Stress Diagnoses)**

- **Confidentiality:** The process and ethical practice of not disclosing private information about a client without the client's consent. In specific circumstances, professionals may be compelled by law to reveal some information, such as a threat of harm, to designated authorities.

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Forms and Tools

- Intake Packet
 - Crisis/Brief Intervention Packet
 - Complete Non-Residential Intake Packet
- Safety Plan
 - Crisis/Brief Safety Plan
 - Personalized Term Safety Plan
 - Continued Safety Plan
 - Suicide Safety Plan
 - Self-Care Plan
- Discharge Packet
- Survivor Support Group Flier
- Satisfaction Survey
- Lethality Assessment
- Family Development Matrix (FDM)
- Flexible Funds Request
- Financial for Flexible Funds Request
- Non-Residential Written Warning
- Security Item Request
- How to Contact Me
- Sex Offender Registry – <https://www.nsopw.gov>
- MyCase - <https://public.courts.in.gov/mycase>

Related Policies

- Mobile Advocacy
 - Safety Planning Policy and Protocol
 - Flexible Funds Policy and Procedure
 - Family Development Matrix (FDM) Policy and Procedure
- On-Call Policy and Procedure
- A Better Way Policy Manual and Documents