

Appendices

Appendix A: List of Practice Guidelines

PRACTICE GUIDELINES FOR ALL PROFESSIONALS WORKING WITH TEENS

(Select the guidelines appropriate for your professional role.)

- ▶ Teens have a unique lingo, so ask teen clients what they mean if you are not 100% sure.
- ▶ Use gender-neutral terms when talking about teens' dating partners.
- ▶ Learn about the relevant state laws related to age of consent.
- ▶ Ask teens for feedback on whether your agency projects a teen-friendly atmosphere.
- ▶ Provide staff training on how to offer a welcoming experience to teen clients.
- ▶ Identify the school-based programs that serve pregnant or parenting teens in your community (GRADS programs or other local school or community programs).
- ▶ Call or visit the teachers and other key school personnel to provide information about your services for teen survivors.
- ▶ Offer to provide in-service training or to participate in a training exchange with school-based service providers on IPV, sexual and reproductive coercion, and trauma-informed approaches to teens.
- ▶ Know your state laws and agency policies about confidentiality and mandated reporting.
- ▶ Have a standard statement about confidentiality that you make to teens during your intake process.
- ▶ Learn about mandated reports regarding the children of teen parents. Exposure to domestic violence does not constitute child abuse or neglect.
- ▶ Make sure you have the knowledge and resources to assist with safety planning prior to making a mandatory report.

**PRACTICE GUIDELINES
FOR HEALTH CARE PROVIDERS**

- ▶ Have a private place to interview clients alone where conversations cannot be overheard or interrupted.
- ▶ Display culturally and linguistically appropriate educational information (addressing IPV, reproductive coercion, stalking, and sexual assault), including posters, hotline numbers, safety cards, screensavers, and resource cards, in common areas and in private locations such as bathrooms and exam rooms.
- ▶ Develop a written, formal training policy and provide staff training on IPV, sexual assault, and reproductive coercion, including the appropriate steps to inform clients about the limits of confidentiality and reporting requirements.
- ▶ Develop referral lists and create partnerships with local resources.
- ▶ Establish relationships with local community-based domestic violence and sexual assault advocacy programs so that you can make informed referrals and possibly collaborate on training activities.
- ▶ Core training on relationship and abuse issues (including specific training on IPV, sexual assault and coercion, stalking, and reproductive coercion) should be mandatory for all clinic staff who have contact with clients.
- ▶ Advanced skills-based training should be offered on an ongoing basis and should cover how to seamlessly integrate assessment and brief intervention into current practice.
- ▶ Always disclose limits of confidentiality prior to doing any assessment with clients.

- ▶ Providers should use the Futures Without Violence Safety Card for Reproductive Health to facilitate screening and educate clients about healthy relationships and the impact of IPV and reproductive and sexual coercion on health.
- ▶ Offer visit-specific harm reduction strategies.
- ▶ Offer supported referral.
- ▶ Offer clients the use of a private phone in the clinic or office so they can call community-based services without being monitored by abusive partners.
- ▶ Acquaint yourself with local mental health professionals who offer specialized treatment to abuse survivors; you may contact community-based advocacy programs for information about where to find appropriate therapy services.
- ▶ Document screening, referral, and follow-up plans regarding IPV and sexual or reproductive coercion in each client's chart, along with safety considerations for contacting the client for follow-up.

**PRACTICE GUIDELINES FOR COMMUNITY-BASED
AND TRIBAL DOMESTIC VIOLENCE AND SEXUAL ASSAULT ADVOCATES**

- ▶ Community-based domestic violence and sexual assault programs should develop a plan to improve services for pregnant and parenting survivors, based on these guidelines.
- ▶ Tribal advocacy programs should develop a plan to build awareness, support and understanding of reproductive coercion in Tribal communities working with Tribal Health Clinics and Tribal Council.
- ▶ Community-based domestic violence, sexual assault and Tribal advocacy programs should develop a plan to seek input from survivors and other community members to enhance the ability to address reproductive health and coercion in a culturally relevant way.
- ▶ Advocacy programs should display culturally and linguistically appropriate educational information and posters addressing reproductive coercion (including birth control methods that are less detectable by a partner, free pregnancy testing, and emergency contraception).
- ▶ Advocates (and volunteers, staff, board members, interpreters, and Tribal Council members) should receive initial and ongoing training on reproductive and sexual coercion.
- ▶ Advocacy programs should participate in cross-training with professionals who work with women during pregnancy and the first year after childbirth.
- ▶ As part of an intake process or an early conversation about services, advocates should offer all program participants information about emergency contraception, pregnancy tests, and birth control methods that can be used without partner's knowledge.
- ▶ As part of an intake process or an early conversation about services, advocates should ask pregnant survivors if they feel safe to make decisions about their pregnancy without fear of retribution (see Appendix B for additional information and sample questions).

- ▶ Advocates should provide a Futures Without Violence Safety Card to women and teens so that they are made aware of support and harm reduction options for their reproductive health.
- ▶ As part of the safety planning process, advocates should ask pregnant or parenting survivors if the abuse they have experienced is making it difficult to seek needed health care (see Appendix C for additional information and specific strategies).
- ▶ Advocacy programs should identify, build relationships with, and offer supported referrals to community resources that are relevant to pregnant and parenting survivors.
- ▶ Advocacy programs (preferably in conjunction with a community multidisciplinary group) should develop a simple referral handout about services specific to pregnant and parenting survivors and give it to clients and to community partners such as law enforcement and prosecutors.

**PRACTICE GUIDELINES
FOR LAW ENFORCEMENT**

- ▶ Provide core training and ongoing training on Intimate Partner Violence, sexual coercion, and stalking.
- ▶ Train law enforcement to provide appropriate referrals to community-based domestic violence and sexual assault advocacy programs.
- ▶ Include the Futures Without Violence Safety Card along with a local service referral list in the packet of materials given to victims at the scene of an incident.
- ▶ Train law enforcement (with prosecutor involvement) on the appropriate use of “one-party consent orders” and their admissibility in court for law enforcement and prosecution; training should include consideration of potential effects on the victim.
- ▶ Include staff from domestic violence and sexual assault advocacy programs (RCW 10.99.030 (1)) in law enforcement trainings to discuss the role of community advocacy and their services.
- ▶ Law enforcement should develop a Domestic Violence (DV) supplemental form that includes questions addressing pregnancy, coerced sex, and stalking to identify potential threats to the victim’s safety and reported or unreported crimes (see Appendix E).
- ▶ Law enforcement should identify potential alternative interview locations when investigating domestic violence and sexual assault related incidents.
- ▶ When requesting medical record information for domestic violence and sexual assault investigations, law enforcement should prepare Release of Information forms that are time-limited and specific to the incident.
- ▶ In order to make an effective referral to community-based domestic violence and sexual assault advocacy programs, officers should meet local advocates, learn about the services provided, and find out if they employ bilingual staff.

**PRACTICE GUIDELINES FOR CHILD SUPPORT
ENFORCEMENT PROSECUTORS AND SUPPORT STAFF**

- ▶ Create a safe and supportive environment for the first contact or interview.
- ▶ Display educational posters and provide hotline numbers, safety cards, and resource information addressing IPV, reproductive coercion, and healthy relationships (materials should be culturally and linguistically appropriate and should be placed in bathrooms, the reception area, hallways, and other highly visible areas).
- ▶ Have a written guideline on appropriate steps to inform the parties, including minors, about the limits of confidentiality and reporting requirements for child abuse.
- ▶ During the initial paternity interview, the legal assistant or child support enforcement prosecutor should offer information about the Good Cause process (see Appendix F).
- ▶ Child support enforcement prosecutors and support staff should meet with their local community-based domestic violence and sexual assault advocacy programs to learn about their services and resources, and to develop referral lists specific to pregnant and parenting individuals.
- ▶ Provide core and ongoing training on Intimate Partner Violence (IPV), sexual coercion, and stalking to all staff that have contact with the parties throughout the case proceedings.
- ▶ Training should include staff from community-based domestic violence and sexual assault programs to discuss their services and the role of community advocacy.
- ▶ Training may be extended to other support staff such as courthouse security guards and parking lot attendants who may observe abusive or threatening behaviors and have safety concerns.
- ▶ As part of the paternity interview process, child support enforcement prosecutors or support staff should ask, “What do you think the [alleged] father’s reaction will be to establishing paternity or to pursuing child support?”
- ▶ Child support enforcement prosecutors and support staff should provide supported referrals to local community-based domestic violence and sexual assault advocacy programs.

PRACTICE GUIDELINES FOR CRIMINAL LEGAL PROSECUTORS AND SYSTEM-BASED ADVOCATES

- ▶ Provide core and ongoing training on Intimate Partner Violence (IPV), sexual coercion, and stalking to prosecutors and system-based advocates.
- ▶ Training should include staff from community-based domestic violence and sexual assault programs to discuss their services and the role of community advocacy.
- ▶ Training may be extended to other support staff such as courthouse security guards and parking lot attendants who may observe abusive or threatening behaviors and have safety concerns.
- ▶ Prosecutors should set up a process to include the system-based advocate during in-person meetings with the victim.
- ▶ Prosecutors and system-based advocates should meet with their local community-based domestic violence and sexual assault advocacy programs to learn about their services and resources, and to develop referral lists specific to pregnant and parenting individuals.
- ▶ If the victim is pregnant, the system-based advocate should ask if she is able to make decisions about her pregnancy without fear of retribution.
- ▶ Display educational posters and provide hotline numbers, safety cards, and resource information addressing IPV, reproductive coercion, and healthy relationships (materials should be culturally and linguistically appropriate and should be placed in bathrooms, the reception area, hallways, and other highly visible areas).
- ▶ Prosecutors or system-based advocates should provide supported referrals to local community-based domestic violence and sexual assault advocacy programs.