



Alberta Home Visitation  
Network Association

**Family Violence Protocol**  
for  
**Home Visitation Programs Code 355**  
of the  
**Alberta Home Visitation Network Association**  
(AHVNA)

*“Ensuring the Quality, Accountability and Sustainability of Home Visitation Programs”*

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## 100 Introduction

### 100.1 Alberta Home Visitation Network Association

**Vision:** Families in *Alberta* receive the support necessary to raise their children to be healthy, safe, and secure.

**Mission:** To support the provision of quality, voluntary, home visitation services in *Alberta* that promotes best possible outcomes for vulnerable families.

- Home visitation is guided by *Provincial Standards and Guidelines*.

#### **Role related to Family Violence:**

There are approximately 37 to 40 *Home Visitation* programs funded under *Code 355* throughout *Alberta*. Home visitation serves vulnerable families with very young children. Home visitation was identified in the document: *Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta (2013)*.

The *Framework* identifies:

- *Strategic Priority 1:* Strengthen efforts to prevent family violence across the lifespan.
  - *Goal:* Prevent families from experiencing violence through evidence informed programs and supports.
    - i) *Strategy #3:* Enhance *Alberta's Home Visitation* program to incorporate a strong focus on preventing family violence through screening and building healthy parent/child relationships.

This *Family Violence Protocol* has been influenced by the recommendations made by *Lana Wells* in her research published in *2012: Home Visitation as a Domestic Violence Prevention Strategy: A Discussion Paper for the Government of Alberta*.

### 100.2 Purpose of this Family Violence Protocol

Family violence is a major public health and social issue that crosses all economic, cultural and age boundaries. It is best practice that all *Home Visitation* programs have a functional and sustainable *Family Violence Protocol*.

*Home Visitors* build relationships with their clients that are characterized by respect and trust. Considering the depth and duration of these working relationships with clients, the *Home Visitors* have an important opportunity to identify family violence and offer support and referral to clients who are being abused or are using abusive behaviours in their relationship.

As part of a community effort to address family violence, this *Family Violence Protocol* has been developed by a working group of representatives from *AHVNA* member agencies, see *Appendix A* for a detailed list, in collaboration with the *Provincial Director* of *AHVNA* and two consultants hired to guide the process of development and implementation. The purpose is to provide a consistent process for all funded *Home Visitation* programs *Code 355* to identify and respond to family violence.

This protocol provides clear direction for *Home Visitors* on how to properly recognize family violence, respond, and offer information about appropriate services and supports.



***Home Visitors* are not expected to be experts in family violence in order to implement this *Family Violence Protocol*.**

### 100.3 Beliefs Regarding Family Violence

*Home Visitation* has the following beliefs about family violence:

- Abuse is about power and control.
- Every individual has the right to be safe. Abuse in relationships is neither acceptable nor deserved.
- Abuse in relationships is complex in its origins and solutions.
- Family violence impacts families and communities. Everyone has a role to play in the prevention of family violence.
- Relationships characterized by abuse can become healthier.
- Abuse in relationships can have a negative life-long impact on the children and adults involved.
- Parenting capacity can be impacted by family violence.
- We must respect that a client's readiness to make change in their relationship is complicated and requires thought, education and support.



**Clients have the right to decide what changes, if any, will be made.**

**The *Home Visitor* is not responsible for the choices of the client.**

100.4 Definitions of Family Violence

*Families Violence Hurts Everyone: A Framework to End Family Violence in Alberta (2013)* describes family violence as:

*“The abuse of power within relationships of family, trust or dependency than endangers the survival, security or well-being of another person. It takes many forms including intimate partner abuse, sexual assault, child abuse and neglect, child sexual abuse, parent abuse, elder abuse and neglect and witnessing the abuse of others in the family.”* Family members *“include those who are related to each other by blood, marriage, or adoption or those who reside together where one of the people has care and custody over the other as ordered by the court.”*

*(Protection Against Family Violence Act)*

*“Family violence describes a systematic pattern of abusive behaviours within a relationship that is characterized by intimacy, dependency and/or trust. The abusive behaviours exist within a context where their purpose is to gain power, control and induce fear.”*

*(Community Initiatives against Family Violence, 2001)*

The relationships typically included in definitions of family violence are:

- Intimate partner.
- Children abused by a parent.
- Parents abused by teen or adult children.
- Siblings.
- Grandparents who abuse/are abused by grandchildren.
- Extended family.

Because of the context in which *Home Visitation* services are provided, the focus of this protocol is on intimate partner abuse and children exposed to family violence. Information regarding resources related to abuse in other relationships as listed here is available in *Appendix B*.

This *Family Violence Protocol* is written from a mainstream, western perspective.



**When working with immigrant families, or clients from other ethnic backgrounds, there may be additional barriers or considerations however, the definitions of abuse as outlined in this protocol do not change.**

Abusive behaviour can take many forms including: emotional, psychological, physical, sexual, spiritual, financial, cultural and stalking/criminal harassment.

A brief description of each is included. For more examples of each type of abuse, see *Appendix C*.

- **Physical** abuse: any action (active or passive) that causes pain, discomfort or injury in another person.
- **Emotional/Psychological** abuse: any behaviour that diminishes the identity, dignity or self-worth of a person. It may also provoke intense fear, anxiety or stress.
- **Sexual** abuse: any unwanted or non-consensual sexual activity or sexual contact.
- **Financial** abuse: actions which control or compromise the financial independence of a person.
- **Spiritual** abuse: using an individual's spiritual beliefs to manipulate, dominate, or control that person or prevents that person from practising their beliefs or denying them access to practise.
- **Cultural** abuse: alienation from cultural traditions and supports.
- **Stalking/Criminal Harassment:** *"Repeated conduct, carried out over a period of time that causes its targets to reasonably fear for their safety but does not necessarily result in physical injury."*

*(Handbook for Police and Crown Prosecutors on Criminal Harassment, Canada Department of Justice 1999)*



## 101 Protocol Procedure

### 101.1 Screening for Family Violence

Family violence is frequently difficult to recognize. It is therefore important for *Home Visitors* to use all possible sources of information, including what they see and hear, and any other collateral sources, in order to get the most complete understanding of what is happening for a client.

Asking specific questions about family violence in a pre-determined process is one way to help identify family violence. This is called a screening process.

#### 101.1.1 Purpose of Screening:

The purpose of screening for family violence is to assist *Home Visitors* to:

- Identify abusive behaviour.
- Offer information and appropriate community resources.
- Consider safety issues for the family and *Home Visitor*.

#### 101.1.2 When to Delay Screening

Safety and privacy are always paramount when screening. The following circumstances are ones in which screening should be delayed.

- (1) When other people are present.
  - If screening is done when there are other individuals in the home, this may put the *Home Visitor* or the client at risk. It is the *Home Visitor's* responsibility to ensure the privacy of their client. Screening should only occur when the client is alone.
  - If children are present screening should only occur if they are unable to understand or comprehend the conversation.
- (2) When the client's capacity is compromised. For example: under the influence of substances or experiencing a mental health crisis or instability. Screening should occur only after the client has stabilized.
- (3) When there is a language barrier and no interpreter is available. See *Appendix F - Use of an Interpreter in Family Violence Cases*.
  - Family members and others living in the home, including children, should never be used as interpreters for screening.
  - Best practice is to use a professional interpreter with knowledge of family violence in the *Canadian* context. When this is not possible, consultation with a supervisor is recommended.
- (4) When there is an immediate safety risk for the client or the *Home Visitor*.
- (5) When the client's ability to understand and engage in the screening process is hampered by their cognitive functioning. Consult with your supervisor to determine if specialized services or supports are required.

### 101.1.3 Screening Methods

This *Family Violence Protocol* outlines three types of screening: *Universal*, *Reactive*, and *Pregnancy*. Family violence is a complex issue. If a *Home Visitor* is unclear on how to screen or how to proceed after screening, they are to consult with their direct supervisor immediately.

#### (1) Universal screening

Universal screening is part of the intake process, within the first six contacts of the initial visit, and occurs when **ALL** clients are asked directly, using a predetermined screening method, if family violence is an issue in their lives.

Universal screening ensures that all individuals are screened for family violence, whether it is suspected or not. Even if the screening question does not result in a disclosure, the client knows that the door is open for further discussion on the topic and that help is available if needed now or in the future.

Universal screening is a “best practice”. When everyone is screened the clients feel less targeted and are more likely to disclose. It also ensures consistency among all the *Home Visitors*.

In this screening process, each phase is purposeful. The language should be personalized to the client’s language and situation but it is helpful if the *Home Visitor* keeps the purpose of the phases in mind.

##### Phase 1:

*“So many people are struggling in their relationships. We know that many people experience abuse (emotional, financial, physical, or sexual) in their family. Therefore, we have started asking everyone about how they are being treated.”*

- This acknowledges that abuse is common and takes many forms.
- When thinking of family violence, many people only think of physical abuse which is why it is important to give brief information about the various types of abuse.

##### Phase 2:

*“Sometimes people are afraid or uncomfortable talking about abuse but we ask so that we might provide some help to you or your family if you want it.”*

- This acknowledges abuse is hard to talk about.
- This explains why we are asking – to offer help – keep client in control.

##### Phase 3:

*“Is there anyone close to you who sometimes makes you feel unsafe or scared?”*

- The language is soft but avoids use of words such as abuse or violence that may be defined differently by different people.

##### Phase 4:

*“Do you sometimes make the people close to you feel unsafe or scared?”*

##### **Complete question:** (Includes all four Phases)

*“So many of our clients are struggling in their relationships. We know that many people experience abuse (emotional, financial, physical, or sexual) in their family. Therefore, we have started to ask everyone about how they are being treated. Sometimes people are afraid or uncomfortable talking about abuse but we ask so that we might provide some help to you or your family if you want it.”*

*“Is there anyone close to you who sometimes makes you feel unsafe or scared?”*

*“Do you sometimes make the people close to you feel unsafe or scared?”*

### (2) Reactive Screening

Unlike universal screening, reactive screening occurs only when the *Home Visitor* decides it is warranted, i.e., when warning signs are noticed. As warning signs are sometimes subtle or can go unnoticed, reactive screening risks the possibility of not screening when family violence is in fact present.

Reactive screening begins with the *Home Visitor* having an awareness of the general indicators of family violence and being conscious of the presence of these indicators in the lives of their client.

See *Appendix G - Potential Warning Signs of Family Violence*.

If a *Home Visitor* hears or sees something that causes them to suspect family violence is occurring. This is an **example** of the type of question that should be asked:

*“I have noticed \_\_ (outline the reasons for concern, e.g., I have seen, I have heard).*

*In my experience this can be related to family violence. Is that what’s happening to you?”*

### (3) Pregnancy Screening

Pregnancy is a particularly high risk time for family violence to escalate for women. Therefore, additional screening occurs when a woman is or becomes pregnant.

- a) In the case of women entering the program during the prenatal period, universal screening should occur (within the first six contacts), followed by pregnancy screening one other time during the prenatal period.
- b) If a mother becomes pregnant again during their participation in the program, pregnancy screening should occur.
- c) All pregnant women should be screened again during the first six weeks after the baby is born.

An example of phrasing could be: “

*I’m just checking in on how things are going in your relationship as your pregnancy progresses (or since the baby has been born). Is there anyone close to you who sometimes makes you feel unsafe or scared?”*

*“Do you sometimes make the people close to you feel unsafe or scared?”*

At the time of the initial screen the pregnant client can be prepared for future screening with a comment such as:

*“We will raise the issue again during your pregnancy and after the baby is born because pregnancy and the birth of a child can be a stressful time for a family.*

## 101.2 Responding to Screening

### 101.2.1 Responding to a Negative Screen

If the outcome of the *Family Violence Screen* is negative, the *Home Visitor* will conclude the screening process with a statement that leaves the door open to future disclosure. For example:

*“I am glad to hear that you are safe right now because you deserve that. Relationships are always changing so if you have concerns in the future I hope you will feel comfortable telling me about them.”*

In response to a negative pregnancy screen add the following:

*“We will raise the issue again during your pregnancy and after the baby is born because pregnancy and the birth of a child can be a stressful time for a family.”*

The *Home Visitor* should continue to monitor the situation and use a reactive screen if something is witnessed, heard or new information becomes available that raises concerns about family violence.



**If the *Home Visitor* has concerns there may be family violence in spite of a negative screen, the legal requirement to contact *Child and Family Services* still applies. See *Appendix H: Tips for Reporting to the Child and Family Services*.**

### 101.2.2 Responding to a Positive Screen (Disclosure by a person experiencing abuse)

Follow these steps when clients disclose abuse:

- Acknowledge the courage of the client to disclose.
- Validate that the client does not deserve to be abused.
- Explore the client’s readiness to continue the conversation, i.e., “*Can I ask you a few questions about your experience?*”.

If the client is willing, explore the types of abuse, the nature of the abuse the client is experiencing, and/or potential immediacy concerns.

- Complete a *Family Violence Screening Form - Appendix E*.
- Explore if client is already connected to community resources. See *Connecting the Client to Resources*.
- Confirm if client has a safety plan. If not, offer to complete a safety plan. If yes, ensure that the safety plan is thorough and current. See *Safety Planning*.
- Consult with/report to *Child and Family Services*. See *Children Exposed to Family Violence – Duty to Report*.
- Document all discussion, disclosures, and referrals (both offered and accepted). See *Documentation*.
- Consult with your supervisor, or designate, on all positive screens and suspected undisclosed family violence. If there is an urgent concern, consult immediately.

Urgent safety issues must be addressed immediately. See *Appendix E*.



**If it is an emergency situation, call 911.  
On all Positive screens, consult must occur within 24 hours.**

### 101.2.3 Responding to a Positive Screen (Disclosure by a Person who Uses Abusive Behaviour)

Follow these steps when clients disclose that they use abusive behaviours:

- Acknowledge the courage of the client to disclose.
- Explore the client's readiness to continue the conversation, i.e., "*Can I ask you a few questions about your experience?*".

If the client is willing, explore the potential immediacy concerns. Urgent safety issues must be addressed immediately.

- Complete a *Family Violence Screening Form - Appendix E*.

The *Child, Youth and Family Enhancement Act* is available for download or purchase through the *Queen's Printer* at [www.qp.gov.ab.ca](http://www.qp.gov.ab.ca) or information may be obtained at: <http://www.child.gov.ab.ca>.



***If it is an emergency situation, call 911.***

***On all Positive family violence screens, consult with supervisor must occur within 24 hours.***

## 101.3 Connecting the Client to Resources

### 101.3.1 Internal Resources

Ultimately the client's greatest resources are those which have allowed them to cope with tough times currently and in the past. Helping clients identify their innate resiliency, their courage, patience, intuition, etc. builds their self-confidence and helps them learn to trust what they know, not just what their partner tells them.

### 101.3.2 External Resources

Family and friends can be considered resources when they are trustworthy and honest. Agencies and services can be an important supplement to the client's internal strengths when they are purposeful and empowering. When connecting to external resources, consider the following steps:

- Explore what the client has already tried. If it was unsuccessful, finding out why it did not work can be helpful in identifying barriers or the need for more information.
- Explore what the client has thought about trying but has not yet tried. Explore their likelihood to do so and any related barriers.
- Explore if the client believes they need anything else at this time. Offer information only to fill gaps – if they know what they want to do and are already taking steps to follow through they may not need anything else. Engaging with too many services at once can be problematic and confusing.
- Whenever possible offer multiple ideas or resources but, ideally, not more than three.
- Too few options robs the client of choice and too many can overwhelm. Offering multiple referrals allows the client to choose the service that best suits them. When giving a referral
- to a service, the client is more likely to follow through if they have some or all of the following information:
  - Why is that service recommended for this issue? What services do they provide?
  - Location – transportation may be a problem for some clients. Some clients living in a small community may prefer to travel to another community in order to maintain their privacy.
  - Contact information - hours of service and phone number.
  - Is there someone in particular the client should talk to?
  - What will happen when they call – telephone intake vs make an appointment?
  - Is there a wait list?
- Follow-up on referrals in subsequent contacts with the client. Knowing if resources were contacted as well as what helped and what didn't can guide the *Home Visitors* practice.

### 101.3.3 Advice vs Suggestions

When clients are facing challenging, and sometimes overwhelming situations, the *Home Visitor* may be tempted, or asked, to offer advice. The conscious use of advice is critical. Telling the client what to do can be contrary to honouring the client's autonomy. Advice is also premised on the assumption that we know what must be done and have all the answers, which does not allow for the clients own experiences, knowledge, and skills to be factored in to the equation.

Advice is used most appropriately when the client needs to be focused on taking a critical step or following a procedure for which there are no options. For example, calling *Child and Family Services*. The danger of inappropriate use of advice is that it can create dependence on the *Home Visitor* by allowing the client to avoid or abdicate responsibility for their decisions.

Offering suggestions however, leaves the power with the client, thus they also take ownership for the consequences. For the client who struggles with decision-making, the *Home Visitor* can still explore the pros and cons as well as assist with analysis without taking the client's power.

An example of offering a suggestion is:

"Some people find it helpful to \_\_\_\_\_ *Is that something you have considered?"*

*"Would it be easier to make a decision if you had more information? Perhaps we can figure out what questions you need answered and who might be able to help with that."*

### 101.4 Safety Planning

Safety planning is completed specifically for the individual experiencing abuse for a specified period of time and should be reviewed and revised regularly, as the individual's situation changes. Safety planning is geared to the decisions of the client, regardless of whether they choose to remain living with or maintain contact with the person using abusive behaviours or leave the relationship, see *Appendix E*.

Safety planning must:

- Be tailored to the client's individual situation and experience.
- Be specific and practical.
- Take immediacy factors into account.
- Be updated on an ongoing basis considering change in circumstances.  
For example: Others moving into or out of the home, changes in employment, couple separates, etc.
- Be inclusive of any child or vulnerable adult living in the same home as the client.
- Have the voluntary participation of the client.

Safety planning has two components: a *safety plan* and a *safe package* as described here:

- *Safety plans* assist individuals in examining safe places, practices and people they can access to increase their safety. These tools prompt clients to explore all their options and to form a plan of action in an attempt to increase their level of safety when living in or leaving an abusive relationship.
- There are a variety of safety plans available. Some basic ones address immediate safety such as leaving the home in an urgent situation. More elaborate ones address specific situations such as staying safe at work, in the community, etc.
- When appropriate, *Home Visitors* will complete the *Basic Safety Plan* in *Appendix E* with their client.
- If a more comprehensive safety plan is required consult with your supervisor or designate.
- *Safe packages* consist of important documents and items to address basic needs over a short period of time. Ideally, a *safe package* is prepared in advance along with the *safety plan*. For a detailed list of items for a *Safe Package* see *Appendix E*.

### 101.5 Responsibility Planning

*Responsibility Plans* assist individuals in examining safe place, practices and people they can access to increase the safety of their family. This tool prompts the client to form a plan of action in an attempt to respond to the warning they are about to be abusive. It also explores options for leaving to keep their family safe. See *Appendix E*.



## 101.6 Children Exposed to Family Violence – Duty to Report

*Child and Family Services* have the mandate to investigate and respond to both those perpetrating and those experiencing child abuse. All *Home Visitors* should be aware that it is not their duty to investigate child abuse, but to simply report what they may know and/or suspect. If it is unclear that a child is in need of intervention, a report to the nearest *Child and Family Services* office as mandated by the *Child, Youth and Family Enhancement Act*. Whenever possible, the *Home Visitor* should make every effort to work collaboratively with *Child and Family Services* to assist the child and/or family.



**It is important to note that while all suspected or admitted child abuse must be reported as soon as possible to *Child and Family Services*, this *Family Violence Protocol* focuses exclusively on the aspect of the *Child, Youth and Family Enhancement Act* referring to *Exposure to Family Violence*.**

The *Child, Youth and Family Enhancement Act* states:

*“For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following: physical abuse, neglect, sexual abuse, or emotional injury.”*

*Emotional Injury* is further defined in the legislation as being when there “is impairment of the child’s mental or emotional functioning or development, and if there are reasonable and probable grounds to believe that the emotional injury is the result of:

- Rejection.
- Emotional, social, cognitive or physiological neglect.
- Deprivation of affection or cognitive stimulation.
- Exposure to domestic violence or severe domestic disharmony.
- Inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child.
- The mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child.
- Chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child.

Consult with *Child and Family Services* with all concerns of potential child abuse, including exposure to family violence. The call should be made as soon as:

- A disclosure is made. **Or**
- The *Home Visitor* witnesses behaviour by the child that triggers a concern that the child is being exposed to family violence. **Or**
- The *Home Visitor* witnesses behaviour by the adult that triggers a concern that the child is being exposed to family violence.

Depending on the individual client and the nature of the risk, it is preferable that a call to *Child and Family Services* be made by the client themselves, with the support of and in the presence of the *Home Visitor*. Clients who disclose abuse may be acting out of their own self-awareness, recognising their need for supports and resources.

If however, making the call in conjunction with the client is deemed by the *Home Visitor* to potentially increase the safety risk for themselves and/or the child, the report to *Child and Family Services* will be made in the absence of the client.

For specific information and procedures on making a report to *Child and Family Services*, see *Appendix H*.

The *Child, Youth and Family Enhancement Act* is available for download or purchase through the *Queen’s Printer* at [www.qp.gov.ab.ca](http://www.qp.gov.ab.ca). or information may be obtained at: <http://www.child.gov.ab.ca>.

**101.7 Documentation**

- (1) Document the reasons, but be open to a discussion at another date.
  - Complete the *Family Violence Screening Form* ideally collaborating with the client for all clients. See *Appendix E* to explore the questions.
  - Document as quickly as possible after the conversation.
- (2) For all other documentation, including case notes:
  - Document thoroughly using the client's words whenever possible.
  - Documentation should be:
    - Respectful to all who are involved.
    - Comprehensible to others.
    - Factual and clear.
  - Documentation includes what is said or observed not the opinion of the writer.
- (3) *Client Files* should include:
  - *Release of Information* forms.
  - *Family Violence Screening* form.
  - When the client is unwilling to explore any completion of the questions.

## 102 Agency and Home Visitor Responsibilities

Safety and confidentiality of the *Home Visitor* is a joint responsibility between the *Home Visitor* and the programs in which they are employed.

### 102.1 Safety for the Home Visitor when Family Violence is Suspected or Has Been Confirmed

*Policies and Procedures* are in place to increase the safety and minimize risk for the *Home Visitor*. Therefore, it is important that policies and procedures are followed.

Some jobs by their very nature put people at a higher risk of crime than others. Family violence is one of the most dangerous, complex situations that a front line service provider can deal with as things can escalate very quickly. As a *Home Visitor*, your work requires you to work alone and visit clients in their own homes. Therefore, additional precautions must be taken.

This is a short list of some of the precautions to take. See *Appendix J* for a more detailed list.

- Ensure that your supervisor or colleague is aware of your schedule - time and location of your home visit as well as expected duration of the visit.
- Call to check-in upon completion of the visit to inform that the visit is over and that you are safe.
- Observe and listen before entering the home.
- Do not enter the home until you see the client at the door.
- In the home position yourself near the door/exit.
- Have emergency numbers programmed into your phone and set on auto-dial.
- Meet with the client at an office or public area if the situation does not feel safe.
- Carry a cell phone if possible and be sure that it is fully charged prior to your home visit.

### 102.2 Confidentiality

One of the most common requests of people experiencing family violence is for the worker to maintain their privacy. Therefore, if a trusting relationship is to be built, it is important to maintain client confidentiality at all times, providing it is safe for everyone involved to do so. *Home Visitors* should verbally outline the limits to confidentiality, these include:

- The person requesting the information is a case worker with *Child And Family Services*.
- If the request is made by phone by a case worker unknown to the *Home Visitor*, the *Home Visitor* will confirm the person's position and district office. The *Home Visitor* will then call back this home office before supplying the requested information.
- There is a court order requiring disclosure.
- The *Home Visitor* believes there is an imminent and immediate risk to the personal safety of the client, themselves, or others:
- A minor child is believed to be at risk of abuse, including exposure to family violence, or neglect.

### 102.3 Agency Resources

Agencies should compile a list of local and nearby resources.

## 103 AHVNA and Agency Joint Responsibilities

### 103.1 Implementation and Sustainability

In order to consistently implement this *Family Violence Protocol* all *Home Visitors* and *Supervisors/Managers* must have the necessary training regarding family violence and the use of the protocol. The goals of the training are to:

- Assist the *Home Visitor* in identifying family violence.
- Provide and/or refer to appropriate family violence prevention, intervention, and post-intervention resources and services.
- Improve our organization's capacity to respond to family violence in the lives of our clients.

The agency's responsibility is to ensure that their *Home Visitors* are trained in family violence and the implementation of the protocol. After the initial protocol implementation training, if funding is not available for *AHVNA* to continue providing the two day training, an agency may access family violence training from another credible family violence organization. However the protocol training must be delivered by an *AHVNA* representative.

- (1) A minimum of one day of *Family Violence Training* must be delivered by a person with expertise in family violence.

This includes:

- *Boundaries and Self Care.*
- *Definitions and Statistics.*
- *LGBT\*Q Family Violence.*
- *Children Exposed to Family Violence.*
- *Effects of Childhood Stress on Health.*
- *Intimate Partner Violence.*
- *The Abusive Relationship.*
- *Possible Indicators of Family Violence.*
- *The Cycle of Violence.*
- *Types of Abuse.*
- *Potential Barriers for Clients.*
- *Potential Barriers for Home Visitors.*

- (2) Training on this *Family Violence Protocol* will be delivered by an *AHVNA* training representative.
- Purpose of *Family Violence Protocol*.
  - Beliefs about Family Violence.
  - Protocol Procedure:
    - Screening for Family Violence
    - Responding to a Negative Screen
    - Responding to a Positive Screen
    - Safety Planning
    - Responsibility Planning
    - Connecting the Client to Resources
    - Child, Youth and Family Enhancement Act – Duty to Report
    - Documentation
    - Consultation.
  - Safety Considerations for *Home Visitors*.
  - Confidentiality.
  - Implementation and Sustainability.
  - Evaluation.
  - Review of this Protocol.

*Home Visitors* who feel they would benefit from additional training regarding any of these areas, or family violence in general, are encouraged to discuss this with their direct supervisor.

After this protocol is implemented, and as new *Home Visitors* are hired, they will receive the training described within six months.

## 103.2 Evaluation

Given the ever changing nature of program needs and responsibilities, it is recommended that this protocol be evaluated annually. Data collection will include:

### (1) Training:

- Number of training sessions offered.
- Number of *Home Visitors* trained.
- Number of other staff trained.
- Number of community partners trained.

### (2) Demographics:

- Number of screens.
- Number of positive screens.
- Number of negative screens.
- Number of delayed screens never screened but later completed.
- Number of referrals accepted.
- Number of referrals declined.
- Number of consultations.
- Number of reports made to *Child and Family Services*.

### (3) Use of Family Violence Protocol:

- Ease of use.
- Practicality of application.
- Number of *Home Visitation (Code 355)* programs using this protocol.
- Number and type of other programs or agencies using this protocol.

## 104 Review of Protocol

Review should occur annually for the first two years. Following this, review should occur every three years. The evaluation information will provide feedback for the review process.

The most recent version of the protocol will be posted on the *AHVNA* website: [www.ahvna.org](http://www.ahvna.org).

**105 Commitment Form**

In adopting this *Family Violence Protocol*, \_\_\_\_\_ of  
(Name - please print)

\_\_\_\_\_  
(Name of Agency - please print)

will ensure that all staff are aware of their roles and responsibilities, as outlined in this protocol including training and collection of statistics for evaluation.

Signed on behalf of: \_\_\_\_\_  
(Name of Agency - please print)

\_\_\_\_\_  
(Address of Agency - please print)

as its authorized representative.

on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature: \_\_\_\_\_

Title: (please print) \_\_\_\_\_