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## Format

The steps in the protocol are printed in bold along the left side of the page in both sections. In the second section, on the right side of the page, corresponding to each step, are instructions and tips for implementation.

## Philosophy

There is a high, positive correlation between child abuse and neglect and domestic violence (i.e., partner abuse). Domestic violence is not only an act of aggression against the adult victim in the home; it is also a dangerous act that places children at risk for abuse and neglect.

The intent of the protocol is to promote the safety and well-being of children in Tuscarawas County who live in homes where there is domestic violence. The guiding principle for this protocol is:

- ◆ **By working together, rather than alone, staff from Tuscarawas County Department of Job and Family Services (TCDJFS), and Harbor House can intervene more effectively with families where there is simultaneous domestic violence and child abuse or neglect.**

The following statements are principles that we will use to guide our interventions.

- ◆ **Protecting children is our first priority.**
- ◆ **We will strive to increase the safety of the adult victim as a strategy for increasing the safety and well-being of the children.**
- ◆ **Whenever possible, we will respect the rights of adult victims to direct their own lives.**
- ◆ **We will hold perpetrators of domestic violence, not their victims, responsible and accountable for their abusive behavior.**

## **A. Introduction**

### **Promoting Implementation**

**1. Whenever staff at Children Services/Harbor believe that the protocol is not being followed, they will follow the steps at right to clarify the situation and promote adherence to the protocol.**

1. Discuss the protocol with your colleague and determine the area of disagreement. The issue may be solved through this discussion.

If it is not resolved, explain the situation to your supervisor for a reality check and clarification. Decide, with input from your supervisor, whether the situation would best be handled by your again contacting the colleague with whom you have a disagreement, or by your supervisor contacting your colleague's supervisor.

If the decision is made for you to contact your colleague and, after doing so, the problem is not resolved, contact your supervisor again, this time for the purpose of developing a strategy for next steps to take.

Note: Supervisors at each agency will document instances when they are contacted about implementation questions and problems. This documentation will guide revisions of the protocol.

**2. Whenever staff at Children Services/Harbor House discover gaps in the protocol or instances in which following the protocol would endanger children or adult victims, they will report that information to their supervisor.**

2. Supervisors at each agency will document instances when they are contacted about gaps or problems in the protocol. This documentation will guide revisions of the protocol. When notified of instances in which following the protocol would endanger clients, supervisors will instruct staff to modify the protocol in that instance and to proceed with interventions that will promote safety in that family.

## **B. Referral Specialists**

### **Information Gathering by Referral Specialists at TCDJFS Intake**

**1. As a routine part of information gathering during phone referrals or walk-ins, Referral Specialists will ask questions about the possibility of domestic violence in the home.**

**2. When domestic violence is identified or suspected and the referral is opened for assessment, the Referral Specialist will flag the case with a Domestic Violence tag.**

Night and weekend staff who want assistance with providing crisis interventions to adult victims of domestic violence, can call the 24 hour Harbor House Crisis @ (330) 364-1374. Crisis staff can assist with:

- ✓ locating safe shelter for adult domestic violence victims and their children,
- ✓ safety planning, and
- ✓ consultation on law enforcement responding to domestic violence.

## **C. Investigative Workers**

### **1. Information for Investigative/Assessment Workers in the Intake Department**

**1. If the Referral Specialist identified or suspected domestic violence on the case, gather information about the history of domestic violence prior to making contact with the family.**

**2. During a home visit, observe for**

**potential indicators of domestic violence.**

**3. Be aware of PATTERNS that appear during the Risk Assessment process may be potential indicators of domestic violence.**

**4. Ask questions specifically about domestic violence. Do this whenever possible with all families. Be sure to ask these questions in families where, through observation or risk assessment, you become aware of potential indicators of domestic violence.**

4. Interview family members separately. This will take creative planning, but it is necessary to conducting a full, safety-focused assessment. If it is not possible to see the adult victim without the alleged perpetrator being present, do not question about domestic violence. Make another attempt to see the adult victim alone.

## **2. Questions for Adult Victim**

**It is not effective to ask, “Are you a victim of domestic violence?”** The following questions are more effective ways to find out about the possibility of domestic violence in the family.

- ✓ Disagreement happen in all relationships. What happens when you and your partner disagree?
- ✓ Do you feel free to disagree with your partner, to think and to do what you want?
- ✓ Have you ever felt afraid of your partner?
- ✓ Has your partner ever physically used force on you?

**If you conclude that there is domestic violence in the family, ask the adult victim questions to assess for the pattern and severity of control and the risk of future abuse.**

**Note:** The more types of abuse that are present, the more dangerous the situation is likely to be for the adult victim and the children. If the abuse is happening more frequently and/or getting more severe, the risk for the adult victim and children is high.

**Assess children’s identification with the perpetrator by asking the adult victim predetermined questions.**

**Note:** If the answer is “yes” to any of the predetermined questions, begin safety planning (see page 10 for further reference information).

## **3. Questions for Children**

- ✓ Arguments happen in all families. What happens when your Mom and Dad (partner, boyfriend) argue? What happens when. . .
- ✓ They yell?

- ✓ They hit?
- ✓ Do they get hurt?
- ✓ Have you ever gotten hurt when they were fighting?
- ✓ What do you do when they fight?
- ✓ How do you try to stop the fighting?
- ✓ What are the “good” things that happen in your family?
- ✓ What makes you . . .
  - ✓ Sad?
  - ✓ Happy?
  - ✓ Afraid?
  - ✓ What would you change in your house if you could?

**If you conclude that there is domestic violence in the family, ask the child(ren) predetermined questions to assess the extent of emotional harm to the child(ren) as a result of the violence in the home.**

#### **4. Dealing with Perpetrators of Domestic Violence**

**If risk is high, seek law enforcement - to intervene and give court invention for the protection of the children.**

**When you decide to interview the alleged perpetrator of domestic violence, follow the guidelines at the right.**

1) The purpose of interview the perpetrator is to assess danger, not to elicit a confession.

2) Information about the adult and child victims’ safety plans must not be shared with the perpetrator at any time.

3) Avoid bringing up any information specifically about the domestic violence in your interview with the perpetrator unless **all** the following have occurred:

**a. You assess that sharing such information with the perpetrator will not increase risk to the children and adult victim, AND**

**b. The adult victim states that doing so will**

**not increase risk OR the adult and child victims have thorough safety plans in place, AND**

**c. You have discussed the interview strategy with your supervisor AND there is agreement that sharing such information is necessary to protect the safety of the child(ren).**

If (a) through (c) above have been satisfied and you will be sharing information about the domestic violence with the perpetrator, use third party reports, such as law enforcement reports or copies of Temporary Protection Orders, rather than sharing any comments that come from the child or adult victims. Confronting the perpetrator with the adult or child victims' comments about the domestic violence may increase their risk of harm.

## **5. If the Perpetrator Interview is Delayed:**

### **SECURING THIRD PARTY REPORTS**

- ✓ Secure a release of information. Request a criminal history for all families where domestic violence is identified. This information is **especially** important in cases where the decision is made to delay the interview of the perpetrator. Even if the criminal history will not be available during the investigate period, it will be an important resource for the On-Going Services staff who receive the case.
- ✓ Ask the adult victim about the possibility of any witnesses to the domestic violence. Reports from neighbors or other family members can be used as third party reports.
- ✓ Encourage the adult victim call **911** when the violence starts. Provide information about what role the police can play, and the options for Temporary Protection Orders through the criminal courts or the Domestic Relations Court. Records of involvement with the legal system can be used as third party reports.

### **C. Investigative Works, cont.**

**5. Use the risk assessment process to assess the impact of domestic violence on the child.**

**6. Look for patterns on the risk assessment**

**matrix that indicate risk of danger in families where domestic violence exists.**

6. Referrals to appropriate agencies for counseling, support and/or assistance should occur at this point, if indicated. Do not overlook the importance of referrals to Mental Health, Rape Crisis, Alcohol and Drug Abuse Treatment, Primary Care Physicians and the School.

Indicators for Adult Victims are: Substance Abuse, Lack of Social Connectedness, and Reduced or no Access to Economic Resources.

Indicators for the Perpetrator are: History of Abuse or Neglect as a Child (including witnessing domestic violence as a child), Substance Abuse, and History of Assaultive Behavior toward Other Adults.

There is increased risk of danger if:

- ◆ weapons are present in the home
- ◆ perpetrator has access to other family members

Additional indicators of high levels of danger, which are not included in the risk assessment matrix are:

- ◆ Perpetrator's sense of owning the victim.
- ◆ Perpetrator makes threats to injure or kill self or others.
- ◆ Perpetrator has had a recent loss, such as death of a loved one or a job loss.
- ◆ Perpetrator knows victim is seeking help to leave the violent relationship or is talking with others about the abuse.

## **D. Safety Planning**

**1. Create a safety plan with the adult victim that addresses the safety of both the adult victim and the child victim(s).**

**1. Safety Planning with the Adult Victim**

- ◆ Discuss what they have done in the past to get safe. Reinforce effective strategies. Redirect ineffective or dangerous strategies. For example, if they flee to the neighbors and the batterer follows them list other places to flee or alternative strategies such as calling **911**.
- ◆ Provide the number for Harbor House Crisis Hotline **(330) 364-1374**.
- ◆ Remind adult to call **911** when abuse happens. If there is no phone in the house, help the adult locate the nearest pay phone and decide on a place to hide phone money.
- ◆ Instruct adult victim to avoid rooms with potential weapons (e.g., kitchen or garage) during a violence incident.
- ◆ Urge adult to contact trust neighbors and have them call **911** if they hear fighting in the house.
- ◆ Develop a list of names and numbers of people to turn to in an emergency. Assist the adult victim with assessing who is “safe,” by asking questions about whether their past help has been beneficial. Ask questions about whether or not the people they identify are afraid of the batterer. Some people may provide assistance as long as the batterer is out of town; others may be willing to help even if the batterer is local. Adult victims may need both types of assistance.
- ◆ Decide on a code word the adult can say to the children when they need to get themselves to safety.

- ◆ List items to have ready in case victim and children have to flee from violence (e.g., birth certificates, Social Security numbers, marriage license, driver's license, school records, clothing for self and children, keys to house and car).

Inform adult that domestic violence is a crime. Let the adult victim know that there are legal options for getting safe. Contact the Domestic Violence Shelter (Harbor House) at (330) 364-1374 for information about the legal options for safety and for assistance in working with the family.

**2. If developmentally appropriate, create a safety plan with the child victims.**

**2. Safety Planning with Children**

- ◆ Discuss what they have done in the past to get safe. Reinforce effective strategies. Redirect ineffective or dangerous strategies. For example, if the child says, "I jump in to try and stop the fighting," discuss the risk for harm of intervening in the violence. Help the child list alternative strategies for dealing with the violence that do not include intervening. Assure the child that the violence is NOT his or her fault.
- ◆ With adult caregiver and child, discuss use of code word and what the child should do when the word is used.
- ◆ Plan where to go when fighting starts (e.g., neighbor's, relative's, own room and shut the door).
- ◆ Teach child to call **911** when the fighting starts.

**E. Worker Safety**

**1. Remember: Worker Safety is Paramount.**

**1. If, at any time, you have a concern about the level of risk to you, because of the level of dangerousness in the family:**

- ◆ Never meet with anyone who is under the influence of drugs and/or alcohol.
- ◆ Meeting with perpetrators of domestic violence may pose a risk to the investigative workers' safety. **Never meet with a domestic violence perpetrator alone. If meeting in the home, take a police officer with you.** Or, have the perpetrator meet you at TCDJFS as an alternative to meeting in the home.
- ◆ Responding: When agency is notified or becomes aware of drug use, where children are involved, TCDJFS-CPS will initiate a referral.

## **F. Case Planning**

### **1. Information on Writing Case Plans for Families where there is Domestic Violence**

The following case plan objectives are **suggestions** to use with families where there is domestic violence. As with all case planning, the specific objectives must be written to match the individual family's needs. Use the following information as a guide for your case planning, selecting those options that best match the needs of the family.

Sometimes, adult victims of domestic violence express the desire to stay in the relationship with the perpetrator of the violence. There are several points that need to be made about that situation.

- ◆ The following suggestions for case planning can be used whether or not the adult victim decides to stay with the perpetrator.
- ◆ The only suggestion that calls for separation between the adult victim and the perpetrator is the objective that instructs the adult victim to pursue legal options for safety, such as Temporary Protection Orders. However, as their name states, these orders are *temporary*. Therefore, an adult victim be granted a Temporary Protection Order and later reconcile with the perpetrator, after safety is ensured.
- ◆ Some adult victims and perpetrators ask to be referred to couples counseling or family therapy, believing that such treatments will decrease the violence. In reality, couples counseling or family therapy may increase the risk of harm to adult and child victims. If

there is domestic violence in the home and the couple asks to go to couples counseling, tell them they may be able to go to couples counseling **after** the perpetrator successfully completes a batterer intervention program (generally six months) and the adult victim attends education group at a local domestic violence advocacy agency. The family is not denied the opportunity to go to couples counseling, rather they are asked to delay such treatment until safer interventions are in place.

## **2. Guiding Principles for Intervention with Families where there is Domestic Violence**

There are sometimes conflicting priorities in families where there is domestic violence. When faced with conflicts, refer to the following four guidelines to assist with decision making. Begin with the goal of achieving all four guiding principles. The guidelines are listed in order of priority; therefore, if for any reason there is a conflict among them, resolve the conflict by abandoning the guideline with the lower priority. In practice, what this means is that the goal of protecting children is never abandoned. **Protecting children is the first priority.**

When creating case plans with families where there is domestic violence, strive to achieve as many of the objectives as possible, remembering that they are in order of priority.

We will create case plans that:

- 1. Protect children,**
- 2. Increase the safety and well-being of the children by increasing the safety of the adult victim,**
- 3. Whenever possible, respect the rights of adult victims to direct their own lives,**
- 4. Hold perpetrators of domestic violence responsible and accountable for their abusive behavior.**

Examples:

In some families, despite best efforts, it may not be possible to locate the domestic violence perpetrator. Therefore, objective four could not be fulfilled. The task would then be to create case plans that meet the other objectives. If, while working with the family, the perpetrator of domestic violence is located, the fourth objective can be added as an intervention.

Often, when adult victims of domestic violence are provided with information and assistance, they make decisions about their lives that promote their own safety and that of their children. Sometimes, however, adult victims make decisions that may not promote safety. For example, a victim may choose to return to the batterer, who continues the violent behavior. In those situations, caseworkers are advised to:

- ◆ Explain to the adult victims the risk to their children and to themselves.

- ◆ Whenever possible, provide the adult victim with other options for promoting safety and allow them to make their own decisions.
- ◆ Consult with the agency attorney for assistance with the case.

If all options have been exhausted and it becomes necessary for the protection of the children, objective number three may be temporarily dropped and the adult victim is presented not with options, but with mandates for promoting safety. In such instances, caseworkers will still strive to meet objectives one, protecting children, and objective two, increasing the safety of the children by increasing the safety of the adult victim. After the risk to children have been reduced, the caseworker will attempt to return to objective three, respecting the rights of adult victims to direct their own lives.

Cases that involve both child abuse/neglect and domestic violence are often complex and difficult. The guiding principles do not reduce or eliminate the complexity. Their value is in providing guidance through the complicated decision making necessary to plan interventions that will assist these families.

## **G. Referral Guidelines**

### **Referral Guidelines for Mandated Professionals**

Children who live in homes where there is domestic violence are at greater risk for physical injury, emotional harm, neglect, and sexual abuse than children who live in homes where there is not violence between adult members of the household. Therefore, it is necessary to establish guidelines on when to make referrals to TCDJFS.

The following guidelines provide only a framework for decision-making. They do not, nor could they, address every possible situation that mandated professionals may encounter, when in doubt, about whether or not to make a referral, consult with your clinical supervisor and/or call TCDJFS (339-7791) and consult about the case. Discussing the risk factors with another person can lead to joint decision-making on how to proceed in ways that will promote children's safety.

The referral guidelines are organized under six broad categories:

**PHYSICAL INJURY  
EMOTIONAL HARM  
ADEQUACY OF MEDICAL CARE  
ADEQUACY OF SUPERVISION  
SECUREMENT OF BASIC NEEDS  
SEXUAL ABUSE**

These six categories correspond to factors in the **Family Risk Assessment Matrix** used by TCDJFS to assess risk to children.

## **Law Enforcement Involvement**

\*\*\* When there has been an arrest and the victim is a child, **always** make a referral to TCDJFS immediately! If a child is a witness, refer to TCDJFS within 24 hours.

When there has been an arrest, the victim is an adult and there are children in the family, use the referral guidelines to decide whether or not to make a referral.

## 1. PHYSICAL INJURY

### Physical Injury - Refer

- A child has physical injuries that are known to be the result of physical abuse/domestic violence.
- A child has physical injuries that are suspected to be the result of physical abuse. For example, a child has burns or broken bones that are not logically or consistently explained, or that occur in places unlikely to be accidental (e.g., broken bones other than a leg or arm).
- A child received inappropriate physical discipline, which injures the child or places the child at high risk for physical injury.

Inappropriate physical discipline includes:

- ✓ using physical discipline (e.g., spanking, slapping, shaking) with a child who is chronologically or developmentally less than 13 months old;
  - ✓ administering physical discipline to the face, head, neck, abdomen, or genitals;
  - ✓ whipping a child with a belt, bat, or board on any part of the body other than the buttocks;
  - ✓ whipping a child on the buttocks and leaving lasting injuries such as bruises, cuts, or lacerations;
  - ✓ administering physical discipline **for normal childhood behaviors** (e.g., toddler spilling food or having toileting accidents).
- Someone who has access to a child threatens to kill or seriously harm the child (e.g., verbal threats or physical acts, such as having a weapon held to them, that puts the child at risk for physical injury).
  - A child is at risk of physical injury during a domestic violence incident or incidents. The child may be in the adult victim's arms or lap or otherwise be in the path of blows or objects thrown during the incident(s).
  - A child was in the home while the batterer threatened the adult victim with a weapon.

## 2. EMOTIONAL HARM

### Emotional Harm - Refer

- This is a history of verbal abuse to the child, the child shows evidence of psychological trauma, such as suicidal or homicidal ideation, and the adult caregiver is unwilling or unable to ensure that the child receives therapy for the emotional trauma.

- A mental health professional (e.g., psychiatrist, psychologist, licensed social worker, licensed professional counselor) assesses a child as having impaired psychological development, provides specific behavioral indicators of the psychological impairment, and the adult caregiver is unwilling or unable to ensure that the child receives therapy for the emotional trauma.

### **3. ADEQUACY OF MEDICAL CARE**

#### **Adequacy of Medical Care - Refer**

- A medically needs child is prevented from receiving necessary medical care.
- A child reports a lack of food and/or is assessed by a health care professional as being malnourished/underweight and the caregiver is unwilling or unable to ensure that the child receives proper nourishment.
- A child has not received immunizations.

### **4. ADEQUACY OF SUPERVISOR**

#### **Adequacy of Supervision - Refer**

- A child is left at home alone. When deciding whether or not to refer such a case, consider:
  - ✓ age/the child's developmental level,
  - ✓ the duration of being left alone,
  - ✓ the time of day the child is left along (e.g., mid-afternoon vs. midnight)
  - ✓ any responsibilities that the child is given while alone (e.g., care for younger siblings),  
and
  - ✓ the adequacy of safety plans that are in place for the child (e.g., child is capable of using the telephone, phone numbers are left for the child, the child is instructed to go to neighbors for help).
- There is a pattern of caregiver's lack of supervision placing a child at risk for harm.

#### **Adequacy of Supervision - Not Refer**

- Elementary-school aged children are left home alone for brief period of time (e.g., less than an hour), but it is an isolated or infrequent event and the children have safety plans they can implement (e.g., neighbors to turn to for help, phone numbers to call).



## 5. SECUREMENT OF BASIC NEEDS

### Securement of Basic Needs - Refer

- Children are living in a condemned housing unit, or are living without utilities on an ongoing basis and there is no plan in place to move to safe housing.
- A child is dressed in a manner that does not protect him or her from extreme weather that poses a danger to the child's health or safety.
- A child exhibits failure to thrive syndrome.
- A caregiver neglects a child's hygiene to the point that it poses a danger to the child's physical health or presents a barrier to the child's health social development.

## 6. SEXUAL ABUSE

### Suspected Sexual Abuse - Refer

- A report is received that an adult or another child forced, coerced, or enticed a child to engage in or watch sexual activity. Refer even if this event occurred in the past.
- A child is suspected of being a victim of sexual abuse as indicated by any of the following.  
The child:
  - ✓ has or is reported to have torn, stained or bloody underclothing,
  - ✓ has bruises or bleeding from external genitalia, vagina or anal region,
  - ✓ is sexually acting out or masturbating in public,
  - ✓ is acting out sexual behavior with toys, while playing, with siblings or peers,
  - ✓ attempts to initiate sex with adult family or non-family members,
  - ✓ has a sexually transmitted disease,  
or
  - ✓ is pregnant.

### Possible Sexual Abuse - Refer

- Pain and irritation on genitals, yeast or urinary tract infections, or genital discharge,
- Difficulty in walking or sitting that seems to be related to pain or discomfort in the genital area,
- Preoccupations with parents', other children's or own genitals,
- Attempts to touch other children's genitals or animals genitals,

- Demonstrates unusual or sophisticated knowledge of sexual activities through behaviors or portrayals of sexual activities, genitalia, or body functions in art work,
- Sudden avoidance of certain familiar adults or places,
- Wearing extra layers of clothes or avoidance of undressing,
- Promiscuity, seductive behavior, or dressing seductively.

## H. Mandated Professionals

### Making Referrals to Tuscarawas County Children’s Services

**1. Decisions to make referrals to TCDJFS will be made per the Referral Guidelines, which are on pages 14-18 of this protocol.**

**NOTE:** The referral guidelines provide only a framework for decision-making. Use the guidelines as a starting point, not as a substitute, for critical thinking about a case. If after reviewing the guidelines, you are in doubt whether or not to make a referral, consult with your supervisor and/or a Referral Specialist.

**2. If you decide that a referral is necessary, complete all 3 parts of the referral process listed at right.**

2. The three parts to the referral process are:

**Document all papers of the referral process.**

- A. Complete the written referral form,
- b. Complete a call to TCDJFS at **(330) 339-7791, ext. 245**
- c. Fax a copy of the written referral to TCDJFS at **FAX (330) 339-3998**, or mail to:

**Using the timing guidelines on the next page to determine when to complete all three phases of the process.**

**ATTN: Protective  
TCDJFS  
247 Stonecreek Road  
New Philadelphia, OH 44663**

**Follow these two general principles when referring to the timing guidelines:**

**a. If you are unable to complete the referral according to the timing guidelines, notify your supervisor.**

A sample of the referral form is included in the Appendix to this protocol.

**b. If you assess a situation to be one that poses potential imminent risk of harm to children, call TCDJFS (330) 339-7791, ext. 245) or TCSO (330) 339-2000 after 4:45 M-F/Weekends immediately.**

The referral number for after hours/weekends/holidays is the **Tuscarawas County Sheriff’s Office (TCSO) (330) 339-2000.**

**3. Once you have contacted a Referral Specialist, you may be asked many different types of questions.**

3. Referral Specialists in the protective unit at TCDJFS are incorporating questions about domestic violence into their intake questions. Be prepared to answer the following questions by saying, “I don’t know,” or by providing brief specific responses:

Do you know if there are any weapons in the home? If yes, what kinds?

Do you know if anyone else in the home besides the child has ever been hurt by the perpetrator? If yes, who?

Do you know if the police have ever been called to the home to stop fighting among family members?

How long has the fighting between the adults been doing on?

Is the fighting becoming more severe? Have there been any threats to kill?

**4. Regarding cases that have already been referred, if you obtain information about new acts of abuse or neglect against the child, complete a new referral on that case.**

4. New act of abuse or neglect against a child already referred are treated as a new referral. For such incidents, complete the entire referral process (i.e., written referral form, phone call, fax a copy of the referral form). See pages for a full description of the referral process.

**If you have additional information that is relevant to the child’s risk for harm, call the protection unit and ask for the name of the caseworker or supervisor for the case. Use the mother’s name as the case name. Call the caseworker or supervisor and report the new information.**

Examples of additional information that is relevant to the child’s safety and that should be reported to the caseworker include:

- Perpetrator’s increased access to the child,
- Any significant change in mother’s willingness or capacity to protect herself and the children, such as:
  - ✓ obtaining a TPO,
  - ✓ filing for divorce,
  - ✓ reconciling with the perpetrator

- ✓ increased severity and frequency of the violence against the mother,
- ✓ additional information about past abuse or neglect.

## **I. Harbor House/Children's Services**

### **Sharing Information with Tuscarawas County Children's Services**

Information that concerns the safety of a child will be shared freely across agencies, regardless of the availability of a signed release of information (e.g., A client's absence from a process that protects the child is considered such information.).

**1. When TCDJFS calls about a client, ask for the name of the staff person who made the referral or the name of the client's case manager/advocate and connect them with that person.**

Connecting member to a supervisor neither confirms nor denies that the person they are calling about is a client. If merely transfer the call to a person who can assist them.

If there are concerns that a batterer is posing as a staff member to obtain information, get the person's name and number and say that someone will call them back.

**2. When TCDJFS staff show up at Harbor House to talk with a resident of the Battered Women's Shelter, the following process will be used to assist them.**

**Security staff at the front desk will ask for TCDJFS identification. For TCDJFS staff with ID, security staff will call the Crisis Office and inform them of the name of the client and the name of the TCDJFS staff person.**

Anyone without proper identification will be asked to leave and informed that they must have the necessary identification to talk with Shelter residents.

**The Crisis Office staff will connect, either by phone or in person the TCDJFS staff with the client's case manager.**

**The case manager will assist in arranging meetings between the TCDJFS staff member and the Shelter resident and her children.**