

CLIENT SERVICES TOOLKIT

The Intake Process

MISSION

is to create a network of national and international Family Justice Centers and similar Multi-Agency Centers with co-located services, close working relationships, shared training and technical assistance, collaborative learning processes, coordinated funding assistance, and transformational leadership.

VISION

A FUTURE WHERE:

- All the needs of victims are met
- Children are protected
- Batterers are held accountable
- Violence fades
- Economic justice increases
- Families heal and thrive
- Hope is realized, and
- **We ALL work together**

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INTRODUCTION

This Client Services Toolkit was designed by the Family Justice Center Alliance (FJCA), a program of Alliance for HOPE International (Alliance) to assist Family Justice/ Multi-Agency Centers (Centers) with developing and implementing a centralized client intake process that supports exceptional service provision and manages client flow. Along with using this Toolkit, the FJCA strongly recommends including a local VOICES Survivor Advocacy Committee in the development and review of all client service processes to ensure they are responsive to the needs of survivors and sensitive to their concerns and input.

The intake process of Centers is often misunderstood. The purpose of a centralized, coordinated intake is to: Reduce the number of times a victim of violence or abuse must provide basic contact and demographic information; Facilitate the ability to coordinate services for the victim among the multiple agencies onsite at a Center; and Allow the victim to better control the use and sharing of any personal information while seeking support and services. The primary information to be gathered and stored for a time-limited period in a Center’s intake system, with the informed consent of the victim, is basic demographic information, a record of agencies/professionals providing services, and risk assessment information. The intake process should not gather and store incident-based information about past or present violence unless it is gathered through a clearly confidential relationship and protected by a legal privilege to ensure that such information is not accessible

to anyone else unless authorized by the client. Centers cannot and must not solicit incident-based information, store it in a centralized system, and then allow partner agencies to have unfettered access to a victim’s confidential statements about current or prior violence or abuse.

The intake process must be designed and implemented with a clear understanding of the definition and purposes of Family Justice Centers. The California Legislature, in unanimously passing the first Family Justice Center legislative scheme in the country, included this language in defining a Family Justice Center: “Family justice centers shall be defined as multiagency, multidisciplinary service centers where public and private agencies assign staff members on a full-time or part-time basis in order to provide services to victims of domestic violence, sexual assault, elder or dependent adult abuse, or human trafficking from one location in order to reduce the number of times victims must tell their story, reduce the number of places victims must go for help, and increase access to services and support for victims and their children.” ([California Penal Code 13750](#)).

The intake process in a Center, therefore, is designed to achieve these goals. It is not intended to compromise or reduce a victim’s ability to control her/his personal and confidential information or require the victim to waive confidentiality and surrender privacy in order to seek safety and support. In a 2013 New York Supreme Court case, where a criminal defendant

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attempted to gain access to the victim's personal intake information provided at the Brooklyn Family Justice Center, the court denied the defendant's request and ruled that public policy required all such information to be maintained confidentially by the Center unless such protections were waived by the victim. "While it is true that cross-examination includes the right to 'sift the conscience' of the witness to determine if his or her story is worth of belief..., it must on occasion bow to public policy considerations, in this case the security and safety of troubled women and families looking for help. This is especially true in this case where the nature of the information sought is of limited value and there is an express statutory preference [Citing the Violence Against Women Act] for confidentiality... In fact, this decision will have little or no impact on his right to confrontation or full and effective cross examination, but will greatly benefit the safety of visitors to the Family Justice Center." *People v. Martinez*, 10014/12, Supreme Court, Kings County.

The Martinez court concluded with this statement: **"In matters concerning intimate partner abuse, the promise of help without confidentiality is an empty one."**

Nothing presented in this manual should be implemented without a dedicated team at a Center focused on developing and maintaining a survivor-centered, trauma-informed intake process. Centers should form a dedicated committee to create and then periodically review all policies and procedures related to new and returning client intake and service delivery and to adjust the process when needed. The

committee should consist of survivors, onsite partner agencies, reception and frontline staff, leadership staff, mental health professionals, and community and system-based DV/SA advocates. In addition to engaging survivors as part of a dedicated VOICES committee, the FJCA also recommends soliciting and incorporating feedback from survivors about Center operations and service delivery on a daily, quarterly, and annual basis. Such feedback can and should be solicited in daily exit interviews, quarterly focus groups, and other opportunities for survivors to provide input and feedback. As Centers work on creating or updating their service delivery processes, it is recommended they refer to and utilize the [Family Justice Center's Guiding Principles](#) as a foundation for decision making on policies and protocols. State legislation can also address this issue as well ([see California Penal Code Section 13750](#)).

The FJCA strongly recommends Centers develop a robust and ongoing evaluation of partner services, service delivery processes, and outcomes. Developing an evaluation program ensures accountability to survivors and improves the effectiveness of services. Evaluation can and often does include assessing a client's Adverse Childhood Experiences (ACE), utilizing the Polyvictimization Assessment Tool, measuring levels of hope before and after services, documenting survivor-defined goals, and including other safety and wellbeing measures. Evaluation may also include an assessment of the Center's policies and practices around confidentiality, privilege, client authorized information sharing, and informed consent processes. Centers should identify

appropriate measures to determine if offered services are helping to meet the unique needs of each survivor. For more information, contact the Alliance for an evaluation design created for the 2017 California Family Justice Center Study by the Hope Research Center at the University of Oklahoma.

All professionals in all Centers utilizing this Toolkit should listen to the FJCA's Webinar on Confidentiality and Information Sharing available on the [FJCA's Online Resource Library](#). Additional client service resources are attached in the [appendices](#) of this Toolkit and an array of resources on all related topics can be found on the FJCA's online resource library at [familyjusticecenter.org](#).

The FJCA is a federally funded technical assistance provider for the U.S. Department of Justice so we comply with all provisions of federal law surrounding confidentiality.

While many Centers do not receive federal money and therefore are not mandated to comply with federal law on confidentiality, we strongly recommend that all Centers "opt-in" to the dictates and direction of federal law and policy.

This Toolkit has been developed and updated over the past ten years based on the feedback and input of Centers across the country. This new iteration has been reviewed by many, including the Full Frame Initiative team, current and former Center directors, and others in order to ensure a holistic, VAWA and HIPAA-compliant, survivor-centered centralized intake process for Centers. As you read through the Toolkit, we encourage you to send feedback and suggestions to the FJCA at 101 W. Broadway, Suite 1770, San Diego, California 92101 or info@allianceforhope.com.





Language: Definitions and Terms

This Toolkit was created for multi-disciplinary professionals and leadership personnel in Centers and focuses on creating and improving the client services process, and more specifically the new client intake process. While the Alliance offers a broad range of resources on the entire spectrum of engagement with survivors, this Toolkit focuses on the intake process in a Center with a new client, including the initial check-in and intake up to and through the completion of a needs/wellbeing assessment and the development of a client-centered service delivery plan. We acknowledge the importance of definitions, words, and language when referring to these processes and also recognize the variety of language used across Centers. The terms and words

used in this Toolkit are meant to create a baseline and shared language and legal understanding across Centers rather than dictating how processes are described or defined for survivors. Centers may choose to use other words to describe this initial intake with survivors, some suggested words include: assessment, engagement, welcoming process, etc.

Language used throughout this Toolkit is geared toward making the information easy to understand across disciplines and for professionals with differing levels of expertise. We have attempted to use simplified language for terms used in various settings, spelled out acronyms the first time they are used, and included an appendix with additional resources.

DEFINITIONS

CONFIDENTIALITY — The responsibility to protect information that someone else has shared with you. Confidentiality is a core element of effective domestic violence and sexual assault advocacy and is fundamental tenet in the Family Justice Center movement.

FAMILY VIOLENCE PREVENTION AND SERVICES ACT (FVPSA) — Federal legislation that provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents (42 USC Section 10401 et. seq.). FVPSA has confidentiality provisions similar to the Violence Against Women Act (see 45 CFR § 1370.4).

FRONTLINE STAFF — As used in this Toolkit, refers to any Center staff member or volunteer that coordinates a survivor's entry into a Center during the process from guest/visitor to client. May include titles such as: Navigator, Receptionist, Advocate, Client Intake Specialist, or other similar terms.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 - HIPAA — Refers to legislation that provides [data privacy](#) and security provisions for safe guarding medical information. The law has emerged into greater prominence in recent years with the proliferation of health data breaches caused by cyberattacks and ransomware attacks on health insurers and providers.

HIPAA PRIVACY RULE — The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients' rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. (45 CFR Parts 160 and 164).

HOPE-CENTERED — Refers to a focus on supporting an individual's goals and assisting them, as needed, in developing the pathways and strategic thinking necessary to identify the steps and overcome the barriers to achieving their goals.

INCIDENT-BASED INFORMATION — Means information and communications provided by a client related to a specific incident, current or past, of violence or abuse.

INFORMED CONSENT — Refers to the process of discussing with a survivor what, if any information, they are authorizing to be placed in a Center’s centralized database, and the potential benefits and risks for such sharing of personally identifying information. Survivors must be able to decline having information placed in the Center’s intake system without facing a denial of services or support. Separate informed consent processes must also be used when a survivor authorizes the sharing of any incident-based information with other partner agencies of a Center. (For a statutory example of legislation designed to protect confidentiality even after survivor authorized, written, reasonably time-limited informed consent, see [California Penal Code Section 13750](#)).

PERSONALLY IDENTIFYING INFORMATION — Means information about an individual that may directly or indirectly identify that individual. In the case of a victim of domestic violence, dating violence, sexual assault, or stalking, it also means information that would disclose the location of that individual. Personally identifying information includes information such as an individual’s name, address, other contact information, and social security number, but it also can include information such as an individual’s race, birth date, or number of children if, in the particular circumstances, that information would identify the individual. Personally identifying information also may include information that is encoded, encrypted, hashed, or otherwise protected ([VAWA 2013, 34 USC §12291\(a\)\(20\)](#); [FVPSA 42 USC 10401 et seq.](#)).

PRIVACY — Privacy means making choices with your own information so you have control over your reputation and your engagement with the world.

PRIVILEGE — Refers to a legally protected, private communication or relationship. The law cannot force someone with a privileged relationship to disclose the content of that relationship or communications except in very limited circumstances. Legal privilege is a crucial safeguard to protecting the confidentiality of a victim’s statements unless they authorize the sharing or release of such information for a specific purpose. The use of professionals with legal privilege when communicating confidential and sensitive information helps survivors feel safe to get help without fear that getting help will cause more harm.

RELEASE OF INFORMATION — Refers to the process of sharing personally identifying information with others after an agency or individual receives information from a victim of crime. Federal law only allows release of personally identifying information in three circumstances -- (1) When the victim provides written, informed, and reasonably time-limited consent to the release of information (“a release”); (2) When a statute compels that the information be released; or (3) When a court compels that the information be released ([VAWA 2013, 34 USC §12291\(a\)\(20\)\(b\)\(2\)](#)).

TRAUMA-INFORMED CARE/SERVICES — Refers to an approach to delivery of services that includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. Trauma-informed care seeks to avoid institutional processes, policies, and practices that are likely to re-traumatize individuals with trauma histories and rather to engage with them in a kind, caring, empathic, and non-judgmental way during the development, delivery, and evaluation of services and support (see [SAMHSA Quick Guide for Clinicians](#)). A trauma-informed approach shifts the focus from “What is wrong with you?” to “What happened to you?” and focuses on helping trauma-impacted survivors understand they are most often having normal reactions to abnormal experiences rather than seeing themselves as acting or feeling abnormal in their physical, emotional, physiological, or spiritual reactions to trauma.

SURVIVOR-CENTERED — Means providing services that promote victim agency and autonomy and shaping services through a dialogue with survivors about their needs and their choices of services they wish to access. A survivor-centered approach includes a systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.

VAWA CONFIDENTIALITY PROVISION — The VAWA Confidentiality Provision refers to 34 U.S.C. 12291(b)(2), a provision of the Violence Against Women Act (VAWA) that requires all grantees and subgrantees receiving VAWA funding from the Department of Justice, Office on Violence Against Women, to protect the confidentiality and privacy of persons to whom those grantees and subgrantees

are providing services. The VAWA Confidentiality Provision is designed to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, and stalking. ([VAWA 2013, Section 3: 34 USC §12291 \(a\)\(20\) & \(b\)\(2\)](#); [42 U.S.C. 11383](#)) ([VAWA 2005, Section 605](#)) and [FVPSA 42 U.S.C. 10406\(c\)\(5\)](#)); See also [USDOJ/OVW Frequently Asked Questions at: <https://www.justice.gov/ovw/page/file/1006896/download>](#).

VICTIM-CENTERED APPROACH — A victim-centered approach seeks to minimize re-traumatization associated with the criminal justice process by providing the support of victim advocates and service providers, empowering survivors as engaged participants in the intervention process, particularly in regard to the criminal or civil justice system (see [www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/](#)).

VICTIM SERVICE PROVIDER — Means a nongovernmental organization or entity that provides shelter, programs, or services at low cost, no cost, or on a sliding scale to victims of domestic violence, dating violence, sexual assault, or stalking, or their children, either directly or through other contractual arrangements, including rape crisis centers, domestic violence shelters, domestic violence transitional housing programs, and other programs with the primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking, or their children, whether or not that program exists in an agency that provides additional services. Most community-based agencies working in a Family Justice Center fit the definition of a victim service provider under federal law.

TERMS

The FJCA recognizes the various terms and staff position names Centers around the country may use to describe the professionals and volunteers who have initial contact with survivors. For example, some Centers refer to these staff as Navigators, Screeners, or Advocates. For the purposes of this Toolkit, people conducting the checking in of visitors will be referred to as reception staff and those conducting client intake will be referred to as “frontline staff” or “staff” rather than using individual titles such as Navigators, Advocates, Case Managers, Intake Specialists, etc.

The FJCA also recognizes that different disciplines refer to the people they are working with in different ways (client, victim, patient, or survivor) and that these terms carry specific nuances and significance. The goal of the FJCA is to be survivor-centered in a way that humanizes the experiences of the people being served rather than

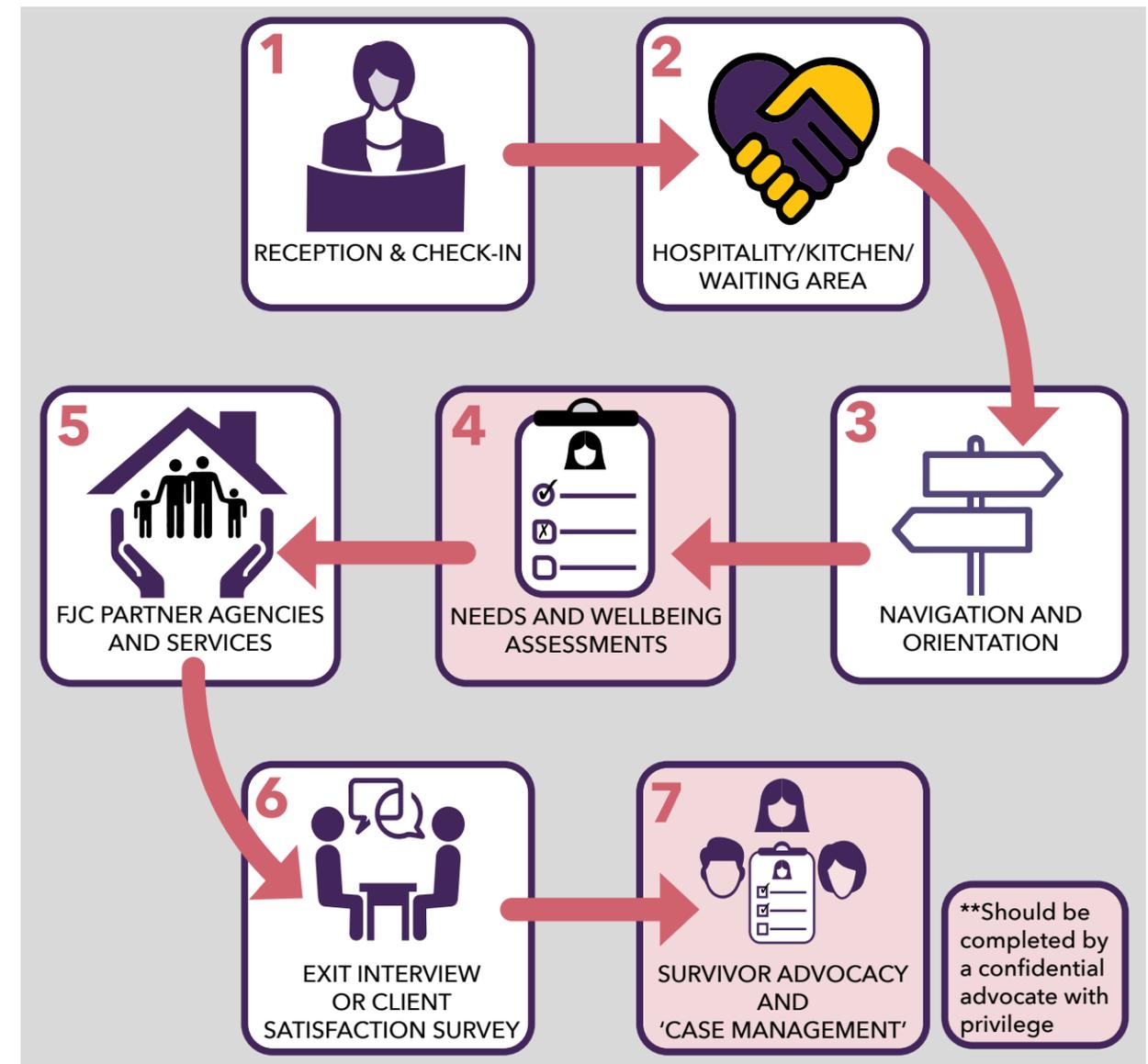
categorizing and labeling them. The FJCA understands there is no singular, all-encompassing term that accurately contextualizes the experience and identity of every individual. For the purpose of this Toolkit, the words “survivor” and “client” will be used interchangeably to refer to people who are accessing services at a Family Justice/Multi-Agency Center. However, when working with a survivor at a Center, it is important to ask them what they would like to be called, rather than deferring to calling them “survivor” or “client”. In almost every circumstance, people want to be called by their name (Gwinn, 2015). Therefore, the FJCA recommends Centers use client names when addressing survivors, as this not only builds community but also diminishes the power differential survivors often feel when receiving services. The word “perpetrator” will be used to represent those who have inflicted abuse on others.



OVERVIEW: INTAKE AND SERVICE DELIVERY

The intake/service delivery process in a Family Justice/Multi-Agency Center generally consists of seven basic components:

- 1 RECEPTION AND CHECK-IN
- 2 HOSPITALITY/KITCHEN/WAITING AREA
- 3 NAVIGATION AND ORIENTATION
- 4 NEEDS AND WELLBEING ASSESSMENT
- 5 FJC PARTNER AGENCIES AND SERVICES
- 6 EXIT INTERVIEW OR CLIENT SATISFACTION SURVEY
- 7 SURVIVOR ADVOCACY AND ‘CASE MANAGEMENT’



Best practices in Family Justice/Multi-Agency Centers include providing services irrespective of whether or not a client wants to participate with criminal justice or law enforcement agencies. In addition, the FJCA believes that survivors should have full control over the type, scope, and duration of any personal and identifying information being shared. It is for this reason that it is paramount for Centers to develop intake procedures and information sharing processes that safeguard confidentiality and privacy for all clients. While this may limit eligibility and access to certain services, such as law enforcement or prosecution-related services, it should **never** disqualify them as a client in the Center. We recommend a legislative framework in which Family

Justice Center services are provided and protected. In California, Family Justice Centers, are defined in section [California Penal Code section 13750](#). The legislation, drafted by Alliance President Casey Gwinn, addresses confidentiality, privilege, client access to services, and training requirements for staff, partners, and volunteers in Centers.

The FJCA also recommends that some phases of the intake process, as described below, be conducted by staff members with some form of privilege in order to protect a victim's confidentiality. There are other phases of the intake process where it is not essential but highly recommended. This will be noted accordingly throughout the Toolkit.



This toolkit will provide insight and best practices for each of these components of the intake service delivery process.

Design: Physical Environment, Aesthetics and Safety

Before we can adequately address intake and service delivery, it is critical Centers engage in meaningful conversation about the design of their Center. Addressing the physical, emotional and mental safety of staff and clients is a critical part of creating a trauma-informed collaborative. The experience of safety, or lack of safety, is completely individualized. Beyond physical safety – lack of physical threat or harm – safety can be defined as the ability to be true to one's own identity and self without fear of harm (Full Frame Initiative). With this in mind, it is important to recognize that what makes one person feel safe and secure may actually make others

feel less safe and even traumatized. To support the safety of all visitors who come into the Center, the physical environment and aesthetics should be designed to: welcome people from all walks of life, reduce anxiety and stress through use of certain colors and other features, increase physical safety and reduce the risk of danger, and promote social connection between all who use the Center. As such, it is important to engage leadership, partners and survivors throughout this process in order to ensure accessibility and improved social connection for all survivors, staff members, partners, and volunteers.



LAYOUT AND AESTHETICS

In most Family Justice/Multi-Agency Centers, visitors enter via a reception area. Therefore, it is critical to carefully consider the design and aesthetics of the reception area in order to create a trauma-informed environment that is warm, inviting, and soothing for visitors and staff. The layout should maximize safety while also providing a hospitable climate for survivors with diverse accessibility needs, cultural backgrounds, beliefs, and values.

Across nearly all Centers, survivors have expressed the importance of creating a homelike atmosphere in the

reception area. Some Centers have done this through murals and artwork that reflect the diversity of their local communities. Other Centers have created living rooms complete with couches and comfortable lighting, while still others have turned their reception areas into “porches,” complete with faux picket fences or swings. Features that further enhance the reception area include calming or familiar scents (such as cookies, coffee, or popcorn). The FJCA also recommends soundscapes such as waterfalls or white noise machines and natural elements such as plants or aquariums.

ACCESSIBILITY

Centers should ensure compliance with all Americans with Disabilities Act (ADA) requirements and be thoughtful about creating spaces that are accessible and inviting to all people regardless of their age, abilities, and cultural background. This includes, but is not limited to: an easily accessible entrance door and wheelchair/scooter access; ample space that provides for easy movement for visitors with mobility and visual disabilities; sufficient lighting inside and outside of the Center; and accessible reception counter height and width. Centers should also post clear informational and directional signage, provide interpreter services and/or assistive listening devices, have all-gender restrooms that are accessible to persons with disabilities, and have onsite staff who are able to provide services that accommodate individuals with varying abilities. Many Centers also

have a private room off of the reception area that provides a discreet space to talk with individuals who may have special circumstances or need to be referred offsite for better support.

When seeking services, survivors often bring their children to Centers. Dedicating a portion of the reception area to children and teens can increase a survivor’s sense of safety and create an environment where the family feels welcome. All Centers should provide an onsite, staffed children’s room that includes children’s books, educational magazines, toys and games, and even play equipment. Many Centers now provide indoor and outdoor children’s areas. Centers many times also have dedicated staff who provide trauma-informed programming for children and teens.

RECOGNIZING PARTNERS AND DONORS

The reception area is a great location to recognize the Center’s donors, supporters, and partners. As a collaborative, it is important that partners see themselves owning and getting credit for their work. Public recognition in open spaces helps create a shared organizational culture and ownership. To this end, many Centers list the onsite and offsite partner

agencies publicly, honoring the agencies and visually informing survivors of the types of services and support available. Some Centers acknowledge their donors in the reception area by using “Donor Trees” with leaves that display the donor’s names. Awards and special recognitions can also be displayed in the reception area to increase visibility.



SECURITY

Centers around the country have each opted for their own combination of security measures based on their community and community members' needs and wants. Some of these measures include:

- **BULLETPROOF GLASS WINDOWS** or reinforced walls in the reception area for the protection of staff while screening visitors into the Center
 - **PRO:** may increase physical safety of staff who are ensuring that the visitor is in the correct location and that the Center can provide support or services within secure areas
 - **CON:** can be extremely unwelcoming and make survivors uncomfortably aware of a law enforcement presence or perceived threat of harm by others
- **FJCA RECOMMENDATION**
Consult with other Centers and local law enforcement and security personnel. We recommend not installing glass windows in the reception area that create a human barrier for survivors accessing services.



- **PANIC BUTTONS & VIDEO CAMERAS** around the premise of the building

- **PRO:** is an additional layer of unobtrusive security and comfort for staff and survivors

- **CON:** can be expensive

- **RECEPTIONISTS IN AN OPEN LOBBY** that are specially trained to de-escalate conflict and other potentially dangerous situations, with immediately available security professionals if needed.

- **PRO:** much more welcoming and accessible for people entering the building

- **CON:** requires a lot more planning and training to identify the appropriate staff members to fill this position, as well as the ongoing training and support

Regardless of the specific measures your Center puts in place, it is important that leadership and staff continue to elicit feedback from survivors on how to create a welcoming and secure environment. Law enforcement partners can assist with facilitating trainings on these topics and creating protocols and drills for the Center. Once the key aspects of security (including active shooter, mental health crises, and other scenarios) are properly addressed, and aesthetics and design have been implemented, they will naturally help create a safe client flow and a welcoming environment for those coming to the Center.

RECEPTION AND CHECK-IN

Reception is the “face” of a Center and plays a key role in overall service flow. Reception staff are typically responsible for welcoming and checking in all visitors, confirming the purpose for the visit, and in some Centers, identifying eligibility for new client engagement. The check-in process allows staff to determine if a visitor is in the right place and sometimes to verify client service eligibility. In some Centers, this process is referred to as ‘initial intake’ or ‘screening’. Reception staff are also responsible for

providing initial paperwork, inputting information into a client management system (if the survivor authorizes the entry of basic demographic information with time-limited, written consent), and providing access to a clean, secure, and welcoming waiting area. Time outside a secure and safe area should be limited when survivors arrive at the Center. High risk survivors may be extremely agitated and fearful and should be escorted into a secure area as quickly as possible after arrival.

Staffing

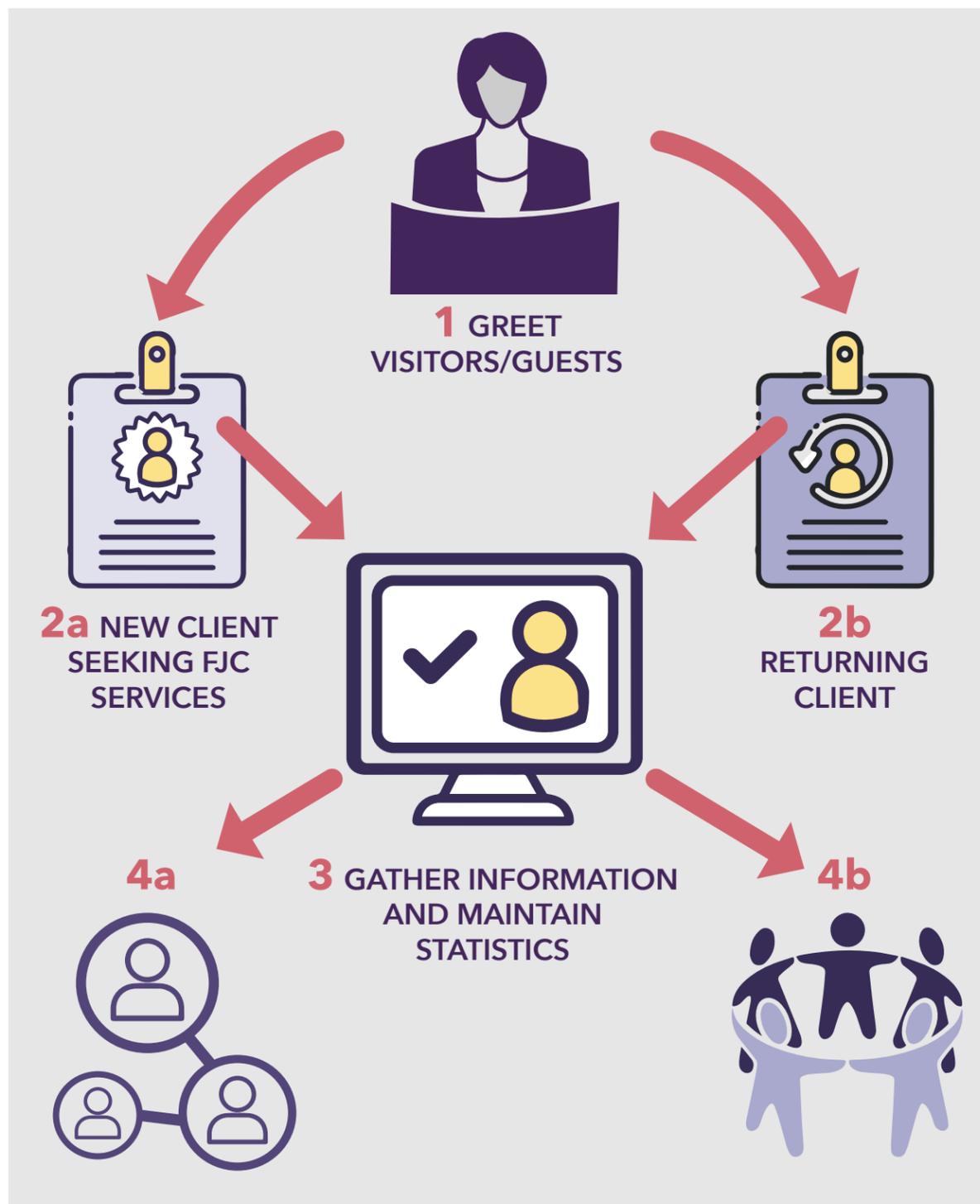
Reception is often one of the busiest areas in a Center, and it plays a critical role in setting the tone for the visitor’s experience. Many survivors who visit a Center have been exposed to profound trauma, and they may arrive in a wide variety of emotional states. The expectation is that reception staff are trauma-informed and well prepared to offer support with kindness and compassion, utilize basic de-escalation techniques, and seek additional assistance immediately when necessary.

Ideally, the reception staff are full-time, paid employees who reflect the demographics of the survivors accessing services at the Center. Depending on the community, it can be especially important to have bilingual reception staff as the first point of contact for visitors. Language capabilities beyond Spanish are crucial,

particularly in Centers with many diverse language needs. [Language Line](#) or on-call community resource officers are often utilized in Centers. A Center without the ability to communicate through American Sign Language, for example, is unlikely to have deaf survivors access services at the Center.

To minimize staff turnover in this position, due to consistent demands and high exposure to trauma, it is important to provide excellent working conditions, ongoing training and support, and opportunities for staff to practice self-care as part of an overall Center Wellbeing Program. Creating spaces for staff self-care, constructive supervision and feedback, and dedicating time to debrief stressful situations can help mitigate burnout and reduce staff turnover.

FAMILY JUSTICE CENTER RECEPTION PROCEDURES



NOTE: Detailed procedures for steps 1, 2a, 2b, and 3 are included in pages 21-24.

1 GREET VISITORS/GUESTS

“Welcome, how may I help you?”
or

“Hello, what brings you here today?”

- 1** Verify visitor is in the right place;
- 2** Verify visitor is seeking Center-related services;
- 3** Determine and verify if the visitor is a potential new or returning client by checking an appropriate client management system;

- 4** Issue “visitor” ID badge, if applicable.
 - a.** If relevant, provide accompanying children a colorful visitor sticker. To preserve confidentiality, assign the parent a visitor number and write that number on the sticker or use only first names.
 - b.** If relevant, obtain names of any companion(s) that wish to enter the secure area and provide visitor ID badge if the companion is being allowed into the Center.

NOTE: The check-in process for new visitors is more extensive than that of returning clients. Therefore, we will address each separately below.

2a NEW VISITORS/GUESTS ONCE VERIFIED AS “NEW”

- 1** The receptionist or hospitality coordinator should briefly outline the intake process and the available services, including onsite and offsite partners. Onsite partners have a full-time presence at the Center. Offsite partners come to the Center to provide services on an on-call basis. (The language “visitor” or “guest” is used in this early stage of contact with a potential client because no formal relationship has yet been established, even if it is already clear that the visitor is a survivor of violence or abuse.)
- 2** Inform the visitor that another frontline staff member will be with them shortly and invite them to have a seat in the hospitality area; and

- 3** Provide copies of the Confidentiality Form, Grievance Policy, etc.
 - a.** Visitors should **not** sign and return the Confidentiality Form until they have met with an Advocate/Navigator/Intake Specialist.
- 4** Issue “visitor” ID badge, if applicable.
 - a.** If relevant, provide accompanying children a colorful visitor sticker. To preserve confidentiality, assign the parent a visitor number and write that number on the sticker or use only first names.
 - b.** If relevant, obtain names of any companion(s) that wish to enter the secure area and provide visitor ID badge if the companion is being allowed into the Center.

2a NEW VISITORS/GUESTS (CONTINUED)

If reception staff **DOES NOT** perform portions of the orientation and assessment of available services for the client, complete the first three steps and then **skip to #8 below**. If reception staff **DOES** perform portions of the orientation and service eligibility verification, include the following steps:

4 Provide a quiet, confidential area for the visitor. Explain, in detail, the intake process if they become a client of the Center; frontline staff member will be with them shortly and invite them to have a seat in the hospitality area; and

5 Provide any printed copies of the Confidentiality Form, Grievance Policy, etc. to the client.

a. Visitors should **not** sign and return the Confidentiality Form until they have met with an Advocate/Navigator. Frontline staff must thoroughly explain confidentiality to the visitor and review the Confidentiality Form **before** the visitor signs their time-limited, informed consent for the entry of basic demographic information into the centralized, confidential intake system ([review FJCA Webinar on Confidentiality and Information Sharing](#));

6 The visitor should be given time to review the forms, receive a thorough briefing on confidentiality in the Center (including any mandatory reporting obligations of professionals at the Center), and be offered an opportunity to ask questions about potential implications of sharing demographic information or services requested/received with partner agencies of the Center. It should be clearly communicated that once they begin accessing services and become a client,

they control who receives any personal, identifying information they provide. Reception staff should make it explicit to the client that the client is in full control of what personal information they want to provide, subject to any mandatory reporting obligations around child abuse or elder abuse, and for how long they would like it to be accessible to staff or partner agencies. Clients should be clear that they can authorize certain demographic information, services requested/received, or even their very presence at the Center to be known by some, all, or none of the partner agencies;

7 If relevant, at this step staff members should explain how it is determined whether the Center is the best place for the client to receive services, what occurs during service delivery, and obtain written consent before entering or cross referencing the client's name with the Center's database.

a. Detailed information about the visitor assessment, in order to know if Center services are appropriate, is included below.

8 Gather or ask client to provide demographic information. This should only be basic demographic information, such as name, age, etc. and not details of the abuse or the incident. It is recommended that this form and others are available in languages and literacy levels that best meet the needs of visitors to the Center;

2a NEW VISITORS/GUESTS (CONTINUED)

9 Review the demographic information provided;

10 Follow procedures to complete the new client intake. Refer to your Center protocol;

11 Provide client's demographic information to frontline staff conducting the remaining portions of client needs and wellbeing assessment, as well as confidentiality and consent forms for review and signature. This process may be done electronically or by hard copy paper copies;

12 Allow clients (and children/companions and/or service animals) access to the secure waiting area (if area exists) where they may be offered water, coffee, and/or snacks to help them feel at ease. It is also encouraged that reception staff tell clients exactly where the restroom is when they arrive so the client does not have to ask;

13 Notify Director of Client Services or appropriate frontline staff of the arrival of a new client;

14 Monitor how long it takes for a staff member to meet the client and check-in regularly to ensure the client is comfortable as services are provided by partner agencies and coordinated throughout the visit.



2b RETURNING CLIENTS

RETURNING CLIENTS TYPICALLY FALL INTO THE FOLLOWING CATEGORIES

- A** Clients who have ongoing appointments or follow up meetings for services with partner agency staff (i.e. counseling, meeting with a detective, lawyer, or other service provider, case management assistance, job training classes, or ongoing community building events such as VOICES or Camp HOPE America meetings etc.);
- B** Clients utilizing resources, facilities, or equipment (computers, phones, hang out) at the Center; or
- C** Clients returning for additional services due to a new incident.

- 1** Determine if the returning client has an appointment;
- 2** Follow procedures to “check-in” client on client management system.
 - a.** If appropriate, provide accompanying children/companions with ID sticker.
 - b.** Be sure to check if clients consent and information sharing forms are still valid. If they are not, inform the appropriate staff person to revisit these requirements with the client;

- 3** Allow appropriate clients (and children/companions and/or service animals) access to the secure waiting area;
- 4** Contact the appropriate partner agency staff to notify them that their client has arrived for their appointment;
- 5** Offer tea, water, snacks, food, coffee, etc., and remind clients where bathrooms and waiting/hospitality areas are in the Center.



3 OTHER RECEPTION DUTIES: GATHER/MAINTAIN STATISTICS

- 1** Maintain daily de-identified client statistics.
- 2** Report statistics to supervisor (daily, weekly, monthly, etc.).
- 3** Types of statistics to be maintained monthly may include:
 - a.** Total number of new clients
 - b.** Total number of returning clients
 - c.** Total number of children accompanying clients
 - d.** Total number of site visitors
 - e.** Total number of phone calls received
 - f.** Total number of walk-in clients
 - g.** Number of requested/received services

Check-In Process

IMPORTANT NOTE

Family Justice/Multi-Agency Centers are victim-centered service providers. It is critical that staff make every attempt to identify the victim and serve them. Perpetrators and primary aggressors should be referred to services outside the Center.

The intake process allows staff to determine who is visiting the Center and if they are at the right place. It also ensures that visitors are eligible for services and gives staff the ability to gather/provide some initial information to the visitor (collect demographic information, provide confidentiality and information sharing forms, conduct Center conflict check, etc.). In some Centers this process is referred to as “screening”. The FJCA believes this should be a process of screening survivors in to the Center rather than screening people out of services. Most Centers have implemented protocols during the reception check-in process to identify if the visitor is appropriate for services at the Center or needs to be referred offsite. The FJCA recommends that if a visitor is in the wrong place (for example, seeking help totally unrelated to violence or abuse) that every Center provide, in the words of the first FJC Director in America, Gael Strack, “the nicest ‘No’ in town.” This means kind, caring communication, explanations, and assistance in finding the right place for the visitor to find support and services. If identification of the victim/primary aggressor is not clear during

the Center eligibility check, Centers often develop processes that allow frontline staff to talk to the visitor in a safe space outside of the secure area of the Center to better gauge the situation. Perpetrators do come to Centers and present as the “victim” and it is often necessary to evaluate whether the person seeking help is the victim or the perpetrator.

To create an environment of trust and respect, the Alliance highly recommends that Centers do not require survivors to provide a form of identification upon check-in. Requiring survivors to provide identification or undergo a public records or criminal background check can make undocumented clients, clients with non-violent criminal history, trafficking victims, or transgender, non-binary, or nonconforming clients experience fear and exclusion. In addition, a survivor may not have any form of identification and may not reach out for help if they think having identification is a requirement for accessing services. Finally, a survivor may choose not to identify themselves at all or use a pseudonym. Center procedures and practices should allow for such anonymity, eliminating any unnecessary barriers to receiving services at the Center.

Regardless of which type of eligibility method below is used, it is critical that staff understand that the goal is to “screen in” clients, not to “screen out” clients. In addition, prior to establishing eligibility the Center should:

- Ensure the client provides informed, **written, time-limited consent before** the eligibility evaluation occurs.

- Ensure that all language or literacy barriers are addressed and that procedures are clearly explained to the survivor.

- Ensure that all language or literacy barriers are addressed and that procedures are clearly explained to the survivor.

- Train all reception staff on the proper way to address situations where there is a conflict of interest.

Conflict Check

The goal of the conflict check is to **“SCREEN IN”** clients, not to **“SCREEN OUT”** clients.

Determining eligibility may involve a “conflict check” to identify if the Center or its onsite partner agencies are already serving the potential client’s partner or ex-partner. A “conflict check,” as defined by the FJCA, is simply checking a Center’s internal records (or central intake system), and not accessing criminal history information. If a conflict check is conducted, the Center should verbally inform the client and explain that

screening for conflicts is part of the check-in process. If there is a conflict, frontline staff should work with the client and the Director of Client Services to identify if they are still able to provide other services to the client or bring in other partner agencies to provide a similar service. If providing services is still not possible, then the frontline staff should connect the client to appropriate offsite agencies.

Public Records Check

The FJCA does not encourage Centers to utilize a public records check during the first interaction with a potential client. Some Centers utilize public records check in order to identify potential perpetrators and cross check the name of the visitor with their

local court database or other public databases that are accessible by any individual. If a public records check is conducted, the Center should verbally inform the client and explain that this check is part of the check-in process.

Criminal History Check

The FJCA strongly discourages criminal history checks during the first interaction with a potential client, as conducting a background check of this type at the initial contact may discourage victims from seeking help. The FJCA also recognizes that Centers must remain survivor-centered and cannot provide services to perpetrators of violence and abuse. To avoid running a criminal history check while still ensuring appropriate eligibility for services, leadership can provide proper training and ensure adequate supervision of staff.

As a survivor continues to access services at the Center, it may become appropriate for detectives, prosecutors, advocates, and civil attorneys to locate or review active cases or warrants, sex offender registry, or other public court records. This should be done only by those tasked in their professional duties with such searches and only with the knowledge and consent (if required) of or at the request of the client. Some clients may want to know the status of pending cases in civil or criminal court, and when requested, this service should be provided.

IMPORTANT NOTE

CALIFORNIA PENAL CODE 13750

states that no criminal history search of any kind should be conducted without the victim’s written consent unless the criminal history search is pursuant to a criminal investigation by a law enforcement agency.



HOSPITALITY/KITCHEN/WAITING AREA

The primary function of **hospitality staff** is to welcome survivors and their children as they enter the secure hospitality, kitchen, or waiting area of the Center. Hospitality staff positions are often filled by volunteers, although some Centers fill the positions with members of their VOICES Survivor Advocacy Network or former clients who are out of the crisis and in a place where they are safely able to volunteer or work. Hospitality staff supervise the hospitality/kitchen/waiting area, offer amenities to clients, and help create a warm and welcoming environment. Depending upon the needs of the survivor, volunteers may offer a variety of items such as food, drink, access to phones, TV, books, magazines, children's videos, computers, and Internet.

All elements discussed earlier in this Toolkit regarding the physical environment and aesthetics should also be considered for the secured hospitality area as well. Further elements to consider are creating an information area that displays educational materials and upcoming events, as well as having snacks readily available for clients. Many Centers across the country have had success partnering with local businesses (grocery stores, restaurants, coffee shops, etc.) to provide free or low-cost allergy-free snacks. Some Centers have kitchen areas and assist clients with meal preparation for themselves or their children as needed during the day.

Primary Duties of Hospitality Staff

 Greet and welcome every survivor to the waiting area;	 Monitor survivor wait times between services;
 Acquaint survivors with the amenities in the Center;	 Offer snacks, drinks, and other resources as available in the waiting area;
 Offer children the option of utilizing the Children's Room or play areas;	 Pay attention to the needs of adult and child survivors while using trauma-informed practices;
 Provide a comfortable atmosphere;	 Ensure shared spaces are clean, stocked and ready for the next day.

INTAKE

NAVIGATION, ORIENTATION, AND WELLBEING ASSESSMENTS

Once survivors have been welcomed into a secure hospitality space, clients should then meet with frontline staff to further identify their needs and begin developing a plan for service. This component of client intake should take place in comfortable private interview rooms and be conducted by advocates or others with statutory privilege to protect a victim's confidentiality. If those conducting the navigation of services do not have a statutory privilege allowing them to legally protect the victim's information, the policies and procedures of the Center should include all possible language to protect the confidential nature of the victim's communications with the navigator or advocate. The positions used to provide navigation through the Center for a survivor have many titles in Centers across the country, including: Navigator, Advocate, Client Services Assistant, Intake Assistant, and Case Managers.

As the FJ/MA Center movement has continued to grow and evolve, the FJCA and many Centers have realized the importance of taking a holistic view of survivors, which resulted in a shift from only conducting lethality assessments to a more dynamic conversation about victimizations and wellbeing. Prior to her death, Ellen Pence, the visionary behind coordinated community response approaches to gender-based violence, stressed the importance of "dialogue" with survivors rather than checklists and scripts in Centers. Gael Strack has emphasized "the power of we"

and engaging survivors as partners in accessing the support they need. Casey Gwinn has focused on the importance of understanding childhood trauma histories in both adults and children and working to increase hope through goal-setting and pathways thinking about goal-achievement. This has led to the inclusion of more in-depth assessments of survivor needs in recent years through tools such as the FJCA's Polyvictimization Assessment Tool, the validated Hope Scale, and the Adverse Childhood Experiences (ACEs) Scale, to name a few. Centers should consider the use of validated tools which attempt to look at the lives of survivors holistically rather than via a single incident. In addition to utilizing these validated, evidence-based assessment tools with new clients, the FJCA also recommends frontline staff revisit these assessments at appropriate and pivotal times with returning clients. This helps clients see change and progress and can also help alert staff to new violent incidents, stalking behavior, or restraining/protection order violations.

Therefore, in addition to the FJCA's traditional methods of assessing a client's safety and level of risk, sites are also encouraged to begin thinking about how to increase wellbeing and hope in the lives of survivors. To this end, the FJCA partnered with the Full Frame Initiative to develop an in-depth tool to plan for wellbeing. It is highly encouraged that all frontline staff review and implement the ["From Safety Planning to Wellbeing Planning Toolkit."](#)

It is important to note that in order to embrace a holistic view of clients it is critical that intake staff (navigators, advocates, intake specialists, etc.) be confidential advocates and have legal privilege. If a Center's navigators are not confidential advocates or do not have legal privilege in their state, it is important they only provide orientation and the overview portion of the information described below and only ask about incident-based information from the client.

Description

The role of frontline staff should include educating clients on available services at the Center, helping clients navigate through available services in a coordinated fashion, assessing client needs and wellbeing, identifying strengths and assets that the client already possesses, and increasing hope and wellbeing. Frontline staff should always review signed releases and completed forms with the survivor, explain confidentiality rules and mandatory reporting requirements as

applicable, and answer any questions they may have. Finally, together with the survivor, frontline staff should help create a service plan that encompasses overall wellbeing and focuses on survivor-defined goal attainment.

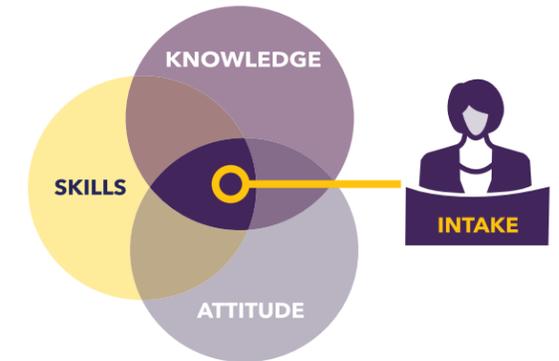
Additionally, frontline staff are usually responsible for conducting risk assessments and initiating safety planning with the survivor. Frontline staff may also provide individual support and crisis counseling to survivors as needed.

If this portion of intake is conducted by a professional with responsibility to uphold and protect the confidentiality of the client's statements, intake can include more questions and deeper discussion of victimizations, if the survivor wishes to discuss them at this point in time. Many Centers are now moving in this direction, from crisis intervention to long-term case management, however this takes intentional and critical dialogue. To learn more, follow [FJCA-led OVC Polyvictimization Demonstration Initiative](#).

Staffing

Each Center may choose how they structure and allocate frontline staff responsibilities, as the volume of clients and type of onsite partner agencies may influence the staffing selection for these positions. In some Centers, onsite confidential domestic violence/sexual assault advocates conduct the client intake, assess needs, administer the Risk/Lethality assessment, offer safety planning services, and provide navigation support as services are provided. Other Centers have full-time paid Intake Specialists/Navigators who conduct intake and assist clients with accessing services.

Yet another approach is to staff a full-time Client Services Manager with a clinical background and licensing (i.e. Licensed Social Worker, Psychologist, etc.) that can supervise Master's level interns who conduct the client intakes and provide navigation assistance.



REMINDER

Community-based advocates working for local domestic violence or sexual assault agencies generally must comply with both VAWA and FVPSA Confidentiality provisions. Government professionals do not have the same requirements. The FJCA recommends that all Centers and their allied community-based agencies voluntarily **OPT-IN TO THE VAWA AND FVPSA PROVISIONS** to enhance confidentiality and survivor-centered control of personal information.

Most graduate level clinical programs require students to complete clinical internship hours under the supervision of a licensed professional. Hiring a Licensed Social Worker with the capacity to supervise social work interns is one method for managing a high client volume with few paid staff, while also providing educational opportunities for local students. Due to their program requirements, many graduate students can also commit to consistent internship hours that support Center scheduling needs.

When hiring frontline staff, it is important to evaluate and consider the person's experience, education and training, licensing, and confidentiality and/or legal privileges. These factors should be carefully considered when choosing the frontline staff positions as it may affect the level of service and inquiry a client receives, the confidentiality of the information shared during the client intake the informed consent process, and any mandated reporting obligations.

Primary Duties of Frontline Staff

- Begin establishing a relationship with the survivor/client based on mutual **TRUST AND RESPECT**;
- **REVIEW AND EXPLAIN CONFIDENTIALITY** and any mandated reporting requirements of Center staff with consideration of a client's reading, comprehension, and language literacy level;
- Review **DEMOGRAPHIC INFORMATION** gathered with the client;
- Provide brief **OVERVIEW OF THE CENTER** and overall processes;
- **DETERMINE IF THE CLIENT'S NEEDS CAN BE MET** by onsite partners of the Center or if offsite partners or other allied providers will need to be contacted;
- Provide a **BRIEF OVERVIEW** of the Center and overall processes and services;
- Discuss the client needs and reason for visit and develop a **CLIENT SERVICE PLAN**;
- **PROVIDE** advocacy, referrals, resources, and educational materials, if appropriate;
- **FOCUS ON OVERALL WELLBEING** by completing additional assessments, if applicable, such as the Danger Assessment, Strangulation Assessment, Polyvictimization Assessment, Hope Scale, and the individualized Client Safety Plan;
- **TAKE INVENTORY** of their strengths, assets, and how the survivor defines wellbeing;
- Inform partner agencies when client is ready to be seen and provide **WARM INTRODUCTIONS AND HAND-OFFS**;
- **MONITOR** client wait times;
- Enter appropriate information into paper or **CLIENT MANAGEMENT SYSTEM** (basic demographic information, services requested/received, risk assessment, safety plan, etc.);
- Conduct client **FOLLOW-UP**;
- Provide **ONGOING CASE MANAGEMENT** support as needed.

Primary Duties of a Director of Client Services, or head of intake:

- **SUPERVISE THE CLIENT ASSESSMENT PROCESSES** and client flow;
- **ENSURE ALL LEGAL MANDATES ARE UPHELD** and that the confidentiality and information sharing process is followed by all intake staff;
- Appropriately **ASSIGN** each client to frontline staff on duty;
- **SUPERVISE CLINICAL INTERNS**, if applicable;
- **PROVIDE TRAINING AND CAPACITY BUILDING** for all interns or staff members conducting initial client assessments;
- **CONDUCT REGULAR DEBRIEFS** with all intake staff;
- **ENSURE STAFF WELLBEING**, promote self-care opportunities, and conduct regular check-ins regarding secondary stress and vicarious trauma;
- **UPDATE OR RECOMMEND CHANGES** to all forms used during client intake;
- **SUPERVISE THE COLLECTION OF DATA** for reporting purposes;
- **PROVIDE FEEDBACK TO DIRECTOR** about additional services, partners, or people who need to be at the Center in order to fill needs requested by survivors;
- **MONITOR AND TRACK** statistics, trends, and numbers;
- **FACILITATE AND SUPERVISE FOCUS GROUPS** with survivors.

NAVIGATION, ORIENTATION, NEEDS AND WELLBEING ASSESSMENT PROCEDURES

Each person and situation is unique, and as such it is essential the service delivery process be dynamic and flexible in order to meet the specific needs of each individual. Training, support, and adequate supervision of frontline staff can help prepare them to cover all appropriate elements of the process without requiring them to follow a specific script or sequence. The process outlined below

is not meant to be a step-by-step guide but rather an outline for the **new client** intake process at a Center. The FJCA strongly recommends that frontline staff with confidentiality and privilege be responsible for all of the steps in the new client intake process but, at a minimum, must be responsible for conducting the needs and wellbeing assessment procedures, as outlined in steps 8 and beyond below.

1 Director of Client Services or other designated staff members are notified by reception staff that a client is ready to begin the initial client entry process. The Director of Client Services or their designee then:

- a.** Reviews the Initial Demographic Form for completion
 - Determines if the person’s needs can be met by onsite partners of the Center;
 - Notes any missing information and brings it to the attention of the assigned frontline staff so that they may complete the form with the client.
- b.** Assigns the client to the most appropriate frontline staff on duty
 - Determining factors may include:
 - Language needs
 - Cultural needs
 - Accessibility needs
 - Availability
 - Client risk level and frontline staff experience

- Confidentiality or need for privilege
 - Any other factor the client indicates would increase their comfort level and sense of safety
- c.** Logs the client’s name, frontline staff member’s name, and interview room number

2 Frontline staff reviews Initial Demographic Form prior to meeting with client

3 Frontline staff goes to client waiting area, introduces themselves to client, and escorts client to interview room

4 Frontline staff begins to build trust with the client.

- a.** The goal of the new client intake process is to begin establishing a relationship with the client, rather than simply obtaining information and completing paperwork. This is done by engaging with the client as a whole person, not just as someone who has experienced violence;

IMPORTANT NOTE: Prior to beginning any other holistic assessments with a client, it is important for staff to know if they have the duty of confidentiality and if they hold legal privilege. If so, staff may proceed with more detailed assessments and incident-based conversations; if not, staff members should discuss with Center leadership what information is appropriate and required for service planning. If the navigation professional does not have confidentiality, the FJCA recommends collecting the least amount of information required in order to connect a survivor with a partner agency where confidentiality can be assured or legal privilege exists (i.e. advocate’s privilege, attorney-client privilege, etc.)

b. Building rapport begins with using the client’s first name or asking them if there is a nickname they prefer. Trust continues to develop as the frontline staff conveys their desire to help the client feel comfortable.

5 Frontline staff **briefly** orients client with an:

- a.** Overview of the FJC model and founding values and principles;
- b.** Overview of services available onsite;
- c.** Overview of the new client intake process.

6 Frontline staff explains mandatory reporting and confidentiality:

- a.** Reviews and explains the Confidentiality Agreement Form in detail, making sure to explain any mandatory reporting requirements or limits to confidentiality, including:

- Child abuse
- Elder abuse
- Suicidal Ideation
- Tarasoff warning;

These forms should allow the client to choose what information is shared, the partner agencies with whom the information is being shared, and the length of time for which the information may be shared. The forms should also include clear language explaining privilege and mandated reporting;

b. Discusses any concerns the client has regarding mandated reporting and confidentiality;

c. After the discussion and all questions are answered, frontline staff obtains the client’s signature on the confidentiality form(s), if the client chooses to provide their informed consent. If the client does not feel comfortable signing the forms, frontline staff should continue providing any relevant services and inform from the Director of Client Services, if necessary.

IMPORTANT NOTE: If a client is in crisis, it is first important to address those immediate needs prior to diving deeper into their life experiences. Assessments such as the Polyvictimization Assessment Tool are not appropriate to delve into during crisis. Frontline staff should always use their training and instincts in order to determine if assessment processes and forms used during intake are appropriate to use with the client they are working with.

IMPORTANT NOTE: Safety planning is a living, ongoing process, and often the participant is already engaged in some strategies that help keep them safe. It is critical that this process be collaborative but led by the participant and that the planning reflects this individual's unique experience of physical and emotional safety (safety is an individualized experience, not an objective 'thing' you have or do not have), where and with whom they feel the safest, and their current strategies for increasing feelings of safety. We encourage staff to review the [From Safety to Wellbeing Planning Guide](#) that compliments this toolkit for more detailed information on Safety Planning.

7 Frontline staff asks, "What brought you here today?"

- a.** The new client intake process is intended to be a dialogue where the client articulates their reasons and/or goals for coming to the Center. The information should help guide the rest of the interaction and determine what services the client may be looking for and what further assessments may or may not be appropriate to conduct.
- b.** Frontline staff should utilize active listening techniques to ensure they understand the client's goals and top priorities, as well as to offer additional support as needed. (See [Appendix E](#) for sample client intake script.).

8 Frontline staff completes in-depth assessments with client, if applicable. This can include the Danger Assessment, a Wellbeing Assessment, Strangulation Assessment, Hope Scale, the Polyvictimization Assessment Tool, etc. Frontline staff should consider the questions below in order to determine if the client is emotionally prepared to go through the assessment questions at this point in the process. Please note that conversations around current safety concerns are essential during

each new client intake, but the client may not be ready to participate in the Danger Assessment during this first visit. Frontline staff should use their best judgment and listening skills before starting the in-depth assessments.

Questions for staff members to consider before starting in-depth assessments:

- Have you built strong rapport with this survivor?
- Do you know why they have come in and have you asked them how they are feeling?
- How can this be a conversation or dialogue?
- How can you support them to feel in control of this process?
- Have you assessed their level of anxiety at this point?
- Do you know whether this is the first time they have disclosed or discussed the abuse with someone?

If it is appropriate to proceed with in-depth assessments such as the Danger Assessment, here is some sample language to use as a staff member begins:

"I'd like to talk with you a little about any immediate concerns you have for your safety; anything that you think might be posing real danger to you (and/or your children). I'll ask you a set of questions about things that may or may not have happened in your relationship. There are 20 questions. There are no "right" or "wrong" answers; it's all based on what you feel to be true in your relationship."

DANGER ASSESSMENT

- a.** Complete the calendar with client; note incident(s) dates and level of violence
- b.** Review each question with client and mark Yes/No
 - Do not change the wording of the questions.
 - Remind the client that there is no right or wrong answer
- c.** Calculate the weighted score
- d.** Using trauma-informed and sensitive language, inform the client of their level of risk, providing context on how their danger level was calculated and how it may inform their safety planning. See sample explanations of danger ranges in the High-Risk section of this toolkit;
- e.** Discuss any concerns that arise for the client, including the emotional impact the Danger Assessment process may have had on the client;
- f.** Refer back to details from the Danger Assessment as you go through the safety planning process (To be certified in the use of the Danger Assessment, go to dangerassessment.org).

9 Frontline staff begins the Safety Planning process with the client, if applicable. The goal of safety planning is not necessarily intended to result in the client leaving the abusive partner, however, this may be one element of the plan if the client wishes.

- a.** Create a conversation with the client using questions from the [From Safety to Wellbeing Planning Guide](#);
- b.** Spend time exploring safety resources and concerns the client has, not only discussing where they feel unsafe but also considering where and with whom they do feel safe;
- c.** Highlight any particularly relevant items from the Danger Assessment, if applicable;
- d.** Ask the client if they would like to take notes or if they would like frontline staff to write down recommendations that the client can take home with them.
 - If sending safety planning notes home with the client, discuss keeping them in a private place.

10 Frontline staff creates a Client Service Plan with the client

a. Reviews the client's immediate goals and needs, including, but not limited to:

- Housing;
- Reporting abuse to law enforcement;
- Civil legal services;
- Support with pending criminal case;
- Mental health services;
- Physical health needs;
- Therapeutic services (for adults, children, and/or self);
- Support from the Department of Health and Human Services.

b. Complete the Client Service Plan form with the client

- The FJCA encourages frontline staff to include a conversation about how each of these services will help them accomplish their goals and move them towards hope and wellbeing. Staff may utilize the Five Domains of Wellbeing ([Full Frame Initiative](#)) to further integrate the wellbeing framework in their discussions.



11 Frontline staff reviews the Authorization to Share Information form with the client based on services requested and partner agencies that will be providing services.

a. Discuss partner agencies with the client, allowing them to determine and authorize which agencies may receive basic demographic information or other information if they choose:

- It is important that clients are made aware in advance if partner agencies have mandatory reporting requirements and if their communication will be confidential or not. It is the responsibility of the frontline staff to talk about these parameters clearly and explicitly with each client;

b. Inform the client that there will be an opportunity to review the form again at the conclusion of the intake to ensure all appropriate partners are checked or deleted from the list;

c. Discuss the scope of information that will be shared and allow the client to indicate the time period for which information sharing is valid;

d. Clearly explain to the client that they may choose to revoke information sharing consent at any time and share the process for revocation;

e. Discuss questions or concerns the client has and provide explanations about the benefits, risks, and potential outcomes of sharing information

- Frontline staff and the client should, together, formulate a plan that minimizes the tradeoffs that may arise for the client, if any are present.

12 Frontline staff utilizes educational materials, as needed, throughout the intake to help provide context and validation for what the client is thinking and feeling. Materials may include:

- a.** Cycle of Violence (including the [Power and Control Wheel](#));
- b.** DV Red Flags;
- c.** FJC brochure;
- d.** [Facts About Strangulation brochure](#);
- e.** Effects of DV on Children and Trauma-Informed Parenting;
- f.** Impact of Trauma on the Brain and Potential Health Outcomes;
- g.** Coping Strategies for Trauma-related Symptoms
- h.** Polyvictimization

13 Frontline staff reviews the Authorization to Share Information Form with the client again.

a. Adds or deletes partners, as appropriate, to ensure that the agencies able to access basic client information are appropriate and necessary for the client's goals.

14 Frontline staff escorts client back to waiting area.

a. Informs client that the partner agency will be notified that the client is ready to be seen.

- For example, *“Thank you for meeting with me. I will notify the Legal Clinic you are here to meet with them. It may take XXX minutes. The Legal Clinic will come to this hospitality/kitchen/waiting area to find you and bring you back to their office or the living room/den to meet.”*

15 Frontline staff creates a client service plan in writing or via a client case management system

a. Creates a routing plan for the partner agencies who will meet with the client.

b. Uses the appropriate means to notify the partner agency that the client is ready to meet.

c. Adds notes and any follow-up information to client file.

16 Frontline staff monitors the navigation of client flow to each partner agency identified in the client service plan. Under supervision of the Director of Client Services, frontline staff will:

a. Prioritize the client service plan based on:

- Client risk level;
- Available partner agencies onsite
- Partner agency wait times

17 At the conclusion of the client's visit with partner agencies, frontline staff: agencies, frontline staff:

a. Provides client with the Client Satisfaction Survey or conducts a brief exit interview, if appropriate (*Did we meet your needs today? How were you treated during your time with us today?*)

b. Determines if there are additional needs the client would like to address

c. Documents any reasons the client was partially served or not served

d. Escorts the client back to the reception area and reminds them about parking validation, if applicable.

e. Identifies an escort to their car or to public transportation if requested.



FJC PARTNER AGENCIES AND SERVICES

Each Family Justice Center partner agency is pivotal to the success of the Center, as they play an important role in the service delivery process. Partner agencies provide survivors with specialized services, as outlined in their Partnership Agreement, and it is critical that the collective services being offered meet the needs of survivors entering a Center. For services to be survivor-centered, it is essential that each partner agency have a thorough understanding of their own respective obligations and to recognize and respect the duty of onsite advocates and other applicable FJC staff to help create a culture that is trauma-informed and hope-centered and honors confidentiality and survivor-driven decision making. Additionally, some partner agencies and services may shift as the Center grows, so the FJCA recommends routine evaluation of onsite services to determine if they are adequately meeting client needs and where modifications might be needed.

Routine evaluation will also help to ensure that all relevant religious, cultural, ethnic, racial, and identity groups are represented. For the health of the Center

and the creation of an environment where all survivors feel safe and heard, it is imperative that the Center's staff mirror the demographics of the community. Hiring from the local community is a best practices strategy for creating a climate that is inclusive and representative of the community as a whole. Agencies that provide culturally specific services are excellent options for onsite partnership, as they will widen the scope of services and increase accessibility for survivors.

The FJCA believes that survivors play a critical role in the evaluation of a Center. Survivors can be included by adding a VOICES Committee in daily onsite services and support for clients, as well as being invited to attend regular (quarterly) focus groups that provide feedback on overall service provision in the Center. In addition to survivor involvement, Centers can incorporate client satisfaction surveys and data from partners to address gaps in services. The FJCA has a [Focus Group Toolkit](#) for conducting focus groups with survivors before and after a Center opens.



ONGOING SURVIVOR ADVOCACY AND 'CASE MANAGEMENT'

The role of the **Advocates** or **Navigators** (sometimes referred to as Case Managers) in a Family Justice Center is to offer support, provide information, and help survivors of domestic violence, sexual assault, child abuse, elder abuse, dependent adult abuse, and human trafficking access services. Advocates in a Family Justice/Multi-Agency Center work in ways that are deeply collaborative and that empower the client to lead the process.

The goals that are identified in the first client-advocate meeting may change and vary throughout the duration of client service, and the critical role of

the advocate is to support the client with what the client identifies as most important in a given moment. By utilizing a strengths-based and hope-centered approach, an advocate can empower the client to identify, plan, and achieve their goals, while also focusing on the strengths they already possess and the healthy coping skills they have utilized in the past. Common goals clients wish to pursue often include, but are not limited to: increased safety, legal services, housing/shelter, employment, finance management, building confidence and self-efficacy, mental health services and counseling related to trauma, and connection with other survivors.

IMPORTANT NOTE

In some Centers, frontline staff fulfill the role of Advocate/Navigator. In other Centers, the Advocate/Navigator is assigned to the client after their initial intake. In the latter scenario, frontline staff should give the client a thorough explanation of the Advocate/Navigator's role to help ease any anxiety about working with someone new.

TYPICAL ONGOING SURVIVOR ADVOCACY AND CASE MANAGEMENT PROCEDURES

1 Conducting Follow-up:

- a. If agreed upon by the client, follow-up should be provided within one week or less after the initial client intake. Method of contact (phone, text, email) is determined by the client based on their safety plan;
- b. Follow up in-person meetings should then be scheduled as needed.

2 Offering ongoing support services and referrals:

- a. May include transitional housing support and application, public assistance, immigration, food, clothing, transportation, Victims of Crime Act (VOCA) compensation, therapy, civil legal services, emergency shelter, follow up interviews with law enforcement or prosecutors, etc.
- b. If offsite referrals are necessary, confirm whether or not the client has connected with any referred agencies since their last interaction with Advocate.
 - If yes, does the client understand and feel comfortable with the next steps? What changes are needed to increase access to support?
 - If no, were there any barriers or challenges? It is the job of the Advocate/Navigator to discuss with the client any anticipated or known tradeoffs associated with referrals, waivers of consent, and participating in services and to minimize those tradeoffs whenever possible. These tradeoffs may change over time and must be discussed often.

c. Develop a plan to minimize the tradeoffs that may be associated with service participation and make new referrals or handoffs accordingly. This plan must also consider the client's needs and any life or situational changes. In all circumstances, the goal should be to reduce offsite referrals and have offsite partners come to the Center to meet with the client rather than requiring the client to travel elsewhere.

3 Maintaining and enhancing the relationship between the Center and the client:

- a. Regular follow-up with the client, as agreed upon;
- b. In-person meetings should continue as needed;
- c. Connect the client with ongoing support networks, such as support groups;
- d. The client should be encouraged to engage with existing support systems such as family, friends, church, etc. as long as overall wellbeing is preserved and the client feels safe in doing so;
- e. The client should be encouraged to come to the Center to utilize the internet, enjoy a cup of coffee, participate in other programs, etc. as a way to stay connected to the Center's community without a specific service being provided. The overarching goal must be to offer "community" to a survivor long after the crisis intervention services become unnecessary.

4 Identifying and measuring accomplishment of the survivor's goals:

- a. The Advocate/Navigator should work with the survivor to identify new or additional goals in subsequent visits. These may include long-term goals such as continuing education, establishing permanent housing, addressing credit issues, or improving parenting skills. It is important to help clients identify the steps towards their goal(s) and then work with them to envision the change that will occur as they reach them. This will help increase their Hope Score and build confidence in their ability to achieve their goals. Advocate/Navigators should also celebrate small goals achieved throughout their work with the survivor.
- b. Advocates/Navigators should help survivors identify skills and utilize resources that they have employed in the past, as well as help them see how their strengths can play a significant role in their overall hope and wellbeing in the future.
- c. Advocates/Navigators should regularly follow up with survivors for ongoing goal setting as often as they collectively agree to talk to each other.



5 Creating Long-Term "Community:"

- a. As survivors begin to pursue personal goals without the Advocate/Navigator's involvement, this should be cause for affirmation and celebration;
- b. As the crisis intervention stage begins to fade, Advocates/Navigators should offer survivors the opportunity to remain connected to the Center by inviting them back for special events, coffee, social interactions, and participation in Center classes and focus groups (including inviting them to join the VOICES Survivor Advocacy Network);
- c. Survivors have described being deeply honored and encouraged by personal invitations for ongoing connections with Centers when they are safe and not in crisis. This takes place through many different activities, such as volunteering, Board participation, facilitation of survivor focus groups, involvement in the VOICES Survivor Advocacy Network, etc.
- d. "Case closure" is generally not a concept in Centers unless the survivor requests removal of records or withdraws consent for demographic information to be maintained in the intake system. The goal of Centers should be a long-term relationship with survivors that offers community long after the crisis and continues to offer healing and hope through a Camp HOPE America program for the children, job training programs, advocacy opportunities, or other ways the survivor may wish to stay engaged with the Center.

Ongoing training for new and existing Center staff, partner agencies, and volunteers is essential for a Center to operate smoothly, maintain promising and best practices, create a culture of hope and learning, and continue in the process of integrating services and partners. It is recommended that all Center staff, partner agencies, and volunteers be trained on the client intake process, the general client flow through the Center, trauma-informed care and hope-centered practices, and cultural sensitivity. It is important that frontline

staff also receive the Domestic Violence Advocate/Counselor training certification, with the goal of having legal privilege interactions with survivors, if available in the state. Frontline staff should be required to receive additional specialized and ongoing training on the connection between mental health diagnoses, substance use, suicidality, and trauma. Some states mandate certain training for Center partners (See for example California Penal Code Section 13750 requiring 8 hours of annual training for all Center personnel).

Recommended Training for Reception Staff

As previously mentioned, reception staff often encounter high levels of trauma and high-stress situations throughout the day. As a result, it is important that management and leadership emphasize training, supervision, and debriefing, as well as create space for communication, dialogue, emotional safety, and wellbeing in order to reduce turnover, burnout, and vicarious traumatization. The FJCA recommends that all reception staff receive sufficient and ongoing training for emergency situations. This includes training on how to respond to people who are aggressive, verbally abusive, known perpetrators of violence, or experiencing mental health episodes that could cause harm to themselves or others. In addition to state-mandated training on domestic violence and sexual assault, training for reception staff should include:

- Understanding the impact of trauma on the brain
- Recognizing universal triggers
- [De-escalating high stress situations](#)
- [The Five Principles of Trauma-Informed Care](#)
- Customer service principles
- [Safety and security protocols](#) in emergency situations (ex: fires, earthquakes, shootings)
- Cultural humility
- [Informed consent, mandatory reporting and confidentiality](#)
- Wellbeing and the Five Domains of Wellbeing
- Adverse Childhood Experiences (ACEs)

Recommended Ongoing Training Topics for Frontline Staff

- Client intake process, start to finish (including client flow and navigation processes)
 - Reception, hospitality, Center intake, new client intake services plan development, and follow-up
- Trauma-Informed Services, including specialized training on the Adverse Childhood Experiences (ACE) Study, Polyvictimization, and trauma-informed interviewing techniques
- Orienting Survivor Services around hope and wellbeing and the Five Domains of Wellbeing (fullframeinitiative.org)
 - These essential human needs are what the Full Frame Initiative describes as the Five Domains of Wellbeing:
 1. **Social connectedness** to people and communities, in ways that allow us to give as well as to receive
 2. **Stability** that comes from having things we can count on to be the same from day to day, and knowing that small bumps won't set off a domino-effect of crises
 3. **Safety**, the ability to be ourselves without significant harm
 4. **Mastery**, feeling that we can influence what happens to us, and having the skills to navigate and negotiate life
 5. **Meaningful access to relevant resources** to meet our basic needs without shame, danger, or great difficulty
- Confidentiality and Privilege by Discipline
- VAWA-compliant information sharing procedures and processes between partners and staff
- Mandated Reporting by Discipline and Its Role at the Center
 - Child abuse
 - Plans to harm self or others
 - Elder abuse
 - Animal abuse
 - Sexual assault
- Risk Assessment/Strangulation Assessment
 - Red flags, research, calendar
 - Emotional and physical safety concerns
 - [Danger Assessment Tool Certification](#)
 - [Training on the Mosaic Threat Assessment Tool](#)
- Strangulation/DV injuries
 - Signs/symptoms/appropriate medical services and screening, including screening for traumatic brain injuries and the risks of death or life-threatening injuries from strangulation or suffocation assaults
- Hope Theory including the use of the validated Hope Scale in assessment of survivor outcomes (See, for example, the [California FJC Hope and Wellbeing Study](#))

FJC CLIENT GRIEVANCES

- Safety Planning
- Role Play Scenarios
- Community Resources and Support
 - Onsite partner agencies
 - Offsite partner agencies
 - How to connect survivors to services offsite
 - How to help survivors stay engaged with personal support systems
 - Other support systems and informal and formal resources
- Emergency Protective Orders, Criminal Protective Orders, Temporary Restraining Orders, Permanent Restraining Order, Modified Protective Order
 - Definitions and process
- Suicide/Suicidal Ideation/Tarasoff Warnings
- Substance Use and Addiction Services and Support
- Overview of the Criminal Justice System
 - Role of City Attorney/DA/States Attorney
 - System-based versus Community-based Advocacy
- High-Risk Teams
 - What are they?
 - How can a Center operate as a High Risk Team?
- Professional Boundaries
- Conflict Resolution
- Records Storage Including VAWA Compliance
- Follow-Up Process/Case Management
- Trauma, Mental health, and Substance Use
- Security and Safety Protocols
- Culturally Specific Issues
 - Increasing competency to effectively work with people representing diverse identity groups including LGBTQIA+, marginalized, and historically underserved communities
- Staff Self-Care, Wellbeing and Vicarious Trauma
- Research, Evaluation and Data Collection at the Center
- “Community After the Crisis” Programming and Activities at the Center
 - VOICES Survivor Advocacy Network
 - Camp HOPE America
 - Arts and Culture
 - Job Training
 - Other Engagement Opportunities

Client grievances be a critical element to the continuous improvement of service delivery at Centers. A Family Justice Center client has the right to register and file formal complaints regarding the Center’s service delivery and must not be denied services based on such complaints. The initial Client Grievance Policy should be presented to the client during the initial client assessment process to ensure they are aware of their rights to file a complaint or raise concerns about any practice in the Center.

It is good practice to review Client Grievance Policies on a regular basis with input from survivors (either a local VOICES Survivor Advocacy Committee or survivor focus group) and community-based advocates. In addition, all supervisors responsible for mediating grievances are encouraged to receive training on conflict resolution and maintain a strong understanding of the impact trauma may have on a client’s experience with the Client Grievance Policy process.



Client Grievance Procedure (Sample)

1 Clients may express verbal or written dissatisfaction with Center's service delivery and should be assured that their feedback will not negatively impact eligibility for, or access to, support and services at the Center

2 Any Grievance will be documented in a Grievance Log that includes, but is not limited to, the following:

- Client Name or ID (unless the client requests anonymity)
- Nature of complaint
- Identification of parties involved
- Date complaint was received
- Summary of follow-up activities
- Date of complaint receipt/review by Supervisor
- Date and description of resolution

3 Center staff may attempt to resolve the client grievance. This might include talking with the staff person named in the grievance and/or talking with the Director of the partner agency named in the grievance.

4 If Center staff cannot resolve a client grievance, the Program Supervisor will assume responsibility for collecting relevant information about the grievance, resolving the grievance, and ensuring that the issue has been properly documented.

- Supervisor will attempt to resolve the client's grievance. If the Supervisor and client are unable to agree upon a resolution, the Supervisor will consult with Director to identify alternative solutions.

5 In the event that the client is not satisfied with any of the proposed solutions and a resolution to the client's grievance cannot be reached, the client should be given the option to have the grievance reviewed by the Center's Lead Agency, Board of Directors, or Executive Committee. The Lead Agency, Board or Committee should have separate in-person meetings with the Supervisor and the client before determining a course of action or proposed resolution.

6 Within a 30-day period, the client and service provider will receive the conclusions of the investigation and an overview of all grievance facts and decisions.

7 All information collected about the filed grievance will be sent to the Director. All de-identified grievances should also be reviewed with the local VOICES Survivors Advocacy Committee.

8 Client will receive copies of grievance and resulting outcomes (if client provided identifying information and contact details). Future eligibility for and access to services and support provided by the Center will not be negatively impacted.

HIGH-RISK CLIENTS

The Danger Assessment was developed by Dr. Jacquelyn C. Campbell and is a two-pronged instrument that helps determine the level of danger of being killed by an intimate partner (dangerassessment.org). The tool consists of a calendar and a 20-item scoring instrument. The calendar helps to assess the severity and frequency of battering during the past year. The scoring instrument uses a weighted system to score yes/no responses to risk factors associated with intimate partner homicide. This tool is to be used with the consent of the client and in conjunction with the client's own assessment of the level of danger they may be in.

Timing and other sensitive factors should be carefully considered prior to administering this tool with a client.

The questions and/or score might cause immediate or delayed emotional reactions and triggers that could affect the client's overall wellbeing. It is recommended that all staff be properly trained to use the tool and complete the certification process, as required by the Center.

Describing the four levels of danger to a client can assist them in creating a comprehensive safety plan and understanding the deeper context of their situation (i.e. life-threatening dangers of strangulation, stalking's link to high rates of homicide, etc.). Advocates play an important role in bringing together the findings of the danger assessment and the client's personal assessment of their situation in order to create a holistic service plan that maximizes client safety and wellbeing.

Jacquelyn Campbell's Danger Assessment



1. VARIABLE DANGER A score of less than 8

Be sure to tell clients that their danger level can change quickly – it is important they continue to watch for other signs of danger and follow their intuition or "gut feeling" about the situation.



2. INCREASED DANGER A score of 8 to 13

Advise client of risk and implement assertive safety planning. The Center may wish to engage a High-Risk Team (HRT) and any offender supervision professionals.



3. SEVERE DANGER A score of 14 to 17

Advise client of risk and implement assertive safety planning. The Center may wish to engage an HRT and any offender supervision professionals.



4. EXTREME DANGER A score of 18 or higher

Advise client of serious danger they may be facing; take assertive actions; call for criminal justice or other professional help - recommend highest bail, highest sentencing, highest probation supervision. It is recommended that a high-risk case/incident designation be used and the Center seek to bring together an HRT to address victim safety and offender accountability.

Describing the four levels of danger to a client can assist them in creating a comprehensive safety plan and understanding the deeper context of their situation (i.e. life-threatening dangers of strangulation, stalking's link to high rates of homicide, etc.). Advocates play

an important role in bringing together the findings of the danger assessment and the client's personal assessment of their situation in order to create a holistic service plan that maximizes client safety and wellbeing.

Procedure

With client's consent, a referral is made to the HRT compiled of, but not limited to, the professionals listed below. The client is not required to be present at the HRT meeting. The HRT develops a compliance plan for the individual posing a threat, which will be subject to the placement of court orders. Key partners in an HRT often include:

HIGH RISK TEAM
ADVOCACY
POLICE
PROSECUTION
PROBATION
CIVIL LEGAL SERVICES
OTHER PARTNERS AS DETERMINED

High Risk Clients

1 It is best that clients who are at high risk of danger and violence be co-assessed by the frontline staff who conducted the client intake and the Director of Client Services. If the client consents to sharing their information, they should also meet with a managing attorney of the Center's affiliated legal network and law enforcement professionals.

– A meeting is scheduled to allow the client an opportunity to talk with the identified staff about what happens next, including whether they want and should be referred to the HRT.

2 Before meeting with HRT, with HRT, Center staff are encouraged to talk with the client to generate one or two key goals to accomplish while working with HRT. These goals could

include obtaining a restraining order, entering a domestic violence shelter, following through with prosecution, increasing social connectedness, changing daily routines, etc.

– Conversations with the client surrounding the HRT should include identifying and discussing the tradeoffs that may occur in the pursuit of their goals. It may be important to discuss a plan that will minimize the number of tradeoffs while still supporting the client in working towards goal achievement.

3 The client will work with the HRT to create a plan that is client-led, focused on achieving the client's goals, and contains elements that will maximize their safety and security needs.

Mosaic Method

Some Centers also utilize Gavin deBecker's Mosaic Method to facilitate a deeper dive into lethality and risk while working with survivors. Mosaic was used by the San Diego Family Justice Center at its inception and has proven to be a valuable tool, particularly in stalking cases, for assessing the lethality risk faced by a victim. Mosaic is available for free at mosaicmethod.com.



For more information on developing a High-Risk Team, go to dvhrt.org. For technical assistance from the Family Justice Center Alliance on High-Risk Team models in Family Justice Centers, contact the Alliance at info@allianceforhope.com.



FINAL RECOMMENDATIONS

This Toolkit is designed to assist Family Justice Centers and similar Multi-Agency Centers with providing exceptional survivor services and managing client flow throughout a Center through the use of a VAWA-compliant, coordinated entry and navigation process. It is important that all Centers develop protocols to meet the needs of their particular site, partner agencies, and most importantly, survivors seeking services. The recommendations in this Toolkit should serve as a guide and reference for developing and implementing a centralized, initial client assessment process within a Center.

It is important for every Center to customize its policies and procedures with consideration of special circumstances, state and federal law, and the input of community members, advocates, and, most importantly, survivors. The most important tenet of the Alliance's Guiding Principles is that survivors are the experts in their lives: They should be able to control the information they share as much as possible; they should be in the driver's (not passenger) seat in determining where they want to go, what they want to do, and who they want to be. Survivors should be able to determine what services they will participate in, and their needs and goals should take priority over those of the Center and its staff and partner agencies. It is also important that the client assessment process implements trauma-informed, hope-centered approaches with consideration for the survivor's lived experiences. While there are variations in partners and governance structures in Centers

across the country, it is expected that all Centers will abide by the FJCA's identified promising and best practices and incorporate the Family Justice Center Guiding Principles into their operations and policies. Just as welcoming guests into your home is a personalized and unique process, welcoming survivors into a Family Justice Center should also be personalized depending on the immediate needs of a survivor when they arrive at the Center. It has taken great courage to walk through the door. Now, Centers must become kind, loving, nonjudgmental, welcoming, safe environments for survivors to find pathways to safety, hope, health, and healing.

If you would like more tailored information or feedback on the development or improvement of your client intake/entry processes, please contact the Family Justice Center Alliance at: info@allianceforhope.com.

APPENDICES



NEW CLIENT INTAKE FORM

Used with Permission from The Center for Family Justice, Bridgeport, CT



The Center for Family Justice

Universal Assessment & Intake

Staff Use Only: _____ **Date:** _____ **Case Number:** _____ **Advocate Initials:** _____

Confidentiality Statement: *All information shared and discussed with The Center for Family Justice Advocates is privileged and confidential. Information will not be disclosed to outside persons unless there is evidence of child abuse, elder abuse, abuse of persons with disabilities and/or you are a risk to yourself or others, or you give The Center for Family Justice written permission to release such information.*

How did you hear about The Center for Family Justice (The Center)? _____

Have you been to The Center before? Yes No **If YES, when and what program?** _____

Preferred Name: _____ **Date of Birth:** _____ **Age:** _____

Gender Identity: Female Male Transgender Female Transgender Male Other Unknown Decline

Preferred Pronouns: _____ **Primary Language:** _____ **Interpreter Needed?** Yes No

Current Address: Street/Unit/Apartment #: _____
City/Town & State: _____ Zip Code: _____ **Number of people in Household:** _____

Contact Phone Numbers:

1. _____ **Type:** Home Cell Work Other **Best Time to Contact:** _____

Does anyone other than you have access to this phone? Yes No **If YES, who?** _____

Do you accept calls from blocked/restricted numbers? Yes No **Are we able to safely leave a message?** Yes No

If NO, clear follow-up plan to ensure contact with assigned advocate: _____

2. _____ **Type:** Home Cell Work Other **Best Time to Contact:** _____

Does anyone other than you have access to this phone? Yes No **If YES, who?** _____

Do you accept calls from blocked/restricted numbers? Yes No **Are we able to safely leave a message?** Yes No

If NO, clear follow-up plan to ensure contact with assigned advocate: _____

Racial/Ethnic Identity: American Indian/Alaskan Native Black/African American Hispanic/Latinx White/Caucasian
 Native Hawaiian/Pacific Islander Asian Other Decline to Respond Unknown

Sexual Identity: Lesbian Gay Bisexual Questioning Heterosexual Asexual Other Unknown Decline

Marital Status: Married Divorced Separated Single Widowed Domestic Partnership Common Law Decline

Education: Graduate Work or Degree Some College or Degree High School Diploma/GED Some High School
 No High School Student Pre-K Student K-5 Student 6-8 Unknown Decline

Current College Student (Include Name of Institution): _____

Military Status: Active Veteran N/A **U.S. Citizenship:** Yes No Undocumented Unknown

Household Income: No Income Less than \$10,000 \$10,001-\$15,000 \$15,001-\$30,000 \$30,001-\$45,000 \$45,001-\$60,000
 \$60,001-\$75,000 \$75,001-\$90,000 \$90,001-\$105,000 \$105,001-\$120,000 \$120,001-\$135,000
 \$135,001-\$150,000 \$150,001-\$165,000 Greater than \$165,001 Unknown Decline

Primary Income Source: _____ **Secondary Income Source:** _____

****NOTE:** We are required to ask about income for our funding sources. All of The Center for Family Justice's internal programs are free.

Do you have any physical/behavioral health needs or challenges? Yes No Unknown Decline

If YES, please check the appropriate box/describe below: Physical Hearing Vision Behavioral Emotional Mental Other

Do you need any police or medical attention right now? Yes No

Type of abuse for which you need support: Domestic Violence Sexual Violence

As a result of the abuse you, or your loved one, has experienced, in what ways can we begin to support you?

<input type="checkbox"/> Creating a Plan to Stay Safe	<input type="checkbox"/> Emergency Shelter/Relocation	<input type="checkbox"/> Keeping your address Confidential ("Safe at Home")
<input type="checkbox"/> Filing a Restraining Order	<input type="checkbox"/> Criminal Case Alerts (OVS SAVIN)	<input type="checkbox"/> Talking to Police (filing report, police escort, etc.)
<input type="checkbox"/> Financial Reimbursement (OVS)	<input type="checkbox"/> Basic Needs (food, clothing, toiletries, etc.)	<input type="checkbox"/> Legal Support (divorce, custody, immigration, etc.)
<input type="checkbox"/> Individual Counseling	<input type="checkbox"/> Support Group	<input type="checkbox"/> Emotional Support for My Child
<input type="checkbox"/> LGBTQ+ Support/Services	<input type="checkbox"/> Wellness Classes (Yoga, meditation, etc.)	<input type="checkbox"/> Workshops (financial, housing, employment, etc.)
<input type="checkbox"/> Communication (DCF, Housing, Loved One, Medical Provider, School, Court, etc.)	<input type="checkbox"/> Other:	

RETURNING CLIENT INTAKE FORM

Used with Permission from the Greene County Family Justice Center, Springfield, MO

Client Name: _____

DOB: _____

GCFJC Return Client Incident Form

Today's date: ____/____/____

Date of most recent incident: _____

What type of abuse occurred?

- Mental/Emotional Sexual Verbal Physical

Please describe what happened:

Was this reported to law enforcement?

- Yes No Unsure

If yes, what police department responded? Report number?

Is there an Order of Protection? Yes No Unsure

Has the order of protection been served? Yes No Unsure

Case Number? _____

Did you sustain any injuries?

- Yes No

If yes, what injuries were received?

- Mild bruises/contusions Broken bones
 Moderate to severe bruises/contusions Offensive Contact
 Sexual Assault Strangulation/Choking

If client reports yes to strangulation/choking, please complete the Strangulation Questionnaire.

Did you seek medical treatment?

- Yes No

Where did you seek medical care?

- Primary care physician OB/GYN ER/Emergency Care Facility Other

Add history of previous reported and non-reported incidents since last intake.

(rev 7/21/2018)

SAMPLE INTAKE SCRIPT

“Hi, my name is _____ and I am your navigator for today. I would like to invite you to join me in one of our intake rooms so we can spend time getting acquainted and begin the process of gathering some information. How does that sound?”

POSSIBLE FOLLOW-UP QUESTIONS

1. Before we move to the intake room would you like to enroll your child/ren in our Children’s program so they can play while we talk?
2. Do you need to check the meter on your car?
3. Would you like something eat or drink?
4. Would you like to use the restroom?
5. Is there anyone you would like to call to let them know you are okay?

POSSIBLE QUESTIONS/COMMENTS ONCE INSIDE THE INTAKE ROOM

1. We normally close the door to protect your privacy, is that okay or would you like the door to remain open?
2. Please feel free to choose a place to sit that helps you feel the most comfortable in this space.
3. I want to make sure we answer your questions and get you the services you need, do you have any time restrictions today?
4. How are you feeling today?
5. Mention something nice about what the survivor is wearing and/or thank them for being here today.

“My role here today is to get to know you and help guide you through the Intake process. We will take our time and follow the pace you set. If you would like to take a break at any time just let me know.”

“Part of this process includes a review of the questions you have already answered such as your basic demographic information.”

EXPLAIN WHY THE INFORMATION IS COLLECTED, CAREFULLY TALK ABOUT CONSENT AND INFORMATION SHARING, AND GET SURVIVOR SIGNATURE, IF APPLICABLE.

“Other parts of the intake process may include various questions based on the services you are interested in or things that may have happened to you in the past. If you ever want to stop or take a break, or choose not to talk about questions I ask, that is OK and we will keep moving forward. Are you ready to begin?”



VAWA-Compliant Intake Form Guidelines

Welcome Statement (Optional)

Welcome to the Family Justice Center. We are a collaborative of agencies and organization that have joined together to serve adults and children. We are glad you are here. Your safety is our highest priority. We respect you as an individual and your right to confidentiality. As you begin your journey with us, please know that we are here to help you achieve your goals, explain and protect your rights, and provide you with the support you and your children may need.

Mission Statement (Optional)

The mission of the Family Justice Center is to provide comprehensive services to victims of family violence in a safe and welcoming place with everything under one roof.

Statement from the Intake Advocate (Mandatory)

My name is _____. I am an employee (or volunteer) of the _____ which is a domestic/sexual violence agency and is an on-site partner at the Family Justice Center. My role as a confidential advocate is to help you understand the intake process and the services we provide, how services will be provided, fill out the intake form, explain your rights, explain the limits of confidentiality, and answer any questions you may have.

Commitment of Confidentiality (Mandatory)

The Family Justice Center staff and partner agencies are committed to keeping your personal information confidential to the greatest extent allowed by state and federal law. If any individual or agency seeks access to your personal information, the Family Justice Center Staff and partners will seek to protect your confidential and/or privileged information and oppose any court subpoena or other effort to get your information without your consent, as much as permitted by law.

“Under federal law, ‘Personally Identifying Information’ refers to information about an individual that may directly or indirectly identify that individual. In the case of a victim of domestic violence, dating violence, sexual assault, or stalking, it also means information that would disclose the location of that individual. ‘Personally identifying information’ includes information such your name, address, other contact information, and social security number, but it also can include information such as an individual’s race, birth date, or number of children if, in the particular circumstances, that information would identify the individual. ‘Personally identifying information’ also may include information that is encoded, encrypted, hashed, or otherwise protected.”

Personal statements you make about the abuse you have experienced to civil attorneys, therapists, doctors, nurses, chaplains or advocates are usually considered “privileged”. This means there is legal protection for you and the professionals to make sure these statements stay confidential unless you want them shared for some reason. This information will not be shared with others at the Center without your specific written consent.

Limits of Confidentiality (Mandatory) (Adapt to be Consistent with Your State Law)

There are, however, some limits to confidentiality which require the Family Justice Center Staff and partners by law to disclose certain kinds of information you provide to them. Those things are:

- suspected child abuse or neglect,
- suspected abuse or neglect of an elderly or disable adults,
- threat to hurt yourself or other,
- statements made to police, prosecutors and/or victim-witness staff working for police or prosecutors and/or
- responding to a court subpoena.

Purpose Statement for Sharing Limited Information with FJC Staff and Partners (Mandatory)

It can be beneficial for the Center staff and partner agencies to mutually share certain “demographic information” you provide to make it easier for you to receive coordinated services, access more service, receive expedited services, prevent the need to repeatedly tell your story and/or ensure you receive continuity of services from one agency to another. “Demographic information” means things like your name, address, phone number, children’s names, abuser’s name (if you want to share it), and similar types of basic information that does not have to do with the actual violence or abuse you experienced.

Before you decide whether or not to let the Center share any of your personal information, an Advocate, Navigator and/or Intake Specialist will discuss confidentiality, protecting the privacy of others, your right to share information, what information will or will not be shared if you authorize it, discuss the benefits and potential risks from sharing some information, the written consent process as well as your right to revoke, change or extend your consent for a longer period of time.

Statement of Client Rights (Mandatory but some Statement are Optional)

- You have the right to be treated with dignity and respect by all staff at the Center.
- You have the right to decide how much or how little of your personal information will or will not be shared by the Family Justice Center with partners of your choice.

- Staff from each partner agency will explain their confidentiality and mandatory reporting policies before you decide whether or not you wish to speak to them about your situation or provide any specifics about the abuse you have experienced.
- You have the right to restrict how your confidential information is shared such as in person, by phone, text, fax, mail, email, or in a hypothetical.
- If you choose not to give consent to share any information into the Family Justice Center data base or not to share it with certain partners, you can still receive services at the Center.
- You will not be denied services simply because you have a criminal history, your partner has already come to the Center for help, or based on your immigration status.
- You will not be required to participate in the criminal justice system, cooperate with law enforcement or be required to participate in our case management services in order to receive services.
- If you choose to disclose information, you will not waive any privilege or confidentiality under (for example, California Penal Code 13750 and Oregon Revised Statute 40.264 (4)) law.
- You have the right to be notified in the event your abuser or anyone else tries to access your information.
- You have the right to revoke your consent to share even the limited information our Center keeps at any time, in writing or orally, except to the extent that any Family Justice Center has already used the information to provide services or referrals.
- You have the right to designate or authorize another person to act on your behalf.
- If you have any questions or concerns about our policies, your rights or process, please contact the Director at this number and/or email.

Confidentiality of Others (Optional/Recommended)

- For the safety and privacy of other clients, staff and volunteers, working or using the services at the Family Justice Center, you agree not to give anyone the names, descriptions or any information regarding an individual that you may learn about at the Center, who is also seeking help.

Description and Authorization of What Information Will be Entered into the FJC Database (Mandatory)

Add Boxes:

- | | |
|---|---|
| – My demographic information from the Intake Form for me and/or my children | – Dates of services/visits to the Center |
| – Services requested and received | – Referrals provided or made on my behalf |
| – Names of individuals assisting you with services | – Risk assessment score (if any) |
| | – Safety Planning information |

Optional Authorizations

- Non-identifying information may be shared with others for purposes of funding, education, research and/or evaluation.
- Authorization to contact me for future focus groups and/or research.
- Provide a copy of police report to my advocate or legal representative.
- Conduct a check for any conflict of interest for me and/or my companion.
- High-risk planning. I understand that based on my risk assessment score I may be at high risk for future harm and there may be times, for my safety, when Family Justice Center Staff and its partners may need to meet to discuss information about me and/or my children, including safety planning, additional risk assessment, legal, medical, counseling, childcare, public benefits and law enforcement services.
- Case specific or “hypothetical question” authorization to discuss my case (A hypothetical question is when a staff member asks another staff member about your situation but does not identify you. Instead, they frame a hypothetical question).
- Additional Release of Authorization Form (for specific statements or events you want shared with other agencies seeking to help you)
- File Storage Policy. (Describe how the FJC stores and protects basic demographic related personal information)
- Other:

Incident-based information will not be put into our database such as what your abuser did to you or your children. Such information will require an additional written release of information by you to share anything about your situation from one partner to another partner.

Authorization to Share Limited Information with Selected Partners (Mandatory)

I authorize and request the release of the above selected information to the following partners:

Add Boxes to List All Onsite or Offsite Partner Agencies

Include Basic Information about what that each partner provides (Optional)

Include Confidentiality, Type of Privilege and/or Mandated Reporting Obligations Based on Your Law (Optional)

- Family Justice Center Staff (Confidential, FJC Privilege, Mandated Reporter)
- Domestic Violence Program (Confidential, Advocate Privilege, Mandated Reporter)
- Counselor/Therapist (Confidential, Counselor/Client Privilege, Mandated Reporter)
- Chaplain (Confidential, Clergy Privilege, Mandated Reporter)

- Civil Legal Services (Confidential, Attorney-Client Privilege, Mandated Reporter)
- Law Enforcement (Non-confidential, Duty to Disclose, Mandated Reporter)
- Prosecution including Victim-Witness (Non-confidential, Duty to Disclose, Mandated Reporter)
- Add others

Time-Limited Consent (Mandatory)

My written consent shall automatically expire within the following days:

Add Boxes: ___ 30; ___ 60; ___ 90; ___ 120; ___ 180; ___ 365; or ___ days.

Statement of Authorization By Client

I have read or have had someone read to me and understand this Confidentiality and Release of Information Form. I have been given an opportunity to have all of my questions answered. I have been fully informed of my rights regarding my confidential information. By signing this form, I consent to sharing the limited information saved in the Center’s database.

Statement of No Data Entry By Client

I have read or have had someone read to me and understand this Confidentiality and Release of Information. I have been given an opportunity to have all of my questions answered. I have been fully informed of my rights regarding my confidential information.

I do not consent to data entry of my personal information into the Center’s database.

Statement of No Consent:

I have read or have had someone read to me and understand this Confidentiality and Release of Information Form. I have been given an opportunity to have all of my questions answered. I have been fully informed of my rights regarding my confidential information.

- I do not consent to sharing any of my personal information by FJC Staff.
- I request you notify the (name of person or organization) that I am here.
- I wish to do the following: _____

Statement and Signature from Intake Advocate/Volunteer

I have reviewed the above information with the client (parent/guardian) and answered any questions to the best of my ability.

Name: _____

Title : _____

Date: _____

Extension, Changes and/or Revocation (Optional on this Form)

– I confirm that this release of information is still valid and maybe be extended to (new date).

– I would like to make the following changes to my consent to release information:

– I am revoking my consent to share my information with the following partners:

– Other: _____

Add Signature & Date

For additional information, contact the Family Justice Center Alliance at info@allianceforhope.com or call (888) 511-3522 for training or technical assistance on compliance with state or federal law in conducting intake in a Family Justice Center.

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N. Copyright, 2003; update 2019; For other versions of this tool visit dangerassessment.org/datools.aspx

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation. Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex-partner. Write on that date how bad the incident was according to the following scale:

- | | |
|---|---|
| <p>1. Slapping, pushing; no injuries and/or lasting pain</p> <p>2. Punching, kicking; bruises, cuts, and/or continuing pain</p> <p>3. “Beating up”; severe contusions, burns, broken bones</p> | <p>4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage or choking* (use a © in the date to indicate choking/strangulation/ cut off your breathing- example 4©)</p> <p>5. Use of weapon; wounds from weapon</p> |
|---|---|
- If ANY of the descriptions for the higher number apply, use the higher number.**

Mark **YES** or **NO** for each of the following.

(“He” refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- | | |
|---|--|
| <p>____ 1. Has the physical violence increased in severity or frequency over the past year?</p> <p>____ 2. Does he own a gun?</p> <p>____ 3. Have you left him after living together during the past year?</p> <p> 3a. (If you have never lived with him, check here: <input type="checkbox"/>)</p> <p>____ 4. Is he unemployed?</p> <p>____ 5. Has he ever used a weapon against you or threatened you with a lethal weapon? (If yes, was the weapon a gun? check here: <input type="checkbox"/>)</p> <p>____ 6. Does he threaten to kill you?</p> <p>____ 7. Has he avoided being arrested for domestic violence?</p> <p>____ 8. Do you have a child that is not his?</p> <p>____ 9. Has he ever forced you to have sex when you did not wish to do so?</p> <p>____ 10. Does he ever try to choke/strangle you or cut off your breathing?</p> <p> 10a. (If yes, has he done it more than once, or did it make you pass out or black out or make you dizzy? check here: <input type="checkbox"/>)</p> <p>____ 11. Does he use illegal drugs? By drugs, I mean “uppers” or amphetamines, “meth”, speed, angel dust, cocaine, “crack”, street drugs or mixtures.</p> | <p>____ 12. Is he an alcoholic or problem drinker?</p> <p>____ 13. Does he control most or all of your daily activities? For instance, does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: <input type="checkbox"/>)</p> <p>____ 14. Is he violently and constantly jealous of you? (For instance, does he say: “If I can’t have you, no one can.”)?</p> <p>____ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: <input type="checkbox"/>)</p> <p>____ 16. Has he ever threatened or tried to commit suicide?</p> <p>____ 17. Does he threaten to harm your children?</p> <p>____ 18. Do you believe he is capable of killing you?</p> <p>____ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don’t want him to?</p> <p>____ 20. Have you ever threatened or tried to commit suicide?</p> |
|---|--|
- Total YES” Answers**

THANK YOU.

Please talk to your nurse, advocate, or counselor about what the Danger Assessment means in your situation.

WELLBEING ASSESSMENT

THE FIVE DOMAINS OF WELLBEING FACT SHEETS

The Full Frame Initiative’s Five Domains of Wellbeing – social connectedness, stability, safety, mastery and meaningful access to relevant resources – are the universal, interdependent and non-hierarchical essential needs we all have. We believe breaking cycles of poverty, violence and trauma requires supporting people in meeting their needs in, and therefore making progress in, all Five Domains. The following fact sheets document, with citations, the importance of each domain to comprehensive wellbeing.

- 
[SOCIAL CONNECTEDNESS \(.pdf\)](#)
- 
[STABILITY \(.pdf\)](#)
- 
[SAFETY \(.pdf\)](#)
- 
[MASTERY \(.pdf\)](#)
- 
[MEANINGFUL ACCESS TO RELEVANT MAINSTREAM RESOURCES \(.pdf\)](#)

[Video Overview of the Five Domains of Wellbeing](#)

[The Five Domains of Wellbeing and Youth](#)

[The Five Domains of Wellbeing Overview](#)

[Trauma-Informed Pathways to the Five Domains of Wellbeing in Child Welfare](#)

[The Five Domains of Wellbeing Key Aspects and Definitions](#)

[The Full Frame Approach](#)

[The Five Domains of Wellbeing in a Policy Context](#)

[Wellbeing By the Numbers](#)

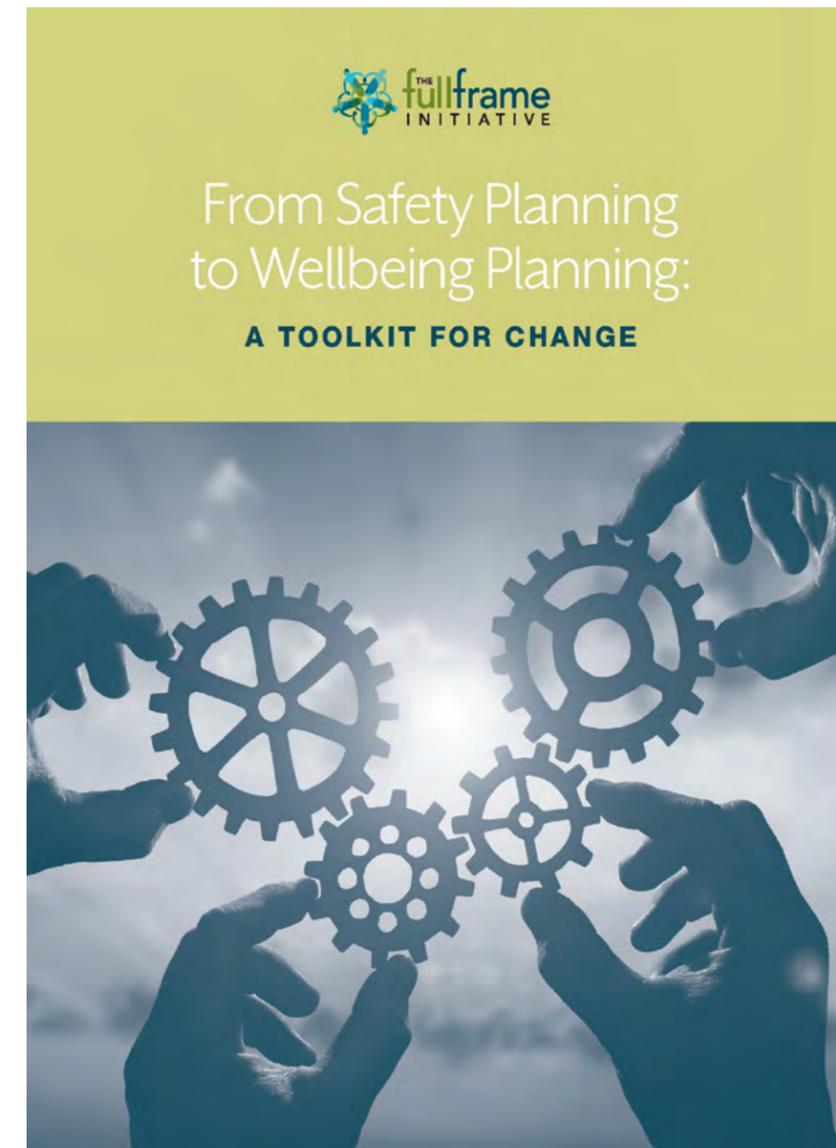
For more information about the Full Frame Initiative and our wellbeing orientation framework, the Five Domains of Wellbeing, please go to fullframeinitiative.org.

FROM SAFETY PLANNING TO WELLBEING PLANNING GUIDE

[Click here too view the entire toolkit](#)

How to Use This Toolkit

FROM SAFETY PLANNING TO WELLBEING PLANNING: A TOOLKIT FOR CHANGE was developed to support organizations, advocates and others working with people who have experienced domestic violence to shift their focus from safety planning to increasing people’s overall wellbeing . It assumes you have some familiarity with the Five Domains of Wellbeing. If you do not, please see our suggestions for learning the basics about the Five Domains of Wellbeing before you begin.



The content provided in From Safety Planning to Wellbeing Planning is organized into three complementary parts, and includes supplemental materials on the Five Domains of Wellbeing. **The three parts of the toolkit build upon one another, and are intended to be used in the order in which they appear.**

• **“IDENTIFYING TRADEOFFS CREATED BY SAFETY PLANS” (PART 1)** is designed for assessing how your program’s or organization’s current safety plans and safety planning methods may create tradeoffs in the Five Domains of Wellbeing, and create increased or decreased wellbeing for survivors, beyond just safety. This activity will help your organization or program to develop new ways of thinking about safety plans, and the intersection between safety planning and wellbeing, at a programmatic or policy level. This content must be tackled first so that frontline workers can adopt new ways of working with program participants in a context that supports those new practices.

• **“UNDERSTANDING SURVIVOR WELLBEING” (PART 2)** is designed to help you better understand how individual survivors are experiencing wellbeing in the context of safety planning and beyond. It contains strategies and tips for engaging with individual survivors to understand their experiences of wellbeing and how they are weighing tradeoffs in the Five Domains of Wellbeing. This valuable, individualized information will help support safety planning in ways that are more worth it to individual participants and that don’t erode overall wellbeing. .

• **“WELLBEING PLANNING” (PART 3)** is designed to bring all the pieces together to help you shift from focusing on safety planning to increasing overall wellbeing.

The tool featured helps you go step-by-step in partnering with an individual participant to jointly identify what is going well in their life; co-determine where their primary challenges are; and then co-develop a plan for increasing safety in ways that also increase—or at a minimum don’t decrease—overall wellbeing, including anticipating and minimizing tradeoffs.

As you work your way through From Safety Planning to Wellbeing Planning, new questions may emerge and you may start to see other elements of your program (your residential rules, for example) differently. While the content in this toolkit is specifically designed to focus on shifting from safety planning to wellbeing planning, the concepts and thinking it introduces have wide applicability and you can begin to apply them more broadly.

Lastly, please keep in mind that using this approach requires ongoing practice and discipline; simply completing the worksheets in the toolkit is not enough. However, using From Safety Planning to Wellbeing Planning will help you train your brain to begin using this thinking as a way of approaching your work. You also may find that you’ve already been working in ways aligned with wellbeing planning, and the toolkit is helping to move your thinking and doing to the next level.

¹ We use wellbeing throughout this toolkit to mean something very specific: the set of needs and experiences universally required, in combination, to weather challenges and have health and hope. These needs and experiences, their dynamic interplay, and the ways they animate human choices and behaviors, including balancing tradeoffs of change and progress, have been codified by the Full Frame Initiative as the Five Domains of Wellbeing framework. This toolkit is one of a growing body of tools and resources that help practitioners take first steps to tapping into and leveraging the human drive for wellbeing as a vital component to breaking cycles of poverty, violence, trauma and oppression.

CLIENT SERVICE PLAN

Used with Permission from the Greene County Family Justice Center, Springfield, MO



Name _____ Client Number _____ Date _____

Thank you for visiting with us, we are glad you came in today. Here is a SNAPSHOT of the services that were discussed or provided during your visit today:

Your Navigator is: _____
Name Contact Information

<input type="checkbox"/> Domestic Violence Advocacy	<input type="checkbox"/> Food Assistance
<input type="checkbox"/> Order of Protection (Ex Parte) Assistance	<input type="checkbox"/> Emergency Shelter
<input type="checkbox"/> Divorce/Custody	<input type="checkbox"/> Chaplain/Spiritual Support
<input type="checkbox"/> Support for Children	<input type="checkbox"/> Speaking with a Detective
<input type="checkbox"/> Family Planning	<input type="checkbox"/> Housing Assistance
<input type="checkbox"/> Job Placement Assistance	<input type="checkbox"/> Emotional Support
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Other: _____

Here is a list of the names and contact information of the individuals you spoke with today:

_____ Name	_____ Agency	_____ Telephone Number

Your next visit has been scheduled for: _____ at _____ AM/PM with _____

If you are unable to keep your appointment or need to reschedule, please call your contact with that agency directly at the number provided above. Below are some of the next steps we spoke about you exploring after your visit today:

You are not alone in this journey and are always welcome to come back with or without an appointment, or contact us for additional support. We are located at 1010 Boonville, in the Greene County Judicial Facility, 2nd Floor, Springfield, MO. Call us at 417-799-1500.

CLIENT SATISFACTION SURVEY

Used with Permission from the Guilford County Family Justice Center, Greensboro and High Point, NC



1 Please rate your visit at the Family Justice Center today:

	POOR	FAIR	GOOD	GREAT
I felt safe while I was in the Center. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt that my confidentiality and privacy were honored in the Center. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I was treated with respect. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services and information I received was helpful. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 Was there a service that was unavailable to you that you wished we would have had onsite?

3 We value what you have to say! Please write any additional comments or suggestions that you have:

Thank you for participating in our survey. If you would like to speak with someone directly about your experience, please provide your name and contact information below or contact the Guilford County Family Justice Center Director, Catherine Johnson at (336) 555-2321 or via email at info@myguilford.com

Name _____ Phone Number _____

Email _____

FAMILY JUSTICE CENTER GUIDING PRINCIPLES

Used with Permission from the Guilford County Family Justice Center, Greensboro and High Point, NC



You can find the complete [Guiding Principles in our Resource Library](https://www.familyjusticecenter.org/about-us/guiding-principles/) (<https://www.familyjusticecenter.org/about-us/guiding-principles/>)

ALLIANCE for
H**PE**
INTERNATIONAL

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