

# SAFETY guideline

Manual



**for home visitors**

a resource compiled and created by the  
Home Visitation Leadership Advisory Coalition



# Table of Contents

## Introduction

## General Safety Guidelines

Initial Assessment	3
General Safety	4
Overall Safety	4

## Specific Guidelines for Special Circumstances

Domestic Violence	8
Mental Illness / Psychiatric Emergencies	9
Suicidal Plans or Attempts: Homocidal Plans	10
Self Harm / Self-Mutilation	12
Firearms	12
Drug Paraphernalia	13
Under the Influence of Drugs / Alcohol or Chronic Use	14
Threats of Harm, Violence Related to Gang Involvement	15
Safety of the Home Visitor	16

## Resources

Appendix A: Information Hotlines	16
Appendix B: Family Assessment Services	18
Appendix C: Oklahoma Law - Reporting of Child Abuse & Neglect	19
Appendix D: Oklahoma Law - Reporting by Health Care Professionals of Domestic Violence	21
Appendix E: Mental Health Decision Making Tree	22
Appendix F: Domestic Violence Decision Making Tree	23
Appendix G: Substance Abuse Decision Making Tree	24

## I. Introduction

In an effort to strengthen state and local collaboration, The Home Visitation Leadership Advisory Coalition was initiated in December 2003 by the Family Support and Prevention Service section of the Oklahoma State Department of Health with contracted assistance from the Oklahoma State University Cooperative Extension Service. The primary focus is on early family support and education programs that are preventive in nature and particularly utilize home visitation approaches.

Purpose of Coalition:

- A. Facilitate collaboration and networking among agencies and programs.
- B. Identify priorities for enhancing the support and functioning of preventive home visitation, community-based family resource and support programs.
- C. Provide guidance on addressing training and technical assistance needs, or other special issues.
- D. Develop and implement strategies to enhance public relations, education, and public policy.
- E. Review the assessment and development of program evaluation efforts.
- F. Provide guidance and feedback to the Office of Child Abuse Prevention.
- G. Plan the annual Healthy Families Oklahoma and Child Abuse Prevention Conference.
- H. Other recommendations, such as sharing information with national networks affiliated with some programs.

Due to increasing concerns regarding safety for home visitation workers, members of the Home Visitation Leadership Advisory Coalition have collaborated and developed some general guidelines to enhance safety. These guidelines also address some special circumstances, such as domestic violence, mental health, and substance abuse issues. When utilizing these guidelines, it is important to be familiar with agency policies and procedures as well as current state laws.

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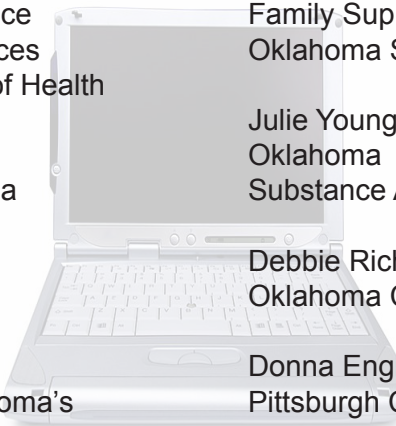
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## II. General Safety Guidelines

### A. Initial Assessment

Prior to working with a family, it is important to conduct an initial assessment to determine family issues, needs and strengths. Assessments should minimally include:

- Parent's childhood history
- Stressors/concerns
- Potential for violence
- Current/past substance abuse history
- Current/past mental illness
- Current/past criminal history
- Current/past family violence history
- Discipline issues
- Current/past Child Welfare involvement



Please see Appendix B of this guide for an example of Family Assessment Services.

When a family has one or more of the following factors, there should be a staffing involving the appropriate staff and supervisor to determine appropriate services for the family, if other agencies may need to be involved, and to discuss safety concerns.

- a. Factors that may warrant immediate staffing, but not limited to:
  - Incarceration and/or conviction for violent crime including murder, attempted murder, kidnapping, drive-by shootings, death threats, stalking, histories of multiple assaults or multiple arrests for domestic violence.
  - Drug trafficking/dealing, drug/alcohol related arrests and violent behavior.
  - Mental illness with a history of psychosis (i.e., delusions, hallucinations, paranoid ideations, etc.), dual diagnosis (mental illness and substance abuse), history of suicide attempt(s) or past psychiatric hospitalization.
- b. Violence/Safety concerns after enrollment into the program:
  - It is understood that the above risk factors will not always be reported during the intake process. In cases where the above types of issues emerge in the course of providing ongoing services, supervisors are encouraged to staff the case with appropriate staff/administrators to determine an appropriate course of action.

When any of the above situations are encountered, enough information must be gathered to determine the safety of both the family and the worker. Avoid asking suggestive questions or making statements that will escalate the situation such as “It is not so bad” or “Why are you saying that?” A supervisor must be consulted as soon as possible when such situations arise on a visit with any family.

## **B. General Safety:**

- a. To ensure immediate safety, if you are in a home and feel there is an imminent danger to you or to anyone in the house:
  - Leave immediately.
  - Call 911 or your local emergency number.
  - Call the local OK DHS Child Welfare Services Office or the Child Abuse Hotline at 1-800-522-3511 if children are in danger.
  - Call your supervisor to advise him or her of the situation.
  - Upon return to the office, debrief with your supervisor regarding what was observed during the visit.
  - Contact the family as safety permits (in consultation with your supervisor) to ensure that everyone is safe. Assure the parents that you will continue to work with them (if possible) within program guidelines.
  
- b. If you believe someone is in danger during a telephone call:
  - Get as much information about his/her location as possible.
  - Tell the person you are calling 911 or other emergency services, unless you fear doing so may worsen the situation or cause the caller to hang up. Try to keep the caller on the line by using another telephone or asking someone else to make the call to 911 or other emergency services.
  - If possible consult with supervisor during the call or immediately after the call.
  - Stay in contact with family as safety permits.
  
- c. If in doubt about any unusual situation, consult with your supervisor immediately. If a child is in danger, report to OK DHS Child Welfare Services immediately, and then consult with your supervisor. In a mental health crisis, do not transport families or individuals.

*Note: All programs should have a specific plan for coverage when a supervisor is not readily available. Schedules and locations of home visitation worker should be updated regularly each day. These schedules include after hour visitations. For safety and accessibility, some programs may require home visitation workers to carry cell phone/pager at all times.*

## **C. Overall Safety**

- a. Prior to a home visit with a family:
  1. Determine if there are any risk factors associated with the family, their home, or their neighborhood. Ask if there are animals there and if so, can they be placed in a bedroom or backyard during the visit. Consult with supervisor.
  2. If possible, call to confirm that the participating parent and/or any other people are home for the visit prior to leaving the office.
  3. If traveling to a high crime area or other questionable area, schedule visits early in the day. Avoid visits after dark without supervisor approval. Avoid scheduling late afternoon visits on Fridays or before a holiday.
  4. If traveling to an area that is new to the Home Visitor, before the scheduled visit, drive by to become familiar with the neighborhood.

5. Be aware of the areas in the neighborhood where help could be obtained if an emergency occurs.
  6. Leave make-of-car, license plate number with supervisor and co-workers.
  7. Leave a schedule of visits for the day with the supervisor and include another staff person who will be at the office during the day. Include beginning and ending times for each visit. If major changes are made, inform the office of the changes.
  8. Always sign in and out of the office for each visit.
  9. Keep vehicle well maintained with at least a half-tank of gas.
  10. If carrying a cellular phone, program the phone so that a call to 911 or other emergency services can easily be made.
  11. Leave valuables at home or place in the trunk of your car before leaving the office. Do not attempt to place valuable items in the trunk while parked for a visit.
  12. Carry in a pocket your driver's license and a small amount of cash.
  13. Always wear your picture identification/name badge.
  14. Wear comfortable clothing and shoes.
- b. When preparing to park and leave your vehicle:
1. Observe the safety of the home/neighborhood before stopping. If there are questionable activities, continue driving and return to the office. Inform your supervisor immediately.
  2. Be alert, do not become pre-occupied. Turn off the radio - look, listen and feel.
  3. Park in the open and near a light source that offers the safest walking route to the home.
  4. Park on the street rather than the driveway and in the direction in which you will leave.
  5. When possible, locate the family's building before exiting the car when the family lives in an apartment complex.
  6. Take only the items necessary for the home visit. Purses and/or wallets should be left in the car.
  7. Do not leave valuables visible in your car.
  8. Lock your car at all times.
- c. When approaching the home:
1. When you leave your vehicle, know where you are going. Be aware of your surroundings. Carry yourself assertively. Keep your head up, posture erect, and make brief eye contact with others on the street.

2. If you are approached, be brief with the person and continue moving. Do not be drawn into conversations. Be neither friendly nor rude. Do not make the person angry. Wear a blank but firm expression. If the person continues to talk, say that you are in a hurry right now. If a person persists, follows you, or if you believe that you are in danger, yell for help as loudly as you can. Run to the nearest place where there are people.
  3. Observe the outside of the home, surrounding homes, animals and/or unfamiliar vehicles.
  4. Be aware of smells associated with substance use.
  5. Look and listen for signs of someone at home and assess whether there is any sign of danger involving the occupants of the home.
  6. Do not enter the yard/home when:
    - i. Questionable persons are present
    - ii. Parent/others are intoxicated
    - iii. Violence is in progress
    - iv. There is no quick escape
    - v. Vicious animals are present
- d. When entering the home:
1. Go to the door that is in plain sight of the street and stand to the side of the door when knocking.
  2. Do not enter the home if an unseen person calls for you to enter.
  3. When door is opened, quickly observe inside to determine if there are any threats to your safety.
  4. Do not enter the home if an adult is not present. If there are children in the home who may be unable to care for themselves, contact the Child Welfare Service in your county or call 1-800-522-3511 and contact local police. If the parent or caregiver with whom you normally work is unexpectedly not at home and the child is staying with someone who is a stranger to you, indicate that you will contact the parent/caregiver to reschedule for another time.
  5. Observe the caregiver(s) or other adults within the household for suspicious behavior.
  6. If the parent(s) refuse to let you enter the home, do not attempt to persuade them. If denied entrance, leave and return to the office. Consult with your supervisor.
  7. Leave the residence if you feel unsafe entering the home.
- e. When in the home:
1. Stay near an exit. Remain alert and observant.
  2. Pay attention to unusual smells, particularly those associated with the manufacture or use of drugs.



3. Remain aware of the possibility of other persons in the home and inquire about anyone who appears to be in another room.
  4. Limit the amount of personal information shared with families.
  5. Do not go into any other parts of the home without the parent's permission. Proceed with caution when entering any room.
  6. Do not accept food or beverages.
  7. When there is a choice, sit in a hard chair rather than upholstered furniture. (If a family is startled by the knock or doorbell, family members may stick items such as syringes into the upholstered furniture.)
  8. Leave immediately if you feel unsafe, encounter harassing behavior or a threat of violence, observe signs of substance abuse or if violence occurs. Consult with your supervisor.
- f. When leaving the home:
1. Observe any activity or persons near the home or in the neighborhood.
  2. When leaving a home visit have car keys in hand when walking to your car. Do not linger to make phone calls or notes, leave immediately.
- g. Safety Materials to have available:
1. Plastic trash bags
  2. Disinfectant wipes and hand cleaner
  3. Latex gloves

### III. Specific Guidelines for Special Circumstances

#### A. Domestic Violence

*Definition:* Families in which the adults' and/or children's' relationship is violent, abusive, and/or characterized by power and control tactics, with one person being victimized by the other. This may consist of a man controlling a woman, a woman controlling a man or one person controlling another of the same sex. Occasionally, there is mutual battering or violence by a victim trying to defend her/himself or fight back.

a. Consider the following:

- Determine if there is immediate danger to you or any child(ren) or adults in the home.
- Be familiar with the following characteristics of domestic violence:
  - Emotional Abuse: verbal assaults; name-calling; criticisms and blaming.
  - Intimidation: scaring person with frightening looks, gestures and body language; smashing and throwing things; punching walls; hurting pets and showing weapons.
  - Using Coercion and Threats: verbal threats to hurt, leave; hurt/take children; commit suicide or homicide and making the other person do illegal things.
  - Isolation: controlling what a partner does and where she or he goes, who the partner sees and talks to; limiting outside involvement; using jealousy as excuse to justify isolation.
  - Using Children: making a partner feel guilty about children; using children to relay messages; in cases where the couple is divorced or separated, using visits with the children to harass the partner; threats to take children away.
  - Economic Abuse: taking all the money; giving an allowance; preventing partner from getting or keeping a job; making a partner ask for money and not letting the partner know about or have access to family income.
  - Using Male Privilege: treating a partner like a servant; acting like the master of the house; defining male and female roles and making all the “big” decisions.
  - Minimizing, Denying and Blaming: making light of the abuse and not taking the partner's concerns seriously; saying the abuse did not happen; shifting responsibility of the abuse and saying the partner caused it.
  - Physical and Sexual Abuse: hitting, slapping, punching beating choking and forcing a partner to do sexual things he/she does not want to do; having sex after a beating, marital rape and affairs with others.



- Be familiar with Oklahoma law regarding reporting of child abuse if children were present in a home where there is domestic violence. See Appendix C of this guide for current Oklahoma law on reporting of child abuse and neglect.
- Domestic violence work should not be conducted in the home. Not only does screening and assessment of risk factors for domestic violence require specialized training, an attempt to provide services in the home holds potential danger for the home visitation worker as well as for victim and children.
- Be familiar with Oklahoma law regarding reporting by health care professionals regarding domestic abuse. See Appendix D of this guide. It is not mandatory for health professionals to report domestic violence to law enforcement unless the victim request it be reported. There is a requirement to document and refer the victim to services. Providing victims with the Safeline number (1-800-522-SAFE) will satisfy the requirement. Providing the local shelter or crisis intervention service provider would be helpful.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is no imminent danger, but domestic violence is an issue:
  - Address this as an advocacy issue affecting the victim and the child(ren).
  - If the parent wishes to discuss the domestic violence issues, advocate counseling for the victim.
  - Encourage the victim to contact local community resources. Provide referrals to safe shelters. Staff shall not transport families to shelters.
  - If the abuser admits the problem and wants help, assist with referrals to state certified treatment programs for abusers.
  - Consult with your supervisor.
  - Continue to provide support, whether the victim stays, leaves, or returns after leaving.
  - Any threats made should be well documented and reported.

*Note: Victims are at greatest risk of death when they try to leave, so do not pressure her/him to leave before that person is ready. Victims leave an average of seven times before finally ending a relationship.*

## **B. Mental Illness/Psychiatric Emergencies**

*Definition:* In a home with one or more family members who exhibit behaviors related to a mental illness, such as:

Schizophrenia	Post-partum depression
Depression	Borderline personality disorder
Bipolar disorder	Or any other mental disorder

a. Consider the following:

- Determine if there is imminent danger to you, the child(ren) or any adult in the home, including the person with the mental illness
- Red flags of possible risk to the client and home visitor:
  - Suicidal plans, threats and/or attempts
  - Homicidal plans, threats and/or attempts

- Symptoms of mental illness that will require additional assessment and referral to appropriate services:
  - Hallucinations: auditory, visual or tactile (voices, visions or sensations that are internal only but perceived as coming from an external source)
  - Delusions (unshakeable, persistent belief that something is true even in the face of evidence that it is not true or even impossible)
  - Severely disorganized or bizarre behavior
  - Extreme lethargy, catatonic state (unresponsive)
  - Severe deterioration in day-to-day hygiene and functioning
  - Significant change in eating and/or sleeping patterns
  - Loss of interest in daily activities
  - Feelings of hopelessness and/or helplessness
  - Severely disorganized or bizarre speech, incoherence, pressured speech
  - Very rapid mood changes and extremes of mood (e.g. excessive crying)
  - Dangerous or severely risky behavior
  - Aggressive behavior
  - Self-injurious behavior
  - Use of drugs and/or alcohol with prescribed medications or in place of medications
  - Stopping medication without doctor approval or knowledge (Sometimes, clients may stop their cocktail of medications because of some of the debilitating side effects of the medication and that they are not being heard by the doctor. It may be more of an issue related to the client needing better assistance with advocacy.)

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- When first aware of mental illness ask for a signed release to speak with the person's treating doctor and also get information on the illness, risks, symptoms, etc.
- If you do not feel comfortable making a judgment regarding the person's safety then request that police and/or mental health professional be sent out to do a welfare check.
- Call Child Welfare Services if there is danger to the child(ren), or they have been harmed, and do not have a safe place to stay.
- If there is a crisis, after following the General Safety Guidelines, alert the treating doctor if you have a signed release.
- If there is no imminent harm, encourage the person to speak with his/her treating doctor. Make referrals for a professional assessment if she or he does not have a treating doctor.

## **C. Suicidal Plans or Attempts: Homicidal Plans**

*Definition:* Thoughts or comments about committing suicide or attempts to kill self; thoughts or comments about harming or killing another person

a. Consider the following:

- In the majority of instances, a person will not come right out and state that he or she is considering suicide. It is important to be aware of and follow up on subtle hints/red flags:
  - The person may make a vague statement such as, "sometimes I don't want to be here anymore" or "I feel like giving up".

- They may also display a sudden change in their feelings or behavior. This may include (but not be limited to) a sudden lack of concern about things that had previously been upsetting to them or giving away cherished possessions.
- Do not ignore vague statements, as these may be the person's way of testing the waters.

*Note: Asking a person if he or she is thinking about suicide does not lead them to commit suicide or make him or her more likely to do so.*

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- For a suicide attempt:
  - Call 911 (or local emergency number)
  - Apply first aid as appropriate (or to your knowledge)
  - Ensure safety of children
  - Consult with your supervisor immediately
- For suicidal plans:
  - Ask the person if he or she is considering harming him or herself.
  - If the person indicates that they feel like harming themselves, ask them if they have a plan or the means to follow through with the plan.
  - If they report a plan or have realistic means (i.e. they state they have a gun or pills) call 911 immediately. Leave if there is danger to you.
  - Request that a police officer and/or mental health professional be sent to do a welfare check
  - If you are communicating with the person by phone try to keep them on the phone until someone arrives at the location of the person.
  - If they do not have plans or means available talk to the person about making a verbal or written agreement not to harm themselves until assistance can be received
  - If the person has a mental health provider, have the person contact the provider immediately and tell the provider about the suicidal plans
  - If the person does not have a mental health provider discuss the importance of this and offer referrals. Consult with your supervisor immediately to discuss the situation.
- For homicidal plans:
  - If a person indicates that they feel like harming another person, ask them if they have a plan or the means to do so.
  - If they report a plan or have realistic means (i.e. they state that they have a gun, poison or other means to kill someone), call 911 immediately. Leave if you are in danger.
  - Request that a police officer and/or mental health professional be sent out to do a welfare check.
  - If you are communicating by phone try to keep them on the telephone until someone arrives at the location of the person.
  - If no plan, and if the person has a mental health provider have them contact the provider immediately and tell about homicidal plans.
  - If the person has no provider with whom to discuss the importance of this and offer referrals.
  - Regardless of whether the person has a plan or means to harm someone, contact your supervisor immediately. All professionals have a duty to warn the potential victim. If you

know the name of the potential victim, you must try and warn that person. Also give name to involved emergency personnel, police, mental health provider, etc.

## D. Self-Harm/Self-Mutilation

*Definition:* Non-accidental self-inflicted injury including cutting, burning, etc. Both adults and children may self-harm as a means of trying to cope with extreme stress.

a. Consider the following:

- Determine if there is an imminent danger of further self-injury.
- Red Flags for possible self-harm;
  - Numerous straight cuts/scrapes on limbs (arm, legs etc.) or any part of the body.
  - Numerous and reoccurring burn marks on body, without a plausible reason.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If you suspect self-harm of adult in the home:
  - Ask the adult about the injury. If the adult discloses self-harm, ask if they feel that they might harm themselves again. If they have the means and/or plan to do so, encourage adult to seek counseling.
  - If the person has a mental health provider, have them contact their provider. You should tell the provider about your observations if you have a signed release of information.
  - If the person does not have a mental health provider, discuss importance of this and make appropriate referrals.
- If you observe that a child has an injury and there is no reasonable explanation for the injury or if you witness a child being injured, contact Child Welfare Services in your county or call 1-800-522-3511 to report. After a report has been made consult with your supervisor.

## E. Firearms

*Definition:* Open display of firearms and ammunition during a home visit or when a family informs you that they are readily obtainable and/or accessible.

a. Consider the following:

- If you view firearms, assume there is an imminent danger to you, the child(ren) and/or other adults in the home, leave immediately.
- If not in view, determine their whereabouts.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is no danger, but the family informs you that there is an unlocked firearm and ammunition in the home:



- Talk to the parents regarding keeping the firearm and ammunition in a locked cabinet.
- Encourage and demonstrate to parents how to warn children about guns and how to discuss the gun violence they see on television and in the movies.
- Remind the parents of the need for repetition for children to learn how to keep away from guns.

## F. Drug Paraphernalia (including methamphetamine)

*Definition:* Open display of drug paraphernalia, including inhalants out in the open and/or suspecting or seeing a drug transaction in progress.



a. Consider the following:

- Determine if there is an imminent danger to you, the child(ren) or other adults in the home.
- Some examples of drug paraphernalia are:
  - Mirrors with razor blades, straws, etc.
  - Pipes, water pipes and any object resembling a pipe
  - Hypodermic needles, syringes, glass vials, etc.
  - Burnt spoons, rolling papers, roach clips, hemp rope, etc.
  - Excessive amount of empty alcohol bottles
- Some possible signs of physical appearance changes to note are:
  - Decaying of teeth
  - Rapid loss of weight

*Note: There may be some cultural considerations with using certain drug paraphernalia. Discuss this issue with your supervisor prior to addressing the family.*

- Some examples of drug paraphernalia and red flags related to methamphetamine are:
  - Strong odor that resembles urine or unusual chemicals such as ether, ammonia or acetone.
  - Little or no traffic around the home during the day, but significant activity during very late hours.
  - Extra efforts made to cover windows or to reinforce doors.
  - Trash not put out for collection.
  - Significant accumulation of items such as cooking dishes, coffee filters or bottles that do not appear to be for regular household use.
  - Presence of unusual quantities of chemicals.
  - Vehicles loaded with laboratory materials or chemicals.

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is no danger, discuss at a later time what you have observed with the family.

- Talk to the parents regarding the danger of drug paraphernalia being accessible to their child(ren) and if they acknowledge drug use, the effect of that on ability to parent.
- Encourage the parent to consider getting assistance to deal with their drug use and provide immediate resources.
- Remind the parent(s) of the danger they expose their child(ren) to if drug paraphernalia is kept in their home and if drug deals are completed in their home.
- Methamphetamine:
  - Do not enter the home where there is evidence of methamphetamine laboratory materials or chemicals on the property
  - Discreetly, but immediately leave the home if you unknowingly enter and see evidence of a methamphetamine laboratory and drive to a safe location to contact police.
  - If you are exposed to methamphetamine do the following:
  - Cover your car seats and floorboards with plastic covering and wipe hands with disinfectant wipes before touching the steering wheel.
  - Go to a safe location to change clothes and place the dirty clothes in a plastic trash sack. All exposed skin surfaces should be cleaned with soap and water. Wash any items carried into the home with soap and water.
  - Make every effort not to touch any surface until the skin and items have been cleaned with soap and water.

## **G. Under the Influence of Drugs/Alcohol or Chronic Use**

*Definition:* A parent or caregiver is intoxicated or under the influence of drugs/alcohol.

a. Consider the following:

- Determine if there is an imminent danger to you, the child(ren) and/or other adults in the home.
- Red flags of intoxication (*please note that some may be signs of other issues besides substance use*):
  - Lack of motor coordination and/or slowed reflexes
  - Slurred speech and disorientation/confused behavior
  - Dilated or constricted pupils
  - High or low heart rate and blood pressure
  - Clammy skin
  - Drowsiness, hyperactivity or euphoria
  - Increased or decreased appetite
  - Drugs, alcohol or paraphernalia present in the home
  - Loss of consciousness
  - Paranoia/suspicion and/or altered perceptions
  - Easily angered or enraged (irritability)
  - Needle marks
  - Glassy eyes (stare)
  - Rapid eye movement (decrease)
  - Eyes fixated on certain objects
  - Odor of substance on clothing and breath
  - Insensitivity to pain





b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If the person providing care for the child(ren) is incapacitated due to substance use:
  - Call Child Welfare Services in your county or 1-800-522-3511 and 911
  - Call your supervisor for assistance
  - If there is no imminent danger, stay until emergency help arrives.
  - At a later time, contact the family to assist them in dealing with the situation and getting connected to appropriate resources.

## **H. Threats of Harm, Violence Related to Gang Involvement**

*Definition:* Entering a home and finding threats of harm, violence related to gang involvement,

a. Consider the following:

- Determine if there is an immediate danger to you, the child(ren) or other adults in the home. Take any threat of harm or violence seriously.
- Red flags of potential gang involvement:
  - Consistently wearing one color, especially same color shoes, shirt, shoelaces, handkerchiefs, etc.
  - Refusal to wear another specific color of clothing
  - Gang writing present in the home or on the property
  - Witnessing people in the home using gang related hand gestures or signs
  - Involvement in criminal activity, i.e. vandalism, assaults, drugs, etc.
  - Uses slang language related to gangs
  - Has gang related tattoo

b. What to do:

- If there is imminent danger, leave the home and follow the General Safety Guidelines.
- If there is evidence of gang involvement, discuss what you have observed with the family at a safe time. This should not be done at the time there are gang members present in the home.
- Talk to the parent(s) regarding the danger of gang involvement and of gang members being in the home.
- Encourage the parent to consider getting assistance to deal with their gang membership. Encourage them to use community resources for support.
- Remind the parents of the danger they expose their children to if gang members are in their home.
- Assure the parent(s) that you will continue to work with them.  
Request that only family members be present at the time of the home visits.
- Focus on working with the family to find non-gang related support systems.

## IV. Safety of the home visitor

Remember that the safety of the home visitor is of utmost importance. If the home visitor feels uncomfortable or fears for his/her safety, the supervisor should be informed immediately.

## V. Resources

### Appendix A. Information Hotlines

#### For assistance with child welfare issues

- Child Abuse Hotline 800-522-3511
- Poison Control 405-271-5454

#### For assistance with mental health or substance abuse issues:

- Reach Out (24 hr. statewide hotline) 800-522-9054
- Depression and Bipolar Support Alliance 405-634-4646
- Heartline 800-273-8255
- Oklahoma Mental Health Consumer Council 405-604-6975
- National Alliance on Mental Illness (Oklahoma) 405-230-1900

#### For assistance with substance abuse issues:

- Reach Out (24 hr. statewide hotline) 800-522-9054
- Oklahoma Alcoholics Anonymous 405-842-1200
- OK Citizens Advocating for Recovery and Treatment Association 405-848-7555
- Oklahoma Narcotics Anonymous
  - Eastern Area 918-747-0017  
or 888-749-0017
  - Northwest Area 800-982-0242
  - Western Area 405-524-7068  
or 866-524-7068
  - Red River 888-629-6757

#### For assistance with domestic violence/sexual assault issues:

- Safe Line (24-hour statewide hotline) 800-522-7233
- Victim Services Unit, OK Attorney General 405-522-0042
- OK Coalition Against Domestic Violence & Sexual Assault 405-524-0700

#### For referral information for children/adults with special needs:

- Oklahoma Area Wide Service Information System 800-42-OASIS



## Certified Domestic Violence/Sexual Assault/Batterer Intervention Programs

\* denotes batterer intervention programs only

✓denotes shelter & batterer intervention programs

Name	City	Office Phone	Crisis Phone
A.C.M.I. House, Inc.	Altus	(580) 482-3800	
Action Associates, Inc.	Clinton	(580) 323-0838	
Dayspring Villa Women's Shelter	Sand Springs	(918) 254-4075	
✓Community Crisis Center, Inc.	Miami	(918) 540-8875	(800) 400-0883
✓Community Crisis Center, Inc.	Jay	(918) 253-3939	(800) 400-0883
✓Community Crisis Center, Inc.	Vanita	(918) 256-1945	
* COPE, Inc.	OKC	(405) 528-8686	
Crisis Control Center, Inc.	Atoka	(580) 924-3056	
Crisis Control Center, Inc.	Durant	(405) 924-3056	
✓DVIS & Call Rape	Tulsa	(918) 585-3163	(918)585-3143
✓DVIS & Call Rape	Sapulpa	(918) 224-9290	
✓DVIS & Call Rape	Skiatook	(918) 396-4108	
DV Program of North Central	Ponca City	(580) 762-3603	(580) 762-2873
✓Family Crisis & Counseling Center	Bartlesville	(918) 336-1188	(800) 814-1188
✓Family Crisis & Counseling Center	Nowata	(918) 273-7438	(800) 814-1188
✓Family Crisis Center, Inc.	Ada	(580) 436-3504	
✓Family Crisis Center, Inc.	Pauls Valley	(405) 238-6511	
✓Family Crisis Center, Inc.	Coalgate	(580) 436-3504	
✓Family Shelter of Southern OK	Ardmore	(580) 226-3750	
Help In Crisis, Inc.	Tahlequah	(918) 456-0673	(918) 456-4357
		(800) 300-5321	
* Human Skills & Resources	Claremore	(918) 283-1423	
* Human Skills & Resources	Sapulpa	(918) 224-0225	
* Human Skills & Resources	Tulsa	(918) 747-6377	
KiBois Women's Shelter	Stigler	(918) 967-3325	(877) 810-5637
* Latino Community Development Agency	OKC	(405) 236-0701	
✓New Directions	Lawton	(580) 357-6141	(580) 357-2500
McCare Center	McAlester	(918) 423-0032	(918) 423-0032
* New Alternatives Center	OKC	(405) 601-4669	
✓NW Domestic Crisis Services	Woodward	(580) 256-1215	(580) 256-8712
✓NW Domestic Crisis Services	Guymon	(580) 338-7081	
* Red Rock Behavioral Health	Clinton	(580) 323-6021	
* Red Rock Behavioral Health	El Reno	(405) 262-2456	
✓Okmulgee Co. Family Resource	Okmulgee	(918) 756-2549	(877)756-2545
✓Okmulgee Co. Family Resource	Okemah	(918) 623-2780	(877)756-2545
Project Safe	Shawnee	(405)273-9953	
* Restorative Counseling Services	OKC	(405) 692-5577	
* Riverside Counseling	Purcell	(405) 527-8380	
✓Safenet Services Center	Claremore	(918) 341-1424	(918) 341-9400
✓Safenet Services Center	Pryor	(918) 825-0190	(888) 372-9400
✓Family Resource Center	Seminole	(405) 382-5979	(800) 373-5608
✓SE OK Services for Family Violence Intervention	Idabel	(580) 286-3400	(888) 286-3369
Stillwater Domestic Violence Services	Stillwater	(405) 377-2344	(800) 215-3020
		(405) 624-3020	

Women In Safe Home	Muskogee	(918) 682-7879	(918) 682-7878
Women's Crisis Services of LeFlore County	Poteau	(918) 647-2810	
Women's Haven	Duncan	(580) 252-5324	(877) 970-4357
Women's Resource Center	Norman	(405) 364-9424	(405) 360-0590
Women's Service & Family Resource	Chickasha	(405) 222-1818	
Women's Service & Family Resource	El Reno	(405) 262-4455	
YWCA Of Enid	Watonga	(580) 623-7557	
YWCA Of Enid (Option House)	Enid	(580) 234-7581	(800) 966-7644
YWCA Of Oklahoma City	OKC	(405) 948-1770	(405) 917-9922

For more information regarding these programs, contact the Victim Services Unit at the Oklahoma State Attorney General's Office.

## Appendix B. Family Assessment Services

Child Abuse Prevention Funded programs administered by the Office of Child Abuse Prevention (OCAP) use the Healthy Families America (HFA) model of home visitation service delivery. One of the goals is to "Systematically assess for family strengths and needs and provide appropriate information and referrals."

When a family in the identified area of service has a positive family screening, the trained Family Assessment Worker conducts a family assessment, utilizing the Family Stress Checklist, with that family. The Family Stress Checklist is a semi-structured interview used to examine family issues in the following areas:

- Parents' childhood history
- Stressors/concerns
- Potential for violence
- Perception of the infant
- Current/past substance abuse history, mental illness or criminal history
- Discipline issues
- Current/previous Child Welfare involvement
- Self-esteem, available lifelines and coping skills
- Expectations of infant's milestones/behaviors
- Bonding and attachment

The Family Assessment Worker arranges to meet with the family to talk with them in the home, clinic, hospital, or other location. During this visit, the Family Assessment Worker gathers information in a conversational manner in order to complete the ten items on the Family Stress Checklist. The Family Assessment Worker listens to the family in a respectful, non-judgmental way to learn about the family and its strengths, resources, and needs.

At the end of the visit, the Family Assessment worker thanks the family, assures confidentiality, and offers appropriate information and referrals. All families receive written information and the Family Assessment Worker's number and the agency represented.

Dependent upon level of need as suggested by the assessment, the family is offered appropriate services by the OCAP Program or referred to another source for information, intervention, or treatment indicated. Ongoing networking with resources within the community facilitates the referral process and ensures that families are linked with viable services.

The Family Assessment Worker promotes the program as one that helps to get babies off to a good start and gives the parents information about child development and parenting as well as to help parents accomplish some of their family goals.

Validity and Reliability

In 1985, a Denver study used the Family Stress Checklist to score mothers during their prenatal period. No interventions were done. Two years later, medical records of the 246 children of the assessed mothers were reviewed for signs of child abuse and neglect. One limitation of the study is its reliance on what was recorded in the medical record.

C h e c k l i s t scores	No Child Abuse or Neglect	Mild Neglect	Child Abuse and Neglect warranting a Child Protective Service referral
0-5	84%	14%	2%
10-20	74%	21%	5%
25-35	63%	32%	5%
40 or more	23%	24%	53%

*The sensitivity (correctly predicting families who would show evidence of abuse and neglect) of the checklist was reported as 80%. The specificity (correctly predicting families who would not abuse or neglect their children within 2 years) was 89%. These two measures establish the Family Stress Checklist as a valid tool (it measures what it is supposed to measure). Inter-rater reliability (the same information scored by different assessment workers should have the same results defined as eligible or ineligible for the program) is an important issue. Reliability is achieved through standardized training and procedures (such as always referring to the assessment scoring materials and not memorizing the rating scale).*

## **Appendix C. Oklahoma Law – Reporting of Child Abuse & Neglect**

### **Child Protective Services Definition of Domestic Violence:**

A pattern of assaulting and coercive behaviors that an adult uses against another adult with a child present. Assaulting and coercive behaviors include, but are not limited to, sinister threats, physical injury requiring medical attention, and the presence of weapons. The child in the home is at risk of grave physical danger, significant neglect, or significant emotional consequences.

**Title 10, Section 7103 OS** requires that every:

- Physician or surgeon
- Registered nurse
- Teacher of any child under age 18
- Any other person having reason to believe that any child under the age of 18 has been the victim of abuse/neglect by the person responsible for the child (“PRFC”), including:
  - Non accidental physical or mental injury
  - Sexual abuse or exploitation
  - Failure or omission to provide protection from harm or threatened harm
  - Abandonment
  - Neglect-failure to provide adequate food, clothing, shelter, medical care, supervision or special care made necessary by physical or mental condition of the child shall report the matter to the Oklahoma Department of Human Services Child Welfare Office. To knowingly and willfully fail to report is a misdemeanor.

“PRFC” is a “person responsible for a child’s health or welfare”. It includes parents (custodial and non-custodial), legal guardians, custodians, foster parents, any person age 18 and older living in the home, child care home and center owners/operators/employees, and agents/employees of public or private residential home/institution/facility/day treatment programs.

**Liability of the Reporter:** Title 10, Section 7105, states that any person making a report in good faith is immune from civil and criminal liability.

**How to Report Suspected Child Abuse/Neglect:** This can be reported by calling the local Child Welfare Services office during regular business hours or the statewide child abuse and neglect hotline (1-800-522-3511) at any time. Reports can also be made in person, by mail or fax.

**Identity of the Reporter:** State law and OK DHS policy maintain the confidentiality of reporters during an investigation. If the matter becomes court involved, the court could request the identity of the reporter. It is rare, however, for the reporter’s identity to be made known to the court. Anonymous reports are also accepted.

**Guidelines For Children Left Alone:** In Oklahoma, there are no statutory or public policy requirements regarding the age of a child must be in order to be left alone. The safety and well being of children is considered to be a parental responsibility and it is a parental decision to determine that his/her child, six years of age or older, is mature enough to care for himself/herself in the absence of an adult.

**Considerations When Leaving a Child Alone:**

- Child’s level of maturity, whether he/she is physically, mentally and emotionally able to care for self, recognize and avoid danger, make sound decisions, handle the unexpected/emergencies, etc.
- Whether the child has any special needs (physical, developmental, emotional or behavioral)
- While some children may be able to care for themselves safely, they may not be able to care for younger children
- The level of accessibility of those responsible for the child (location and proximity of parents, whether parents can be reached by telephone, and whether child knows how to reach parents)
- Overall situation – time of day and length of time child is left alone; safety of home and neighborhood; whether there is a responsible adult near by in case of an emergency; whether there is family history of abuse or neglect, etc.

## **Appendix D. Oklahoma Law – Reporting by Health Care Professionals of Domestic Violence**

Any physician, surgeon, resident, intern, physician's assistant, registered nurse, or any other health care professional examining, attending or treating the victim of what appears to be criminally injurious conduct, including , but not limited to, child physical or sexual abuse, as defined by the Oklahoma Crime Victims Compensation Act, shall report orally or by telephone the matter promptly to the nearest law enforcement agency in the county wherein the criminally injurious conduct occurred, or if the location where the conduct occurred is unknown, the report shall be made to the law enforcement agency nearest to the location where the injury is treated.

However, criminally injurious conduct which appears to be or is reported by the victim to be domestic abuse, as defined in Section 60.1 of Title 22 of the Oklahoma Statutes, domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a minor child, as defined in Section 644 of Title 21 of the Oklahoma Statutes, shall be reported according to the standards for reporting as set forth in the Domestic Abuse Reporting Act and Sections 3 and 4 of this act.

**Appendix E. Mental Health Decision Making Tree**

Area of Focus	RISK LEVEL			Treatment (outside scope of home visitation program)
	Primary	Secondary	Tertiary	
Mental Health Status	Normal reactions to life situations / absence of mental illness	Problem needing intervention is present without a mental illness (V code) or history of mental disorder in remission	Current mental illness being treated with counseling and/or medications	Active and uncontrolled mental illness significantly interfering with ability to adequately function
General Ability to Profit from Parent Education	Excellent	Good	Fair	Guarded
Minimal Experience and/ or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional	Bachelor's degree and general awareness of signs and symptoms of mental illness	Master's degree in social work or related mental health field and experience with mental illness	Education level of home visitation staff is irrelevant since parent is beyond an educational program's ability
Mental Health Community Resources	Availability of information on healthy development of emotional and interpersonal functioning as needed	Availability of information on healthy development of emotional and interpersonal functioning as needed	Readily accessible mental health treatment services	Refer to community mental health center



## Appendix F. Domestic Violence Decision Making Tree

\* At every level new staff will be required to submit a personal safety plan.

Risk Level			
Area of Focus	Primary	Secondary	Tertiary
Domestic Violence	Pattern of unstable relationships. Possible verbal & emotional violence, unaware of the danger of situation	History of violence but not currently in domestic violence relationship. May have sought treatment in the past.	Currently in treatment, may be in a shelter
General ability to benefit from Parent Education	Excellent	Good	Fair/Guarded
Minimal Experience and /or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional with training in domestic violence & triggers to look for.	Paraprofessional with experience and training in domestic violence, BA with training in domestic violence. Supervision by Master's level professional.	Program that visits in the home: BA with experience & training or MA with training. <i>In-shelter</i> : BA with experience or MA. Both in-home and in-shelter supervision by MC MHP
Domestic Violence Community Resources	Knowledge of referral information for resources in the service area	Knowledge of referral information for resources in the service area	Know community & area resources for cooperative services, utilize multidisciplinary team approach for treatment. Create a community plan.
			Treatment (outside scope of home visitation programs)
			Currently in violent relationship, not seeking treatment or change.
			No
			Referral
			Know multidisciplinary resources available for referral.

**Appendix G. Substance Abuse Decision Making Tree**

		RISK LEVEL			
Area of Focus	Primary	Secondary	Tertiary	Treatment (outside scope of home visitation program)	
Substance Abuse Status	Use of substances within normal limits, i.e. smoking cigarettes, social drinking, daily coffee consumption.	Borderline abuse issues, or presently in recovery.	Current abuse and/or dependency issues, with active use, or recent relapse.	Unable to refrain from using for 48 consecutive hours, currently intoxicated or under the influence.	
General Ability to Profit from Parent Education	Excellent	Good	Fair	No	
Minimal Experience and/ or Education Level of Home Visitation Staff to Provide Parent Education	Paraprofessional	Bachelor's degree (CADC) and awareness of the disease concept of addiction	Bachelor's degree (CADC, with 2 years of experience) or Master's degree	Master's degree with licensure	
Substance Abuse Community Resources	Availability of information on smoking cessation, and other physical effects of substance use as needed.	Availability of information regarding AA, NA, CA, and Ala-non meetings. Availability of information regarding 0.5 level of outpatient intervention/ education	Availability of information regarding all levels of substance abuse treatment/readily accessible substance abuse treatment services	Refer to detox center and/or emergency room	



# **SAFETY** Manual guideline

**Home Visitation Leadership Advisory Coalition**

**Coordinated through  
Family Support and Prevention Service  
Office of Child Abuse Prevention  
Family Health Services  
Oklahoma State Department of Health  
1000 N.E. 10th Street  
Oklahoma City, OK 73117-1299  
405.271.7611**

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