

HOME VISITATION



SAFETY MANUAL

Keeping Parent Educators Safe!

Presented by the Oklahoma Home Visitation Leadership Advisory Coalition



In 2016, the Oklahoma Home Visitation Safety Manual subcommittee decided to administer a survey to parent educators in the state of Oklahoma to gain a better understanding at a grassroots level on how “safe” the typical parent educator feels during the course of their year. Knowing that real danger exists, the group thought the information could both raise awareness that visiting homes of clients is a highly serious matter, and hopefully compel the reader, especially someone new to the field, to be vigilant about their safety in every way possible.

242 parent educators responded to the survey.

The results are as follows:

- At least 72% surveyed report that they have encountered a situation where they felt unsafe during work hours.
- Close to half (47.3%) of the respondents, reported unsafe or potentially unsafe situations during work hours two or more times per year.
- Promisingly, however, almost two-thirds of parent educators surveyed (69.75%) felt they are equipped with the necessary tools to stay safe during home visits.

For those that still need more information or perhaps a review, this manual is thorough and contains the most up to date information that is sure to benefit even the most seasoned staff member.



Table of Contents

Welcome

4 *Welcome Letter*

General Safety Guidelines

5 General Safety Guidelines
8 General Safety Guidelines - Specialty Areas
11 Imminent Danger Safety Guidelines
12 *Reflections from the Field*

Special Circumstances

13 Domestic Violence
15 Human Trafficking
17 Mental Illness / Psychiatric Emergencies
19 Suicidality - Plans or Attempts / Homicidal Plans
22 Self-Harm / Self-Mutilation
23 Firearms
23 Drug Paraphernalia (including methamphetamine)
24 Under the Influence of Drugs / Alcohol or Chronic Use
26 Threats of Harm, Violence Related to Gang Involvement

Resources

27 Appendix A. Information Hotlines
32 Appendix B. Oklahoma Law - Reporting of Child Abuse and Neglect
33 Appendix C. Oklahoma Law - Reporting by Health Care Professionals of Domestic Violence

About HVLAC

34 Home Visitation Leadership Advisory Coalition (HVLAC)
35 Purpose of HVLAC

Home Visitation Safety Manual
2016 Revision

36 Acknowledgements
37 *Reflections from the Field*
38 Closing

(Resources were updated August 2018)

Note: The intent of this manual is to provide guidance. Parent educators should be familiar with and adhere to their agency specific policies and procedures as well as current state laws.

Welcome Letter to Parent Educators

Dear Parent Educators,

Welcome to a career that will impact your life in many positive ways. You will have the privilege to step into client homes and be a part of their life in a way that most other providers will not have the opportunity to experience.

I practiced as a home visitor for over eight years. I entered many different types of homes from dilapidated to extravagant. Each time I entered a new home, I used the assessment skills I learned from my home visitation safety training and safety manual to keep myself safe. I performed hundreds of visits without incident and experienced fulfillment as I helped families achieve their goals.

This manual was written by a team of experienced parent educators as a guide for implementing daily safety practices as duties are carried out in the homes of clients. In most situations you will not encounter danger. On the rare occasion that danger may be present, the knowledge shared in this manual will help you identify any possible precarious situations and offer tips on how to lessen or alleviate those risks.

Best wishes,

State Nurse Consultant

Oklahoma State Department of Health
Family Support and Prevention Services



General Safety Guidelines

Safety should be an ongoing priority in any situation that parent educators encounter. Parent educators are expected to understand that safety policies, procedures, and training cannot predict all potentially dangerous situations; therefore they must use their judgment at all times to stay safe.

This section provides information of a broad nature from planning ahead for the home visit, approaching and spending time in the home, and then leaving the home. Also included in this section are suggestions for vehicle safety/maintenance and social media safety.

PRIOR TO A HOME VISIT WITH FAMILY:

1. Provide license plate, make and model of vehicle including two emergency contacts to supervisor and co-workers.
2. Determine if there are any risk factors associated with the family, their home, or neighborhood (such as prior encounters with law enforcement, prior or current child abuse/neglect incidents, home in high crime area, etc).
3. Ask if there are animals. Determine if they can be placed in a secure room or backyard during visit.
4. If possible, confirm that the participating parent and/or any other people are home for the visit prior to leaving the office.
5. If traveling to a high crime area or other area of concern, schedule visits early in the day, preferably before noon.
6. If traveling to an area that is new to the parent educator, drive by to become familiar with the neighborhood before the scheduled visit.
7. Provide a daily centralized schedule to your office.
8. Keep vehicle in good repair. Ensure the fuel tank is at least half full at all times (see car care).
9. Program cell phone with appropriate emergency service numbers such as 911.
10. Take only items with you that are necessary for home visit. Leave valuables at home or place in the trunk of your vehicle before leaving the office. (Do not place valuable items in the trunk while parked for a visit.)
11. Wear your picture identification/name badge at all times.
12. Wear comfortable clothing and closed toe shoes within dress ordinance.
13. Coordinate buddy calls with staff for time of visit.

PREPARING TO PARK AND LEAVE YOUR VEHICLE:



1. Observe safety of the home/neighborhood before stopping. If there are questionable activities, continue driving and return to the office. Attempt to contact the client to assure their safety. Inform supervisor immediately.
2. Be alert to your surroundings.
3. Park 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 in apartment complex before exiting the vehicle.
6. Take only the items necessary for the home visit (see # 10 above).
7. Lock your vehicle at all times.





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 and make brief eye contact with others on the street.
2. If you are approached, be brief with the person and continue moving. 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 odors associated with substance use (may smell like cleaning products or chemicals, plastic being burned, permanent or magic marker, etc).
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 (such as loud voices coming from the home, occupants should be fully dressed, nothing looks out of the norm, etc). See next section for more ideas.
6. Do not enter the yard/home when:
 - i. Parent/others appear impaired
 - ii. Violence is in progress
 - iii. There is no quick escape
 - iv. Vicious animals are present



*Start every visit with a
fresh set of eyes!*

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 (such as make sure occupants are fully dressed, no loud voices, no visible weapons, etc).
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, call 911 immediately, then call **1-800-522-3511** (Child Abuse Hotline). If it is safe, wait outside in your car for police to arrive on the scene.
5. If a child is at home with a caregiver that is unfamiliar to you, indicate that you will make plans to reschedule the visit for another time.
6. If the parent(s) refuses to let you enter the home, do not attempt to persuade them. If denied entrance, leave and contact supervisor.
7. Leave the residence if you feel unsafe entering the home.
8. If ever concerned about the safety of the child, contact local law enforcement and request a welfare check on the child.

General Safety Guidelines



TIME SPENT IN THE HOME.

1. Stay near an exit and do not allow anyone to come between you and the exit if possible. Remain alert and observant.
2. Pay attention to unusual odors, particularly those associated with the manufacture or use of drugs (may smell like cleaning products or chemicals, plastic being burned, permanent or magic marker, etc).
3. Inquire about the presence of anyone else in the home.
4. Limit the amount of personal information shared with families (such as do not share home address, personal cell phone number, details about your family, etc). Maintain personal boundaries.
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. Be sensitive to various cultures in how to gently say, "no, thank you".
7. When there is a choice, sit in a hard chair rather than upholstered furniture (due to potential needles or sharp items that may have been stuck in chair).
8. Leave immediately and consult with supervisor if you feel unsafe, encounter harassing behavior or a threat of violence. Observe signs of substance abuse, any violence or what looks to be potential violence.
9. The parent educator should provide these cautions to clients during the first home visit:
 - information on child abuse and neglect including "duty to warn";
 - domestic violence information and resources if needed;
 - any potential threats.

LEAVING THE HOME.

1. Observe any activity or persons near the home or in the neighborhood.
2. Have vehicle keys in hand when walking to vehicle. Do not linger to make phone calls or notes.





General Safety Guidelines - Specialty Areas

This area provides suggestions for elements the parent educator relies on all the time when providing home visits, including vehicle safety/maintenance and social media safety.

VEHICLE SAFETY

1. Do not text and drive. Oklahoma House Bill 1965 (effective 11-01-15) makes texting while driving a primary offense, which carries a \$100 fine. It is also important to be aware of your agency policy on cell phone use while in a vehicle.
2. Keep your vehicle in good repair. Know who to call if your vehicle breaks down.
3. Ensure the fuel tank is at least half full at all times in case you get lost or stuck in traffic.
4. Carry an emergency vehicle kit that contains a flat tire repair kit and learn how to use it. The kit should also contain flairs, first aid supplies, water and thermal blanket. Make sure your car is equipped with a spare tire.
5. If you have vehicle trouble, pull off the road as far as safely possible.
6. If someone bumps you from behind or is following you, don't stop in a remote area. Drive to a well-lit public place with other people. Stay in your vehicle and dial **911**.

SUGGESTED ITEMS FOR VEHICLE

- High protein snacks and water
- Flashlight
- Blanket
- Important documents (insurance verification, agency required documents, etc.)
- Cell phone and charger
- Emergency #'s and contact information
- Small amount of money
- Plastic trash bags/biohazard bags
- Extra set of clothes and shoes
- Disinfectant wipes
- Hand sanitizer
- Latex gloves
- Umbrella/rain gear
- First-aid kit



GENERAL VEHICLE MAINTENANCE

General vehicle maintenance is important. The following items can be helpful to keep in mind:

Tires - Keep a tire pressure gauge in your vehicle and know how to use it. It is recommended tire pressure be checked at least once per week. Inadequate or excessive tire pressure can affect safety, fuel economy, handling and comfort. Tires should be replaced when tread wear indicators are showing between the treads. Have them replaced before they become worn. Rotate and balance your tires per manufacturer recommendations.

Oil - Change the oil per your vehicle manufacturer's instructions (typically around 3,000-6,000 miles).

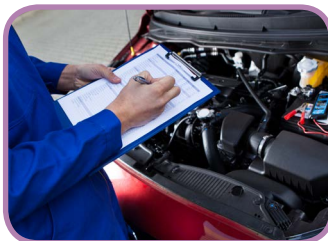
Windows - Make sure all windows, mirrors and lights are clean. Replace any broken lights or mirrors as soon as possible. Regularly check for cracks and damage. Allow plenty of room when following behind other vehicles that could throw debris from the road or from their loads. Even a small pebble from the back of a gravel truck can damage a windshield.

Brakes, belts, and battery

- The braking systems of modern vehicles are designed to be replaced periodically to maintain maximum braking efficiency. If you notice ANY problems with the brakes, have the brakes checked immediately.
- Regularly check the belts for wear and tension. Very loose belts often make a loud squealing sound; have the vehicle serviced if you hear this noise.
- Check the battery once per month for corrosion and clean it or have it cleaned as needed. Avoid running down battery.

Fluids - Coolant, power steering fluid, transmission fluid, windshield washer fluid, brake fluid, and other fluids need to be checked on a regular basis. Ask your mechanic to demonstrate the method to check these.

Windshield wipers - It's not difficult to replace worn wiper blades yourself. Replace just the blades once per year as needed before the rainy season. If you do a lot of driving in wet weather conditions, you may also want to apply a water repellent treatment to your windshield. Some resources for help with installation of wipers may be found at your dealership or on YouTube.



SOCIAL MEDIA SAFETY

Social media is continually changing and growing; it involves the use of the internet and web-based applications. Some of the most common uses or types of social media include e-mailing, messaging, Facebook, LinkedIn Profiles, Instagram and Twitter. Parent educators may be asked to friend a client on Facebook or LinkedIn. Remember social media needs to be used responsibly; it can be a great tool to provide resources to clients. Some key issues to remember when using social media include:

- Confidentiality needs to be strictly maintained by the parent educator. Clear boundaries need to be set from the beginning between the parent educator and the client.
- Your relationship with a client needs to be kept professional. You can be friendly with your client however you cannot be his/her friend.
- Facebook privacy settings change frequently so check your privacy setting often. When you post something personal on your page you may not be able to choose who is seeing your personal information. You may have a bigger audience than you realize.
- People are always traceable. Nothing is anonymous. Accounts can be subpoenaed and traced back to the original person that wrote the posting. Think very carefully before posting anything and think of posting as actually publishing.
- Parent educators should not accept a client's friend request on Facebook, LinkedIn or other outlets. If a client does not understand these boundaries, remind the client of your role as a parent educator and the need to maintain boundaries.
- Accounts can be hacked and confidentiality can be breached.
- Clients may not have the internet available in their homes, but this does not mean they are not computer and tech savvy.
- Always be aware of and follow your agencies protocol regarding social media.



Remember if it is in an electronic format, it has the potential of being hacked into which means it could be accessed and shared with any and everyone.



SAFETY OF THE PARENT EDUCATOR !

Safety of the parent educator is of the utmost importance. If the parent educator ever feels uncomfortable or fears for his/her safety, they should trust their gut feeling and get safe, informing supervisor immediately.



Imminent Danger Safety Guidelines

- If you are in a home and feel there is imminent danger to you or to anyone in the house:
 - Leave immediately (if it is possible).
 - Call **911** or your local emergency number.
 - After calling 911, make a child abuse report if children are in danger - Child Abuse Hotline (**1-800-522-3511**). The local DHS office cannot do anything without a report.
 - Call and update your supervisor.
 - Upon return to the office, debrief with your supervisor regarding what occurred and what was observed during the visit.
 - Contact the family as safety permits to ensure that everyone is safe. Assure the parents that you will continue to work with them (if possible) within program guidelines
- If in doubt about any unusual situation, consult with supervisor immediately. If a child is in danger, call law enforcement and then make a report to DHS as quickly as possible.
- Carry incident report/agency documentation with you in your vehicle so that once you are in a safe place, you can document important observations and details of the event. Follow your agency policy regarding completion of reporting.
- All programs should have a specific plan for coverage when a supervisor is not readily available.
- Schedules and locations of parent educator should be updated regularly each day. These schedules should include after hour visits.
- For safety and accessibility, it is recommended that the parent educator keep a charged cell phone with them at all times.



Note: All programs should have a specific plan for coverage when a supervisor is not readily available. Schedules and locations of the parent educator should be updated regularly each day. These schedules include after hour visits. For safety and accessibility, it is recommended that the parent educator carry a charged cell phone at all times.

“

After five years of doing home visits, I had become very comfortable entering client homes. I approached each new home with a sense of caution, but once I had visited several times, I will admit I became lax in following the guidance provided by the home visitation safety manual. Following one particular visit, I was reminded of the importance of keeping that information at the forefront of my practice.

I had been visiting my client for about eight months. She admitted to me on our very first home visit at 15 weeks of pregnancy that her husband was abusive, telling me that he had only hit her once since she had become pregnant. She rarely missed a scheduled home visit and occasionally her husband would join us for the visits. He seemed like a “normal” guy even though I was aware of his history as an abuser.

One day I arrived for our visit and the husband answered the door. He told me that she was not home, but that I was welcome to come in and wait for her as she would arrive shortly. I did go in and sit with him until she arrived. I did not encounter any danger while waiting alone with him for 15 minutes.

A month later, we were having one of our normally scheduled visits. About halfway through the visit, we all heard pounding on the door. That was followed by loud shouts of “This is the police. Open the door!” The husband opened the door. The police tackled him and told him he was under arrest for rape. An entire team of police officers swept into the house and began removing his clothes from the closet, blankets from the bed, and covers from the couch. I was rattled, but not scared at this point. I stayed with my client and made sure she was okay.

After I left the house, I became scared thinking about what could have happened to me the day I was alone with this man. This man was dangerous. A golden rule in home visiting is to not enter the home unless you know your client is home. I let my feelings of security in being an experienced home visitor take over instead of maintaining caution. As you continue in your home visitation career, remember to examine every situation with a fresh pair of eyes and maintain a cautious attitude.

”

-Parent Educator

Domestic Violence

Definition: A pattern of behavior which involves violence or other abuse by one person against another in a domestic setting, such as marriage or cohabitation. Intimate partner violence (IPV) is violence by a spouse or partner in an intimate relationship against the other spouse or partner. Domestic violence can take place in heterosexual as well as same-sex family relationships and can involve violence against children in the family or other family/household members.



DOMESTIC VIOLENCE IS:

- A pattern of abusive and coercive behaviors, including physical, sexual, psychological, religious and/or economic coercion, progressive isolation, stalking, deprivation, intimidation and threats directed at achieving compliance from or power or control over the victim.
- A pattern of behaviors, including a variety of tactics – some physically injurious, some not; some criminal, some not.
- A pattern of coercive behaviors, including physical, sexual, reproductive, psychological and economic coercion. A combination of physical force and terror that causes physical and psychological harm to the victim and to children.
- A pattern of purposeful behavior, directed at achieving compliance from or power or control over the victim.

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; putting the other partner down; humiliating the other partner.
 - **Intimidation:** scaring a person with frightening look, 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; die by suicide or commit homicide; making the other person do illegal things; forcing the other partner to get pregnant or preventing her from using birth control.
 - **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/actions.
 - **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; telling partner he/she is a bad parent or by saying the children always need two parents in the house.
 - **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 stereotypical male and female roles; 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, strangling, forcing a partner to do sexual things he/she does not want to do; having sex after a beating; marital rape; affairs with others.

- Be familiar with the Oklahoma law regarding the reporting of child abuse if children are present in a home where there is domestic violence (see **Appendix B** of this guide for current Oklahoma law on the 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 parent educator as well as for the victim and children.
- Be familiar with the Oklahoma law in regards to the reporting of domestic abuse by health care professionals. See **Appendix C** of this guide. It is not mandatory for health professionals to report domestic violence to law enforcement unless the victim requests 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.

WHAT TO DO:

- If you have concerns for your personal safety, leave the home and follow the **Imminent Danger Safety Guidelines**.
- If there is no imminent danger, but domestic violence is an issue:
 - Create a safe space for disclosure.
 - A client who is experiencing abuse may not disclose abuse for a variety of reasons, including fear and/or shame. The key is to provide universal information to all program clients on the nature and scope of your program, as well as on available referral resources. The universal information approach will provide overall education to all program clients on community resources and stress your program's commitment to healthy relationships and non-violence.
 - Routinely inform clients about available resources (materials, referral information, safety cards) addressing certain critical issues (such as substance abuse, mental health issues, serious financial problems, domestic violence, etc.) that may not be the focus of your program.
 - Address this as an advocacy issue affecting the victim and the child(ren).
 - Encourage the victim to contact local community resources. Provide referrals to an Attorney General certified or tribal domestic violence program. Staff should not transport families to shelters.
 - If the abuser admits the problem and wants help, assist with referrals to an Attorney General certified batterer intervention program.
 - 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.

Human Trafficking

Definition: Human Trafficking involves the commercial exchange and exploitation of humans including forced prostitution and pornography, involuntary labor, servitude and debt bondage. Human trafficking is a growing problem worldwide, recently rising to the second most common criminal activity behind the illegal drug trade. Oklahoma has been identified as a hub for human trafficking activity, citing one of the highest incidences of human trafficking in the country. This crime affects all types of individuals, both foreign and domestic.



CONSIDER THE FOLLOWING:

- **Common Work and Living Conditions:**

- **The individual(s) in question**

- Is not free to leave or come and go as he/she wishes
- Is under 18 and is providing commercial sex acts
- Is in the commercial sex industry and has a pimp / manager
- Is unpaid, paid very little, or paid only through tips
- Works excessively long and/or unusual hours
- Is not allowed breaks or suffers under unusual restrictions at work
- Owes a large debt and is unable to pay it off
- Was recruited through false promises concerning the nature and conditions of his/her work
- High security measures exist in the work and/or living locations (e.g. opaque windows, boarded up windows, bars on windows, barbed wire, security cameras, etc.)

- **Poor Mental Health or Abnormal Behavior**

- Is fearful, anxious, depressed, submissive, tense, or nervous/paranoid
- Exhibits unusually fearful or anxious behavior after bringing up law enforcement
- Avoids eye contact
- Self-medicating with drugs and alcohol
- Cutting, burning, or other self-destructive mannerisms
- Depressed, mood swings, suicidal fascination
- Aggressive survival skills
- Master of manipulation
- Sexual inappropriate behavior

- **Poor Physical Health**

- Lacks health care
- Appears malnourished
- Shows signs of physical and/or sexual abuse, physical restraint, confinement, or torture

- **Lack of Control**

- Has few or no personal possessions
- Is not in control of his/her own money, no financial records, or bank account
- Is not in control of his/her own identification documents (ID or passport)
- Is not allowed or able to speak for themselves (a third party may insist on being present and/or translating)

- **Other**

- Claims of just visiting and inability to clarify where he/she is staying/address
- Lack of knowledge of whereabouts and/or do not know what city he/she is in
- Loss of sense of time
- Has numerous inconsistencies in his/her story
- Any minor in prostitution
- Childhood sexual abuse?
- Difficulty in school... family conflicts... low self-esteem
- Runaway or throwaway... homeless at some point?
- Chronic runaway... Couch-surfing or living with "boyfriend"?
- Degrading tattoo on neck or arms / branding

This list is not exhaustive and represents only a selection of possible indicators. Also, the red flags in this list may not be present in all trafficking cases and are not cumulative. Learn more at www.traffickingresourcecenter.org.

BE AWARE THAT A TRAFFICKING VICTIM MAY:

- Show signs of trauma bonding (Stockholm Syndrome)
- Display a lack of emotion
- Downplay risks of their current situation
- Not self-identify as a victim
- Refuse services or assistance
- Give conflicting stories or misinformation
- Resist cooperation with law enforcement, social workers or others

WHAT TO DO:

- Safety Check. It is important to conduct a safety check with the victim before proceeding with the assessment, particularly if he/she has recently exited the situation or is still in the situation. Below are a few considerations to keep in mind:
 - Is it safe for you to talk with me right now?
 - Is there anything that would help you feel safer while we talk?
- Gain trust first.
- Be careful not to make promises that cannot be kept.
- Follow existing protocols for victims of domestic violence, child abuse or crime.
- Meet with the victim alone without the person accompanying him/her.
- Ask open-ended questions using a safe, non-judgemental tone.
- Explain reporting obligations especially with children.
- Provide options or choices.
- Sample messages to convey:
 - We are here to help you.
 - Our first priority is your safety.
 - We can find you a safe place to stay.
 - We can help you get what you need.
 - We want to make sure that what happened to you doesn't happen anymore or to anyone else.
 - You do not have to stay with them; in the U.S. you are free make your own choices. We will help you start a new life, which is safe and happy.

DON'T:

- Make assumptions about the person or situation.
- React verbally or physically in a way that communicates disgust or disdain.
- Contact other providers or law enforcement without telling the victim and explaining your reporting obligations.
- Force the individual to make decisions he/she is uncomfortable with.

Note: According to federal law, any minor under the age of 18 engaging in commercial sex is a victim of sex trafficking, regardless of the presence of force, fraud, or coercion. If you believe you may have information about a potential trafficking situation, please contact the National Human Trafficking Resource Center (NHTRC). If you or someone you know is in immediate danger, please call 911.



HOTLINE

The NHTRC Hotline

1-888-373-7888

Staffed 24 hours per day,

7 days per week, with

access to over 172 languages

All hotline staff are prepared to answer questions about trafficking indicators, provide assessment questions to elicit additional information, assess safety and help safety plan, provide resources and referrals to combat trafficking and similar concerns.



Mental Illness / Psychiatric Emergencies

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
- Any other mental disorder

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/or parent educator:
 - 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)
 - Extreme energy, highly agitated and restless, can't sit or stand still, rapid speech
 - Impulsive
 - Severe deterioration in day-to-day hygiene and activities of daily living
 - Significant change in eating and/or sleeping patterns
 - Loss of interest in daily activities
 - Extreme low self-worth, lack of sense of self and power
 - Feelings of hopelessness and/or helplessness; life has no purpose
 - 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; intense anger/rage
 - Needy behaviors with inappropriate physical and emotional/relational boundaries (clinging, demanding inappropriate assistance/friendship and blaming parent educator when not provided)
 - Self-injurious behavior—sores from cutting and/or picking, wearing long sleeves to cover sores in the heat of summer; extremely underweight which might indicate anorexia and/or purging behaviors
 - Signs of trauma such as hyper-vigilance, easily startled, isolation, insomnia, nightmares
 - 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 and another reason given is that they feel they are not being heard by the doctor. It may be more of an issue related to the client needing better assistance with advocacy.)

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger Safety Guidelines**.
- 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 DHS 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, alert the treating doctor/therapist if you have a signed release.
- If there is no imminent danger, encourage the person to speak with his/her treating doctor/therapist.
- Make referrals for a professional assessment if she or he does not have a treating doctor/ therapist.



Suicidality – Plans or Attempts / Homicidal Plans

Definition: Suicidality is showing a desire to kill oneself. Suicide is the death caused by self-directed, injurious behavior with any intent to die as a result of the behavior. Suicidal ideation is thought of engaging in suicide related behaviors. Suicidal behaviors are suicide attempts, suicidal ideation, planning/preparing done with the intent of attempting or dying by suicide. Homicidal includes thoughts or comments about harming or killing another person.



SUICIDALITY INCLUDES:

- Verbal warning signs: 'I want to die', 'everyone would be better off without me', 'I just want out', 'pretty soon you won't have to worry about me.'
- Behavioral warning signs: Giving away prized possessions, stockpiling pills, cleaning a firearm, unexplained aggression/irritability.
- Situational risk factors: Recent financial loss, death of family member or friend, loss of job, expelled from school, diagnosis of serious or terminal illness, sudden unexpected loss of freedom/fear of punishment.

CONSIDER THE FOLLOWING:

- Attend a QPR (Question Persuade Refer) training conducted by a certified QPR instructor.
 - For more information, visit the QPR Institute Website, www.qprinstitute.com.
 - To request a QPR training from ODMHSAS, <https://mhaok.org/our-work/trainings/suicide-prevention-training-qpr/>
- *Refer to Appendix A for additional resources and hotline telephone numbers.
- Take all risk factors and warning signs seriously, there is no perfect number of risk factors present that equals imminent risk; when in doubt seek care for the individual in need.
 - Request that your organization utilize evidence based screenings and assessments for suicidality. We recommend the Patient Health Questionnaire 9 (PHQ-9) and the Columbia Suicide Severity Rating Scale (C-SSRS).



The National Suicide Prevention Lifeline (NSPL)
1-800-273-8255

24/7, free, anonymous, answered by Oklahoman that can talk to you or talk about someone you are concerned about.

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

WHAT TO DO:

- If there is imminent danger, such as an open display of firearms and ammunition, leave the home and follow the **Imminent Danger Safety Guidelines**.
- If you suspect it, **REPORT IT**. Call your local Department of Human Services or the 24-hour statewide Oklahoma Child Abuse Hotline **1-800-522-3511** to report child abuse.
- If you discover a suicide attempt:
 - Call **911** (or local emergency number)
 - Apply first aid as appropriate (or as applicable to your certification)
 - Ensure safety of the child(ren)
 - Consult with your supervisor immediately
- If you observe suicidality, risk factors and warning signs of suicide:
 - Ask the person, “Are you thinking of killing yourself?”
 - Listen to their response, allow them time to respond, do not rush to judgement.
 - Refer the person for additional services.
 - Ask if they will go with you to get assistance right now at an ODMHSAS Crisis Center or Hospital Emergency Room.
 - Ask if they will call **1-800-273-8255** with you right now to talk to a professional about their suicidal thoughts.
 - Ask if they will call **1-800-522-9054** with you right now to schedule an appointment with a Collaborative Assessment and Management of Suicidality (CAMS) trained ODMHSAS clinician.
 - Provide the patient with the NSPL **1-800-273-8255** phone number and encourage them to call anytime that they are feeling suicidal.

- Consult with supervisor immediately to discuss the situation.
- Do not leave the patient until a referral for services specific to their suicidality has been made and supervisor has been contacted.

(Note: As stated before, leave immediately if there is imminent danger, such as an open display of firearms and ammunition.)

- If you are communicating with the person by phone and observe suicidality or risk factors, warning signs of suicide:
 - Ask the person, “Are you thinking of killing yourself?”
 - Listen to their response, allow them time to respond, do not rush to judgement.
 - Try to keep them on the phone until you can determine the location of the person, such as a physical address. **Call 911** and request a CIT (Crisis Intervention Trained) Officer conduct a welfare check at the address you acquired from your patient.
 - 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 supervisor immediately to discuss the situation.



HOMICIDAL PLANS INCLUDE:

- If there is a plan:
 - If they report a plan or have a weapon, poison or means to kill someone, leave immediately, call **911**.
- If there is no plan:
 - If a person indicates that they feel like harming another person, ask them if they have a plan or the means to do so.
 - 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, offer referrals.

Regardless of whether the person has a plan or means to harm someone, contact 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.

Please note: The relationship between homicide and suicide has been studied extensively, but with conflicting results. In that vein, there was much discussion in the revision of this document as to whether to include the information regarding these similar, but different, issues together. Ultimately, it was decided to present them in the same space as they have similar responses and assessment for both are vital for the safety of the parent educator and client.



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.

CONSIDER THE FOLLOWING:

- Determine if there is an imminent danger of further self-injury.
- Red flags for possible self-harm:
 - Numerous straight cuts, sores from picking at skin, scrapes or scars on any part of the body.
 - Burn marks on body without a plausible reason.
 - Wearing long sleeves in the heat of summer to cover sores.
 - Extreme underweight that might indicate purging behaviors and/or anorexia.

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger 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 counselling.
 - If the person has a mental health 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 or if you witness a child being injured, call **1-800-522-3511 (Child Abuse Hotline)** to report. Consult with your supervisor or refer to your agency's reporting policy.



If you suspect it, **REPORT IT.**

Call your local Department of Human Services or the Oklahoma Child Abuse Hotline **1-800-522-3511**

24-hour statewide

Special Circumstances



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.

CONSIDER THE FOLLOWING:

- If you see an unsecured firearm and you feel unsafe, leave the home immediately.

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger 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 about 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 parents of the need for repetition with children on gun safety and how to teach them to keep away from guns.

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.

CONSIDER THE FOLLOWING:

- Determine if there is 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, crumpled aluminium foil, soda cans with a hole in the side, shafts of ballpoint pens, rolling papers, roach clips, hemp rope, etc.
 - Excessive amount of empty alcohol bottles/cans
 - Small bags of white powder, light brown crystalline powder, or clear chunky crystals that resemble broken pieces of ice or shards of glass (indicators of methamphetamine—can also be liquid form)



- Some possible signs of physical appearance changes are:
 - Decaying of teeth
 - Rapid weight loss
 - Dilated pupils
 - Appears sweaty when temperature is not high
 - Facial sores other than acne and body sores—as a result of picking at skin because they think bugs are crawling under their skin

Note: There may be some cultural considerations with using certain drug paraphernalia (i.e. hookah pipe). Discuss this issue with supervisor prior to addressing with 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.

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger Safety Guidelines**.
- Talk to the parents about the danger of drug paraphernalia being accessible to child(ren); if they acknowledge drug use, discuss the effect of that on the ability to parent.
- Educate the parent(s) about the possible dangers of drug related activities or exposures that occur in their home.
- Encourage the parent(s) to consider treatment regarding substance abuse and provide immediate resources.
- Methamphetamine:
 - Do not enter the home if there is evidence of methamphetamine laboratory materials or chemicals on property.
 - Discreetly (but immediately) leave the home if you unknowingly enter and see evidence of a methamphetamine laboratory. Drive to a safe location and contact police.
 - If you are exposed to methamphetamine, do the following:
 - » Cover your vehicle 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.

Under the Influence of Drugs/Alcohol or Chronic Use

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

CONSIDER THE FOLLOWING:

- Determine if there is 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
 - Nausea
 - Drowsiness, hyperactivity or euphoria
 - Increased or decreased appetite
 - Drugs, alcohol, pills or paraphernalia present in the home
 - Loss of consciousness
 - Paranoia/suspicion and/or altered perceptions
 - Easily angered or enraged (irritability)
 - Apathetic, absence of normal emotions
 - Needle marks
 - Glassy eyes (stare)
 - Rapid eye movement (decrease)
 - Eyes fixated on certain objects
 - Drug or chemical odor or odor of alcohol on clothing or breath
 - Insensitivity to pain

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger Safety Guidelines**.
- If the person providing care for the child(ren) is incapacitated due to substance use:
 - Call DHS **1-800-522-3511** and **911**.
 - Call 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.

Threats of Harm, Violence Related to Gang Involvement

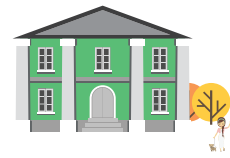
Definition: Entering a home and finding threats of harm, violence related to gang involvement.

CONSIDER THE FOLLOWING:

- Determine if there is 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:
 - Look for bullet holes in the front of the parent/caregiver's house.
Note: This is a red flag that is particular to homes that may have been targeted and could pose a threat.
 - 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.
 - Slang language use related to gangs.
 - Has gang related tattoo.

WHAT TO DO:

- If there is imminent danger, leave the home and follow the **Imminent Danger 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 gang members are present in the home.
- Talk to the parent(s) regarding the danger of gang involvement and 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 child(ren) 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.



Appendix A. Information Hotlines

HEARTLINE OKLAHOMA'S COMMUNITY CRISIS CONNECTION 24 hours a day, seven days a week
 2-1-1 free service, helps people find the local resources they need.
<http://heartlineoklahoma.org/>

ADULT WELFARE	
Abuse Hotline (Child or Adult)	(800) 522-3511
Adult Protective Services	(918) 430-2300
CHILD WELFARE	
Child Abuse Hotline	(800) 522-3511
Oklahoma Center for Poison & Drug Information	(800) 222-1222
Child Welfare (DHS)	(405) 521-3646
DOMESTIC VIOLENCE / SEXUAL ASSAULT	
Safe Line (24-hour statewide hotline)	(800) 522-7233
Victim Services Unit, OK Attorney General	(405) 521-3921
Ok Coalition Against Domestic Violence & Sexual Assault	(405) 524-0700
Crisis Line for Victims of Domestic Violence (24-hour)	(918) 743-5763
Domestic Violence Intervention Services	(918) 744-7273
MENTAL HEALTH	
Reach Out (24-hour statewide hotline)	(800) 522-9054
Depression and Bipolar Support Alliance (George Crooks)	(405) 254-3994 (405) 413-7778
Heartline http://heartlineoklahoma.org/contact/	(405) 840-9396
Oklahoma Mental Health Consumer Council	(405) 604-6975
National Alliance on Mental Illness (Oklahoma)	(800) 583-1264
Oklahoma Department of Mental Health & Substance Abuse Services http://ok.gov/odmhsas/	Local: (405) 522-3908 Toll Free: (800) 522-9054

Appendix A Continued

SUBSTANCE ABUSE	
Reach Out (24 hour statewide hotline)	(800) 522-9054
Oklahoma Alcoholics Anonymous	(405) 524-1100 (OKC) (918) 627-2224 (Tulsa) (405) 316-9742 (Spanish)
OK Citizens Advocating for Recovery and Treatment Association	(405) 848-7555 (Office) (866) 848-7555 (Toll Free) (405) 812-4580 (Hotline)
Oklahoma Narcotics Anonymous	Eastern Area (918) 747-0017 or (888) 749-0017 Southern 5th Area (866) 524-7068 Western Area (405) 524-7068 or (866) 524-7068 Red River (888) 851-1246
Medical Detox	The Referral Center (OKC) State Contract (405) 525-2525 12 & 12 (Tulsa) State Contract (918) 664-4224 St. Anthony's START Program (OKC-private pay) (405) 272 6216, option 1 Integrus Medically Assisted Detox (Spencer-private pay) (405) 427-2441
Ambulatory/Outpatient Detox	The Oaks (McAlester) (918) 421-3500 Catalyst Behavioral Services (OKC) (405) 230-1154 The Referral Center (OKC) (405) 525-2525 12 & 12 (Tulsa) (918) 664-4224 Center for Therapeutic Interventions (Tulsa) (918) 384-0002
OTHER AREA RESOURCES	

Appendix A Continued

Parent Promise/Prevent Child Abuse Oklahoma	(405) 232-2500
Sooner SUCCESS (Children/Adult with Special Needs)	(877) 441-0434
The Parent Child Center of Tulsa (Main Office Administrator)	(918) 599-7999
Youth Services of Oklahoma County	(405) 235-7537
Youth Services of Tulsa	(918) 582-0061
SUBSTANCE ABUSE	
Criminal Investigations Unit (TCSO)	(918) 596-8661
Crime Victims Compensation Board	(800) 745-6098
Oklahoma County Victim Witness Center	(405) 713-1637
Victim Witness Center (TCDA)	(918) 596-4915

DETOXIFICATION PROGRAMS				
City	Agency	Contact #	Population Served	Pregnant
Lawton	Roadback (Non-Medical Detox)	(580) 357-8114	Adult Males & Females	Yes
Oklahoma City	The Referral Center (Medical Detox)	(450) 525-2525	Adult Males & Females	Yes
Tulsa	12 & 12 (Medical Detox)	(918) 664-4224	Adult Males & Females	Yes

OUTPATIENT DETOXIFICATION PROGRAMS - Comprehensive Community Addiction Recovery Centers (CCARCs)				
City	Agency	Contact #	Population Served	Pregnant
McAlester	KI BOIS Community Action Foundation, Inc. dba The Oaks Rehabilitative Services Center (Outpatient Detox)	(918) 421-3590	Adults	Yes
Oklahoma City	Catalyst Behavioral Services (Outpatient Detox)	(405) 230-1154	Adult Males & Females	Yes
Oklahoma City	The Referral Center Outpatient and Medical Detox	(450) 525-2525	Adult Males & Females	Yes
Tulsa	12 & 12 (Outpatient, Medical Detox)	(918) 664-4224	Adult Males & Females	Yes
Tulsa	Center for Therapeutic Interventions, Inc. (CTI) (Outpatient Detox)	(918) 384-0002	Adult Males & Females	Yes

CERTIFIED DOMESTIC VIOLENCE/SEXUAL ASSAULT/BATTERER INTERVENTION PROGRAMS



All resources listed below were updated and current as of June 2018.

The **Oklahoma Attorney General (OAG) Victim Services**, page¹ or the **Oklahoma Coalition against Domestic Violence and Sexual Assault** ² where additional or current services may be available.

Name	City	Office Phone	Crisis Phone
Action Associates, Inc.	Clinton	(580) 323-8700	(580) 323-2604
Action Associates, Inc.	Elk City	(580) 243-5913	(580) 323-2604
Community Crisis Center	Grove	(918) 253-3939	(800) 400-0883
Name	City	Office Phone	Crisis Phone
Community Crisis Center	Grove	(918) 253-3939	(800) 400-0883
Community Crisis Center	Jay	(918) 253-3939	(800) 400-0883
Community Crisis Center	Miami	(918) 540-2275	(800) 400-0883
Community Crisis Center	Vinita	(918) 256-1945	(800) 400-0883
Crisis Control Center, Inc.	Durant	(580) 924-3056	(580) 924-3030
DaySpring Villa Women & Children's Shelter	Sand Springs	(918) 245-4075	(918) 245-4075
DVIS	Sapulpa	(918) 743-5763	(918) 743-5763
DVIS	Tulsa	(918) 743-5763	(918) 743-5763
Family Crisis & Counseling Center Inc.	Bartlesville	(918) 336-1188	(844) 311-7233
Family Crisis Center, Inc.	Ada	(580) 436-6648	(580) 436-3504
Family Resource Center	Seminole	(405) 382-5979	(844) 863-0270
Family Shelter of Southern Oklahoma	Ardmore		(580) 226-6424
Family Shelter of Southern Oklahoma	Marietta		(580) 226-6424
Help-In-Crisis	Sallisaw	(918) 456-0673	(800) 300-5321
Help-In-Crisis	Stillwell	(918) 456-0673	(800) 300-5321
Help-In-Crisis	Tahlequah	(918) 456-0673	(800) 300-5321
Help-In-Crisis	Wagoner	(918) 456-0673	(800) 300-5321
Intervention & Crisis Advocacy Network (ICAN!)	Chickasha	(405) 224-8256	(405) 222-1818

¹ <http://www.oag.ok.gov/victim-services-resources>

² <https://www.ocadvsa.org/get-help>

Resources

Certified Domestic Violence/Sexual Assault/Batterer Intervention Programs continued

Name	City	Office Phone	Crisis Phone
Intervention & Crisis Advocacy Network (ICAN!)	El Reno	(405) 224-8256	(405) 262-4455
KI Bois Community Action Foundation Domestic Violence Program-Stigler, McAlester	McAlester	(918) 967-2512 (918) 423-4448	(877) 810-5637
KI Bois Community Action Foundation Domestic Violence Program-Stigler, McAlester	Stigler	(918) 967-2512 (918) 423-4448	(877) 810-5637
Latino Community Development Agency	OKC	(405) 236-0701	(405) 863-3403
New Directions	Lawton	(580) 357-6141	(580) 357-2500
Northwest Domestic Violence Crisis Services, Inc.	Alva	(580) 327-6648	(888) 256-1215
Northwest Domestic Violence Crisis Services, Inc.	Buffalo	(580) 735-6135	(888) 256-1215
Northwest Domestic Violence Crisis Services, Inc.	Guymon	(580) 338-2780	(580) 256-1215
Northwest Domestic Violence Crisis Services, Inc.	Seiling	(580) 922-3583	(580) 256-1215
Northwest Domestic Violence Crisis Services, Inc.	Shattuck	(580) 938-5178	(580) 256-1215
Northwest Domestic Violence Crisis Services, Inc.	Woodward	(580) 256-1215	(888) 256-1215
OCFRC, Inc.	Okmulgee	(918) 756-2549	(877) 756-2545
Project Safe	Chandler	(405) 273-9953	(800) 821-9953
Project SAFE	Shawnee	(405) 273-9953	(800) 821-9953
Safenet Services, Inc.	Claremore	(918) 341-1424	(918) 341-9400
Safenet Services, Inc.	Pryor	(918) 825-0190	(918) 341-9400
Southeastern Oklahoma Family Services	Ardmore	(580) 226-3750	(580) 226-6424
Southwest Oklahoma Community Action Group Inc	Altus	(580) 482-3800	(800) 466-3805
Southwestern Oklahoma Services for Family Violence Intervention, Inc. (SOS)	Idabel	(580) 286-7533	(888) 286-3369
Survivor Resource Network	Ponca City	(580) 762-2873	(580) 762-2873
Wings of Hope Family Crisis Center	Stillwater	(405) 372-9922	(405) 624-3020
Women In safe Home, Inc. (WISH)	Eufaula	(918) 682-7879	(918) 618-4250
Women In Safe Home, Inc. (WISH)	Muskogee	(918) 682-7879	(918) 682-7878 (800) 230-9799
Women's Crisis Services of Leflore County	Poteau	(918) 647-2810	(918) 647-9800
Women's Haven, Inc.	Duncan	(580) 252-4357	(580) 252-4357 (877) 970-4357
Women's Resource Center, Inc.	Norman	(405) 364-9424	(405) 701-5540
YWCA Enid	Enid	(580) 234-7581	(580) 234-7644
YWCA OKC	OKC	(405) 948-1770	(405) 947-4506

Appendix B. Oklahoma Law – Reporting of Child Abuse and Neglect

CHILD PROTECTIVE SERVICES DEFINITION OF DOMESTIC VIOLENCE:

“Domestic Violence” means assaultive or coercive behaviors, such as physical, sexual, and psychological attacks, or economic coercion against another adult, emancipated minor, or minor child who are family or household members or who are or were in a dating relationship.

TITLE 10A, SECTION 1-2-101 REQUIRES THAT:

Every person having reason to believe that a child under the age of eighteen (18) years is a victim of abuse or neglect shall report the matter promptly to the Department of Human Services. Other points of note in the Statute:

- Any person who knowingly and wilfully fails to promptly report suspected child abuse or neglect, may be reported to law enforcement and if convicted, shall be guilty of a misdemeanor.
- Any person with prolonged knowledge of child abuse or neglect, of at least six months, who knowing and willingly fails to report such knowledge may be reported to law enforcement and if convicted, shall be guilty of a felony.
- Any person who knowingly and wilfully makes a false report of suspected child abuse or neglect, may be reported to law enforcement and if convicted, shall be guilty of a misdemeanor.

LIABILITY OF THE REPORTER:

Title 10A, Section 1-2-104 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 statewide child abuse and neglect hotline at any time or by e-mail.

Statewide Child Abuse and Neglect Hotline
1-800-522-3511



HOTLINE

Email the form to Sto.hotline.referral@okdhs.org.

Form:

<http://www.okdhs.org/OKDHS%20Form%20Library/O4CP007E.pdf#search=O4cP007e>

Note: Emergency and urgent reports should always be called as the e-mail may not be seen immediately.

REMINDER: In case of a true emergency, law enforcement needs to be contacted before DHS.

IDENTITY OF THE REPORTER:

State law and 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 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. In general, grade school children, who demonstrate the ability to be responsible and mature, may be able to be left alone one to two hours during the day, if they have access to a responsible adult and not caring for younger children. Middle school children who demonstrate the ability to be responsible, mature and self-sufficient, may be able to be left alone for up to four hours during the day and evening. They may also be able to care for one or two younger children if there is constant access to a responsible adult.
- 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 nearby in case of an emergency; whether there is family history of abuse or neglect, etc.

Appendix C. 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.

Home Visitation Leadership Advisory Coalition



The Home Visitation Leadership Advisory Coalition (HVLAC) emerged in 2003 as a response to the growing field of home visitation, striving to strengthen state and local collaboration with the goal of best practice. The Family Support and Prevention Service within the Oklahoma State Department of Health (OSDH) has been at the helm of HVLAC since it began with a primary focus on early family support and education programs that are preventive in nature and utilize home visitation approaches.

The coalition along with the general field of home visitation has evolved through the years looking different today than when compared to its earlier form. Growth and transitions can be seen in the number and variety of programs, the strong drive to be evidence-based/evidence-informed and even the alterations in jargon from what used to be called the “home visitor” to now being referred to as the “parent educator”. These are just a few examples of what is current in home visitation today.

The group coordinates its efforts throughout the year on various activities related to child abuse prevention (for child abuse prevention month and advocacy, for example) and best use of funds for those involved for child abuse prevention, school-readiness, child abuse intervention and early intervention.

Currently HVLAC is comprised of representatives from public school districts, youth and family service agencies, the Prevent Child Abuse America/Oklahoma Chapter, parent-child centers and other private non-profits.



Purpose of Coalition:

- Facilitate collaboration and networking among agencies and programs.
- Bring together topics and speakers relevant to early childhood, child abuse prevention and home-visitation so that the group stays informed and are better able to address these issues.
- Identify priorities for enhancing the support and functioning of preventive home visitation, community-based family resource and support programs.
- Provide guidance on addressing training and technical assistance needs, or other special issues.
- Develop and implement strategies to enhance public relations, education and public policy.
- Review the assessment and development of program evaluation efforts.
- Provide guidance and feedback to the Family Support and Prevention Service (OSDH).
- Assist with April Child Abuse Prevention (CAP) Month Activities.
- Other recommendations, such as sharing information with national networks affiliated with some programs.



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Embarking on what I expected to be a typical morning home visit, I arrived on the doorstep to meet with a client and her six-week old infant. Calling to confirm prior to the visit, I was informed that her brother had shown up at the home, needing a place to stay. This brother happened to have a warrant out for his arrest in another county. Given this information, the client decided to call the police because she was afraid if DHS found out someone with a warrant was at their residence, they might lose their baby.

As I reflect now on how I might have handled things differently with a little more experience under my belt, it could have been as simple as rescheduling the visit. I had never been exposed to interactions with police so I had unrealistic expectations. Had the safety manual been available at that time, I would have been better prepared and taken precautions to protect myself from what could have been a violent encounter.

As someone that was relatively new to home visiting (seeing clients about seven months), my naïve mind thought the police would just knock on the door and proceed with arresting her brother. Instead, the police called the home phone, the client answered the phone then stepped outside.

Once she stepped outside the home, she realized the house was surrounded. They were planning to enter the home so they were not going to let her go back inside. In those moments, I was just a parent educator doing my job... weighing and measuring the baby as federal agents burst in the front and back doors. I ran to a bedroom with the baby while they were yelling at her brother, husband and father-in-law, “to get on the floor”. They called out asking if anyone else was in the house, so I said, “I’m a nurse back in the bedroom with a baby.”

They took her brother into custody and the client returned to the house. It was close to Christmas and we had been planning to make a Christmas ornament with the baby. I was shaken up, to say the least, but trying to play it cool. When I told her we’d just make the ornament next time, she insisted it was okay we could go ahead and make it. Not wanting to lose the client I stayed and we made the ornament. Ha, just another day at the office! True story.

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-Parent Educator

Closing Statement

Ensuring the safety of the parent educator who enters the homes of their clients requires collaboration with a variety of community partners. Clear guidelines are necessary to address both the general and imminent danger safety concerns as well as unique circumstances that parent educators may encounter in their work.

This manual provides the reader with guidelines that address both general and imminent danger safety considerations. Additionally information provides specific safety steps to consider when encountering issues of domestic violence, drug and alcohol abuse, mental illness, human trafficking and guns in the home environment. A statewide resource list as well as helpful appendices are also included when more information is warranted.

Note:

The intent of this manual is to provide guidance. Parent educators should be familiar with and adhere to their agency specific policies and procedures as well as current state laws.



Keeping Parent Educators Safe!



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