THE OREGON COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE (OCADSV) DEFINES DOMESTIC VIOLENCE AS:
“A pattern of coercive tactics that can include physical, psychological, sexual, economic, and emotional abuse, perpetrated by one person against an intimate partner, with the goal of establishing and maintaining power and control. Domestic violence occurs in all kinds of intimate relationships, including married couples, people who are dating, couples who live together, people with children in common, same-sex partners, people who were formerly in a relationship with the person abusing them, and teen dating relationships.”

FAMILY VIOLENCE PREVENTION AND SERVICES ACT AND CONFIDENTIALITY
The Violence Against Women Act (VAWA) was initially passed in 1994, as part of the Violent Crime Control and Law Enforcement Act. VAWA was amended in 2005, 2013, and 2017 to address and strengthen confidentiality for DV survivors. VAWA outlines, with great specificity, the maintenance of confidentiality as a condition of grant funding. This amendment requires the protection of DV survivor confidentiality from any provider at a community-based DV organization and/or governmental agency that receives federal funds for domestic violence, sexual assault, stalking, and dating violence. Furthermore, a program cannot require a survivor to sign a release of information (ROI) as a condition of receiving services. The crux of the VAWA confidentiality provision is that grantees may not disclose personally-identifying information, or individual information, or reveal individual information in connection with services requested, utilized, or denied.

There are only three exceptions to this law:
1. A DV survivor provides an informed, written, and time-limited consent, or release of information (ROI)
2. Statutory mandate
3. Court mandate

IMPLICIT BIAS
Implicit bias refers to the unconscious association people make between groups of people and stereotypes about those groups. Being aware of implicit bias is especially important when co-located domestic violence advocates are working in different organizational cultures and when working with populations that are represented by people from diverse age groups, race, gender, physical and mental ability, and the LGBTQ community.

For more information, refer to:
https://implicit.harvard.edu/implicit/research
www.understandingprejudice.org
Tips for Building and Maintaining Healthy Relationships with Co-located DV Advocates

Develop a Leadership Team that meets regularly to discuss and solve any problems that may arise in this collaborative relationship, as well as celebrate successes of the relationship. The Leadership Team would be comprised of supervisory and line staff representing both the DHS Child Welfare or Self-Sufficiency Program and the non-profit domestic violence advocacy organization.

Establish a local Memorandum of Understanding (MOU) that:
- Distinguishes the roles and responsibilities of co-located domestic violence advocates from DHS caseworkers and any other service providers that work in the DHS office
- Develops a comprehensive orientation for all members of the co-located domestic violence advocacy program in partnership with the DHS Child Welfare and/or Self-Sufficiency Program
- Creates an organizational structure for the co-located domestic violence advocacy program in partnership with the DHS Child Welfare and/or Self-Sufficiency Program
- Offers domestic violence training for DHS Child Welfare and/or Self-Sufficiency caseworkers
- Identifies practices to ensure privacy and security for client files and data
- Clarifies the attendance and leave policies for the co-located domestic violence advocates
- Develops a referral process to the co-located domestic violence advocates in partnership with the DHS Child Welfare and/or Self-Sufficiency Program
- Problem solves with DHS Child Welfare and Self-Sufficiency caseworkers on how to best support domestic violence survivors in navigating DHS Child Welfare and/or Self-Sufficiency procedures
- Participates in DHS Child Welfare and Self-Sufficiency caseworkers’ case planning
- Participates in DHS Child Welfare and Self-Sufficiency home visits as requested

Strengthen Collaborations
Collaboration requires a group of people with diverse skills, experience, and knowledge to commit to working towards a shared vision. Collaboration can:
- Open lines of communication
- Improve relationships
- Increase trust, knowledge, and resources
- Break down barriers that inhibit collaboration

Trauma-Informed Care
Domestic violence survivors, and their children, experience trauma and need to be supported by a system that incorporates trauma-informed care principles into their procedures, practices, and policies. A fundamental element of implementing a trauma-informed care framework is the understanding of the impact of historical trauma and oppression. The basis for incorporating a trauma-informed care model includes the following elements:
- Creating a safe space, physically, emotionally, that is transparent, predictable, and has clear and consistent boundaries
- Valuing the individual through relationship, compassion, respect, acceptance, non-judgment, and collaboration
- Restoring power by promoting choice, empowerment, strengths, and skill-building