

# SAFETY guideline

Manual



for home visitors

a resource adapted by the *Partners in Community Outreach*

# Table of Contents

## Introduction and Dedication

## General Safety Guidelines

Initial Assessment	3
General Safety	3
Overall Safety	4

## Specific Guidelines for Special Circumstances

Domestic Violence	7
Mental Illness / Psychiatric Emergencies	9
Suicidal Plans or Attempts / Homicidal Plans	10
Self Harm / Self-Mutilation	12
Firearms	12
Drug Paraphernalia	13
Under the Influence of Drugs / Alcohol or Chronic Use	115
Threats of Harm and / or Violence Related to Gang Involvement	15

## Resources

Appendix A: Information Hotlines	17
Appendix B: WV Code: Reporting of Child Abuse and Neglect	19
Appendix C: Mental Health Decision Making Tree	21
Appendix D: Domestic Violence Decision Making Tree	22
Appendix E: Substance Abuse Decision Making Tree	23

# I. Introduction

This manual was originally developed by the Home Visitation Leadership Advisory Coalition in Oklahoma. Permission was given by the Oklahoma Department of Health to the Partners in Community Outreach to adapt the manual to meet the needs of home visitors in West Virginia. The Partners in Community Outreach Training Committee lead the effort to adapt this manual. The members of the Training Committee include:

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These general guidelines are presented to enhance the safety of staff providing home visiting services in West Virginia. They also address some special circumstances, such as domestic violence, mental health, and substance abuse issues. These guidelines should be considered along with your specific program policies and procedures.

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## Dedication

This manual and training event are dedicated to **Brenda Lee Yeager**, born March 2, 1957, passed away July 30, 2008.

Brenda was a Social Worker with Pro Careers/First Care Services for 14 years, providing Right From the Start services to families in Cabell, Lincoln, Putnam, and Boone Counties. She dedicated her life to helping children get the items and the care they needed to get a decent start in life. She was mother to one son and three daughters and grandmother to three grandsons.



## II. General Safety Guidelines

### A. Initial Assessment

When a family has one or more of the following factors, there should be a conversation 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 meeting include:

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).



- 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 oversee the case with appropriate staff/administrators to determine an appropriate course of action.

Throughout the course of home visiting, participants may share information regarding any of the above factors. As information is shared, the home visitor will need to listen with empathy and a non-judgmental attitude. The home visitor needs to report the information to their supervisor after the visit.

### 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 Child Protective Services at your county Department of Health and Human Resources (DHHR) office or 1-800-352-6513 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. Remember that the safety of the home visitor is of utmost importance.

*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 shared with the appropriate person. These schedules include after hour visitations.*

## 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, determine if the animals are a danger.
2. If possible, call to confirm that the participating parent and/or any other people are home for the visit prior to leaving for the visit.
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 the appropriate person.
7. Leave a schedule of visits for the day with the appropriate person. Include beginning times for each visit. If major changes are made, inform the appropriate person.
8. Keep vehicle well maintained with at least a half-tank of gas.
9. If carrying a cellular phone, program the phone so that a call to 911 or other emergency services can easily be made.
10. Leave valuables at home or place in the trunk of your car before leaving for the visit. Do not attempt to place valuable items in the trunk while parked for a visit.
11. Carry in a pocket your driver's license or picture identification/name badge.
12. 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 to drive away from the visit. Inform your supervisor immediately.
2. Be alert, do not become pre-occupied. 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 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 and have them ready before you open your car door.
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 eye contact with others on the street.
2. If you are approached in a busy neighborhood, be brief with the person and continue moving. Do not be drawn into conversations. 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. 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, do not enter the home. Indicate that you will contact the parent/caregiver to reschedule for another time.
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 Protective Services of State at your local DHHR Office or call 1-800-352-6513 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. 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. 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.)
7. 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.

### III. Specific Guidelines for Special Circumstances

#### A. Domestic Violence

*DeS nition:* 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 S ght 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; deSning 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 West Virginia law regarding reporting of child abuse if children were present in a home where there is domestic violence. See Appendix B 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.

In West Virginia, a health care practitioner whose patient has injuries or conditions consistent with domestic violence shall provide to the patient, and every health care facility shall make available to all patients, a written form of the rights of victims and the remedies and services available to victims of domestic violence. DHHR shall make available to health care facilities and practitioners a written form of the rights of victims and the remedies and services available to victims of domestic violence.

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. Refrain from sharing your personal opinions, such as “I don’t know why you stayed in the relationship” or “I am proud of you for leaving.”
- Any threats made should be well documented and reported.



c. Petitions and Protective Orders:

A Petition may be S led by:

A person seeking protection from domestic violence or abuse.

An adult family member or person within the household on behalf of a child or adult who is physically or mentally unable to S le.

Someone who saw or reported domestic violence, and as a result has been abused, threatened, or intimidated.

A Protective Order may be S led against:

Anyone related to you.

Anyone you live with or used to live with.

Anyone you are or used to be romantically involved with.

Anyone you are dating or previously dated.

A protective order can be used if you can show that the partner has abused you physically, sexually, or emotionally. If a protective order is issued, it will order the abuser not to hurt or bother the victim for 90 to 180 days.

*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 S nally ending a relationship.*

## B. Mental Illness/Psychiatric Emergencies

*DeS nition:*In a home with people 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 s ags of possible risk to the client and home visitor, requiring a meeting with a supervisor:

- 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
- SigniS cant 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. Partner with the person's treating doctor with appropriate signed releases.

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 Protective 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)
- 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, tell the provider about the suicidal plans. Call the provider, if necessary.
- 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.
- Never put yourself in unnecessary danger. You may need to leave the home visit and then call for help.

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. You can call the provider, if necessary.
- 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.

c. Mental Hygiene Petition:

Any person over the age of 18 may make an application for involuntary hospitalization for examination of an individual when the person making the application has reason to believe that the individual to be examined is addicted or is mentally ill and, because of his or her addiction or mental illness, the individual is likely to cause serious harm to himself, herself or to others if allowed to remain at liberty while awaiting an examination and certification by a physician or psychologist.

The person making the application under oath shall give information and state facts that he or she believes because of symptoms of mental illness or addiction the individual is likely to cause serious harm to himself, herself or to others and the grounds for the belief, stating in detail the recent acts upon which the belief is based.

## Filing A Mental Hygiene Petition

- Person S ling has to have witnessed the behavior requiring a mental hygiene order to be issued
- Go to the magistrates ofS ce in the county court house where the behavior occurred
- Fill out application for a mental hygiene petition
- Follow case on which mental hygiene order has been applied
- The person who S les the petition MUST attend the hearing for the mental hygiene order.

## D. Self-Harm/Self-Mutilation

*DeS nition:* 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 an 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 them 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 Protective Services in your county or call 1-800-352-6513 to report. After a report has been made consult with your supervisor.



## E. Firearms

*DeS nition:* Open display of S rearms 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 S rearms, 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.

West Virginia Code states that no person shall possess a S rearm who:

- Has been convicted in any court of a crime punishable by imprisonment for a term exceeding one year
- Habitually addicted to alcohol
- An unlawful user of or habitually addicted to any controlled substance
- Has been adjudicated as a mental defective or who has been involuntarily committed to a mental institution
- Is an undocumented alien illegally or unlawfully in the United States
- Has been discharged from the armed forces under dishonorable conditions
- Subject to a domestic violence protective order.
- Has been convicted of a misdemeanor offense of assault or battery with a person of intimate relations
- Has been convicted in WV or any other jurisdiction of a felony controlled substance offense excluding marijuana

The name of any person who has been adjudicated to be mentally defective or who has been committed for treatment of a mental illness shall be reported to the Superintendent of the West Virginia state Police to be included in the central state mental health registry. [WV Code-61-7A-3]

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 S rearm and ammunition in the home:

- Talk to the parents regarding keeping the S rearm 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)

*DeS nition:* 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 doorboards 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 Protective Services in your county or 1-800-352-6513 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 and / or Violence Related to Gang Involvement

*Definition:* Entering a home and sending 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. Resources

### Appendix A. Information Hotlines

#### For assistance with child welfare issues

- Child Pornography Tipline 1-800-843-5678
- Report Child/Adult Abuse in West Virginia 1-800-352-6513
- ChildhelpUSA- Child Abuse Hotline 1-800-4-A-CHILD  
(1-800-422-4453)
- Safe Schools Helpline 1-866-723-3982  
(Report school violence and safety issues)
- West Virginia Missing Children Clearinghouse 1-800-352-0927
- Children with Special Health Care Needs Hotline- 1-800-642-9704

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

- West Virginia (National) Suicide Hotlines 1-800-784-2433  
1-800-273-8255  
1-800-799-4889 (TDD)
- Bureau for Behavioral Health and Health Facilities 304-558-0627

#### For assistance with substance abuse issues:

- Narcotics Anonymous
  - Northern region 1-800-766-4442
  - Charleston, WV 304-344-4442
  - Panhandle region- 1-800-777-1515
  - Tri-state region 1-888-251-2426
- West Virginia Alcoholics Anonymous 1-800-333-5051

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

- National Domestic Violence/ Abuse Hotline 1-800-799-SAFE  
1-800-787-3224 (TDD)
- West Virginia Family Matters Hotline 1-888-983-264
- Family Refuge Center 1-866-645-6334 or  
304-645-6334
- Rape and Domestic Violence Information Center 304-292-5100
- WV Foundation for Rape and Information Services 304-366-9500
- West Virginia Coalition Against Domestic Violence 304-965-3552
- Domestic Violence State Hotline 1-800-681-8663

#### For general information:

- Arson Hotline 1-800-233-3473
- West Virginia Poison Center 1-800-222-1222
- Legal Aid of West Virginia 1-800-642-8279
- Environmental Health Hotline 1-800-368-4358
- Hate Crimes Hotline 1-888-676-5546

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

Name	Counties	Phone
Shenandoah Women's Center	Berkeley, Jefferson, Morgan	304-263-8522 (Voice/TTY)
Family Crisis Intervention Center	Calhoun, Jackson, Pleasants, Ritchie, Roane, Tyler, Wirt, Wood	304-428-2333 800-794-2335 (Voice/TTY)
Branches Inc.	Cabell, Lincoln, Mason, Wayne, Putnam	304-529-2382 304-538-9838 (Voice/TTY)
Tug Valley Resource Shelter	Mingo, Logan	304-235-6121 (Voice/TTY) 800-340-0639
Stop Abusive Family Environments	McDowell, Mercer, Wyoming	304-436-8117 (Voice/TTY)
Women's Resource Center	Fayette, Nicholas, Raleigh Summers	304-255-2559 (Voice/TTY)
Family Refuge Center	Greenbrier, Monroe, Pocahontas	304-645-6334 (Voice/TTY)
West Virginia Coalition for Domestic Violence		304-965-3552 (Voice/TTY)
Women's Aid in Crisis	Barbour, Braxton, Tucker Randolph, Upshur, Webster	304-636-8433 800-339-1185 (Voice/TTY)
Rape and Domestic Violence Information Center	Monongalia, Preston, Taylor	304-292-5100 (Voice only) 304-263-8522 (TTY only)
Family Crisis Center	Grant, Hampshire, Hardy, Mineral, Pendleton	304-788-6061 800-698-1240 304-788-6556 (TTY only)
HOPE Inc.	Doddridge, Gilmer, Harrison Lewis, Marion	304-367-1100 (Voice only) 304-367-1101 (TTY only)
YWCA Resolve Family Abuse Program	Boone, Clay, Kanawha	304-340-3550 800-681-8663 304-340-3549 (Shelter)
YWCA Family Violence Prevention Program	Ohio, Marshall, Wetzell	304-232-2748 800-698-1247 (Voice/TTY)

## Appendix B. West Virginia Abuse and Neglect Reporting Law

According to WV law [WV Code 49-1-3], an abused or neglected child is any child whose parent, guardian, or custodian (regardless of age) harms or threatens the child's health or welfare by:

- Knowingly or intentionally inflicting, attempting to inflict or knowingly allowing another person to inflict physical injury or mental or emotional injury
- Sexual abuse or sexual exploitation
- The sale or attempted sale of a child
- Refusal, failure, or inability to supply the child with necessary food, clothing, shelter, supervision, medical care or education.
- Domestic or family violence causing substantial emotional injury which harms or threatens the child's health or welfare
- Negligent treatment or maltreatment
- Abandonment, deserted as a child without necessary food, clothing, shelter, medical care, education or supervision because of the disappearance or absence of the child's parent or guardian

Anyone may report suspected abuse or neglect; however, under West Virginia law [WV Code 49-6a-2], certain persons are required to report. These persons include:

- Medical, dental or mental health professionals
- Christian science practitioners
- Religious healers
- School teachers and other school personnel
- Child care or foster care workers
- Emergency medical services personnel
- Peace officers or law enforcement officials
- Members of the clergy
- Circuit court judges, family court judges, or magistrates
- Humane officers

Under West Virginia law, any mandated reporter of suspected abuse or neglect who knowingly fails to report shall be guilty of a misdemeanor. Penalties include up to 10 days in jail and/or a \$100 fine. [WV Code 49-6A-8]

### Liability of Reporter

West Virginia law [WV Code 49-6A-6] provides immunity from civil or criminal liability for persons reporting abuse in good faith.

### How to Report Suspected Child Abuse/Neglect

Report your concerns to the Child Protective Services (CPS) division of the state Department of Health and Human Resources (DHHR) in the community where the abuse occurred. [WV Code 49-6A-5] Reports can also be made to the Child Abuse and Neglect Hotline (1-800-352-6513) 7 days a week, 24 hours a day.

### Identity of the Reporter

The identity of all persons who report suspected child abuse or neglect is confidential. However, in some instances, despite the Child Protective Services workers' efforts to maintain confidentiality,

families may be able to deduce the identity of the reporter. However, the reporter is protected from suit by the immunity clause if the report was made in good faith. [WV Code 49-6A-5]

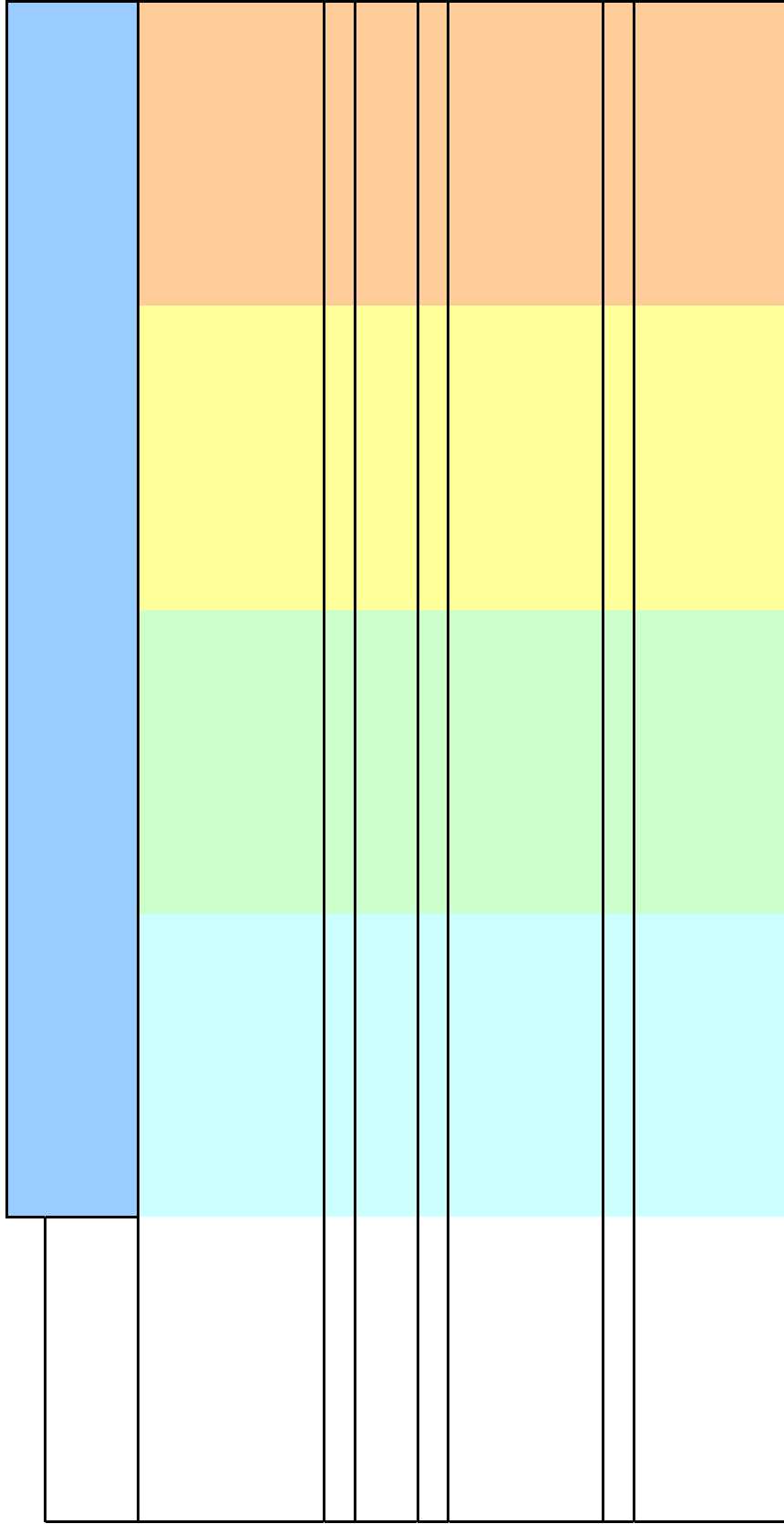
### **Guidelines for Children Left Alone**

West Virginia Law does not set a specific age at which a child can legally stay alone for periods of time. It has been determined that age alone is not a good indicator of a child's maturity level. For children six years and under, being left alone or to care for younger siblings is never acceptable for extended periods of time.

### **Considerations When Leaving a Child Alone**

- **Child's level of maturity (whether the child is physically capable of taking care of her/himself.)**
- **Child's mental capacity of recognizing and avoiding danger and making sound decisions.**
- **Child's emotional readiness to be alone**
- **Child's knowledge of what to do and whom to call if an emergency arises.**
- **Child has no physical, emotional, or behavioral special needs or problems that make it unwise to be left alone.**
- **Level of accessibility of those responsible of the child**
- **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 emergency; whether there is a family history of abuse and neglect, etc.**

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



**Appendix D. Domestic Violence Decision Making Tree**



