

Sample Critical Incident Procedure:

### Domestic Violence, Intimate Partner Violence, and Sexual Violence (Non-Emergency) Procedure

This section addresses individual disclosures of intimate partner or domestic violence that does not present an immediate danger to the client or those around them. If this is a situation where there is an immediate danger, please follow all instructions in the Emergency Procedure.

**Definitions:**

* Domestic violence (DV) is defined as a pattern of abusive behavior in a family relationship or by persons living in the same domicile that one person uses to gain or maintain control over the other person.
* Intimate partner violence (IPV) describes violence that takes place between intimate partners (married couples, people who are dating, same-sex partners, teen dating relationships, etc.) which causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behavior. This type of violence may also include the denial of resources, opportunities, or services.
* Sexual violence (SV) describes any harmful or unwanted sexual act; attempt to coercively obtain a sexual act; or act directed against a person's sexuality without their consent.

**Examples:**

* Any Individual disclosure of DV, IPV, and/or SV should trigger this procedure.

**What to do:**

1. Identify the risk as a crisis, not an emergency. Ensure your safety; leave any situation that is dangerous.
2. Offer to speak with the survivor in a private setting where others, including program participants or the survivor's family/children, cannot overhear the conversation.
3. If your team’s designated DV/IPV/SV-trained staff member is available—[IF APPLICABLE: DV/IPV/SV CONTACT NAME] at [XXX-XXX-XXXX]—contact them and ask for their availability to meet with the client immediately. If staff are not available, proceed independently as follows.
4. Listen to the survivor.
* Practice active listening to show the survivor that you are receptive to what they are sharing and open to speaking about difficult topics like DV, IPV, and SV.
* Recognize that survivors' perceptions and understanding of the abuse can vary widely based on factors such as culture, personal history, and the abuse’s duration and severity.
* Respond with empathy and healing statements, such as "I believe you," "I'm sorry this happened to you," or "Thank you for feeling comfortable enough to share this with me.”
1. Maintain confidentiality. Inform the survivor of your agency’s client confidentiality policy and empower them to make their own choices regarding sharing their experiences.
2. In accordance with the survivor-centered approach, *do not advise the survivor on whether to leave or stay.* Survivors are the experts on their own situation and are best equipped to take calculated risks.
3. If there is a safety risk, complete a safety plan, consult with your supervisor, and follow your agency’s DV/IPV/SV standard operating procedures—[IF APPLICABLE: LINK TO AGENCY DV/IPV/SV PROTOCOLS]—to ensure the safety of both the survivor and staff.
4. If the client is not currently connected, offer referrals to internal or external programs such as Preferred Communities and/or community-based DV/IPV/SV resources.
* If the individual agrees to referrals, complete a Release of Information to connect them as soon as possible to support services and follow-up care.
1. Debrief with your supervisor and seek any personal support as needed.
2. Document the situation in a case note and a critical incident report.

To provide immediate assistance to SV survivors in crisis, service providers should consider the following steps in addition to the procedure above:

1. If your team’s designated SV-trained staff member is available—[IF APPLICABLE: SV CONTACT NAME] at [XXX-XXX-XXXX]—contact them and ask for their availability to meet with the client immediately. If staff are not available, follow the guidance below.
2. Offer to connect the survivor with local support centers or hotlines (e.g., 1-800-656-HOPE, a national 24-hour sexual assault hotline; [XXX-XXX-XXXX], [LOCAL HOTLINE NAME]).
3. Address any medical concerns. If the assault has recently occurred and the survivor has sustained physical injuries, provide them with a referral to seek medical attention.
4. Address safety concerns. Acknowledge and address any fears about the perpetrator returning or feelings of vulnerability for the survivor themselves or their children. Complete a safety plan.
5. Sexual assault responses should be conducted by trained providers to ensure client safety and appropriately manage issues such as pregnancy prevention, sexually transmitted infections (STIs), reporting to law enforcement, and forensic medical exams. Please note that there are prevention mechanisms for potential exposure and treatment to HIV/AIDS, STIs, and unwanted pregnancy for SV survivors. However, these services are administered within three to five days of the incident; immediate consultation or referral to specialized providers is essential. Staff should facilitate referral to internal or external providers and/or consult with internal agency experts for support on SV cases.

In summary, when responding to disclosures of sexual violence, prioritize the survivor's safety and well-being, provide accurate information, and create a supportive and non-judgmental environment for them to express their concerns and seek assistance.

**Case Consultation:**

In an event of a disclosure of interpersonal violence and/or sexual assault, seek case consultation from your direct supervisor and/or:

* [SECOND DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]
* [THIRD DESIGNATED OFFICE CONTACT NAME] at [XXX-XXX-XXXX]

**Staff Training Resources:**

(*Consider resources on DV, gender-based violence, and safety planning in addition to any internal resources, forms, and policies*.)

* [RESOURCE 1]
* [RESOURCE 2]

**Relevant Client Resources:**

* [RESOURCE 1]
* [RESOURCE 2]

**Support Hotlines:**

National Domestic Violence Hotline

* 1-800-799-SAFE (1-800-799-7233)
* 1-800-787-3224 (TTY service for hearing impaired individuals)
* [www.ndvh.org](http://www.ndvh.org )

National Sexual Assault Hotline of the Rape, Abuse and Incest National Network (RAINN)

* 1-800-656-HOPE (1-800-656-4673)
* [www.rainn.org](http://www.rainn.org )

National Center for Missing and Exploited Children

* 1-800-THE-LOST (1-800-843-5678)
* [www.missingkids.com](http://www.missingkids.com )

The National Center for Victims of Crime

* 1-800-FYI-CALL (1-800-394-2255)
* 1-800-211-7996 (TTY service for hearing impaired individuals)
* [www.victimsofcrime.org](http://www.victimsofcrime.org)

[LOCAL DV/IPV/SV HOTLINE]

* [XXX-XXX-XXXX]
* [WWW.XXX.XXX]

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