the missouri coalition
against domestic & sexual violence

Service Standards and Guidelines for Sexual Violence Programs

APRIL 2012

ABOUT MCADSV

The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) is the membership coalition of those working in the Missouri movement to end violence against women. Founded in 1980, MCADSV has more than 100 member programs that provide services to victims of violence against women. Since its beginning, MCADSV has worked to ensure there is someone to talk to, someplace to go and someone to help women victimized by violence when they need it most. MCADSV's members—individuals and organizations from throughout the state—count on the Coalition to provide them with the resources, training and expertise to further social justice in their own communities as well as a unified voice at the state level to improve public policy, systems and responses to violence against women. To further these aims, MCADSV provides the following services to its members and the communities they serve:

EDUCATION

MCADSV educates the general public about domestic violence, sexual violence, dating violence and stalking; trains professionals; and advocates public policy to prevent and alleviate violence against women.

ASSISTANCE

MCADSV provides technical assistance, training and support to members and related communities of service providers.

ALLIANCE

MCADSV provides opportunities for communication among those working in the movement to end violence against women.

RESEARCH

MCADSV researches the extent of domestic violence, sexual violence, dating violence and stalking to more effectively reduce its impact and occurrence in the lives of Missouri's women.

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ABOUT THE *SERVICE STANDARDS AND GUIDELINES FOR SEXUAL VIOLENCE PROGRAMS*

History of Service Standards and Guidelines

These standards and guidelines were developed to assist sexual violence programs in providing quality services and implementation of best practices. They cover the core services provided to women who are victims of sexual violence. MCADSV member program representatives first met in 1991-1992 to develop a set of comprehensive domestic violence program guidelines, which were originally published in the 1993 MCADSV publication, *The Blueprint: Service Guidelines for Missouri Domestic Violence Programs*. The current *Service Standards and Guidelines for Sexual Violence Programs* were developed by the MCADSV Services and Education Committee and approved by the MCADSV Board of Directors. The committee includes advocates and administrators from member programs and MCADSV staff.

Self-evaluation Process for Quality Assurance

The overriding goal of this quality assurance process has been to design and implement a consistent system of accountability to the women seeking or receiving services from sexual violence programs in Missouri. MCADSV staff members help facilitate program evaluation according to the standards and guidelines. The self-evaluation process gives sexual violence programs the opportunity to determine their individual needs for training and technical assistance from MCADSV or others, which will help them achieve all standards and guidelines for quality sexual violence services. Contact MCADSV for a self-evaluation tool.

Principles of Service Standards and Guidelines

The following framework can be used to understand the underlying principles reflected in all of the service standards and guidelines:

- These standards and guidelines are to be used as a guide for best practices in the operation of a sexual violence program;
- Violence against women is rooted in the institutional imbalances of power between men and women, in sex-role stereotyping, in gender-based values and in misogyny;
- A survivor is not responsible for the sexual violence perpetrated against her;
- The safety and rights of survivors must be the highest priority;
- Policies and procedures of sexual violence programs should do no harm;
- Programs for survivors of sexual violence must provide options and referrals;
- Services, policies and procedures should be developed and provided in a way that supports woman-defined advocacy;
- Confidentiality is paramount;
- Sexual violence programs are accountable to the survivors requesting or receiving services; and
- Be respectful, be nice and do the right thing.

ABOUT THE *SERVICE STANDARDS AND GUIDELINES FOR DUAL DOMESTIC AND SEXUAL VIOLENCE PROGRAMS*

There are two MCADSV documents that guide quality assurance processes for dual domestic and sexual violence service programs to use when evaluating each of the services they provide. These are: 1) *Service Standards and Guidelines for Sexual Violence Programs* (this document); and 2) *Service Standards and Guidelines for Domestic Violence Programs*.

In 2009, the MCADSV Board of Directors adopted service standards and guidelines for dual-service programs. These were developed by a working group of advocates, Board members and Coalition staff, who recommended that, rather than a separate set of guidelines for dual-service programs, standards and guidelines for dual services be incorporated into those that are specific for each type of service. The one exception is the separate Training standard for dual programs that increases the required training by eight hours (see page 11). The incorporation of service guidelines for dual programs is intended to allow programs to use the best-practice standards that address the specific services they provide and to tailor their self-evaluation processes to the services provided to sexual *and* domestic violence survivors.

Board of Directors

A Board of Directors is the governing body of a nonprofit organization with a primary purpose of sexual violence victim services. The Board establishes the program's mission statement and policies necessary to carry out the mission, helps secure financial support, and is legally responsible and accountable for the organization.

SERVICE STANDARDS AND GUIDELINES FOR BOARD OF DIRECTORS

1. The primary purpose of a Board of Directors is to govern the organization. A sexual violence program Board of Directors does not oversee the day-to-day operations of the program—unless the program is in a "start-up" or "transition phase." (A start-up program may be defined as, but is not limited to, an organization that has recently acquired paid staff, secured consistent funding, been operating or providing a new service for less than two years, or has undergone restructuring or reorganization.)
2. A sexual violence program Board of Directors must abide by Missouri laws Chapter 355 RSMo.: Nonprofit Corporation Law, pertaining to nonprofit organizations, and §455.003 RSMo. pertaining to rape crisis centers. This includes, but is not limited to:
    a. A sexual violence program Board of Directors is accountable to the program. It ensures the program's compliance with its Bylaws. Bylaws provide the governance structure for the organization and its elected Board. This includes the mission and purpose of the organization. The Bylaws should detail what constitutes a quorum, attendance requirements and how to address holding meetings or votes that are not conducted in person, for example by conference call or electronic methods;
    b. A sexual violence program Board of Directors should have a conflict of interest policy and procedure in its Bylaws. Boards must have clear policies that prohibit Board and staff members of the organization from undertaking activities that have an appearance of conflicting interests;
    c. A sexual violence program Board of Directors should rotate both Board members and Executive Committee members on a regular time schedule as set forth in the Bylaws. Board member term limits may be included in the Bylaws;
    d. Board members must receive all notices of meetings, agendas and relevant materials in a timely manner;
    e. A sexual violence program Board of Directors should have an Executive Committee and job descriptions for Board and officer positions. Standing workgroups and/or committees of the Board should be detailed in the Bylaws;
    f. Both the Missouri Secretary of State and Missouri Department of Revenue require nonprofit organizations to report on the Board of Directors or organization. The Secretary of State requires an annual report to be filed each year to reflect maintenance or changes to the organization. The Department of Revenue requires any changes to be reported. Changes include a corporation's exemption registration records, sales/use tax, employer withholding tax, or corporate income/franchise tax. These changes also include name, address, and identification of the officers on the Board of Directors. This form must be filed each and every time the Board elects a new officer(s). Information reported to the Department of Revenue includes Board members' full names, physical addresses, birth dates and Social Security numbers;
    g. A sexual violence program Board of Directors should be familiar with, and base its practices on, the current requirements of the Missouri Sunshine Law (§610.010-610.035 RSMo.) as organizations may be viewed as "quasi-public governmental bodies." In particular, programs should maintain Board and committee meeting minutes and have clear policies for when a closed session meeting can be called. An example of a closed session meeting may

SERVICE STANDARDS AND GUIDELINES FOR BOARD OF DIRECTORS (CONTINUED)

include, but not be limited to, personnel issues or the annual evaluation of the Executive Director; and

h. Minutes of the Board, committee and workgroups meetings should be maintained by the Board Secretary, kept at the program's administrative office and be available upon request. Closed session meeting minutes should only include actions taken by the Board.

3. A sexual violence program Board of Directors should develop and periodically review through strategic planning the organization's mission statement and how it guides the work of the organization.
4. A sexual violence program Board of Directors should provide clear expectations about a Board member's time and financial contributions to the organization.
5. A sexual violence program Board of Directors should be comprised of members who represent the racial, ethnic and socio-economic diversity of the community to be served and at least one of whom should be a survivor of sexual violence. A sexual violence program Board of Directors should be comprised of individuals from diverse professions and backgrounds whose experience includes a range of skills and expertise.
6. The Board of Directors must consist of individuals who are not related to program staff and who do not have a conflict of interest with program staff or other Board members.
7. A sexual violence program Board of Directors must offer orientation and training to new Board members about their roles and responsibilities, program financial statements and procedures, program history and the services provided. A minimum of one training session for the Board of Directors' ongoing development should be offered each year.
8. An annual Board self-evaluation should be conducted by all members of the Board of Directors and should be submitted, reviewed and distributed by the Board officers.
9. A Board of Directors is responsible for hiring only one position for the organization, the Executive Director. The Board should support and assist the Executive Director's leadership role in the organization. Only the Executive Director should be responsible to the Board, all other staff are the management responsibility of the Executive Director.
10. A Board of Directors' Personnel or Executive Committee is responsible for evaluating the performance of the Executive Director and making a recommendation to the Board.

Organizational Administration

Organizational administration refers to the policies and procedures developed and maintained by the sexual violence program to ensure that high-quality services are provided with accountability to survivors of sexual violence.

SERVICE STANDARDS AND GUIDELINES FOR ORGANIZATIONAL ADMINISTRATION

1. A sexual violence program must have written policies concerning:
    a. Fiscal management including compliance with funding requirements;
    b. Volunteer and staff recruitment with initial and ongoing training and supervision;
    c. Personnel policies that comply with employment law and prohibit discrimination on the basis of ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin;
    d. Job descriptions for paid staff members and volunteers;
        i. A sexual violence program shall maintain a confidential file for each staff and volunteer that shall include, but not be limited to, application, resume, background check with the Children's Division of the Department of Social Services, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the individual;
    e. Board of Directors' job descriptions, orientation and ongoing development;
    f. Daily operations including, but not limited to:
        i. Safety and security systems;
        ii. Health and hygiene procedures including, but not limited to, the use of universal precautions to control and prevent contagious disease and the use of hygienic practices;
        iii. Policies regarding confidentiality, custodian of records and disclosure of information;
        iv. Documentation of services including, but not limited to:
            – Privacy and confidentiality procedures for service-provision records for on-site and off-site services;
            – Release-of-information policies and procedures;
            – Documentation policies and procedures; and
            – Data collection policies and procedures.
        v. Provision of services in accordance with *MCADSV Service Standards and Guidelines for Sexual Violence Programs* such as crisis intervention, case management, support groups, court advocacy and professional therapy including, but not limited to:
            – Guidelines and schedules for staff and volunteer coverage of the hotline; and
            – Guidelines and schedules for staff and volunteer coverage of the program.
        vi. Rights of individuals receiving services including, but not limited to:
            – Grievance procedures.
        vii. Cultural sensitivity and other non-discriminatory provisions and procedures that prohibit discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, national origin, or residency including county, state or country of origin;
            – Non-discriminatory practices for provision of services to those with health care needs;
            – A sexual violence program must have written procedures on how advocates will respond to non-English speaking persons or those who are deaf and hard of hearing; and
            – Compliance with the provisions of the Americans with Disabilities Act (ADA).

CONFIDENTIALITY

Confidential information includes any written, electronic or spoken information and communication between a person seeking or receiving services and any program staff, volunteer, or Board member in the course of that relationship; any records or written or electronic information identifying a person to whom services are provided; and any information about services provided to an individual.

SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY

1. This standard for confidentiality policies and procedures of sexual violence programs, and the interconnected standards for documentation are based upon state and federal law. These include Missouri law §455.003 RSMo. and federal law 42 U.S.C. §§11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A sexual violence program must have policies and procedures to ensure that the confidentiality of any information that would identify individuals seeking or receiving services is not breached. These policies should include, but are not limited to, interagency communications, storage and access to records and service documentation, information systems and computers containing personally identifying information. Information contained in an individual's service records or other verbal or written communications that identify individuals served by the program is considered confidential.
3. In compliance with Missouri law §455.003 RSMo., a rape crisis center must "require persons employed by or volunteering services to the rape crisis center to maintain the confidentiality of any information that would identify individuals served by the center and any information or records that are directly related to the advocacy services provided to such individuals." Specific provisions to document adherence to this statutory requirement must be included in the program's policies on confidentiality. A rape crisis center is required to inform individuals served by the center about the nature and scope of this confidentiality requirement prior to providing any advocacy services, in compliance with state law §455.003 RSMo.
4. A sexual violence program that receives certain state and/or federal funds that have specific confidentiality requirements must have policies and procedures to ensure compliance with those requirements. These grants or contracts include:
   a. The Violence Against Women Act of 2005 grant requirements codified in 42 U.S.C. §§11383 and 13925(b)(2). These federal grant requirements include, but are not limited to, STOP grants administered by the Missouri Department of Public Safety. Grants administered by the Missouri Department of Public Safety require adherences to the "MCADSV Service Standards and Guidelines for Confidentiality" for those providing services to sexual violence victims; and
   b. The Victims of Crime Act grant requirements codified in 42 U.S.C. §10604(d).
5. Sexual violence programs that receive federal funds through the Violence Against Women Act of 2005 must have policies and procedures that maintain compliance with the confidentiality requirements of 42 U.S.C. §13925(b)(2). These include the following specific provisions that require those programs receiving grant funds to:
   a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. No individual client information can be revealed without the informed, written, reasonably time-limited consent of the person about whom information is sought;

SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY (CONTINUED)

b. Have policies specific to maintaining the confidentiality of information that can be released to the parent or guardian of an unemancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with disabilities; and
c. Have policies which detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.

6. A sexual violence program must have policies that detail the specific distinctions in procedures regarding release of records, in compliance with state law, federal law, and state and federal grant requirements. These policies should set forth the requirements for the written consent for release of information by individuals seeking or receiving services from the program.
7. A sexual violence program must have policies that ensure all consent for release of information forms are signed in writing by the person about whom information is to be released. These forms must specifically state:
   a. The purpose of the release of information;
   b. The specific information that a person receiving services agrees can be released;
   c. The person or entity to whom the information is to be released;
   d. The date on which the form was signed;
   e. Clear time limits for the duration of the release of information which includes the date at which the consent for release of information terminates; and
   f. Language that clearly indicates that the consent for release of information may be revoked at any time.
8. Policies must also include how sexual violence program staff, volunteers and Board of Directors will respond to summonses, subpoenas and warrants, and should, whenever possible, provide specific detail allowing for service of these court orders at a location other than that of the sexual violence program.
9. A sexual violence program must ensure that members of the Board of Directors, staff, and volunteers sign a written statement agreeing to maintain the confidentiality of all information and records pertaining to those receiving or seeking services through the program, in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations.
10. A sexual violence program must maintain all records which contain personally identifying information in a secure, locked storage area. Organizations must have policies and safeguards in place to prevent unauthorized access to information identifying individuals seeking or receiving services, including all information systems and computer-accessible records or documents.
11. A sexual violence program must have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law (§455.003 RSMo.). Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
12. A sexual violence program must ensure that an individual receiving services sign a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program.

SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY (CONTINUED)

13. To maintain confidentiality, a sexual violence program must ensure that policies and procedures require that staff and volunteers' discussions and communication regarding services provided to individuals will occur in appropriate and private locations.
14. A sexual violence program must develop polices which address the specific procedures by which staff who are legally mandated to report child abuse and neglect comply with the mandated reporting provision of Missouri law §210.112 RSMo. Such policies for sexual violence programs should also include provisions for such reporting in compliance with the confidentiality requirements for rape crisis center service information and records in Missouri law §455.003 RSMo. All such policies should identify the procedures by which non-legally mandated staff and volunteers report instances of child abuse and neglect to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in §210.115 RSMo., are:
    a. *any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section §352.400 RSMo., peace officer or law enforcement official, or other person with responsibility for the care of children.*
15. A sexual violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
16. A sexual violence program must have policies and procedures for reporting personally identifying information that is required in instances of credible threats of suicide or homicide communicated to sexual violence staff, volunteers or Board members. However, there is no Missouri law requiring advocates to report credible threats of suicide or homicide. Licensed individuals should follow their licensing requirements.
17. A sexual violence program must have policies and procedures for documentation of service provision through records of services provided that are consistent with the program's policies and procedures for maintaining the confidentiality of service recipients in compliance with state and federal laws, grant and contract requirements.

Documentation of Service Provision

Documentation of service provision refers to the confidential, written or electronic records of services provided by staff members or volunteers of a sexual violence program that record the types of services provided, the individual to whom services were provided, the dates of service provision, the staff member or volunteer providing the service(s), and provisions for future or ongoing services.

SERVICE STANDARDS AND GUIDELINES FOR DOCUMENTATION OF SERVICE PROVISION

1. This standard for documentation policies and procedures of sexual violence programs, and the interconnected standards for confidentiality, are based upon state and federal law. These include Missouri law §455.003 RSMo. and federal law 42 U.S.C. §§11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A sexual violence program must have written policies and procedures to ensure that all services provided are documented in written and/or electronic form and that those records are maintained in a manner that protects the confidentiality and privacy rights of individuals and/or groups receiving services. Documenting safety plans is not recommended.
3. Written records of services provided in individual and/or group settings must be maintained by a sexual violence program in a secure, locked storage area that is accessible only by paid staff members employed to provide direct services, authorized volunteers, administrative personnel directly responsible for billing for services provided, and administrative or executive staff members responsible for supervision and/or internal review of service records for quality-assurance purposes.
4. Electronic records of services provided, when used, must be maintained in consultation with information technology professionals to ensure that records are accessible only to those listed above, that the records cannot be accessed remotely by anyone outside of the program, and to ensure that the records are properly destroyed or purged when needed.
5. Programs must have a policy about record retention that includes how long specific forms are kept, destruction of paper files, and destruction of electronic files. Program administrators should take into consideration the needs of the program and the requirements of funders when setting the length of time documents are to be kept.
6. Written records documenting services provided in individual and/or group settings must be signed and dated by the staff member or volunteer providing the direct service.
7. All personnel of a sexual violence program with access to records of the direct services provided by the program must have a signed confidentiality agreement on file with the program. A sexual violence program should have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law (§455.003 RSMo.). Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
8. Service recipients must be informed of their rights and allowed to exercise their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda to their files, and/or file a grievance according to the program's policies if objections are made to the content of those records or files.

SERVICE STANDARDS AND GUIDELINES FOR DOCUMENTATION OF SERVICE PROVISION (CONTINUED)

9. A data collection and record-keeping system must be developed that allows for the efficient retrieval of data needed to measure the sexual violence program's performance in relation to its stated goals, objectives and funds received for services.
10. A sexual violence program that receives certain state and/or federal funds which have specific confidentiality requirements must have documentation policies and procedures to ensure compliance with those requirements. Grants or contracts that have specific confidentiality requirements include the Violence Against Women Act of 2005 codified in 42 U.S.C. §§11383 and 13925(b)(2), which include but are not limited to STOP grants administered by the Missouri Department of Public Safety, and the Victims of Crime Act codified in 42 U.S.C. §10604(d). In addition, a program that receives such funds is required, prior to providing any services, to inform individuals served by the program of the nature and scope of this confidentiality requirement. Electronic or paper-keeping systems must protect the confidentiality and personally identifying information of the person receiving services.

TRAINING

Training is required for all individuals—program staff, volunteers and Board members—affiliated with the program who will be in a position to provide direct services to victims of sexual violence. They must complete a minimum of 40 hours of training conducted by a sexual violence program.

SERVICE STANDARDS AND GUIDELINES FOR TRAINING

1. The 40-hour training program may be accomplished through a combination of:
    a. Group instruction using a variety of training techniques, including role plays, other experiential exercises and audio-visual materials;
    b. One-on-one instruction and discussion with a fully-trained, experienced advocate or supervisor;
    c. Shadowing a fully-trained, experienced advocate performing job duties, such as hotline coverage and intake procedures;
    d. A practicum (a practicum is defined as a supervised activity meant to develop or enhance the trainee's ability to provide direct services);
    e. Audio-visual materials may be used, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity; and
    f. A training manual given to each participant from which reading assignments can be made, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity.
2. The curriculum used in the 40-hour training program must include, but is not limited to:
    a. The historical context of sexual violence, the role of society in perpetuating violence against women and the history of the sexual violence movement;
    b. Ongoing continuing education/training to enhance the trainee's ability to provide direct services;
    c. A framework for understanding the nature and dynamics of sexual violence that includes, but is not limited to:
        i. Basics of sexual violence;
        ii. Stranger versus non-stranger sexual violence;
        iii. Intimate partner sexual violence;
        iv. Drug-facilitated sexual violence;
        v. Rape Trauma Syndrome;
        vi. Post Traumatic Stress Disorder (PTSD);
        vii. Working with survivors of childhood sexual abuse; and
        viii. Diversity and the need for social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
    d. Sexual violence advocacy that includes, but is not limited to:
        i. The role of the advocate;
        ii. Hospital/medical advocacy;
        iii. Legal advocacy;
        iv. Personal advocacy;
        v. Hospital response/forensic exam;
        vi. Sexual Assault Response Team (SART) or Coordinated Community Response (CCR); and
        vii. Cultural diversity considerations.

SERVICE STANDARDS AND GUIDELINES FOR TRAINING (CONTINUED)

e. Advocacy and empowerment for victims/survivors of sexual violence that includes, but is not limited to;
   - *i*. Woman-defined advocacy;
   - *ii*. Safety planning that includes short- and long-term strategies;
   - *iii*. Confidentiality and ethical service provision;
   - *iv*. Working with women in crisis;
   - *v*. Fundamental issues related to justice system remedies; and
   - *vi*. Documentation of services.

f. Collaborations and expanding services with community partners that include an emphasis on safety for women and accountability for perpetrators that include, but are not limited to:
   - *i*. Coordinated Community Response (CCR); and
   - *ii*. Sexual Assault Response Team (SART).

g. Related topics that include, but are not limited to:
   - *i*. The organization's history and mission statement;
   - *ii*. Volunteer opportunities;
   - *iii*. Sexually Transmitted Diseases/Infections (STD/STI);
   - *iv*. Suicide risk assessment;
   - *v*. Forensic exam;
   - *vi*. Hospital procedures for evidence collection;
   - *vii*. Law enforcement procedures;
   - *viii*. Specific program policies and procedures;
   - *ix*. Maintaining appropriate boundaries; and
   - *x*. Appropriate resource and referral information.

3. Evaluation of the sexual violence training must be conducted to ensure quality.

a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
   - *i*. Training evaluations; and/or
   - *ii*. Surveys to identify ongoing training needs.

DUAL TRAINING

Training is required for all individuals—program staff, volunteers and Board members—affiliated with the program who will be in a position to provide direct services to victims of domestic and sexual violence. They must complete a minimum of 48 hours of training conducted by a dual domestic and sexual violence program.

SERVICE STANDARDS AND GUIDELINES FOR DUAL TRAINING

1. The additional curricula used in the 48-hour training program must include, but is not limited to:
    a. The historical context of domestic violence, the role of society in perpetuating violence against women and the history of the domestic violence movement.
    b. A framework for understanding the nature and dynamics of domestic violence that includes, but is not limited to:
        i. Types of abuse;
        ii. The relationship between violence and other tactics of control;
        iii. Survival strategies and dilemmas in leaving an abusive situation;
        iv. Men who batter, their selective behaviors and societal influences; and
        v. Domestic violence and its complex effects on children and mothers.
    c. Domestic violence advocacy that includes, but is not limited to;
        i. The role of the advocate;
        ii. Hospital/medical advocacy;
        iii. Legal advocacy;
        iv. Personal advocacy;
        v. Hospital response/forensic exam;
        vi. Coordinated Community Response (CCR); and
        vii. Cultural diversity considerations.
    d. Advocacy and empowerment for battered women that includes, but is not limited to:
        i. Woman-defined advocacy;
        ii. Safety planning that includes short- and long-term strategies;
        iii. Confidentiality and ethical service provision;
        iv. Working with women in crisis;
        v. Fundamental issues related to justice system remedies; and
        vi. Documentation of services.
    e. Collaborations and expanding services with community partners that include an emphasis on safety for women and accountability for batterers that include, but are not limited to:
        i. Coordinated Community Response (CCR).
    f. Related topics that include, but are not limited to:
        i. The organization's history and mission statement;
        ii. Volunteer opportunities;
        iii. Specific program policies and procedures;
        iv. Maintaining appropriate boundaries; and
        v. Appropriate resource and referral information.

HOTLINE

Hotline refers to crisis intervention, information and referral provided 24 hours a day, every day of the year, on a telephone line answered by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR HOTLINE

1. A hotline operated by a sexual violence program must provide 24-hour crisis telephone access to the program.
2. The hotline number must be listed in a local telephone book, be widely distributed, and be available from local telephone information services within the sexual violence program's service area.
3. To ensure 24-hour hotline accessibility, programs should have a minimum of two telephone lines, one of which is the hotline. The use of caller-identification equipment or services is in conflict with the spirit of anonymity and programs must, as a condition of informed consent, inform callers of the use of such equipment, if applicable.
4. The hotline must be answered by a program staff member or volunteer who has had sexual violence crisis intervention training.
5. The hotline must be answered in a manner that identifies the purpose of the hotline.
6. Programs offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
    a. Assessment of the caller's critical needs;
    b. Listening to and validating the caller's experience;
    c. Safety planning;
    d. Information about available legal remedies;
    e. Crisis intervention; and
    f. Information and referral to available community resources.
7. Victims of sexual violence who are deaf and hard of hearing must have equal access to the sexual violence hotline.
8. A sexual violence program must have written procedures on how advocates will respond to non-English speaking persons.
9. Programs offering hotline services shall maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.
10. A hotline may not be answered by automated call-routing equipment, an answering machine or answering service.
11. Programs offering hotline services shall have written procedures that include, but are not limited to:
    a. Safety of hotline worker;
    b. Scheduling, coverage and back-up;
    c. Confidentiality and exceptions to confidentiality;
    d. Assessing for suicidality of caller; and
    e. Assessing risk.

Crisis Intervention

Crisis intervention defines the interactions and activities performed over the telephone or in person by qualified, trained staff members or volunteers with an individual in crisis to stabilize emotions, clarify issues, and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and needs.

SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION

1. Crisis intervention services must be provided by a trained sexual violence program staff member or volunteer.
2. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, validating feelings, safety planning and empowerment to reinforce the individual's autonomy and self-determination.
3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis. Crisis intervention services include, but are not limited to:
   a. Assessing risk and/or danger;
   b. Assessing needs;
   c. Listening;
   d. Establishing rapport and communication;
   e. Validating feelings and providing support;
   f. Identifying the major problems;
   g. Safety planning;
   h. Providing information about available legal remedies;
   i. Providing referrals;
   j. Exploring possible alternatives;
   k. Formulating an action plan; and
   l. Taking follow-up measures.
4. Crisis intervention services are provided by a qualified, trained staff member or volunteer in three parts. These phases of crisis intervention services can be identified as follows:

   PART I: Assessment and Establishing Contact

   a. The beginning phase of crisis intervention involves establishing contact, listening to the person tell about what has happened, determining what the crisis is, assessing risk and/or danger, and setting up time for future activities geared toward alleviating the crisis;

   PART II: Providing Information, Intervention and Support

   b. The middle phase of crisis intervention focuses on implementation: the identification of tasks and who is responsible for carrying out tasks that are designed to solve specific problems in the current life situation, to modify previous ways of dealing with the situation when necessary, to identify strengths, and to learn new skills when needed; and

   PART III: Review

   c. The ending phase of crisis intervention covers the termination of the interaction and requires the advocate to review the intervention from the start of contact to the present with an emphasis on the tasks accomplished, existing or potential skills to be developed, resources and referrals established, and planning for future or ongoing contact.
5. Goals for crisis intervention services are defined as including, but not limited to, interactions that:
   a. Stabilize emotions;
   b. Clarify issues; and
   c. Provide support and assistance.

SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION (CONTINUED)

6. Evaluation of the sexual violence face-to-face crisis intervention services must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys; and/or
        ii. Exit surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

Case Management

Case management services are tangible, goal-directed interactions, advocacy and assistance provided to an individual to obtain needed services, to develop short- and long-term resources and safety plans, and to facilitate the coordination of services from multiple service providers across systems. Case management services are provided by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT

1. Case management services are provided by qualified, trained staff members or volunteers who must be trained in the nature and dynamics of sexual violence.
2. An advocate providing case management services must have access to and be familiar with a complete list of community resources and should have established relationships with other service providers.
3. An advocate providing case management services should assist the person with identifying the person's own needs, available resources and services, and provide assistance in obtaining those services.
4. An advocate providing case management services assumes a coordinating role and facilitates the provision of services provided by the other organizations or professionals in a coordinated and collaborative manner.
5. Upon the identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with the providers of additional services that may include, but are not limited to:
    a. Medical services;
    b. Law enforcement assistance;
    c. Ongoing and long-term safety planning;
    d. Counseling services;
    e. Support group services;
    f. Transportation assistance;
    g. Interpreter/translation services and/or immigration assistance;
    h. Lesbian, gay, bisexual or transgendered support services;
    i. Legal remedies or services;
    j. Short-term, transitional and/or permanent housing;
    k. Services for persons with disabilities; and/or
    l. Other related services as needed.
6. Case management services must include the provision of education and information about:
    a. The nature and dynamics of sexual violence;
    b. The need to hold perpetrators accountable for their actions;
    c. The recognition that individuals victimized by sexual violence are responsible for their own life decisions and that perpetrators are responsible for the acts committed;
    d. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner; and
    e. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.

SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT (CONTINUED)

7. Evaluation of the sexual violence case management services must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys; and/or
        ii. Exit surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

Support Groups

Support groups are interactive group sessions that may be non-directed, topic oriented or informational and educational which are facilitated by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS

1. A sexual violence program providing support group services must ensure that the staff member or volunteer facilitating the support group has the required 40-hour sexual violence training. The facilitator also should have training, education or experience in facilitation and group dynamics for a peer-to-peer led group.
2. A sexual violence program that provides support group services may provide regularly scheduled support groups.
3. A sexual violence program that provides support group services may provide:
   a. Open support groups, which accept new members at any time, that must be held at least once weekly.
   b. Closed support groups, which do not add new members for a specified period, which will be scheduled based on times identified by those attending the group session.
4. A sexual violence program must ensure that an individual attending support groups sign a written statement agreeing to maintain the confidentiality of others attending the group. The group facilitator additionally may discuss the requirement of maintaining confidentiality during the support group.
5. A sexual violence program should provide childcare during support groups.
6. Support group services, which differ from professional group therapy, must provide support that addresses needs identified by those attending the group session, which include, but are not limited to:
   a. Safety planning;
   b. Active listening;
   c. Problem solving;
   d. Addressing needs identified by those attending the group session;
   e. Information about available legal remedies; and
   f. Information about available community resources.
7. Support group services must include the provision of education and information about:
   a. The nature and dynamics of sexual violence;
   b. The recognition that individuals victimized by sexual violence are responsible for their own life decisions and that perpetrators are responsible for the acts committed;
   c. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner; and
   d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
8. Evaluation of the sexual violence adult support group must be conducted to ensure quality of services.
   a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.

SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS (CONTINUED)

b. Non-anonymous evaluations may include, but are not limited to:
   - *i.* An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
   - *ii.* Focus groups.

Professional Therapy

Professional therapy includes individual or group therapy delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker who also has specific training in addressing issues of sexual violence.

SERVICE STANDARDS AND GUIDELINES FOR PROFESSIONAL THERAPY

1. A sexual violence program providing professional therapy must:
    a. Provide therapy services that are appropriate to the needs of recipients with regard to ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin, and/or any other issues relevant to the individuals' particular needs;
    b. Provide crisis intervention when needed;
    c. Develop and maintain required documentation consistent with licensure rules and regulations regarding the service recipient's action or treatment plan that reflect that individual's and/or family's particular needs;
    d. Provide informed consent including signing a waiver about the limitations of confidentiality which should also detail if there are internal documentation reviews for quality assurance;
    e. Assist with safety planning;
    f. Provide understanding and support, including active listening, addressing needs identified by the therapy recipient, self-esteem building and problem-solving;
    g. Provide education and information on available resources, including the dynamics of sexual violence, legal options, drug and alcohol abuse, pregnancy, HIV/AIDS awareness, and general health care information;
    h. Provide therapy services that do not promote any one religion; and
    i. Not require individuals to participate in religious groups or to use religious materials.
2. Those individuals providing professional therapy to adults must be prepared to provide education and information about:
    a. Stranger and non-stranger sexual violence;
    b. Intimate partner sexual violence;
    c. The need to hold perpetrators accountable for their actions;
    d. The recognition that individuals victimized by sexual violence are responsible for their own life decisions and that perpetrators are responsible for the acts committed;
    e. Available resources including, but not limited to, the dynamics of sexual violence, legal options and drug and alcohol abuse; and
    f. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
3. A sexual violence program should ensure that individuals providing professional therapy are in compliance with state licensure rules and regulations, and national professional ethical standards.
4. Evaluation of the sexual violence professional therapy program must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

Court Advocacy

Court advocacy is the provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim of sexual violence. Court advocacy services must be provided by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR COURT ADVOCACY

1. A sexual violence program providing court advocacy services must provide individuals with assistance in receiving self-identified interventions and actions sought from the civil and/or criminal justice systems and provide information about legal options so self-identification of needed interventions can occur.
2. A sexual violence program providing court advocacy services must ensure that appropriate staff members and volunteers have a working knowledge of current Missouri and federal law pertaining to sexual violence, as well as the local justice system's response to sexual violence, including local court rules, in each county where services are provided.
3. A sexual violence program providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options as part of a service and safety plan that is kept current or changed as the recipient's needs require.
4. A sexual violence program providing court advocacy services must maintain current lists that include, but are not limited to:
   a. Local criminal justice agencies and contact persons in each county where services are provided;
   b. Local, state and national resources for certain legal issues, such as immigration; and
   c. Local attorneys, including *pro bono* attorneys, who are sensitive and familiar with sexual violence legal issues and Orders of Protection, to whom referrals can be made for representation in civil and criminal cases in each county where services are provided.
5. A sexual violence program providing court advocacy services should encourage the criminal and civil justice systems in each county where services are provided to respond consistently to the needs of those victimized by sexual violence and to hold perpetrators accountable.
6. A sexual violence program providing court advocacy services should develop and/or participate in a Sexual Assault Response Team (SART)/Coordinated Community Response (CCR) in the sexual violence program's service area. The SART or CCR effort should include participation by advocates and governmental and organizational allies with whom victims of sexual violence interact. The focus of these efforts should be on improving the community-wide response to victims of sexual violence and accountability for perpetrators.
7. Court advocacy staff and volunteers must be prepared to provide education and information for those individuals not seeking other program services about:
   a. The nature and dynamics of sexual violence;
   b. The need to hold perpetrators accountable for their actions;
   c. The recognition that individuals victimized by sexual violence are responsible for their own life decisions and that the perpetrator of sexual violence is responsible for the acts committed; and
   d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.

SERVICE STANDARDS AND GUIDELINES FOR COURT ADVOCACY (CONTINUED)

8. A sexual violence program that provides court advocacy services must maintain a clear distinction between legal advice and legal information. The program must strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly certified to engage in such legal practice.
9. Evaluation of the sexual violence court advocacy program must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

Hospital/Medical Advocacy

Hospital/medical advocacy refers to in-person crisis intervention, information and referral provided 24 hours a day, every day of the year, for victims of sexual assault and non-offending accompanying individuals. Hospital/medical advocacy is provided in a medical facility by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR HOSPITAL/MEDICAL ADVOCACY

1. A sexual violence program providing hospital/medical advocacy services must ensure that the staff members or volunteers have the required 40-hour sexual violence training before their first call as well as be familiar with the layout, services provided, policies and procedures of each the medical facilities in the service area.
2. The sexual violence program providing hospital/medical advocacy must provide in-person hospital/medical advocacy 24 hours a day, every day of the year. The advocate must be prepared to respond to the hospital within 15 minutes of receiving a call for advocacy.
3. The sexual violence program providing hospital/medical advocacy always must have a back-up volunteer or staff to ensure adequate coverage.
4. A sexual violence program providing hospital/medical advocacy must provide non-judgmental, victim-identified interventions and actions only upon the victim's consent. A sexual violence program will provide support during the sexual assault forensic exam only upon the victim's consent.
5. Programs offering hospital/medical advocacy services may provide information including, but not limited to:
    a. General information about the sexual assault forensic exam;
    b. Pros and cons of reporting a sexual assault to law enforcement;
    c. Pros and cons of the criminal justice system;
    d. Emergency contraception;
    e. Confidentiality provisions and limitations;
    f. Sexually Transmitted Diseases/Infections (STD/STI);
    g. Safety planning;
    h. Crime Victims' Compensation; and
    i. Referral to available community resources.
6. A sexual violence program providing hospital/medical advocacy must have written procedures on how advocates will respond to victims who are non-English speaking or deaf and hard of hearing.
7. A sexual violence program providing hospital/medical advocacy should also provide crisis intervention, information and referral to non-offending accompanying individuals, or secondary victims, who also may be present. If necessary, the sexual violence program should have procedures for calling a second advocate to provide additional support to secondary victims.
8. A sexual violence program providing hospital/medical advocacy should have an agency staff person accessible in case the hospital advocate needs to debrief or gather more information.
9. A sexual violence program should have policies and procedures for how staff and volunteers should address medical personnel or law enforcement issues that might occur while providing hospital/medical advocacy. This might include having staff participate on a Sexual Assault Response Team (SART) or in a Coordinated Community Response (CCR) effort.

SERVICE STANDARDS AND GUIDELINES FOR HOSPITAL/MEDICAL ADVOCACY (CONTINUED)

10. Upon the victim's consent, a sexual violence program providing hospital/medical advocacy will provide follow-up contact and services within one week of the victim's first contact.
11. A sexual violence program should work with local hospitals to develop policies and procedures to provide hospital staff training, information on the program's services, screening information and confidentiality. These policies and procedures should include safety and security when a perpetrator is present.
12. Evaluation of the sexual violence hospital/medical advocacy program must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

Law Enforcement Advocacy

Law enforcement advocacy is the provision of information, support, assistance, accompaniment and intervention with any aspect of the justice system on behalf of a victim of sexual violence. Law enforcement advocacy services must be provided by qualified, trained staff members or volunteers.

SERVICE STANDARDS AND GUIDELINES FOR LAW ENFORCEMENT ADVOCACY

1. A sexual violence program providing law enforcement advocacy services must provide individuals with information and assistance in receiving self-identified interventions and actions sought from the justice system.
2. A sexual violence program providing law enforcement advocacy services must ensure that the staff member or volunteer has the required 40-hour sexual violence training. Responding staff members and volunteers should have a working knowledge of current Missouri and federal laws pertaining to sexual violence, how cases progress through the criminal justice system, and the local justice system's response to sexual violence.
3. Law enforcement advocacy services provided by staff members and volunteers, with the victim's consent, can include, but are not limited to:
   a. Providing information, support, assistance, accompaniment, intervention, and serving as a liaison during initial police response, evidence collection, follow-up interviews, and court appearances.
   b. Monitoring of the case through the legal system and informing the victim of its status.
4. Programs offering law enforcement advocacy services may provide information to survivors including, but not limited to:
   a. The rights of the survivor;
   b. The benefits and limitations of the criminal justice system;
   c. Pros and cons of reporting a sexual assault to law enforcement;
   d. Law enforcement policies and procedures, and factors affecting law enforcement decisions;
   e. The role of the different members of the Sexual Assault Response Team (SART);
   f. Confidentiality limitations and provisions;
   g. Safety planning;
   h. Crime Victims' Compensation;
   i. Resources for medical treatment and sexual assault forensic exams; and
   j. Referral to available community resources.
5. A sexual violence program must have written procedures on how advocates will respond to victims who are non-English speaking or deaf and hard-of-hearing.
6. Upon the victim's consent, a sexual violence program will provide follow-up contact and services within one week of the victim's first contact.
7. A sexual violence program providing law enforcement advocacy should have a staff person accessible in case the law enforcement advocate needs to debrief or gather more information.
8. A sexual violence program providing law enforcement advocacy services should work with the criminal justice systems in each county where services are provided to respond consistently to the needs of those victimized by sexual violence and to hold perpetrators accountable.
9. A sexual violence program providing law enforcement advocacy services should develop and/or participate in a Coordinated Community Response (CCR) and/or a Sexual Assault Response Team (SART) in the sexual violence program's service area.

SERVICE STANDARDS AND GUIDELINES FOR LAW ENFORCEMENT ADVOCACY (CONTINUED)

10. A sexual violence program should work with local law enforcement agencies to develop policies and procedures to provide law enforcement staff training, information on the program's services, screening information, and confidentiality.
11. Evaluation of the sexual violence law enforcement advocacy program must be conducted to ensure quality of services.
    a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

VOLUNTEERS

Volunteers are trained, unpaid individuals who provide direct and indirect services to those seeking and receiving services from a sexual violence program.

SERVICE STANDARDS AND GUIDELINES FOR USE OF VOLUNTEERS

1. A sexual violence program may use unpaid volunteers to augment the program's direct and indirect services provided by paid staff members.
2. A sexual violence program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and/or dismissal of volunteers used to provide direct and indirect services. Such policies will clarify the roles and responsibilities of volunteers to the program's provision of service, with specific detail addressing professional boundaries, disclosure and how, when, where and the frequency with which volunteers will be used.
3. A sexual violence program must have written job descriptions for each type of volunteer position that follow the format of job descriptions for staff members of the program. Job descriptions are to be provided to volunteers upon acceptance in the program.
4. A sexual violence program must provide ongoing supervision of volunteers by program staff.
5. A sexual violence program shall maintain a confidential file for each volunteer that shall include, but not be limited to, volunteer application, background check with the Children's Division of the Department of Social Services, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.
6. A sexual violence program will use an updated volunteer training manual that is supplemental to the volunteer training.
7. Volunteers may be used in the provision of direct services that include, but are not limited to:
    a. Hotline coverage, victim advocacy, program facility coverage, crisis intervention, case management, court advocacy, support group facilitation for adults and/or children, professional therapy, intake or assessment of service needs, and development or implementation of service plans; and
    b. Transportation or accompaniment.
8. Volunteers may be used in the provision of indirect services that include, but are not limited to:
    a. Administrative duties;
    b. Fundraising or other activities to obtain donations to the program;
    c. Event organizing;
    d. Public speaking upon completion of sexual violence training and supervision; and
    e. Maintenance and/or upkeep of program facility.
9. Evaluation of the sexual violence program's volunteer program and the volunteers must be conducted to ensure and improve quality of services.