
MCADSV STANDARDS FOR **Domestic Violence Programs**

FEBRUARY 2016



About the Standards for Domestic Violence Programs

HISTORY OF THIS PUBLICATION

These standards were developed to assist domestic violence programs in providing quality services and adhering to best practices in the provision of core services to individuals who have been abused and their children. MCADSV member program representatives first met in 1991-1992 to develop a set of comprehensive guidelines, which were originally published in the 1993 MCADSV publication, *The Blueprint: Service Guidelines for Missouri Domestic Violence Programs*. Later, *Service Standards and Guidelines for Domestic Violence Programs* were developed by the MCADSV Services and Education Committee and approved by the MCADSV Board of Directors. Periodic revisions include input from MCADSV member program representatives, Quality Assurance Workgroup participants, Membership Committee and Board of Directors. This most recent edition, *Standards for Domestic Violence Programs*, was published in 2016.

EVALUATION AND MONITORING

Since their initial development, the goal of these standards is to support consistent high-quality services and accountability to anyone seeking or receiving services from a domestic violence program in Missouri.

Through their MCADSV membership, domestic violence programs agree to abide by these standards, as well as the companion standards for sexual violence programs and batterer intervention programs as applicable. In addition, any program receiving funds from the Missouri Department of Social Services or Missouri Department of Public Safety also agrees to follow these standards, regardless of MCADSV membership status.

Evaluation tools are available to assist programs in using these standards, and MCADSV staff can help facilitate program evaluation and offer technical assistance when questions arise.

Finally, MCADSV member program boards and staff should understand that when a complaint against a program is reported to MCADSV, these standards will be used as the guidelines for addressing the complaint and any resulting areas of concern.

PRINCIPLES OF STANDARDS

The following principles can be used to understand the underlying purposes and intentions of the MCADSV standards:

- These standards are to be used as a guide for best practices in providing domestic violence services to each individual who requests them.
- Rape and abuse are rooted in power and control. Rape and abuse are rooted in both societal imbalances of power and individual biases based on gender and gender identity, color, ethnicity, national origin, immigration status, sexual orientation, socio-economic class, age, ability, physical or mental health, and others.
- Individuals who have experienced abuse should not be defined solely by this experience, and should never be held responsible for the abuse perpetrated against them.
- Confidentiality is paramount.
- The safety and rights of individuals seeking services must be the highest priority.
- Services, policies and procedures should be developed and provided in a way that supports individually-defined advocacy, with the recognition that individuals may have experienced multiple traumas and may have multiple issues that also require supportive services.
- Programs for individuals who are abused and their children must provide options and referrals, and all services should be performed only upon the request or consent of the individual. All services must be voluntary and not required.
- Domestic violence programs are accountable to the individuals requesting or receiving services.
- Policies and procedures of domestic violence programs should do no harm.
- Be respectful, be nice and do the right thing.

ABOUT STANDARDS FOR DUAL DOMESTIC AND SEXUAL VIOLENCE PROGRAMS

There are two MCADSV documents that guide dual domestic and sexual violence service programs when providing and evaluating services. These are: 1) *Standards for Domestic Violence Programs* (this document); and 2) *Standards for Sexual Violence Programs*.

In 2009, the MCADSV Board of Directors adopted standards 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 standards for dual-service programs, such standards 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 19). The incorporation of standards 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 evaluation processes to the services provided to individuals who have survived sexual and domestic violence.



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Board of Directors

The Board of Directors is the governing body of a nonprofit organization with a primary purpose of domestic violence 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.

STANDARDS FOR BOARD OF DIRECTORS

1. The primary purpose of a domestic violence program Board of Directors is to govern the organization. The Board of Directors does not manage the day-to-day operations of the program—unless the program is in a start-up or in a transition phase.
2. A domestic violence program Board of Directors must abide by all policies, laws and MCADSV standards related to confidentiality. Because confidentiality is paramount in domestic violence service provision, all board members should understand and follow these guiding documents related to the personal information of those seeking services from their program.
3. A domestic violence program Board of Directors must abide by Missouri laws Chapter 355 RSMo: Nonprofit Corporation Law, pertaining to nonprofit organizations, and Chapter 455.220 RSMo pertaining to domestic violence shelters. This includes, but is not limited to:
 - a. A Board of Directors is accountable to the program and the communities it serves. 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, such as by conference call or electronic methods;
 - b. A Board of Directors should have a conflict of interest policy and procedure. Boards must have clear policies that prohibit board and staff members of the organization from undertaking activities that have an appearance of conflicting interests, and all board members must review and sign this policy annually;
 - c. A 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 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 Board of Directors should be familiar with, and base its practices on, the current requirements of the Missouri Sunshine Law (Chapter 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 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. Meeting minutes must include actions taken by the board.
4. A domestic violence program Board of Directors should develop and periodically review the organization's mission statement and how it guides the work of the organization and the specific services provided.
 5. A domestic violence program Board of Directors should provide clear expectations about a board member's time and financial contributions to the organization.
 6. A domestic violence program Board of Directors should be comprised of members who represent the racial, ethnic and socioeconomic diversity of the community to be served, and at least one member should have personal experience of domestic violence (Chapter 455.220 RSMo). A Board of Directors should be comprised of individuals from diverse professions and backgrounds whose experience includes a range of skills and expertise.
 7. A domestic violence program 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.
 8. A domestic violence program Board of Directors must offer orientation and training to new board members about their roles and responsibilities, job descriptions, program financial statements and procedures, program history, services provided, trauma-informed practices and secondary trauma often experienced by those working with individuals in crisis. A minimum of one training session for the Board of Directors' ongoing development should be offered each year.
 9. A domestic violence program Board of Directors is responsible for the financial decisions of the program. The board should develop, approve and follow written policies related to fiscal accountability, the annual budget and auditing.
 10. 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.
 11. A domestic violence program 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 personnel are the management responsibility of the Executive Director.
 12. A domestic violence program Board of Directors' Personnel or Executive Committee is responsible not only for hiring or firing an Executive Director, but also for evaluating the performance of the Executive Director annually and making recommendations to the board regarding any goals, areas of strength, areas of concern and salary adjustments. Board members should act as mentors and seek ways to support the Director. Board members should be clear about their expectations and any shared definitions of success.



Organizational Administration

Organizational administration refers to the policies and procedures developed and maintained by the domestic violence program to ensure that high-quality services are provided with accountability to individuals who have experienced domestic violence and their children.

STANDARDS FOR ORGANIZATIONAL ADMINISTRATION

1. A domestic violence program must have and follow written policies concerning:
 - a. Fiscal management, including compliance with funding requirements and internal controls to reduce the risk of fraud;
 - b. Volunteer and staff recruitment with initial and ongoing training and supervision, following MCADSV standards;
 - c. Personnel policies that:
 - i. Comply with employment law and prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status;
 - ii. Include job descriptions for paid staff members and volunteers; and
 - iii. Include policies regarding the maintenance of a confidential file for each staff and volunteer that includes but is not limited to the person's 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;
 1. A background check with the Children's Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
 - d. Board of Directors job descriptions, orientation and ongoing development; and
 - e. Daily operations, including but not limited to:
 - i. Confidentiality, documentation of services, custodian of records and disclosure of information, including but not limited to:
 1. Privacy and confidentiality procedures for service-provision records for all individuals who request or receive services;
 2. Release-of-information policies and procedures;
 3. Service provision documentation;
 4. Admissions, intake and departure policies and procedures; and
 5. Data collection policies and procedures.
 - ii. Safety and security systems and policies that incorporate the philosophy of the empowerment model and are based on the understanding that individuals in trauma



- may have additional considerations that should be met when possible;
 - iii. Health and hygiene procedures, including but not limited to the use of universal precautions to control and prevent contagious disease, the use of hygienic practices, and safe storage and handling of food as applicable;
 - iv. Provision of services in accordance with MCADSV Standards for Domestic Violence Programs for language access, crisis intervention, case management, hotline, and all other services provided by the program and referred to in MCADSV Domestic Violence Program Standards;
 - v. Provision of services that do not promote any one religion and do not require individuals to participate in religious groups or to use religious materials;
 - vi. Rights of individuals receiving services, including but not limited to:
 1. The right to confidentiality and control of personal information,
 2. The right to see and receive a copy of her or his personal file of information with a written request and signed release of information,
 3. The right to individually-defined advocacy and voluntary services,
 4. The right to language access,
 5. The right to safety, and
 6. The right to be informed of and use grievance procedures without retaliation; and
 - vii. Culturally relevant services, resources, materials, personal items and food.
2. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
- a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. 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 that may in any combination identify a person to whom services are provided; and any information about services requested by an individual.

STANDARDS FOR CONFIDENTIALITY

1. This standard for confidentiality policies and procedures of domestic violence programs, and the interconnected standards for documentation, are based upon state and federal law and in Missouri, supported by a Supreme Court decision, *State ex rel. Hope House, Inc. v. Merrigan*, 133 S.W. 3d 44 (Mo. 2004) (*en banc*). These include Missouri law Chapter 455.220 RSMo and federal law 42 U.S.C. 11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
2. A domestic 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 Chapter 455.220 RSMo, a domestic violence shelter that qualifies for public funding from marriage license fees, civil court filing fees and/or criminal ordinance violation fees must "require persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify individuals served by the shelter 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 domestic violence shelter that qualifies for state and local public funds, as identified above, is required to inform individuals served by the shelter about the nature and scope of this confidentiality requirement prior to providing any advocacy services, in compliance with state law §455.220 RSMo.
4. A domestic violence program that receives federal funds that have specific confidentiality requirements must have policies and procedures to ensure compliance with those requirements. These grants or contracts include the:
 - a. State domestic violence grants administered by the Missouri Department of Social Services, which require adherence to "MCADSV Standards for Confidentiality";
 - b. The Violence Against Women Act of 2013 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, which requires adherence to the "MCADSV Standards for Confidentiality" for those providing services to domestic violence victims;
 - c. The Victims of Crime Act grant requirement codified in 42 U.S.C. 10604(d); and
 - d. The Family Violence Prevention and Services Act grant requirements codified in 42 U.S.C.

10402(a)(2)(e) for domestic violence contracts administered in Missouri by the Department of Social Services.

5. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2013 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;
 - 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 that 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. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2013 must have additional policies and procedures that maintain compliance with confidentiality provisions in federal law 42 U.S.C. 11383 and 13925(b)(2) that prohibits the disclosure of personally identifying information to any third party shared data system, including the Homeless Management Information System (HMIS). Personally identifying information is defined in 42 U.S.C. 11383 to include: a first and last name, a home or other physical address, contact information, a Social Security number and any other information, including date of birth, racial or ethnic background, or religious affiliation, which in combination with any other non-personally identifying information would serve to identify any individual.
7. A domestic violence shelter must have policies and procedures in place to ensure that records of services sought or provided to individuals will be held confidential. To comply with Missouri state law Chapter 455.220 RSMo, and the Missouri Supreme Court's 2004 ruling in *State ex rel. Hope House, Inc. v. Merrigan*, 133 S.W. 3d 44 (Mo. 2004) (*en banc*), domestic violence shelters may not release records of services provided to an individual in response to a subpoena unless the individual whose records are sought signs a written consent for release of the documents for use in a court case.
8. A domestic violence program or shelter must have policies that detail the specific distinctions in procedures regarding release of records, in compliance with state law, state court rulings and grant requirements, and should have policies that set forth the requirements for the written consent for release of information by individuals seeking or receiving services from the program.
9. A domestic 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. The person consenting to the release must be fully informed, and the consent 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 that 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.
10. A domestic violence program must have policies for the release of information of a minor child that includes fully informed, time-limited, written consent and signature of both the child and parent or guardian.
 - a. Consent for the release of information is prohibited from being given by the abuser of the minor or the abuser of the minor's custodial parent.
 11. Policies must also include how domestic 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 domestic violence program.
 12. A domestic 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. A domestic violence program or shelter additionally may require the Board of Directors, staff and volunteers to maintain the confidential location of the program or shelter if it is not publicly disclosed.
 13. A domestic violence program must maintain all records that contain personally identifying information in a secure, locked storage area. Organizations should 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.
 14. A domestic 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 and court decisions (Chapter 455.220 RSMo and *State ex rel. Hope House*). 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.
 15. A domestic violence program must ensure that an individual who receives services understands and signs a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program. A domestic violence shelter or program additionally may require a person receiving services to maintain the confidential location of the shelter or program if it is not publicly disclosed.
 16. A domestic 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 to maintain confidentiality.
 17. A domestic violence program must develop policies that 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 Chapter 210.112 RSMo and 210.115 RSMo. Such policies should also include provisions for such reporting in compliance with the confidentiality requirements for shelter service information and records in Missouri law Chapter 455.220 RSMo.
 - a. Legally mandated reporters of child abuse and neglect, as identified in Chapter 210.115 RSMo, are: "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.”

- b. A domestic violence program must follow the statutory definition of who is a mandated reporter. Domestic violence advocates are not legally mandated reporters unless they also are one of the professions listed in the statute and must follow the mandated reporting guidelines for their specific profession.
 - c. Mandated reporters should receive training about what constitutes abuse and neglect, and training on the process of making a report, what happens after a report is made and possible consequences.
 - d. A domestic violence program must develop policies that address the specific procedures by which staff who are not legally mandated address concerns of suspected child abuse and neglect.
18. A domestic violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
- a. This policy should include a signed consent of release of information that clearly details the personal information to be released and to whom in case of an emergency.
19. A domestic 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 domestic violence staff, volunteers or Board members.
- a. This policy should include a signed consent of release of information that clearly details the personal information to be released and to whom in case of an emergency.
 - b. Licensed individuals should follow their licensing requirements regarding the reporting of credible threats of suicide or homicide. There is no Missouri law requiring advocates to report such threats.
20. A domestic 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.
21. A domestic violence program must have policies regarding the storage and destruction of invoices, paper or electronic, that include identifying call records on telephone bills. All identifying information should be redacted.



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 domestic violence program that record the types of services provided, the individual or family 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.

STANDARDS FOR DOCUMENTATION OF SERVICE PROVISION

1. This standard for documentation policies and procedures of domestic violence programs, and the inter-connected standards for confidentiality, are based upon state and federal law. These include Missouri law Chapter 455.220 RSMo and federal law 42 U.S.C. 11383, 13925(b)(2), 10604(d) and 10402(a)(2)(e).
 - a. Licensed or certified professionals also should follow standards for documentation related to those occupations.
2. A domestic 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, groups and/or families receiving services.
 - a. Documentation should follow the principle of “do no harm.” Advocates should consider the possible consequences should documented information be released, presented in a court case, or made available to the service recipient’s abuser.
 - b. Documentation should focus on the program’s service provision, including type of service, date of service, how often service is provided and who provided the service.
 - c. Documenting an individual’s responses to service, personal needs or progress is not recommended. Such details should be restricted to case management discussions as necessary for ongoing service provision, but should not be documented and could be harmful if released.
 - d. Documentation should not include names or identifying information about other service recipients.
 - e. Documenting safety plans is not recommended.
3. Written records of services provided in individual, group and/or family settings must be maintained by a domestic 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. When used, electronic records of services provided 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, group and/or family settings must be signed and dated by the staff member or volunteer providing the direct service.
7. All personnel of a domestic 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 domestic 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 and court decisions (Chapter 455.220 RSMo and *State ex rel. Hope House*). Programs should 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 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.
9. Service recipients have the right to receive a copy of their personal information, including file or records, upon written request with a signed release of information. Domestic violence advocates should discuss risks and benefits of releasing the record before the information is released.
10. A data collection and record-keeping system must be developed that allows for the efficient retrieval of data needed to measure the domestic violence program's performance in relation to its stated goals, objectives, outcomes and funds received for services.
11. A domestic violence program that receives certain state and/or federal funds that have specific confidentiality requirements must have documentation policies and procedures to ensure compliance with those requirements. A domestic violence shelter that receives marriage license fees, civil filing fees, and/or ordinance violation fees is mandated by state law Chapter 455.220 RSMo to require persons employed by or volunteering services to the shelter to maintain the confidentiality of any information that would identify individuals served by the shelter and any information or records that are directly related to the advocacy services provided to such individuals. Grants or contracts that have specific confidentiality requirements include the Violence Against Women Act of 2013 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 shelter that receives such funds is required, prior to providing any advocacy services, to inform individuals served by the shelter of the nature and scope of this confidentiality requirement. Electronic and paper-keeping systems must protect the confidentiality and personally identifying information of the person receiving services.



Language Access

Language access is the provision of service including interpretation and translation to ensure that individuals who are Limited-English Proficient, deaf or hard of hearing have access to all services offered by the domestic violence program, including but not limited to case management, crisis intervention, hotline, professional therapy, support groups and shelter.

STANDARDS FOR LANGUAGE ACCESS

1. All individuals who seek services from a domestic violence program have a right to language access and to receive culturally and linguistically competent services. Language should not be a barrier to those seeking domestic violence services.
2. A domestic violence program must abide by federal laws on language access. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, national origin and sex in the delivery of services. National origin discrimination includes discrimination on the basis of Limited-English Proficiency;
 - b. Executive Order 13166, issued in 2000, that ensures that individuals who are Limited-English Proficient have access to federally funded programs and activities, including domestic violence service programs; and
 - c. The Americans with Disabilities Act and the Rehabilitation Act of 1974, which mandates that organizations ensure effective communication with people who are deaf or hard of hearing.
3. A domestic violence program must ensure that confidentiality requirements are met and MCADSV standards for confidentiality are followed while providing language access.
 - a. Interpreters used by the domestic violence program should receive training on confidentiality and sign confidentiality agreements.
4. A domestic violence program must have written procedures on how advocates will respond to individuals who are Limited-English Proficient, are deaf or are hard of hearing. These should include but are not limited to:
 - a. Notifying survivors of their rights to language access;
 - b. Interpretation services, including by telephone, videophone and in person;
 - c. Translation services;
 - d. Cultural competency and the importance of inclusivity and accessibility; and
 - e. Evaluation and monitoring of the language access plan to ensure that it is still relevant.
5. All personnel of a domestic violence program who provide direct services must have training and resources necessary to provide equal access to services and language access as needed, including but not limited to:
 - a. Interpreter services, both by telephone and in person;
 - b. Translation services;
 - c. Program documents translated into multiple languages, including but not limited to:

- i. Vital documents, such as documents that contain critical information or are required by law;
 - ii. Intake materials;
 - iii. Waivers or other documents individuals are expected to sign;
 - iv. Signs in the facility; and
 - v. Brochures;
 - d. Knowledge of service area demographics, census data and the most frequently encountered non-English languages by the program;
 - e. Personal advocacy with other community partners and the court system to ensure language access is provided when needed;
 - f. Dynamics of domestic violence and legal rights for individuals who are also deaf, immigrants or refugees; and
 - g. Community resources for individuals experiencing domestic violence who are also deaf, immigrants or refugees.
6. A domestic violence program should not utilize family members or friends, including children, of the individual seeking services to provide interpretation or translation services.
7. A domestic violence program should use interpreters and translators that meet the following competency standards:
 - a. Has a demonstrated proficiency in and ability to communicate information accurately in both English and the intended language;
 - b. Understands and follows confidentiality and impartiality rules and is willing to sign a confidentiality agreement;
 - c. Has a fundamental knowledge in both languages of any specialized terms or concepts;
 - d. Has sensitivity to the culture of the individual seeking services; and
 - e. Understands and adheres to the role of interpreter without deviating into other roles.
8. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).



Training

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

STANDARDS 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;
 - e. Online training courses or webinars;
 - f. 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
 - g. 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 domestic violence, the role of society in perpetuating rape and abuse against historically oppressed people, and the history of the Battered Women's Movement and its connection to other social movements;
 - 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 relationship;
 - iv. Individuals who abuse, their selective behaviors and societal influences;
 - v. Trauma-informed practices and an understanding of how multiple traumas can affect an individual, as well as the complex effects of domestic violence on children;
 - vi. Diversity and the need for inclusion; and
 - vii. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.



- c. Domestic violence advocacy that includes but is not limited to, and follows MCADSV standards as applicable:
 - i. The role of the advocate and the importance of listening to survivors;
 - ii. Crisis intervention
 - iii. Hospital/medical advocacy, including hospital response and forensic exams;
 - iv. Legal advocacy;
 - v. Personal advocacy;
 - vi. Crime Victims' Compensation procedures;
 - vii. Coordinated Community Response (CCR) and Sexual Assault Response Team (SART); and
 - viii. Cultural diversity considerations and provision of language access.
 - d. Advocacy and empowerment for individuals seeking services that includes but is not limited to:
 - i. The philosophical foundation of individually-defined advocacy and providing interventions and actions only upon the request or consent of the individual seeking services;
 - ii. An understanding that all services must be voluntarily accepted and never required;
 - iii. Safety planning that includes short- and long-term strategies;
 - iv. Confidentiality and ethical service provision;
 - v. Trauma-informed practices for working with individuals in crisis;
 - vi. Fundamental issues related to justice system remedies; and
 - vii. Documentation of services.
 - e. Participation in community collaborations that include but are not limited to:
 - i. Coordinated Community Response (CCR),
 - ii. Sexual Assault Response Team (SART),
 - iii. Continuums of Care and other housing programs,
 - iv. Service providers who address issues related to poverty, and
 - v. Mental health and substance abuse service providers.
 - 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. Suicide risk assessment;
 - v. Establishing and maintaining appropriate boundaries;
 - vi. Appropriate resource and referral information;
 - vii. De-escalation and conflict resolution;
 - viii. Trauma-informed practices, including secondary trauma often experienced by those working with individuals in crisis; and
 - ix. The intersection of abuse with other traumas and co-occurring issues related to sexual violence, mental health, substance abuse and homelessness.
3. A domestic violence program should include ongoing training and educational opportunities for all staff members and volunteers to enhance the ability to provide services.



- a. Domestic violence advocates must follow all continuing education requirements related to any professional licenses or certifications they hold.
 - b. MCADSV and the Missouri Department of Public Safety require a minimum of 6 hours of continuing education per year.
4. Evaluation of the domestic 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 provide direct services to victims of domestic and sexual violence. They must complete a minimum of 48 hours of training.

STANDARDS FOR DUAL TRAINING

1. In addition to the curricula outlined in the Training section of Service Standards, additional topics for dual programs must include, but are not limited to:
 - a. The historical context of sexual violence, the role of society in perpetuating rape and abuse against historically oppressed people, and the history of the sexual violence movement.
 - b. A framework for understanding the nature and dynamics of sexual violence that includes, but is not limited to:
 - i. Basics of sexual violence;
 - ii. Strangers versus non-stranger violence;
 - iii. Intimate partner sexual violence;
 - iv. Drug-facilitated sexual violence;
 - v. Rape Trauma Syndrome, Post-Traumatic Stress Disorder and trauma-informed practices with an understanding of how multiple traumas can effect an individual; and
 - vi. Working with survivors of childhood sexual abuse.
 - c. Sexual violence advocacy that includes, but is not limited to and follows MCADSV Service Standards as applicable:
 - i. The role of the advocate and the importance of listening to survivors;
 - ii. Crisis intervention;
 - iii. Hospital/medical advocacy, including hospital response and forensic exams;
 - iv. Legal advocacy;
 - v. Personal advocacy;



- vi. Sexual Assault Response Team (SART) and Coordinated Community Response (CCR); and
 - vii. Cultural diversity considerations and provision of language access.
- d. Related topics that include but are not limited to:
- i. Sexually Transmitted Diseases/Infections (STD/STI);
 - ii. Forensic exams and hospital procedures for evidence collection; and
 - iii. Law enforcement procedures.



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.

STANDARDS FOR HOTLINE

1. A hotline operated by a domestic violence program must provide 24-hour crisis telephone access to the program.
2. The hotline number must be publicly advertised and widely distributed within the domestic violence program's service area, including but not limited to online. Programs should distribute hotline numbers in culturally and linguistically considerate ways to all communities, including communities traditionally underrepresented within the organization's services. Distribution should include but is not limited to translated materials and making information available in locations where survivors from underrepresented communities are likely to frequent.
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 technology conflicts with the spirit of anonymity, and the principles of confidentiality and respecting an individual's rights to control her or his personal information. Any information received from caller-identification should not be stored. A domestic violence program should have a policy regarding the use of caller-identification information in situations of harm to self or others.
 - a. By law, the owner of an 800-number line must receive information about who called the toll-free number. These invoices include potentially identifying information and should be protected as any other record.
 - b. A domestic violence program operating a hotline must have a policy regarding the program's name being displayed on other telephone's caller-identification. This service is provided free-of-charge to domestic violence program hotlines.
4. The hotline must be answered by a program staff member or volunteer who has had domestic 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 and appropriate crisis intervention;
 - b. Listening to and validating the caller's experience;
 - c. Safety planning;
 - d. Information about available legal and medical remedies; and
 - e. Information and referral to available community resources.
7. Programs offering hotline services must maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.
8. A hotline may not be answered by an answering machine or answering service.

9. Programs offering hotline services must have written procedures that include, but are not limited to:
 - a. Confidentiality and exceptions to confidentiality;
 - b. Assessing the caller's risks to safety, including risk of self-harm or other dangers;
 - c. Safety of hotline worker; and
 - d. Scheduling, coverage and back-up.
10. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
11. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.



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 immediate needs.

STANDARDS FOR CRISIS INTERVENTION

1. Crisis intervention services must be provided by a trained domestic violence program staff member or volunteer.
2. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, validation of emotion, safety planning and empowerment to reinforce the individual's autonomy and self-determination. All interventions and actions should be performed only upon the request or consent of the individual seeking services.
3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis with the goals of stabilizing emotions, clarifying issues and providing support and assistance. Crisis intervention services include, but are not limited to:
 - a. Listening;
 - b. Assessing risk and/or danger;
 - c. Assessing needs;
 - d. Establishing rapport and communication;
 - e. Validating feelings and providing support;
 - f. Identifying the major problems;
 - g. Safety planning;
 - h. Providing referrals;
 - i. Providing information about available legal remedies;
 - j. Exploring possible alternatives;
 - k. Formulating an action plan; and
 - l. Taking follow-up measures.
4. Crisis intervention services may include the provision of education and information about:
 - a. Types of abuse;
 - b. The relationship between violence and other tactics of control;
 - c. Survival strategies and dilemmas in leaving an abusive relationship;
 - d. Individuals who abuse, their selective behaviors and societal influences;
 - e. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children; and
 - f. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.

5. A domestic violence shelter that offers crisis intervention services must provide the services to residents and non-residents.
6. A domestic violence program that offers crisis intervention services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
7. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
8. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
9. Evaluation of the domestic 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 of survivors, including those from underrepresented communities.



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.

STANDARDS 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 domestic violence.
2. An advocate providing case management services must have access to and be familiar with a complete list of community resources, and the program should have established relationships with other service providers.
 - a. Upon identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with providers of additional services that may include but are not limited to:
 - i. Ongoing and long-term safety planning;
 - ii. Medical, nutritional and/or health services;
 - iii. Law enforcement assistance;
 - iv. Crime Victims' Compensation;
 - v. Legal remedies and services;
 - vi. Public assistance services, including job training and support services;
 - vii. Short-term, transitional and/or permanent housing;
 - viii. Child care services and parenting education;
 - ix. Child protection services;
 - x. Alcohol and drug evaluation and education;
 - xi. Alcohol or substance abuse treatment services;
 - xii. Mental health service providers;
 - xiii. Services for persons with disabilities;
 - xiv. Transportation assistance;
 - xv. Education, continuing education, HiSET and/or literacy classes;
 - xvi. Lesbian, gay, bisexual or transgender support services;
 - xvii. Employment readiness services and/or job training;
 - xviii. Interpreter/translation services and/or immigration assistance;
 - xix. Financial planning and credit rights information and services; and/or
 - xx. Other related services as needed.
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. All interventions and actions should be performed only upon the request or consent of individual receiving services.

4. An advocate providing case management services assumes a coordinating role and facilitates the provision of services by the other organizations or professionals in a coordinated and collaborative manner.
5. Case management services may include the provision of education and information about:
 - a. Types of abuse;
 - b. The relationship between violence and other tactics of control;
 - c. Survival strategies and dilemmas in leaving an abusive relationship;
 - d. Individuals who abuse, their selective behaviors and societal influences;
 - e. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children; and
 - f. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
6. A domestic violence shelter that offers case management services must provide the services to residents and non-residents.
7. A domestic violence program that offers case management services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
8. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
9. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
10. Evaluation of the domestic 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:
 1. Periodic satisfaction surveys; and/or
 2. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 1. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 2. Focus groups of survivors, including those from underrepresented communities.



Support Groups

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

STANDARDS FOR SUPPORT GROUPS

1. A domestic violence program providing support group services must ensure that the staff member or volunteer facilitating the support group has the required 40-hour domestic 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 domestic violence program that provides support group services must provide at least one weekly support group for adult participants.
3. A domestic violence shelter that provides support group services must make them available to residents and non-residents, including former residents.
4. A domestic 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.
5. A domestic 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.
6. A domestic violence program should provide child care or a children's support group during the support group for adults.
7. Support group services, which differ from professional group therapy, must provide support that addresses needs identified by those attending the group session, which includes, but is not limited to:
 - a. Listening;
 - b. Problem solving;
 - c. Safety planning;
 - d. Addressing needs identified by those attending the group session;
 - e. Options, benefits and risks of available legal remedies; and
 - f. Information about available community resources.
8. Support group services may include the provision of education and information about:
 - a. Types of abuse;
 - b. The relationship between violence and other tactics of control;
 - c. Survival strategies and dilemmas in leaving an abusive relationship;
 - d. Individuals who abuse, their selective behaviors and societal influences;
 - e. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children;

- f. Diversity and the need for inclusion; and
 - g. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
9. A domestic violence program that provides support group services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
10. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
- a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision;
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA); and
 - c. In addition to supporting a philosophy of inclusion and accessibility of services to all who need them, a domestic violence program must follow applicable non-discrimination guidelines including but not limited to:
 - i. The Violence Against Women Reauthorization Act of 2013 grant condition that prohibits discrimination by recipients of certain Department of Justice funds “on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability.”
 - 1. The VAWA nondiscrimination grant condition allows sex-segregated or sex-specific programming when it is “necessary to the essential operation of a program,” which the program must articulate if any complaints of sex discrimination are received by the Department of Justice. The justification cannot rely on unsupported assumptions or overly broad sex-based generalizations.
 - 2. The program should not assume that because services have been sex-segregated or sex-specific in the past that continued sex segregation or sex specificity is “necessary” to its services.
 - 3. In circumstances where sex-segregated or sex-specific services are necessary, comparable services, equal in quality, must be provided to any individual who cannot be served with the sex-segregated or sex-specific service.
 - 4. When sex-segregated or sex-specific services are offered, the program should allow an individual seeking services to select the group or service that corresponds to the gender with which the individual identifies. An individual’s own views with respect to personal safety deserve serious consideration. If the individual is transgender, the



program may not ask questions about the individual's anatomy or medical history or make burdensome demands for identity documents.

5. The program should ensure that services do not isolate or segregate individuals based upon actual or perceived gender identity.
11. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
12. Evaluation of the domestic 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.
 - 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 of survivors, including those from underrepresented communities.

STANDARDS FOR CHILDREN'S SUPPORT GROUPS

1. A domestic violence shelter should provide voluntary support group services for residential children at least once a week.
2. A domestic violence shelter should provide a voluntary recreational, life skill building or social group for resident children at least once a week.
3. A domestic violence shelter must offer information and referral services to non-resident children if non-residential services are offered to the child's parent.
4. Evaluation of the domestic violence children's support group must be conducted in an age-appropriate manner 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. Focus groups of survivors, including those from underrepresented communities.

Professional Therapy

Professional therapy includes voluntary 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 domestic and sexual violence.

STANDARDS FOR PROFESSIONAL THERAPY

1. A domestic violence program offering professional therapy must:
 - a. Provide therapy services that are appropriate to the needs of recipients with regard to ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status and/or any other issues relevant to the individuals' particular needs;
 - b. Provide crisis intervention when needed;
 - c. Provide residential participants with access to therapy;
 - d. Develop and maintain required documentation consistent with licensure rules and regulations regarding the resident or non-resident's action or treatment plan that reflect that individual's and/or family's particular needs;
 - e. Assist with safety planning and provide options, benefits and risks on legal remedies available;
 - f. Provide informed consent, including signing a waiver about the limitations of confidentiality that should also detail if there are internal documentation reviews for quality assurance;
 - g. Provide understanding and support, including active listening, addressing needs identified by the recipient, self-esteem building and problem solving;
 - h. Provide education and information on available resources as applicable to the individual's needs, including the dynamics of domestic violence, legal options, drug and alcohol abuse, parenting, HIV/AIDS awareness, general health care information, the effects of trauma, opportunities for educational programs and employment and training assistance;
 - i. Provide therapy services that do not promote any one religion; and
 - j. 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. Types of abuse;
 - b. The relationship between violence and other tactics of control;
 - c. Survival strategies and dilemmas in leaving an abusive relationship;
 - d. Individuals who abuse, their selective behaviors and societal influences;
 - e. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children;
 - f. Diversity and the need for inclusion; and



- g. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
3. Those individuals providing age-appropriate professional therapy to children must provide the following:
 - a. Understanding and support, including active listening, addressing needs identified by the child and problem solving;
 - b. Safety planning;
 - c. Information about available legal remedies, in concert with information given to the parent;
 - d. Education and information about the nature and dynamics of domestic violence, including types of abuse and the relationship between violence and other tactics of control;
 - e. The recognition that the child is not responsible for the violence and that individuals who abuse are responsible for their violent behavior;
 - f. Diversity and the need for inclusion; and
 - g. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
 4. A domestic violence program must ensure that individuals providing professional therapy are in compliance with state licensure rules and regulations, and national professional ethical standards.
 5. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
 6. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
 7. Evaluation of the domestic 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 of survivors, including those from underrepresented communities.

Services for Children

Services for children are structured programs that include information, activities, support, therapy and assistance provided to children of individuals who have been abused. Services for children must be provided by qualified, trained staff members or volunteers.

STANDARDS FOR SERVICES FOR CHILDREN

1. All in-person services for children should be provided only at the request of the guardian or with the guardian's permission.
2. A domestic violence program must have policies for the release of information of a minor child that includes fully informed, time-limited, written consent and signature of both the child and parent or guardian.
 - a. Consent for the release of information is prohibited from being given by the abuser of the minor or the abuser of the minor's custodial parent.
3. Services for children must be provided by qualified, trained staff or volunteers.
4. A domestic violence program may provide access to crisis intervention, counseling and case management for children (see "Crisis Intervention," pp. 12-13; "Case Management," pp. 14-15; and "Professional Therapy," pp. 18-19).
5. Information should be provided to the child's parent about domestic violence and its complex effects on children.
6. Access to child care options should be provided. Situations in which alternate temporary supervision of children should be provided include, but are not limited to:
 - a. During the parent's intake;
 - b. During support group;
 - c. When the parent may be looking for housing or employment;
 - d. When the parent may be in counseling;
 - e. During court proceedings and meetings with lawyers; or
 - f. During all appointments/meetings in which caring for the child could be disruptive or the child might overhear the parent talking about her or his abuse.
7. A domestic violence program should provide the child's non-offending parent with support and access to resources.
8. A domestic violence program should have in place a way to provide/arrange transportation for a child to attend school. If possible, provide/arrange transportation for a child to participate in extracurricular activities.
9. Qualified, trained staff members or volunteers should safety plan with children in concert with the parent's safety plans.
10. A domestic violence program should provide developmentally appropriate activities for children.
11. A domestic violence program should provide the child's parent with non-violent options for disciplining the child.



12. A background check with the Children’s Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
13. A domestic violence program must provide safe play areas for children.
14. A domestic violence program should provide recreational and educational activities/opportunities for children and their parents.
15. A domestic violence program must develop policies that 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 should also include provisions for such reporting in compliance with the confidentiality requirements for shelter service information and records in Missouri law §455.220 RSMo.
 - a. Legally mandated reporters of child abuse and neglect, as identified in §210.115 RSMo, are: “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.”
 - b. A domestic violence program must follow the statutory definition of who is a mandated reporter. Domestic violence advocates are not legally mandated reporters unless they also are one of the professions listed in the statute and must follow the mandated reporting guidelines for their specific profession.
 - c. Mandated reporters should receive training about what constitutes abuse and neglect, and training on the process of making a report, what happens after a report is made and possible consequences.
 - d. A domestic violence program must develop policies that address the specific procedures by which staff who are not legally mandated address concerns of suspected child abuse and neglect.
16. A domestic violence program offering services to children must have policies and procedures in place regarding confidentiality (see “Confidentiality,” pp. 4-6).
17. A domestic violence program offering services to children should have policies and procedures in place regarding collaboration with community stakeholders, including but not limited to schools, child care centers, youth recreational facilities, youth clubs and organizations, sports leagues and others.
18. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on a child’s ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
19. Staff providing services to children must have training and resources necessary to provide equal access to services and language access as needed.

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 domestic violence. Court advocacy services must be provided by qualified, trained staff members or volunteers.

STANDARDS FOR COURT ADVOCACY

1. A domestic 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 options, benefits and risks of legal remedies so self-identification of needed interventions can occur. All interventions and actions should be performed only upon the request or consent of the individual seeking services.
2. A domestic 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 licensed to engage in such legal practice. Advocates may not act as legal representatives or give legal advice.
3. A domestic 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 domestic violence, as well as the local justice system's response to domestic violence, including local court rules in each county and/or city where services are provided.
4. A domestic violence program providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify and assist with a benefit/risk analysis of an individual's legal options as part of a flexible service and safety plan.
5. A domestic 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 jurisdiction 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 to and familiar with domestic violence legal issues and Orders of Protection, to whom referrals can be made for representation in civil and criminal cases in each jurisdiction where services are provided.
6. A domestic violence program providing court advocacy services should encourage the criminal and civil justice systems in each jurisdiction where services are provided to respond consistently to the needs of those victimized by domestic violence and to hold individuals who abuse accountable for their use of violence.
7. A domestic violence program providing court advocacy services should develop and/or participate in a Coordinated Community Response (CCR) in the domestic violence program's service area. The CCR effort should include participation by advocates and governmental and organizational allies with whom victims of domestic violence interact. The focus of these efforts should be on improving the community-wide response to individuals who have been abused and accountability for those who abuse.



8. Court advocacy services may include the provision of education and information about:
 - a. Types of abuse;
 - b. The relationship between violence and other tactics of control;
 - c. Survival strategies and dilemmas in leaving an abusive relationship;
 - d. Individuals who abuse, their selective behaviors and societal influences;
 - e. Possible legal interventions, Crime Victims' Compensation, and their risks and benefits;
 - f. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children; and
 - g. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
9. A domestic violence shelter that offers court advocacy services must provide the services to residents and non-residents.
10. A domestic violence program that offers court advocacy services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
11. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
12. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
13. Evaluation of the domestic 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 of survivors, including those from underrepresented communities.

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 individuals who have experienced domestic violence and non-offending accompanying individuals. Hospital/medical advocacy is provided in a medical facility by qualified, trained staff members or volunteers.

STANDARDS FOR HOSPITAL/MEDICAL ADVOCACY

1. A domestic violence program providing hospital/medical advocacy services must ensure that the staff members or volunteers have the required 40-hour domestic violence training or 48-hour dual program training before their first call as well as be familiar with the layout, services provided, policies and procedures of each of the medical facilities in the service area.
2. The domestic violence program must provide in-person hospital/medical advocacy 24 hours a day, every day of the year. The advocate must be in route to the hospital within 15 minutes of receiving a call for advocacy.
3. The domestic violence program must always have a back-up volunteer or staff to ensure adequate coverage.
4. A domestic violence program providing hospital/medical advocacy must provide non-judgmental interventions and actions only as requested by and consented to by the individual seeking services. A domestic violence advocate provides support during the medical exam only upon the individual's consent.
5. Programs offering hospital/medical advocacy services may provide information including, but not limited to:
 - a. Nature and dynamics of domestic violence;
 - b. Confidentiality provisions and limitations;
 - c. General information about the medical exam;
 - d. Benefits and risks of reporting rape and abuse by intimate partners to law enforcement;
 - e. Options, benefits and risks of accessing the criminal justice system;
 - f. Emergency contraception;
 - g. Sexually Transmitted Diseases/Infections (STD/STI);
 - h. Safety planning;
 - i. Crime Victims' Compensation; and
 - j. Referral to available community resources including shelter.
6. A domestic violence program should also provide crisis intervention, information and referral to non-offending accompanying individuals, or secondary victims, who also may be present. If necessary, the domestic violence program should have procedures for calling a second advocate to provide additional support to secondary victims.
7. A domestic 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.
8. A domestic 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 in a Coordinated Community Response (CCR) or Sexual Assault Response Team (SART).

9. A domestic 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 the person seeking services is also accompanied by the individual who perpetrated the abuse.
10. A domestic violence program providing hospital/medical advocacy must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
11. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
12. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
13. Evaluation of the domestic 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 of survivors, including those from underrepresented communities.

Shelter

Shelter is emergency housing and related supportive services provided in a safe, protective environment for individuals and their children who are victimized by their current or former intimate partners.

STANDARDS FOR SHELTER

1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for individuals who are experiencing domestic violence and their children 24 hours a day, every day of the year.
2. Domestic violence shelter services may be provided through any of the following types of housing:
 - a. A physical shelter facility operated by a domestic violence program that primarily serves victims of domestic violence;
 - b. A safe home provided by a screened, trained private individual or family offering their private residence as time-limited safe shelter without financial compensation; and/or
 - c. Other accommodations, such as time-limited motel/hotel placement and/or other direct placement programs providing safe housing, arranged and provided through a staff member of a domestic violence program.
3. A domestic violence program that provides safe shelter at locations separate from the primary shelter facility, including motel/hotel placement and/or other direct placement programs providing safe housing, must ensure that those accommodations are safe and that participants have access to a telephone and bathroom facilities, and that all doors to the accommodations have locks.
4. A domestic violence shelter must:
 - a. Maintain safety and security of residents as described in the program's policies that incorporate the philosophy of the empowerment model and are based on the understanding that individuals in trauma may have additional considerations that should be met when possible;
 - b. Ensure that crisis intervention services are accessible, available and offered 24 hours a day, every day of the year, with trained advocates on-site to provide face-to-face emergency services;
 - c. Provide emergency food, clothing and personal hygiene items for residents and their children, free of charge;
 - d. Not require residents and non-residents to participate in religious groups or to use religious materials;
 - e. Not require residents to participate in drug testing in exchange for shelter or supportive services;
 - f. Not require residents to participate in supportive services as a condition of staying in shelter. Participation in supportive services must be voluntary; and
 - g. Provide education and information about:
 - i. Types of abuse;
 - ii. The relationship between violence and other tactics of control;



- iii. Survival strategies and dilemmas in leaving an abusive relationship;
 - iv. Individuals who abuse, their selective behaviors and societal influences;
 - v. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children;
 - vi. Diversity and the need for inclusion; and
 - vii. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
5. A domestic violence shelter must ensure that program staff members:
- a. Have immediate face-to-face contact with a new resident admitted to the shelter to determine emergency needs;
 - b. Initiate a face-to-face intake process with a new resident within eight hours after the resident's admission to the shelter;
 - c. Inform each resident about services to be provided by the shelter including, but not limited to:
 - i. Confidentiality rights and agreements, including records and accessibility;
 - ii. Release-of-information agreements;
 - iii. Resident rights including program grievance procedures; and
 - iv. An individual or family plan of self-defined needs, proposed actions, resources and services the program can provide to assist in maintaining safety.
 - d. Are trained in the dynamics of communal living including, but not limited to:
 - i. De-escalation and conflict resolution;
 - ii. The effects of trauma on individuals, including Post Traumatic Stress Disorder, and the effects of multiple traumas, including mental health or substance abuse issues;
 - iii. Facilitating group dynamics; and
 - iv. Parent/child dynamics and interactions.
6. A domestic violence shelter may have guidelines that promote communal living.
- a. House management meetings should be held regularly to facilitate communal living.
 - b. Such communal living guidelines should include health and hygiene procedures, including but not limited to the use of universal precautions to control and prevent contagious disease, the use of hygienic practices, and safe storage and handling of food as applicable.
7. A domestic violence shelter should establish a flexible length-of-stay policy that balances the needs of those victimized by intimate partners and the program's ability to meet those needs.
8. Domestic violence shelter staff members must assist individuals requesting emergency safe shelter in obtaining other temporary shelter if the primary shelter facility is full or if they are leaving the shelter, either voluntarily or involuntarily. The required minimum assistance to be offered by staff members of the domestic violence shelter in this situation is the provision of information and referrals to obtain alternative safe shelter, and notice of the right to call back for additional assistance.
9. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender

identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:

- a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision;
- b. Compliance with the provisions of the Americans with Disabilities Act (ADA); and
- c. In addition to supporting a philosophy of inclusion and accessibility of services to all who need them, a domestic violence program must follow applicable non-discrimination guidelines including but not limited to:
 - i. The Violence Against Women Reauthorization Act of 2013 grant condition that prohibits discrimination by recipients of certain Department of Justice funds “on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability.”
 1. The VAWA nondiscrimination grant condition allows sex-segregated or sex-specific programming when it is “necessary to the essential operation of a program,” which the program must articulate if any complaints of sex discrimination are received by the Department of Justice. The justification cannot rely on unsupported assumptions or overly broad sex-based generalizations.
 2. The program should not assume that because services have been sex-segregated or sex-specific in the past that continued sex segregation or sex specificity is “necessary” to its services.
 3. In circumstances where sex-segregated or sex-specific services are necessary, comparable services, equal in quality, must be provided to any individual who cannot be served with the sex-segregated or sex-specific service.
 4. When sex-segregated or sex-specific services are offered, the program should allow an individual seeking services to select the group or service that corresponds to the gender with which the individual identifies. An individual’s own views with respect to personal safety deserve serious consideration. If the individual is transgender, the program may not ask questions about the individual’s anatomy or medical history or make burdensome demands for identity documents.
 5. The program should ensure that services do not isolate or segregate individuals based upon actual or perceived gender identity.
 - ii. The U.S. Department of Housing and Urban Development’s guidance on the Equal Access Rule, which requires that programs receiving HUD funding be available to individuals and families “without regard to actual or perceived sexual orientation, gender identity, or marital status.”
 1. Programs are prohibited from asking individuals seeking services about their sexual orientation or gender identification, with the limited exception for inquiries about a person’s sex to determine eligibility for temporary emergency shelters with shared sleeping areas or bathrooms.



2. Individuals seeking services may offer voluntary self-identification of sexual orientation or gender identity. Programs should consider on a case-by-case basis whether a particular housing assignment would ensure the individual's health and safety. The individual's own views with respect to personal safety deserve serious consideration.
 3. For the purpose of assigning an individual to sex-segregated or sex-specific services, the program should ask a transgender individual which group or service is desired. The program may not ask questions about the individual's anatomy or medical history or make burdensome demands for identity documents.
 4. The program may not consider an individual to be ineligible for emergency shelter because appearance or behavior does not conform to gender stereotypes.
10. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
11. Evaluation of the domestic violence shelter 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; 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 emergency shelter residents and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.

SHELTER PROVISION THROUGH MOTEL/HOTEL PLACEMENT

1. Alternatives to shelter may include motel/hotel placement as a source of safe shelter in circumstances that include, but are not limited to:
 - a. The primary shelter facility is at capacity, and no space is available for those seeking emergency safe shelter;
 - b. The distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility;
 - c. The individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement, including but not limited to disability accessibility needs or other circumstances best served by shelter provision through a motel/hotel placement; and
 - d. The former resident of the shelter facility no longer needs primary shelter but would benefit from program-managed subsidized or transitional housing services that are offered through a temporary motel/hotel placement.
2. Motel/hotel placement by domestic violence programs must abide by the MCADSV Standards for Shelter, including establishing a flexible length-of-stay policy that balances the needs of those victimized by intimate partners and the program's ability to meet those needs.

3. Evaluation of the domestic violence motel/hotel placement 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; 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 emergency shelter residents and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.

SHELTER PROVISION THROUGH SAFE HOME PROVIDERS

1. A domestic violence program that offers safe shelter through private safe homes must document:
 - a. In-depth screening and monitoring of a safe home provider host family or individual, which includes an on-site review of the suitability of the private residence used as a safe home site for temporary safe shelter, background check with the Children’s Division of Department of Social Services, criminal background check on the host family or individual, and routine checks on the host family or individual and residence to ensure ongoing suitability;
 - i. A background check with the Children’s Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
 - b. Completion of required domestic violence training by the safe home provider host family or individual;
 - c. Signed agreements between the safe home provider host family or individual regarding issues of confidentiality and the rights of individuals or families provided with safe shelter in the residence of the host family or individual;
 - d. Proof of liability insurance held by the safe home provider host family or individual; and
 - e. The availability of 24-hour accessibility to advocacy services through the domestic violence program that uses safe homes as shelter provision.
2. Shelter provision through safe home providers must abide by the “MCADSV Standards for Shelter,” including establishing a flexible length-of-stay policy that balances the needs of those victimized by intimate partners and the program’s ability to meet those needs.
3. Evaluation of the domestic violence safe home 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; 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 emergency shelter residents and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.



Transitional Housing

Transitional housing is non-emergency housing for a length of stay of more than six months. Transitional housing is free or low-cost subsidized housing directly available through a domestic violence program. Transitional housing affords more privacy and independence than emergency shelter.

STANDARDS FOR TRANSITIONAL HOUSING

1. Domestic violence transitional housing services may be provided through any of the following types of housing:
 - a. Organization owned and leased;
 - b. Organization owned and managed by a property management company;
 - c. Leased by organization;
 - d. Leased by program participants;
 - e. On-site of the emergency shelter;
 - f. Off-site, one location; and
 - g. Off-site, scattered locations.
2. A domestic violence transitional housing program must have an established intake and decision-making process to identify eligible residents. Residents must be fully informed of their rights and responsibilities while residing in transitional housing.
3. Domestic violence transitional housing must:
 - a. Maintain the safety and security of residents as described in the program's policies and that incorporate the philosophy of the empowerment model and are based on the understanding that individuals in trauma may have additional considerations that should be met when possible;
 - b. Ensure that crisis intervention services are accessible, available and offered 24 hours a day, every day of the year, with trained advocates available to provide emergency services if needed;
 - c. Provide or make referrals for emergency food, clothing and personal hygiene items for residents and their children, if needed, free of charge;
 - d. Provide voluntary educational opportunities and information including, but not limited to:
 - i. Safety planning;
 - ii. Legal options, benefits and risks;
 - iii. Types of abuse;
 - iv. The relationship between violence and other tactics of control;
 - v. Survival strategies and dilemmas in leaving an abusive relationship;
 - vi. Individuals who abuse, their selective behaviors and societal influences;
 - vii. Trauma-informed practices and an understanding of how multiple traumas can effect an individual, as well as the complex effects of domestic violence on children;
 - viii. Diversity and the need for inclusion; and
 - ix. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation,



marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.

- e. Provide economic advocacy and information including, but not limited to:
 - i. Job training;
 - ii. Literacy;
 - iii. Social Security Administration/disability;
 - iv. Public assistance or other available income supports;
 - v. HiSET classes; and
 - vi. Resources for higher education.
4. A domestic violence transitional housing program must ensure that program staff members inform each resident about services that are available from the program that include, but are not limited to:
 - a. Confidentiality rights and agreements, including records and accessibility;
 - b. Release-of-information agreements;
 - c. An individual or family plan that addresses the self-defined needs of the resident;
 - d. Residents' rights, including program complaint procedures; and
 - e. Program guidelines, including involuntary termination of services.
5. A domestic violence transitional housing program should establish a flexible length-of-stay policy that balances the needs of those victimized by intimate partners and the program's ability to meet those needs.
6. Domestic violence transitional housing staff members must work in partnership with those residing in transitional housing in finding long-term housing prior to the end of their stay. Domestic violence shelter staff members must assist individuals in obtaining other temporary shelter if they are leaving transitional housing, either voluntarily or involuntarily. The required minimum assistance to be offered by staff members in this situation is the provision of information and referrals to obtain alternative safe shelter, and notice of the right to call back for additional assistance.
7. A domestic violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision;
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA); and
 - c. In addition to supporting a philosophy of inclusion and accessibility of services to all who need them, a domestic violence program must follow applicable non-discrimination guidelines including but not limited to:
 - i. The Violence Against Women Reauthorization Act of 2013 grant condition that prohibits discrimination by recipients of certain Department of Justice funds "on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability."



1. The VAWA nondiscrimination grant condition allows sex-segregated or sex-specific programming when it is “necessary to the essential operation of a program,” which the program must articulate if any complaints of sex discrimination are received by the Department of Justice. The justification cannot rely on unsupported assumptions or overly broad sex-based generalizations.
 2. The program should not assume that because services have been sex-segregated or sex-specific in the past that continued sex segregation or sex specificity is “necessary” to its services.
 3. In circumstances where sex-segregated or sex-specific services are necessary, comparable services, equal in quality, must be provided to any individual who cannot be served with the sex-segregated or sex-specific service.
 4. When sex-segregated or sex-specific services are offered, the program should allow an individual seeking services to select the group or service that corresponds to the gender with which the individual identifies. An individual’s own views with respect to personal safety deserve serious consideration. If the individual is transgender, the program may not ask questions about the individual’s anatomy or medical history or make burdensome demands for identity documents.
 5. The program should ensure that services do not isolate or segregate individuals based upon actual or perceived gender identity.
- ii. The U.S. Department of Housing and Urban Development’s guidance on the Equal Access Rule, which requires that programs receiving HUD funding be available to individuals and families “without regard to actual or perceived sexual orientation, gender identity, or marital status.”
1. Programs are prohibited from asking individuals seeking services about their sexual orientation or gender identification, with the limited exception for inquiries about a person’s sex to determine eligibility for temporary emergency shelters with shared sleeping areas or bathrooms.
 2. Individuals seeking services may offer voluntary self-identification of sexual orientation or gender identity. Programs should consider on a case-by-case basis whether a particular housing assignment would ensure the individual’s health and safety. The individual’s own views with respect to personal safety deserve serious consideration.
 3. For the purpose of assigning an individual to sex-segregated or sex-specific services, the program should ask a transgender individual which group or service is desired. The program may not ask questions about the individual’s anatomy or medical history or make burdensome demands for identity documents.
 4. The program may not consider an individual to be ineligible for emergency shelter because appearance or behavior does not conform to gender stereotypes.

8. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
9. Evaluation of the domestic violence transitional housing 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; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. Follow-up surveys, when provided with the person's consent;
 - ii. An Advisory Board consisting of current and former transitional housing residents and staff who review policies and procedures; and/or
 - iii. Focus groups of survivors, including those from underrepresented communities.



Volunteers

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

STANDARDS FOR USE OF VOLUNTEERS

1. A domestic violence program may use unpaid volunteers to augment the program's direct and indirect services provided by paid staff members.
2. A domestic 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 domestic 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 domestic violence program must provide ongoing supervision of volunteers by program staff.
5. A domestic 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.
 - a. A background check with the Children's Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
6. Volunteers who provide direct services must meet MCADSV Standards for Training.
 - a. A domestic 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. Program facility coverage, hotline coverage, crisis intervention, case management, court advocacy, hospital/medical advocacy, support group facilitation for adults and/or children, professional therapy, intake or assessment of service needs, and development or implementation of service plans;
 - b. Transportation or accompaniment;
 - c. Recreational activities for adults and/or children; and
 - d. Educational, job readiness, job training and/or other assistance or services related to obtaining employment.
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 domestic violence training and supervision; and
 - e. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.
9. Volunteers must have training and resources necessary to provide equal access to services and language access as needed.
10. Evaluation of the domestic violence program's volunteer program and the volunteers must be conducted to ensure quality of services.



DEFINITIONS:

Advocate: A specially trained individual who assists others, including domestic violence advocates, sexual assault advocates, court advocates, etc. Advocates can be paid professionals or volunteers.

Board of Directors: The governing body of a nonprofit organization, comprised of elected individuals.

Case management: Goal-directed interactions, advocacy and assistance provided by an advocate to an individual to obtain needed services, develop short- and long-term resources and safety plans, and facilitate the coordination of services from multiple service providers across systems.

Coordinated Community Response (CCR): A community-based team that coordinated the response to victims of domestic violence, including domestic violence service providers, law enforcement, judicial system personnel, health care providers, other social service agencies and others.

Court advocacy: The provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a domestic violence victim.

Crisis intervention: Activities performed by a qualified, trained advocate to assist 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 immediate needs. Crisis intervention can be performed over the phone or in person.

Domestic violence: A pattern of assaultive and coercive behaviors—including physical, sexual, psychological and others—that abusers use to control their intimate partners.

Hospital or medical advocacy: In-person crisis intervention, information and referral provided 24 hours a day, every day, for individuals who have experienced domestic violence and non-offending accompanying individuals. It is provided in a medical facility by a qualified, trained advocate.

Hotline: A 24-hour, everyday service in which a telephone line is answered by a qualified, trained advocate who provide crisis intervention, information and referrals.

Language Access: The provision of interpretation and translation services to ensure that individuals who are Limited-English Proficient, deaf or hard of hearing have access to all services offered by a domestic violence program.

Limited-English Proficient: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

Mandated reporter: An individual required by Missouri Revised Statute Section 210.115 to report any instances that give reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or any instances in which a child is observed being subjected to conditions or circumstances which would reasonably result in abuse or neglect.

Personal advocacy: A direct service that involves facilitating access to other community resources and service providers.

Policy: The formal guidance needed to coordinate and execute an organization's activities. Policy provides the broad-focus framework in which the organizations functions.

Practicum: A supervised activity meant to develop or enhance the trainee's ability to provide direct services.

Procedure: The operational processes required to implement a policy. Procedures are the "how-tos" needed to carry out activities.

Professional therapy: Volunteer 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 to address issues of domestic and sexual violence.

Secondary victim: An individual who witnesses and/or is affected by violence directed at another person, e.g. the friend of a rape victim who is providing support at the hospital.

Sexual Assault Response Team (SART): A community-based team that coordinates the response to victims of sexual assault, including sexual violence service providers, law enforcement, judicial system personnel, health care providers, other social service agencies and others.

Sexual violence: Non-consensual conduct of a sexual nature. Sexual violence is purposeful behavior accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation and/or using power or authority.

Shelter: Emergency housing and related supportive services provided in a safe, protective environment for individuals and their children who are victimized by their current or former intimate partners.

Start-up program: A victim service 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.

Sunshine Law: The common name for Missouri Revised Statute Chapter 610, which legislates open meetings and records of public governmental bodies.

Support group: A voluntary, interactive group session that may be non-directed, topic-oriented or informational and educational.

Transitional housing: Non-emergency housing for a length of stay of more than six months. It is free or low-cost subsidized housing directly available through a domestic violence program.





mCADSV

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