



# Service Standards and Guidelines for Domestic Violence Programs

*APRIL 2012*

## **ABOUT MCADSV**

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

### **EDUCATION**

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

### **ASSISTANCE**

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

### **ALLIANCE**

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

### **RESEARCH**

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

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## **ABOUT THE SERVICE STANDARDS AND GUIDELINES FOR DOMESTIC VIOLENCE PROGRAMS**

### **History of Service Standards and Guidelines**

These standards and guidelines were developed to assist domestic violence programs in providing quality services and implementation of best practices. They cover the core services provided to women who are battered 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*. The current *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. The committee includes advocates and administrators from member programs and MCADSV staff.

### **Self-evaluation Process for Quality Assurance**

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

### **Principles of Service Standards and Guidelines**

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

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

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

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

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

# BOARD OF DIRECTORS

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

## SERVICE STANDARDS AND GUIDELINES FOR BOARD OF DIRECTORS

1. The primary purpose of a Board of Directors is to govern the organization. A domestic violence program Board of Directors does not oversee the day-to-day operations of the program—unless the program is in a “start-up” or “transition phase.” (A start-up program may be defined as, but is not limited to, an organization that has recently acquired paid staff, secured consistent funding, been operating or providing a new service for less than two years, or has undergone restructuring or reorganization.)
2. A domestic violence program Board of Directors must abide by Missouri laws Chapter 355 RSMo.: Nonprofit Corporation Law, pertaining to nonprofit organizations, and §455.220 RSMo. pertaining to domestic violence shelters. This includes, but is not limited to:
  - a. A domestic violence program Board of Directors is accountable to the program. It ensures the program's compliance with its Bylaws. Bylaws provide the governance structure for the organization and its elected Board. This includes the mission and purpose of the organization. The Bylaws should detail what constitutes a quorum, attendance requirements and how to address holding meetings or votes that are not conducted in person, for example by conference call or electronic methods;
  - b. A domestic violence program Board of Directors should have a conflict of interest policy and procedure in its Bylaws. Boards must have clear policies that prohibit Board and staff members of the organization from undertaking activities that have an appearance of conflicting interests;
  - c. A domestic violence program Board of Directors should rotate both Board members and Executive Committee members on a regular time schedule as set forth in the Bylaws. Board member term limits may be included in the Bylaws;
  - d. Board members must receive all notices of meetings, agendas and relevant materials in a timely manner;
  - e. A domestic violence program Board of Directors should have an Executive Committee and job descriptions for Board and officer positions. Standing workgroups and/or committees of the Board should be detailed in the Bylaws;
  - f. Both the Missouri Secretary of State and Missouri Department of Revenue require nonprofit organizations to report on the Board of Directors or organization. The Secretary of State requires an annual report to be filed each year to reflect maintenance or changes to the organization. The Department of Revenue requires any changes to be reported. Changes include a corporation's exemption registration records, sales/use tax, employer withholding tax, or corporate income/franchise tax. These changes also include name, address, and identification of the officers on the Board of Directors. This form must be filed each and every time the Board elects a new officer(s). Information reported to the Department of Revenue includes Board members' full names, physical addresses, birth dates and Social Security numbers;
  - g. A domestic violence program Board of Directors should be familiar with, and base its practices on, the current requirements of the Missouri Sunshine Law (§610.010-610.035 RSMo.) as organizations may be viewed as “quasi-public governmental bodies.” In particular, programs should maintain Board and committee meeting minutes and have clear policies for when a closed session meeting can be called. An example of a closed session meeting may

**SERVICE STANDARDS AND GUIDELINES FOR BOARD OF DIRECTORS (CONTINUED)**

- include, but not be limited to, personnel issues or the annual evaluation of the Executive Director; and
  - h. Minutes of the Board, committee and workgroups meetings should be maintained by the Board Secretary, kept at the program's administrative office and be available upon request. Closed session meeting minutes should only include actions taken by the Board.
3. A domestic violence program Board of Directors should develop and periodically review through strategic planning the organization's mission statement and how it guides the work of the organization.
  4. A domestic violence program Board of Directors should provide clear expectations about a Board member's time and financial contributions to the organization.
  5. A domestic violence program Board of Directors should be comprised of members who represent the racial, ethnic and socio-economic diversity of the community to be served and at least one of whom should be a survivor of domestic violence (§455.220 RSMo.). A domestic violence program Board of Directors should be comprised of individuals from diverse professions and backgrounds whose experience includes a range of skills and expertise.
  6. The Board of Directors must consist of individuals who are not related to program staff and who do not have a conflict of interest with program staff or other Board members.
  7. A domestic violence program Board of Directors must offer orientation and training to new Board members about their roles and responsibilities, program financial statements and procedures, program history and the services provided. A minimum of one training session for the Board of Directors' ongoing development should be offered each year.
  8. An annual Board self-evaluation should be conducted by all members of the Board of Directors and should be submitted, reviewed and distributed by the Board officers.
  9. A Board of Directors is responsible for hiring only one position for the organization, the Executive Director. The Board should support and assist the Executive Director's leadership role in the organization. Only the Executive Director should be responsible to the Board, all other staff are the management responsibility of the Executive Director.
  10. A Board of Directors' Personnel or Executive Committee is responsible for evaluating the performance of the Executive Director and making a recommendation to the Board.



# ORGANIZATIONAL ADMINISTRATION

► **Organizational administration refers to the policies and procedures developed and maintained by the domestic violence program to ensure that high-quality services are provided with accountability to battered women and their children.**

## SERVICE STANDARDS AND GUIDELINES FOR ORGANIZATIONAL ADMINISTRATION

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

# CONFIDENTIALITY

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

## SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY

1. This standard for confidentiality policies and procedures of domestic violence programs, and the interconnected standards for documentation, are based upon state and federal law. These include Missouri law §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 §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 Service Standards and Guidelines for Confidentiality";
  - b. The Violence Against Women Act of 2005 grant requirements codified in 42 U.S.C. §§11383 and 13925(b)(2). These federal grant requirements include, but are not limited to, STOP grants administered by the Missouri Department of Public Safety. Grants administered by the Missouri Department of Public Safety require adherences to the "MCADSV Service Standards and Guidelines for Confidentiality" for those providing services to 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 2005 must have policies and procedures that maintain compliance with the confidentiality requirements of 42 U.S.C. §13925(b)(2). These include the following specific provisions that require those programs receiving grant funds to:
  - a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic vio-

**SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY (CONTINUED)**

- lence, 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 which detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.
6. Domestic violence programs that receive federal funds through the Violence Against Women Act of 2005 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 victim information to any third party shared data system, including “HMIS,” or the Homeless Management Information System. Personally identifying information is defined in 42 U.S.C. §11383 to include:
- a. 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 §455.220 RSMo., and the Missouri Supreme Court’s 2004 ruling in *State ex rel. Hope House*, 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. These forms must specifically state:
- a. The purpose of the release of information;
  - b. The specific information that a person receiving services agrees can be released;
  - c. The person or entity to whom the information is to be released;
  - d. The date on which the form was signed;
  - e. Clear time limits for the duration of the release of information which includes the date at which the consent for release of information terminates; and
  - f. Language that clearly indicates that the consent for release of information may be revoked at any time.
10. 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.
11. 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

**SERVICE STANDARDS AND GUIDELINES FOR CONFIDENTIALITY (CONTINUED)**

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.

12. A domestic violence program must maintain all records which 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.
13. 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 (§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.
14. A domestic violence program must ensure that an individual receiving services sign a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program. 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.
15. To maintain confidentiality, 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.
16. A domestic violence program must develop policies which address the specific procedures by which staff who are legally mandated to report child abuse and neglect comply with the mandated reporting provision of Missouri law §210.112 RSMo. Such policies for domestic violence shelters 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. All such policies should identify the procedures by which non-legally mandated staff and volunteers report instances of child abuse and neglect to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in §210.115 RSMo., are:
  - a. any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section §352.400 RSMo., peace officer or law enforcement official, or other person with responsibility for the care of children.
17. A domestic violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
18. 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. However, there is no Missouri law requiring advocates to report credible threats of suicide or homicide. Licensed individuals should follow their licensing requirements.
19. 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.

# 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.**

## SERVICE STANDARDS AND GUIDELINES FOR DOCUMENTATION OF SERVICE PROVISION

1. This standard for documentation policies and procedures of domestic violence programs, and the interconnected standards for confidentiality, are based upon state and federal law. These include Missouri law §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 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. 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. Electronic records of services provided, when used, must be maintained in consultation with information technology professionals to ensure that records are accessible only to those listed above, that the records cannot be accessed remotely by anyone outside of the program, and to ensure that the records are properly destroyed or purged when needed.
5. Programs must have a policy about record retention that includes how long specific forms are kept, destruction of paper files, and destruction of electronic files. Program administrators should take into consideration the needs of the program and the requirements of funders when setting the length of time documents are to be kept.
6. Written records documenting services provided in individual, 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 (§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.
8. Service recipients must be informed of their rights and allowed to exercise their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda to their files, and/or file a grievance according to the program's policies if objections are made to the content of those records or files.
9. 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 and funds received for services.



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

10. A domestic violence program that receives certain state and/or federal funds which have specific confidentiality requirements must have documentation policies and procedures to ensure compliance with those requirements. A domestic violence shelter that receives marriage license fees, civil filing fees, and/or ordinance violation fees is mandated by state law §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 2005 codified in 42 U.S.C. §§11383 and 13925(b)(2), which include but are not limited to STOP grants administered by the Missouri Department of Public Safety, and the Victims of Crime Act codified in 42 U.S.C. §10604(d). In addition, a 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 or paper-keeping systems must protect the confidentiality and personally identifying information of the person receiving services.

# TRAINING

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

## SERVICE STANDARDS AND GUIDELINES FOR TRAINING

1. The 40-hour training program may be accomplished through a combination of:
  - a. Group instruction using a variety of training techniques, including role plays, other experiential exercises and audio-visual materials;
  - b. One-on-one instruction and discussion with a fully-trained, experienced advocate or supervisor;
  - c. Shadowing a fully-trained, experienced advocate performing job duties, such as hotline coverage and intake procedures;
  - d. A practicum (a practicum is defined as a supervised activity meant to develop or enhance the trainee's ability to provide direct services);
  - e. Audio-visual materials may be used, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity; and
  - f. A training manual given to each participant from which reading assignments can be made, provided the trainee can discuss the information with a fully-trained, experienced advocate or facilitator following the activity.
2. The curriculum used in the 40-hour training program must include, but is not limited to:
  - a. The historical context of domestic violence, the role of society in perpetuating violence against women and the history of the battered women's movement;
  - b. Ongoing continuing education/training to enhance the trainee's ability to provide direct services;
  - c. A framework for understanding the nature and dynamics of 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. Men who batter, their selective behaviors and societal influences;
    - v. Domestic violence and its complex effects on children and mothers; and
    - vi. Diversity and the need for social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
  - d. Domestic violence advocacy that includes, but is not limited to:
    - i. The role of the advocate;
    - ii. Hospital/medical advocacy;
    - iii. Legal advocacy;
    - iv. Personal advocacy;
    - v. Hospital response/forensic exam;
    - vi. Coordinated Community Response (CCR); and
    - vii. Cultural diversity considerations.
  - e. Advocacy and empowerment for battered women that includes, but is not limited to:
    - i. Woman-defined advocacy;
    - ii. Safety planning that includes short- and long-term strategies;
    - iii. Confidentiality and ethical service provision;
    - iv. Working with women in crisis;
    - v. Fundamental issues related to justice system remedies; and
    - vi. Documentation of services.

**SERVICE STANDARDS AND GUIDELINES FOR TRAINING (CONTINUED)**

- f. Collaborations and expanding services with community partners that include an emphasis on safety for women and accountability for batterers that include, but are not limited to:
    - i. Coordinated Community Response (CCR).
  - g. 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. Maintaining appropriate boundaries; and
    - vi. Appropriate resource and referral information.
3. 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 be in a position to provide direct services to victims of domestic and sexual violence. They must complete a minimum of 48 hours of training conducted by a dual domestic and sexual violence program.**

## SERVICE STANDARDS AND GUIDELINES FOR DUAL TRAINING

1. The additional curricula used in the 48-hour training program must include, but is not limited to:
  - a. The historical context of sexual violence, the role of society in perpetuating violence against women 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;
    - vi. Post Traumatic Stress Disorder; and
    - vii. Working with survivors of childhood sexual abuse.
  - c. Sexual violence advocacy that includes, but is not limited to:
    - i. The role of the advocate;
    - ii. Hospital/medical advocacy;
    - iii. Legal advocacy;
    - iv. Personal advocacy;
    - v. Hospital response/forensic exam;
    - vi. Sexual Assault Response Team (SART) or Coordinated Community Response (CCR); and
    - vii. Cultural diversity considerations.
  - d. Advocacy and empowerment for victims/survivors of sexual violence that includes, but is not limited to:
    - i. Woman-defined advocacy;
    - ii. Safety planning that includes short- and long-term strategies;
    - iii. Confidentiality and ethical service provision;
    - iv. Working with women in crisis;
    - v. Fundamental issues related to justice system remedies; and
    - vi. Documentation of services.
  - e. Collaborations and expanding services with community partners that include an emphasis on safety for women and accountability for perpetrators that include, but are not limited to:
    - i. Coordinated Community Response (CCR); and
    - ii. Sexual Assault Response Team (SART).
  - f. Related topics that include, but are not limited to:
    - i. The organization's history and mission statement;
    - ii. Volunteer opportunities;
    - iii. Sexually Transmitted Diseases/Infections (STD/STI);
    - iv. Suicide risk assessment;
    - v. Forensic exam;
    - vi. Hospital procedures for evidence collection;

**SERVICE STANDARDS AND GUIDELINES FOR DUAL TRAINING (CONTINUED)**

- vii.* Law enforcement procedures;
- viii.* Specific program policies and procedures;
- ix.* Maintaining appropriate boundaries; and
- x.* Appropriate resource and referral information.

# HOTLINE

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

## SERVICE STANDARDS AND GUIDELINES FOR HOTLINE

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

# CRISIS INTERVENTION

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

## SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION

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

**PART I: Assessment and Establishing Contact**

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

**PART II: Providing Information, Intervention and Support**

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

**PART III: Review**

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

**SERVICE STANDARDS AND GUIDELINES FOR CRISIS INTERVENTION (CONTINUED)**

6. Crisis intervention services may include the provision of education and information about:
  - a. How batterers maintain control and dominance over their victims;
  - b. The need for the community to hold batterers accountable for their actions;
  - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
  - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
7. A domestic violence shelter that offers crisis intervention services must provide the services to residents and non-residents.
8. 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.

# CASE MANAGEMENT

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

## SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT

1. Case management services are provided by qualified, trained staff members or volunteers who must be trained in the nature and dynamics of domestic violence.
2. An advocate providing case management services must have access to and be familiar with a complete list of community resources and should have established relationships with other service providers.
3. An advocate providing case management services should assist the person with identifying the person's own needs, available resources and services, and provide assistance in obtaining those services.
4. An advocate providing case management services assumes a coordinating role and facilitates the provision of services provided by the other organizations or professionals in a coordinated and collaborative manner.
5. Upon the identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with the providers of additional services that may include, but are not limited to:
  - a. Ongoing and long-term safety planning;
  - b. Medical, nutritional and/or health services;
  - c. Law enforcement assistance;
  - d. Legal remedies and services;
  - e. Public assistance services, including job training and support services;
  - f. Short-term, transitional and/or permanent housing;
  - g. Child care services and parenting education;
  - h. Child protection services;
  - i. Alcohol and drug evaluation and education;
  - j. Alcohol or substance abuse treatment services;
  - k. Services for persons with disabilities;
  - l. Transportation assistance;
  - m. Education, continuing education, GED and/or literacy classes;
  - n. Lesbian, gay, bisexual or transgendered support services;
  - o. Employment readiness services and/or job training;
  - p. Interpreter/translation services and/or immigration assistance;
  - q. Financial planning and credit rights information and services; and/or
  - r. Other related services as needed.
6. Case management services must include the provision of education and information about:
  - a. The nature and dynamics of domestic violence;
  - b. How batterers maintain control and dominance over their victims;
  - c. The need to hold batterers accountable for their actions;
  - d. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and

**SERVICE STANDARDS AND GUIDELINES FOR CASE MANAGEMENT (CONTINUED)**

- e. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
- 7. A domestic violence shelter that offers case management services must provide the services to residents and non-residents.
- 8. 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:
    - i. Periodic satisfaction surveys; and/or
    - ii. Exit surveys.
  - b. Non-anonymous evaluations may include, but are not limited to:
    - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
    - ii. Focus groups.

# SUPPORT GROUPS

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

## SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS

1. A 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 should provide support group services 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 women's support group.
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. Safety planning;
  - b. Active listening;
  - c. Problem solving;
  - d. Addressing needs identified by those attending the group session;
  - e. Information about available legal remedies; and
  - f. Information about available community resources.
8. Support group services must include the provision of education and information about:
  - a. How batterers maintain control and dominance over their victims;
  - b. The need to hold batterers accountable for their actions;
  - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
  - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
9. 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:



**SERVICE STANDARDS AND GUIDELINES FOR SUPPORT GROUPS (CONTINUED)**

- 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.

**SERVICE STANDARDS AND GUIDELINES FOR CHILDREN'S SUPPORT GROUPS**

1. A domestic violence shelter should provide support group services for residential children at least once a week.
2. A domestic violence shelter should provide a 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.

# PROFESSIONAL THERAPY

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

## SERVICE STANDARDS AND GUIDELINES 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, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, national origin 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 information on legal options available;
  - f. Provide informed consent including signing a waiver about the limitations of confidentiality which should also detail if there are internal documentation reviews for quality assurance;
  - g. Provide understanding and support, including active listening, addressing needs identified by the therapy recipient, self-esteem building and problem solving;
  - h. Provide education and information on available resources, including the dynamics of domestic violence, legal options, drug and alcohol abuse, parenting, HIV/AIDS awareness, general health care information, 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. How batterers maintain control and dominance over their victims;
  - b. The need to hold batterers accountable for their actions;
  - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
  - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
3. Those individuals providing age-appropriate professional therapy to children must provide the following:
  - a. Safety planning;
  - b. Information about available legal remedies;
  - c. Understanding and support, including active listening, addressing needs identified by the child and problem solving;
  - d. Education and information about the nature and dynamics of domestic violence;
  - e. The recognition that the child is not responsible for the violence and that batterers are responsible for their violent behavior;
  - f. The role of society in perpetuating violence against women, the social change necessary to eliminate violence against women, including the elimination of discrimination based on

## SERVICE STANDARDS AND GUIDELINES FOR PROFESSIONAL THERAPY (CONTINUED)

- ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin; and
- g. Information that includes, but is not limited to:
    - i. How batterers maintain control and dominance over their victims; and
    - ii. The need to hold batterers accountable for their actions.
  - 4. A domestic violence program should ensure that individuals providing professional therapy are in compliance with state licensure rules and regulations, and national professional ethical standards.
  - 5. 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.

# SERVICES FOR CHILDREN

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

## SERVICE STANDARDS AND GUIDELINES FOR SERVICES FOR CHILDREN

1. All in-person services for children should be provided at the request of the guardian or with the guardian's permission.
2. Services for children must be provided by qualified, trained staff or volunteers.
3. 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).
4. Information should be provided to the child's mother about domestic violence and its complex effect on mothers and their children.
5. Access to child care options should be provided. Situations in which child care options should be provided include, but are not limited to:
  - a. During the mother's intake;
  - b. During support group;
  - c. When the mother may be looking for housing or employment;
  - d. When the mother 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 mother talking about her abuse.
6. A domestic violence program should provide the child's mother with support and access to resources.
7. 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.
8. Qualified, trained staff members or volunteers should safety plan with children.
9. A domestic violence program should provide developmentally appropriate activities for children.
10. A domestic violence program should provide the child's mother with non-violent options for disciplining her child.
11. 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.
12. A domestic violence program must provide safe play areas for children.
13. A domestic violence program should provide recreational and educational activities/opportunities for children and their mothers.
14. A domestic violence program offering services to children should 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. These policies for domestic violence shelters should also include provisions for reporting in compliance with the confidentiality requirements for shelter service information and records in Missouri law §455.220 RSMo. All such policies should identify the procedures by which non-legally mandated staff and volunteers

**SERVICE STANDARDS AND GUIDELINES FOR SERVICES FOR CHILDREN (CONTINUED)**

report instance of child abuse and neglect to designated staff responsible for making such reports. Legally mandated reporters of child abuse and neglect, as identified in §210.115 RSMo., are:

- a. *any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section §352.400 RSMo., peace officer or law enforcement official, or other person with responsibility for the care of children.*
15. A domestic violence program offering services to children must have policies and procedures in place regarding confidentiality (see “Confidentiality,” pp. 4-6).
16. A domestic violence program offering services to children should have policies and procedures in place regarding collaboration with community stakeholders.
17. A domestic violence program must not deny services to children based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.

# 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.**

## SERVICE STANDARDS AND GUIDELINES 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 legal options so self-identification of needed interventions can occur.
2. 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 where services are provided.
3. A domestic violence program providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options as part of a service and safety plan that is kept current or changed as the recipient's needs require.
4. A 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 county where services are provided;
  - b. Local, state and national resources for certain legal issues, such as immigration; and
  - c. Local attorneys, including *pro bono* attorneys, who are sensitive and familiar with domestic violence legal issues and Orders of Protection, to whom referrals can be made for representation in civil and criminal cases in each county where services are provided.
5. A domestic violence program providing court advocacy services should encourage the criminal and civil justice systems in each county where services are provided to respond consistently to the needs of those victimized by domestic violence and to hold batterers accountable for their use of violence.
6. 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 battered women and accountability for batterers.
7. Court advocacy services must include the provision of education and information about:
  - a. How batterers maintain control and dominance over their victims;
  - b. The need to hold batterers accountable for their actions;
  - c. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
  - d. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
8. 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.

**SERVICE STANDARDS AND GUIDELINES FOR COURT ADVOCACY (CONTINUED)**

tation if they are not properly certified to engage in such legal practice.

9. A domestic violence shelter that offers court advocacy services must provide the services to residents and non-residents.
10. 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.

# 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.**

## SERVICE STANDARDS AND GUIDELINES FOR SHELTER

1. A domestic violence shelter must provide access, admittance and residence in temporary shelter for victims of 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;
  - 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 supportive services as a condition of staying in shelter. Participation in supportive services must be voluntary.
  - f. Provide education and information about:
    - i. How batterers maintain control and dominance over their victims;
    - ii. The need to hold batterers accountable for their actions;
    - iii. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
    - iv. The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin; and
  - g. Have written policies concerning cultural sensitivity and other non-discriminatory provisions and procedures that prohibit discrimination on the basis of ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, national origin, or residency including county, state or country of origin.



**SERVICE STANDARDS AND GUIDELINES FOR SHELTER (CONTINUED)**

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 complaint procedures; and
    - iv. An individual or family plan of self-defined needs and actions to address needed services and assist in maintaining safety.
  - d. Are trained in the dynamics of communal living including, but not limited to:
    - i. Conflict resolution;
    - ii. Facilitating group dynamics; and
    - iii. Parent/child dynamics and interactions.
6. A domestic violence shelter may have guidelines that promote communal living. House management meetings should be held regularly to facilitate communal living.
7. A domestic violence shelter should establish a length-of-stay policy that is flexible and 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 those requesting emergency safe shelter in obtaining other temporary shelter if the primary shelter facility is full. 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. 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.

**MOTEL/HOTEL PLACEMENT BY DOMESTIC VIOLENCE SHELTER PROGRAMS**

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 the gender of the individual seeking shelter, wheelchair or other disability accessibility needs or circumstances, and/or adolescent male children accompanying the abused parent; and

## MOTEL/HOTEL PLACEMENT BY DOMESTIC VIOLENCE SHELTER PROGRAMS (CONTINUED)

- 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 Service Standards and Guidelines for Shelter.”
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.

## 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 and criminal background check on the host family or individual;
  - 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 Service Standards and Guidelines for Shelter.”
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.

# HOSPITAL/MEDICAL ADVOCACY

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

## SERVICE STANDARDS AND GUIDELINES FOR HOSPITAL/MEDICAL ADVOCACY

1. A domestic violence program providing hospital/medical advocacy services must ensure that the staff members or volunteers have the required 40-hour domestic violence 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 prepared to respond 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, victim-identified interventions and actions only upon the victim's consent. A domestic violence program will provide support during the medical exam only upon the victim'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. Pros and cons of reporting domestic violence to law enforcement;
  - e. Pros and cons of reporting intimate partner sexual assault to law enforcement;
  - f. Pros and cons of the criminal justice system;
  - g. Emergency contraception;
  - h. Sexually Transmitted Diseases/Infections (STD/STI);
  - i. Safety planning;
  - j. Crime Victims' Compensation; and
  - k. Referral to available community resources including shelter.
6. A domestic violence program must have written procedures on how advocates will respond to victims who are non-English speaking or deaf and hard of hearing.
7. 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.
8. 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.
9. 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) effort.

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

10. 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 a batterer is present.
11. 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.

# 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.**

## SERVICE STANDARDS AND GUIDELINES 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;
  - 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;
    - iii. How batterers maintain control and dominance over their victims;
    - iv. The need to hold batterers accountable for their actions;
    - v. The recognition that individuals victimized by domestic violence are responsible for their own life decisions and that batterers are responsible for their violent behavior; and
    - vi. The role of society in perpetuating violence against women, the social change necessary to eliminate violence against women, including the elimination of discrimination based on ethnicity, color, gender, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, and national origin.
  - 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. GED 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

**SERVICE STANDARDS AND GUIDELINES FOR TRANSITIONAL HOUSING (CONTINUED)**

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 length-of-stay policy that is flexible. It should balance 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.
  7. 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.

# VOLUNTEERS

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

## SERVICE STANDARDS AND GUIDELINES 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, licenses and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.
6. 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, 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. Evaluation of the domestic violence program's volunteer program and the volunteers must be conducted to ensure quality of services.