



ARIZONA SERVICE STANDARDS FOR
DOMESTIC VIOLENCE SERVICE PROVIDERS

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The Arizona Service Standards for Domestic Violence (DV) Providers have been developed by the DV Service Standards subcommittee of the Arizona Coalition to End Sexual and Domestic Violence to provide the best possible services for Arizona victims of domestic violence. Thanks to the following agencies for their dedication of time and effort:

- A New Leaf, Autumn House
- Arizona Department of Health Services
- Catholic Charities, My Sisters' Place
- Arizona Department of Economic Security
- Arizona Department of Public Safety
- Emerge! Center Against Domestic Abuse
- Eve's Place
- Governor's Office of Youth, Faith and Family
- UMOM New Day Centers

These standards were developed to assist domestic violence programs provide quality services and implement best practices. They cover the core services provided to victims of domestic violence and their children. In 2000, the Arizona Coalition to End Sexual and Domestic Violence (hereafter “the Coalition”) presented a resource document titled the Best Practice Manual for Domestic Violence Programs. As a result, many providers, advocates and victims began to examine state requirements for domestic violence shelters, including funding for licensure requirements.

Member programs of the Coalition and the then-director of the state Department of Health Services Office of Behavioral Health Licensing (OBHL) gathered to discuss the licensing structure for shelters. Many member programs believed that OBHL licensing was required as a condition for funding. However, meeting participants concluded that OBHL licensing was written to provide oversight for counseling and psychological services as well as basic standards for housing adults – not to provide advocacy and crisis response services. Therefore, it became apparent that Arizona needed well-defined standards for all new and existing programs.

The Arizona Service Standards for Domestic Violence Service Providers (formerly the Arizona Service Standards & Guidelines for Domestic Violence Programs) was developed by the Shelter Standards Subcommittee of the State Agency Coordinating Team (SACT) as well as staff from the Coalition. Members of the subcommittee include administrators from state agencies, member programs and Coalition staff.

In 2016, ARS 36-3005 was amended to say that, in order to receive funding from the Domestic Violence Services Fund, “a domestic violence service provider shall adhere to statewide service standards for domestic violence programs that are approved by the Department of Economic Security in collaboration with a statewide coalition against domestic violence.”

These standards are to be used in developing best practices in the operation of a domestic violence program. The most critical criterion of any service that supports domestic violence victims is that it is victim-defined. Victims are the experts in their own lives and utilize our programs and services to meet their unique, individualized needs. Safety is an especially important element, but it might not be the most pressing issue for the person seeking assistance. People come to service providers with their whole selves. They may be diminished and battered due to abuse, but they weren’t always that person – and they won’t always be a victim. They have strengths and opportunities that service providers must tap into so that they can become a thriving individual or family again.

The Full Frame Initiative¹ describes Five Domains of Well-Being: social connectedness; safety; stability; mastery; and meaningful access to relevant mainstream resources. This approach recognizes the full context of people's lives and emphasizes that service providers have a responsibility to provide both internal and external support to individuals. It also recognizes that safety might not be the most pressing issue facing the family if there are outside barriers or challenges that are keeping them from being whole. It recognizes that the strength of their connectedness to others might be more important than getting an order of protection. It puts the individual and their family's needs ahead of what has been designed as programs for domestic violence victims.

This approach also encourages service providers to have a trauma-informed approach to services. Providers must understand and gear their services to the trauma experienced by victims and their families. But it is also important to understand cultural and historical trauma affecting individuals and their ability to move from surviving to thriving. This pertains to staff as well. It is critical to support staff in addressing any trauma they've experienced in their lives that affects their ability to fully show up, as well as any vicarious trauma they may be experiencing in their work. Having a trauma-informed framework is critical to providing the best practices to all who seek services.

Services for victims of domestic violence should, at a minimum, address the following:

- Gender-based violence is rooted in a patriarchal ideology that creates systemic and institutional gender inequality, which in turn leads to sex-role stereotyping, gender bias and misogyny;
- A victim of domestic violence is not responsible for the abuse;
- Programs and services should be victim-defined/directed;
- Participation in programs and services must be voluntary;
- Programs and services should be trauma-informed;
- Programs and services should be strengths/asset-based;
- Programs should not adopt policies or procedures that may create additional barriers for victims or that would affect their ability to achieve safety;
- Programs and services for victims and their children must provide options and referrals;
- Confidentiality is mandatory. Victims must have control over if and how their information is released and/or used.

¹www.Fullframeinitiative.org



ORGANIZATIONAL STANDARDS

The primary purpose of a board of directors is to govern the organization. The board for a domestic violence organization or an organization that includes a domestic violence program does not oversee day-to-day operations, unless the program is in a “start-up” or “transition” phase. (A “start-up” program may be defined as, but is not limited to, one 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.)

1. The board of directors for a domestic violence organization, or for one that includes a domestic violence program, must abide by Arizona laws Title 10: Corporations and Associations, Chapters 24-39. This includes, but is not limited to:
 - a. A requirement that the organization have current bylaws, which provide the governance structure for the organization and its elected board. Bylaws must include the following elements:
 - i. Mission and purpose of the organization
 - ii. Board member requirements
 - iii. Quorum requirements
 - iv. Requirements regarding notice of meetings, agendas and relevant materials in a timely manner
 - v. Attendance requirements
 - vi. Process for holding meetings or votes in person
 - vii. Process for holding meetings or votes that are not conducted in person, for example by conference call or electronic methods
 - viii. Conflict of Interest policy
 - ix. Term limits for board and executive committee/officers
 - x. Process for removing board members
 - xi. Process for committee creation
 - b. Both the Arizona Secretary of State and Arizona Corporation Commission require nonprofit organizations to report on the board of directors and organization. The Secretary of State and Corporation Commission require an annual report that reflects maintenance or changes to the organization.
 - c. Boards should maintain board and committee meeting minutes and have clear policies for when a public board meeting needs to move to a closed-session meeting. Reasons for a closed-session meeting may include, but not be limited to:
 - i. Personnel issues;
 - ii. Annual evaluation of the executive director
 - d. Minutes of 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.

2. Boards should consider the following best practices in their organization:
 - a. Periodically create and review a strategic plan, which includes a process to review the organization's mission and vision, and setting the goals and objectives for the organization;
 - b. Provide clear expectations about aboard members' time and financial contributions to the organization; in addition, clear expectations of legal and financial responsibility should be provided;
 - c. Include members who represent the racial, ethnic and socioeconomic diversity of the community to be served, including at least one former consumer of services; the board should also be comprised of individuals from diverse professions and backgrounds whose experience includes a wide range of skills and expertise;
 - d. Offer orientation and training to new board members about their roles and responsibilities, program financial statements and procedures, program history and services provided.
3. A board of directors is responsible for hiring and evaluating only one position in the organization, the executive director/CEO (Chief Executive Officer). The board should support and assist the executive director's/CEO's leadership role. Only the executive director/CEO should be responsible to the board; all other staff are the management responsibility of the executive director/CEO.
4. A board of directors' personnel/governance or executive committee is responsible for annually evaluating the performance of the executive director/CEO and issuing a report to the board.

FOR RIGHTS OF INDIVIDUALS RECEIVING SERVICES

1. A domestic violence program must have written policies concerning the rights of individuals receiving services, including, but not limited to:
 - a. Individuals have a right to receive services in a professional manner, including to be treated with fairness, respect and dignity;
 - b. Individuals have a right to receive services free of discrimination, exploitation, oppression and abuse;
 - c. Individuals have a right to receive services that are confidential, and to be informed of services that have limits to confidentiality;
 - d. Individuals have a right to receive services in the language identified as most appropriate to them;
 - e. Individuals have a right to receive services on a voluntary basis;
 - f. Individuals have a right to be informed of the program's grievance procedure;
 - g. Individuals have a right to receive services that are culturally sensitive; and
 - h. Individuals have a right to determine what information will be shared when collaborating on services with another agency, with the knowledge that they retain the right to withdraw consent at any time.

1. In compliance with the Violence Against Women Act of 1994, Reauthorization Act of 2013, no person in the U.S. shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity.
2. If sex segregation or sex-specific programming is necessary to the essential operation of a program, providers must extend comparable services to individuals who cannot be provided the sex-segregated or sex-specific programming.
3. When determining comparable services, a program must consider:
 - a. The nature, quality and duration of the service;
 - b. The relative benefits of different therapeutic modalities; and
 - c. The geographic location.
4. When determining if sex segregation or sex-specific programming is necessary for the essential operation of a program, a provider must:
 - a. Evaluate each service separately – if one service is sex-segregated, it is not automatic that another service should be;
 - b. Consider the consequences to all participants of making a service sex-segregated or sex specific;
 - c. Consider the literature on efficacy of service; and
 - d. Permit a transgender client to choose the appropriate sex-segregated or sex specific programming based upon their own gender identity.
5. Services targeted to a culturally specific population cannot exclude individuals seeking services who are not part of the target population.
6. Domestic Violence programs that are funded by state and local governments are covered under Title II, while non-profits are covered under Title III, of the Americans with Disabilities Act (ADA). The purpose of Titles II & III is to ensure that agencies do not discriminate against people with disabilities “in the full and equal enjoyment of goods, services and facilities.” Clients must be able to participate in the full range of services that are offered to others, in the most integrated setting where other people receive services. The ADA does not require programs to fundamentally alter the nature of their services. Beyond the requirement to modify or make services accessible, ADA requires respect for the rights of clients to keep their disability status confidential. The ADA requires the bare minimum in services, but it is strongly encouraged that programs go beyond this when providing services to domestic violence victims. It is strongly encouraged that programs conduct an accessibility audit.²

² <http://www.endabusepwd.org/solutions/enhancing-services/enhancing-victim-services-organizations/conduct-an-accessibility-review/>

³ See Confidentiality FAQ at www.acesdv.org – updated after each Legislative Session

1. This standard for confidentiality policies and procedures for domestic violence programs, and the interconnected standards for documentation, are based upon state and federal law. These include Arizona law Title 36, Chapter 30 and federal law: VAWA Universal Grant Conditions: Nondisclosure of Confidential or Private Information (VAWA 2013 Section 3: 42 U.S.C. 13935 (a) (20) & (b)(2), VAWA amended McKinney-Vento Homeless Assistance Act at (42 U.S.C. 11383) (VAWA 2005, Section 605), and FVPSA 42 U.S.C. 10406(c)(5).
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 cover, but are not limited to:
 - a. Interagency communications;
 - b. Storage and access to records and service documentation; and
 - c. 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 are considered confidential.
3. To be eligible to receive financial support under the Domestic Violence Services Fund, a program shall:
 - a. Require persons employed by or volunteering services to the program to meet existing licensing requirements, if any; and
 - b. To maintain the confidentiality of any information that would identify persons served by the program.
4. Domestic violence programs must have policies and procedures that include the following specific provisions:⁴
 - 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 AND 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 a non-emancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. (federal law⁵ prohibits consent for release to 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);
 - c. Have policies that detail how the program will make reasonable attempts to provide notice to victims affected by any disclosure of information.

⁴ Violence Against Women Act of 2013, 42 U.S.C. §13925(b)(2)

⁵ 42 U.S.C. § 13925 (b)(2)

5. Domestic violence programs 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 prohibit the disclosure of personally identifying victim 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. §11360 (16) to include:
 - a. A first and last name;
 - b. A home or other physical address;
 - c. Contact information, (including a postal, e-mail or internet protocol address, or a telephone or facsimile number);
 - d. A Social Security number, driver license number, passport number, or student identification number; and
 - e. Any other information, including date of birth, racial or ethnic background or religious affiliation that, in combination with any other non-personally identifying information, would serve to identify any individual.

In addition, (42 U.S.C. § 13925 (b)(2)) prohibits sharing personally identifying information about victims without “reasonably time-limited,” written and informed consent:

...“Personally identifying information” or “personal information” means individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, regardless of whether the information is encoded, encrypted, hashed, or otherwise protected.

6. A domestic violence program must have policies and procedures in place to ensure that records of services sought or provided to individuals will be kept confidential in order to comply with Arizona Revised Statute (ARS) Domestic violence victim advocate; privilege; training; exception; definition and ARS 13-4430 Consultation between crime victim advocate and victim; privileged information; exception. Additionally, those policies and procedures may include ARS 12-2239 Domestic Violence Victim Advocate and client in civil proceedings.
7. A domestic violence program must have policies that detail the distinctions among procedures for release of records, in compliance with state law, state court rulings and contract requirements. It must also have policies that set forth the requirements for the informed, written, and time-limited consent for release of information by individuals seeking or receiving services or who have received services from the program.
8. A domestic violence program must have policies that ensure that all consent forms are signed by the person whose information is to be released. These forms must specifically state:
 - a. The purpose of the release;
 - b. The specific information that a person who is receiving services or who has received 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 consent of the release of information, which includes the date and time when the consent terminates;
- f. Language that clearly indicates that the consent may be revoked at any time either orally or in writing.

Policies must also include how domestic violence program staff, volunteers and board members will respond to summonses, subpoenas, warrants, etc., in consultation with legal services. Policies should, whenever possible, provide details allowing for service of these court orders at a location other than that of the program.⁶ (Example in Appendix)

- 9. A domestic violence program must ensure that board members, staff, and volunteers sign a statement agreeing to maintain the confidentiality of all information and records pertaining to those seeking, receiving or having received 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 additionally may require board members, staff and volunteers to maintain the confidential location of the program if it has not been publicly disclosed, or is not generally known.
- 10. A domestic violence program must ensure that any entity that monitors contracts or that audits confidential information sign a statement agreeing to maintain the confidentiality of all information and records pertaining to those seeking, receiving or having received 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 may also require entities that monitor contracts or audit confidential information to maintain the confidential location of the program if it has not been publicly disclosed, or is not generally known.
- 11. Organizations should have policies and safeguards in place to prevent unauthorized access to information. A program must maintain all records, paper and/or electronic, which contain personally identifying information in a secure manner, i.e. locked storage and data encryption.
- 12. While traveling, mobile programs must keep a locked box or tote in the vehicle. Electronic files must be encrypted to be transported by flash drive, tablet or laptop. Records must not be left in vehicles overnight.
- 13. A program must have policies that allow access to records only by staff and volunteers as necessary to provide or supervise services, perform contract or audit reporting duties, or respond to court orders subject to state law and court decisions. In their confidentiality policies, programs may identify which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.

⁶ The Process of Law Enforcement and DV Shelter Program Collaboration in Investigations. (See Appendix)

14. A program should have a policy requiring individuals receiving services to maintain the confidentiality of staff and others who are also involved in the program.
15. To maintain confidentiality, a 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/or private locations and only to further meet the needs of the victims.
16. A program must develop policies that ensure that their specific procedures by which staff are legally mandated to report child abuse and neglect comply with the mandated reporting provision of Arizona law 13-3620: Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions.
17. 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 Arizona law requiring advocates to report credible threats of suicide or homicide. Licensed individuals should follow their licensing requirements.

Voluntary Services refers to an individual's right to choose whether to participate in services, rather than being required to do so. It acknowledges each individual's personal circumstances.

1. Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced into participating in services or making changes in their lives that are not acceptable to them.
2. Individuals must not be required to participate in one service in order to be eligible for other services (this does not include intake).

1. A domestic violence program must use trauma-informed interventions to avoid re-traumatization. The components of trauma-informed interventions include, but are not limited to:
 - a. Recognition that trauma is a pivotal force that shapes a victim's mental, emotional and physical well-being;
 - b. Recognition of the victim's need to be respected, informed, connected and hopeful;
 - c. Recognition of the interrelation between trauma and symptoms of trauma (e.g. substance abuse, depression, eating disorders, anger and anxiety).

FOR ACTIVITIES THAT THREATEN VICTIM SAFETY

1. A domestic violence program shall refrain from activities that threaten the safety of victims and their children. These include, but are not limited to:
 - a. Procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, relationship to the perpetrator, or the age and/or gender of their children;
 - b. Procedures or policies that compromise the confidentiality of information and privacy of persons receiving services;
 - c. Requiring mediation or counseling for couples as a systemic response to domestic violence or sexual assault, or in situations in which child sexual abuse is alleged;
 - d. Requiring victims to report sexual assault, stalking, or domestic violence crimes to law enforcement, or forcing victims to participate in criminal proceedings;
 - e. Relying on court-mandated batterer intervention programs that do not use the coercive power of the criminal justice system to hold batterers accountable for their behavior;
 - f. Supporting policies or engaging in practices that impose conditions on a victim, such as drug testing, in order for them to receive services;

FOR THE DOCUMENTATION OF SERVICE PROVISION

This standard for programs' documentation of policies and procedures, and interconnected standards for confidentiality, are based upon state and federal law. These include ARS Title 36, which references these standards and federal law 42 U.S.C. §§11383, 13925(b)(2),10604(d) and 10402(a)(2)(e).

1. 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 these records are maintained in a manner that protects the confidentiality and privacy rights of individuals, groups and/or families receiving services. Documenting specifics of individual safety plans is not recommended.
2. A program must have policies that allow 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 subject to state law and court decisions. Programs may enact policies that identify which staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
3. Organizations should have policies and safeguards in place to prevent unauthorized access to information. A program must maintain all records, paper and/or electronic, that contain personally identifying information, in a secure manner, i.e. locked storage and data encryption.
4. While traveling, mobile programs must keep a locked box or tote securely placed in the vehicle. Electronic files must be encrypted to be transported by flash drive, tablet or laptop. Records must not be left in vehicles overnight.
5. Programs must enact a policy on 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 contract requirements when setting the length of time documents are to be kept.
6. Written and/or electronic records documenting services provided in individual, group and/or family settings must be signed and dated by the staff member or volunteer providing the service.
7. A program must have policies that allow access to records only by staff and volunteers as necessary to provide or supervise services, perform contract or audit reporting duties, or to respond to court orders subject to state law and court decisions. 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.

FOR THE DOCUMENTATION OF SERVICE PROVISION

CONTINUED

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 program shall develop or utilize a data-collection and record-keeping system that allow for the efficient retrieval of data needed to measure the domestic violence program's performance in relation to its stated goals and objectives and the funding received for services.

1. An initial 30-hour training is required for all program staff who need to meet the requirements of the domestic violence victim advocate privileged communication statute.⁷ A program may accomplish the initial training through a combination of internal and external resources such as:
 - a. Attending The Sharing Experience training facilitated by the Coalition or an equivalent organization;
 - 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 – defined as a supervised activity meant to develop or enhance the trainee’s ability to provide direct services.

This is to be followed by a minimum of 8 hours of ongoing training annually.

2. Employees and volunteers shall be provided a training manual.
3. Training topics should include, at a minimum:
 - a. 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 when leaving an abusive relationship;
 - iv. Victims who remain in contact with their partners;
 - v. Characteristics of persons who batter, their selective behaviors and societal influences;
 - vi. The complex effects of domestic violence on children and families;
 - vii. The role of society in perpetuating gender-based violence and the social changes necessary to eliminate it, including the elimination of discrimination based on ethnicity, color, gender, gender identity, age, sexual orientation, disability including substance abuse, economic or educational status, religion, HIV/AIDS or health status, or national origin.
 - b. Domestic violence advocacy:
 - i. The role of the advocate;
 - ii. Hospital/medical advocacy;
 - iii. Legal advocacy;
 - iv. Personal advocacy;
 - v. Forensic exams;
 - vi. The definition and role of a Coordinated Community Response (CCR);
 - vii. Considerations of cultural diversity.
 - c. Advocacy and empowerment for victims that include, but are not limited to:

⁷Fulfills requirements of domestic violence victim advocate privilege communication. ARS 12-2239

- i. Victim-defined advocacy;
 - ii. Trauma-informed care;
 - iii. Safety planning that includes short- and long-term strategies;
 - iv. Confidentiality and ethical service provision;
 - v. Privileged communications and mandatory reporting as required by ARS 12-2239⁸
 - vi. Working with victims in crisis;
 - vii. Fundamental issues related to legal system and justice system remedies;
 - viii. Documentation of services;
- d. 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. Strangulation assessment;
 - vi. Traumatic brain injury assessment;
 - vii. Secondary/vicarious trauma and burnout;
 - viii. Self-care;
 - ix. Maintaining appropriate boundaries;
 - x. Appropriate resource and referral information.
4. Programs shall be aware of and comply with additional training requirements of funders, local, state and federal laws and accreditation and professional bodies.

⁸This is required as part of the 30-hour training requirement to meet the advocate privilege standard in statute.

1. A domestic violence program may use unpaid volunteers to augment the program's services.
 - a. A program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and dismissal of volunteers who provide services. Such policies will clarify volunteers' roles and responsibilities, with specific details concerning professional boundaries, disclosure and how, when, where and how often volunteers will be used.
2. A program must have a written job description for each volunteer position that follows the format of job descriptions for staff members. Job descriptions are to be provided to volunteers upon acceptance in the program, unless requested beforehand.
3. For volunteers providing direct service, Per ARS 12-2239: Domestic violence victim advocate; privilege; training; exception; definition, "a domestic violence victim advocate who is a volunteer shall perform all activities under qualified supervision." The volunteer must also meet the training requirements set forth in the Training Section.
4. A program shall maintain a confidential file for each volunteer that shall include, but not be limited to, the volunteer's application, background (fingerprint) check with the Arizona Department of Public Safety as applicable, criminal background check, licensures and certifications as applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.
5. Per ARS 46-141: Criminal Record Information checks; fingerprinting employees and applicants; definition, volunteers who provide services directly to juveniles or vulnerable adults must possess a fingerprint clearance card, unless they are under the direct visual supervision of a trained staff member.⁹
6. A program will use a volunteer training manual that is supplemental to the volunteer training.
7. Volunteers may be used in the provision of direct services to victims, based upon the training and qualifications of the volunteer, that include, but are not limited to:
 - a. 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;
 - d. Services related to educational achievement, job readiness, job training and/or other assistance in obtaining employment.

⁹ Ariz. Rev. Stat. §46-141(A)

FOR THE USE OF VOLUNTEERS

CONTINUED

8. Volunteers may be used in the provision of non-direct services that include, but are not limited to:
 - a. Administrative duties;
 - b. Fundraising or other activities for obtaining donations to the program;
 - c. Event organizing;
 - d. Public speaking upon completion of domestic violence training and supervision;
 - e. Maintenance or other activities related to the upkeep and improvement of program facilities.

9. Evaluations of both the volunteer program and the volunteers must be conducted to ensure quality of services.



BY SERVICE MODALITY

Services can be provided in a variety of settings:

- **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. This can include in an emergency shelter or in a hotel/motel format.
- **Systems-based:** Systems based victim services are services provided by advocates employed by a law enforcement agency, prosecutor's office, court or other entity within the city, county, state, or federal government. These services assist victims as they proceed through legal systems. Systems-based victim services enhance victims' access to the criminal justice system, empower victims to have a voice in the system, and coordinate services to promote victims' safety and well-being. An advocate providing systems based victim services acts as a liaison between victims and legal systems. It should be noted that prosecutors' goals can vary from those of victims, and advocates must assist victims in navigating that conflict.
- **Housing Interventions:** Housing interventions vary in the length of time that they may be offered. Transitional housing is longer term than shelter, usually ranging from six months to two years, but is not permanent housing, Rapid re-housing and Housing First are programs that emphasize getting individuals and families into independent housing in the community as quickly as possible, with wrap-around support services accompanying the housing.
- **Telephone- or computer-based:** Victims may prefer to access services by telephone, on-line chat platforms or text messaging. Services provided in this manner serve a very important function, and likely are a gateway to greater involvement in accessing services.
- **Mobile Advocacy:** Mobile advocacy is provided in a location that is best suited to the victim seeking the service. This could include the victim's home, a park, restaurant, library, a government facility, or a workplace, to name a few. Efforts must be made to ensure that confidentiality is maintained when meeting in public spaces, and victims should know the risks associated with different meeting locations. Mobile advocates will have materials and records with them in their vehicles and on their persons.
- **Community-based:** Community-based services are those offered at a fixed location in the community. An example might be a domestic violence program having an advocate stationed at a Family Service Center, Medical Facility, or Community Health Center, or one of these entities employing an advocate directly. It could also be a program that is embedded in a community or grassroots program. The only difference between this and mobile advocacy is that victims come to this program, as opposed to advocates going to the victim. Community-based services also are generally NOT housing or shelter-based programs, although a program may provide services through a shelter and community-based services.

Services should be provided to all victims of domestic violence regardless of age. State law does not address, so therefore does not prohibit, services being offered to minors. Programs should adopt policies related to whom their program is designed to serve. A program offering services to children should have in place policies regarding collaboration with community stakeholders focused on youth services.

For adult participants with dependent children, a best practice is to include access to child care options. Situations in which child care options should be provided include, but are not limited to:

- a. During the victim's intake;
- b. During a group attended by the victim;
- c. During periods when the victim seeks housing, employment, or educational opportunities;
- d. During court proceedings and meetings with lawyers;
- e. During all appointments/meetings during which having to care for the child could be disruptive, or when the child might overhear the victim talking about his/her abuse.

The following pages are the service standards for **Shelter, including in Motel/Hotel Settings, for Systems-based Advocacy, Hospital/Medical Advocacy, and Housing Interventions.**

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, pending bed availability
2. A shelter shall have a property review protocol that includes:
 - a. Regular inspections and preventative maintenance of the facilities;
 - b. Compliance with Occupational Safety and Health Administration (OSHA) standards;
 - c. Compliance with state and local health sanitation and fire codes;
 - d. Compliance with Certificates of Occupancy;
 - e. Compliance with the Americans with Disabilities Act.
3. A shelter must:
 - a. Participate in a screening process that ensures victims who report they are at risk for danger/lethality are properly screened and not turned away.
 - i. Programs must participate in a centralized domestic violence program intake process in communities in which such intake processes exist;
 - b. Maintain the safety and security of residents as described in the program's policies;
 - c. 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;
 - d. Provide free food, emergency clothing and personal hygiene items for residents and their children;
 - e. Provide culturally or religiously appropriate food as needed, including a means to prepare kosher meals or to meet specialized dietary requirements such as vegan or vegetarian;
 - f. Consider cultural or religious issues in providing clothing and personal hygiene items;
 - g. Provide services on a voluntary basis; residents of emergency shelter cannot be required to participate in support services;
 - h. Provide at least one telephone for incoming and local outgoing calls available for residents' use;
 - i. Have access available for residents to make reasonable long-distance phone calls to seek support, employment, or relocation and to fax documents as needed;
 - i. Have a protocol in place for answering the phone, taking messages for residents, and maintaining residents' confidentiality;
 - j. Not require criminal background checks on residents;
 - k. Not require residents or non-residents to participate in religious groups or to use religious materials, if a shelter utilizes government contracts to provide services.
4. Provide education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. Safety planning; and
 - c. Access to resources.

5. A shelter program should arrange transportation for a resident's child to attend school or connect the resident to the Homeless Liaison in the School District per the McKinney-Vento Homeless Assistance Act. If possible, the shelter programs should provide transportation for a child to participate in extracurricular activities.
6. A shelter program should provide recreational and educational activities/opportunities for children and their parents.
7. A shelter must ensure that staff members:
 - a. Have face-to-face contact with a newly admitted resident upon arrival to determine emergency needs;
 - b. Initiate a face-to-face intake process with a new resident within 24 hours of the resident's admission;
 - c. Provide each resident with information about shelter policies that include, but are not limited to:
 - i. Confidentiality rights and agreements, including records and accessibility;
 - ii. Release-of-information agreements;
 - iii. Resident Guidelines;
 - iv. Resident rights, including grievance procedures;
 - v. The development of an individual or family plan of self-defined needs and actions that 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;
 - iii. Parent/child interactions.
8. A shelter shall have a written policy for the safe storage of medications that includes:
 - a. Requirements that medications are secured;
 - b. Residents' right to have access to their medication;
 - c. Safe storage of medications needing refrigeration;
 - d. Disposal of medications abandoned by residents, including documenting the name of the drug, the name of the staff person responsible for its disposal, and the amount, method, time and date of disposal.
9. A shelter shall have resident guidelines that promote communal living. These guidelines shall use a trauma-informed approach and avoid recreating the power dynamics present in abusive relationships. Resident guidelines shall be evaluated annually to identify oppressive practices and unnecessary limitations. These guidelines shall include, but are not limited to:
 - a. Regularly scheduled community meetings to facilitate communal living; while it is strongly recommended that residents attend, a resident shall not be penalized for nonattendance;
 - b. No requirement for residents to provide services for the shelter, including housekeeping chores, in order to receive safe housing or other services;

- c. A suggested time to return in the evening, but without refused entry, withheld services or other penalties for not returning by the suggested time; the issue shall be addressed on an individual basis, with the focus being on that victim's individual needs.
10. Programs are encouraged not to report participants to the police for minor crimes that are consistent with trauma responses of DV survivors, when those matters can be handled internally.
11. A shelter shall establish a flexible length-of-stay policy that balances victims' needs with the program's ability to meet those needs.
12. Shelters shall adopt policies and a safety protocol for personal safety devices.
13. Programs shall strive to create a trauma-informed environment in which victims feel comfortable disclosing their needs and concerns pertaining to mental health and addiction. Upon a victim's identification of needed services, a staff member shall facilitate service delivery and referrals, and encourage the victim's ongoing communication with the providers of additional services that may include, but are not limited to:
 - a. Alcohol and substance abuse evaluation and education;
 - b. Alcohol or substance abuse treatment;
 - c. Mental health services.
14. If a primary shelter is full, staff must assist individuals requesting emergency shelter to obtain other temporary shelter. The required minimum assistance to be offered by shelter staff consists of information and referrals to other safe shelter and notice of the resident's right to call back for additional assistance.
15. A shelter shall have clear written policies, clearly communicated to the residents, related to involuntary termination of shelter services. Policies should be consistent with a trauma-informed approach to providing services.
16. A shelter should offer a recreational, life-skill-building, social activity or groups for resident children at least once a week. Group services may include, but not be limited to:
 - a. Safety planning;
 - b. Active listening;
 - c. Domestic violence education and prevention;
 - d. Problem solving;
 - e. Identifying and expressing emotions.

MOTEL/HOTEL PLACEMENT

1. Motel/hotel placement is a source of safe shelter and must provide services comparable to those offered in a stand-alone shelter facility.
2. It may be used by residential programs in circumstances that include, but are not limited to:
 - a. The primary shelter is full;
 - b. The distance between those seeking shelter and the shelter precludes immediate access to the facility;
 - c. Those seeking shelter have special needs best served by a motel/hotel placement, with such victims enjoying equal access to shelter services without gender being a determinate;
 - d. The program participant needs to travel to attend to medical or forensic appointments, court, or other proceedings in a location that is a reasonable distance from their current residence.
3. Motel/hotel placement by domestic violence programs shall also abide by the policies contained in these standards and ensure that confidentiality extends to the motel/hotel where an individual or family is residing.
 - a. Inform participants in this service regarding information that is shared with the motel/hotel, if necessary.
 - b. Alternatively, create agreements with the motel/hotel provider regarding confidentiality of participants in the program.

1. Systems-based victim advocates should be trained to provide the following services:
 - a. Court accompaniment;
 - b. Education regarding victim rights;
 - c. Education about the criminal justice process and options;
 - d. Education about civil legal processes and options;
 - e. Education about and assistance with victim compensation and other economic recovery options;
 - f. Assistance with a victim impact statement
 - g. Assistance with obtaining orders of protection or injunctions against harassment;
 - h. Assistance with safety planning;
 - i. Referrals to community based programs that address other victim needs;
 - j. Follow up contact as needed after case disposition.
2. Advocates providing systems-based victim services are not attorneys and cannot provide legal advice, which must be made clear to the victim.
3. Advocates providing systems-based services must adhere to standards of crisis intervention, case management, and lay legal advocacy, as appropriate.

1. Transitional housing, transition-in-place and rapid re-housing are intervention strategies that differ in length of time needed to re-establish a safe and independent household. They also vary in strategies needed to achieve self-sufficiency and in the amount of supportive services needed.
2. Domestic violence housing intervention services may be provided through any of the following types of housing:
 - a. Organization-owned or leased;
 - b. Organization owned and managed by a property management company;
 - c. Co-located with the emergency shelter;
 - d. Government supported;
 - e. Privately-owned, one location;
 - f. Privately-owned, more than one location/scattered site.
3. A housing intervention program must have clear, written policies regarding the following:
 - a. Flexible length-of-stay policy that balances victims' needs with the program's ability to meet those needs;
 - b. An established application and acceptance process to identify eligible residents, which includes eligibility criteria
 - i. Includes consideration of how best to support participants who face barriers to independent housing related to their credit and/or criminal history.
 - ii. Prior participation in victim services shall not be a requirement to be eligible for housing intervention services.
 - c. Victims shall not be required to be "clean and sober" or compliant with medication or treatment plans in order to be accepted into a housing intervention program;
 - d. Residents must be fully informed of their rights and responsibilities;
 - e. Confidentiality;
 - f. Safety;
 - g. Providing resources and referrals.
4. A domestic violence housing intervention program must:
 - a. Inform residents about how to obtain 24-hour crisis intervention services;
 - b. Provide or make referrals for free emergency food, clothing and personal hygiene items for residents and their children;
 - c. Provide referrals to ensure that services are available to children as needed;
 - d. Provide voluntary educational opportunities and information that include, but are not limited to:
 - i. Safety planning;
 - ii. Housing stability planning;
 - iii. Legal options;
 - iv. The nature and dynamics of domestic violence;

- e. Provide economic advocacy and information that include, but are not limited to:
 - i. Job training;
 - ii. Financial literacy;
 - iii. Dealing with the Social Security Administration;
 - iv. Public assistance or other available income supports;
 - v. G.E.D. classes;
 - vi. Resources for higher education;
 - vii. Maintaining tenancy;
 - viii. Child care.
 - f. Not require participation in religious groups or use religious materials, if utilizing government contracts to provide services.
5. Programs shall strive to create a trauma-informed environment in which victims feel comfortable disclosing their needs and concerns pertaining to mental health and addiction. Upon a victim's identification of needed services, a staff member shall facilitate service delivery and referrals, and encourage the victim's ongoing communication with the providers of additional services that may include, but are not limited to:
- a. Alcohol and substance abuse evaluation and education;
 - b. Alcohol or substance abuse treatment;
 - c. Mental health services.
6. A housing intervention program must adhere to organizational and service standards found in other sections of this manual if those services are provided
7. A lease required in a housing intervention program shall, whenever possible, be taken out in the name of the victim, to assist them in beginning to build a positive rental history. When a lease must be placed in the program's name, it shall be transferred to the victim's name at the earliest opportunity.
8. A scattered-site housing intervention program shall include mobile advocacy to reduce barriers to supportive services. Mobile advocacy meetings shall be at safe locations in the community as agreed upon by the victim and advocate.
9. Advocates shall have training about legal protections for victims under VAWA¹⁰, the Fair Housing Act¹¹, Arizona state law¹² and local ordinances in the event that advocacy is needed for victims in housing programs.
10. Advocacy services shall include advocating with property managers for additional security measures as needed.

¹⁰42 U.S. Code § 14043e-11

¹¹Various parts of the Fair Housing Act could apply to victims. See Appendix.

¹²ARS 33-1318 – early lease termination; ARS 41-162 Address Confidentiality Program



FOR TELEPHONE/ COMPUTER BASED SERVICES

1. A domestic violence telephone-/computer-based program must:
 - a. Publish days and hours of operation during which services will be accessible;
 - b. Provide information about domestic violence resources available in the community;
 - c. Follow the service standards for crisis lines.

1. A domestic violence mobile advocacy program must:
 - a. Participate in a screening process that ensures victims who report they are victims of domestic violence are properly screened and not turned away if appropriate for the program;
 - b. Publish days and hours of operation in which services will be accessible, as well as the service area of the program;
 - c. Provide services on a voluntary basis;
 - d. Not require criminal background checks on program participants; and
 - e. Not require participation in religious groups or use religious materials, if utilizing government contracts to provide services.
2. Programs must provide education and information about:
 - a. The nature and dynamics of domestic violence
 - b. Safety planning; and
 - c. Access to resources.
3. Programs shall strive to create a trauma-informed environment in which victims feel comfortable disclosing their needs and concerns pertaining to mental health and addiction. Upon a victim's identification of needed services, a staff member shall facilitate service delivery and referrals, and encourage the victim's ongoing communication with the providers of additional services that may include, but are not limited to:
 - a. Alcohol and substance abuse evaluation and education;
 - b. Alcohol or substance abuse treatment;
 - c. Mental health services.
4. If the program is at capacity, staff must assist individuals requesting services with referrals to other safe programs and provide notice of the victim's right to call back for additional assistance.
5. A program shall have clear written policies related to involuntary termination of services that are clearly communicated to the participants. Policies should be consistent with a trauma-informed approach to providing services.

1. A domestic violence community-based program must:
 - a. Participate in a screening process that ensures victims who report they are victims of domestic violence are properly screened and not turned away;
 - b. Publish days and hours of operation in which services will be accessible;
 - c. Provide services on a voluntary basis;
 - d. Not require criminal background checks on program participants; and
 - e. Not require participation in religious groups or use religious materials, if utilizing government contracts to provide services.
2. Provide education and information about:
 - a. The nature and dynamics of domestic violence
 - b. Safety planning; and
 - c. Access to resources.
3. Programs shall strive to create a trauma-informed environment in which victims feel comfortable disclosing their needs and concerns pertaining to mental health and addiction. Upon a victim's identification of needed services, a staff member shall facilitate service delivery and referrals, and encourage the victim's ongoing communication with the providers of additional services that may include, but are not limited to:
 - a. Alcohol and substance abuse evaluation and education;
 - b. Alcohol or substance abuse treatment;
 - c. Mental health services.
4. If the program is at capacity, staff must assist individuals requesting services with referrals to other safe programs and provide notice of the victim's right to call back for additional assistance
5. A program shall have clear written policies related to involuntary termination of services that are clearly communicated to the participants. Policies should be consistent with a trauma-informed approach to providing services.



STANDARDS BY SERVICE TYPE

We will now go into detail about the standards for each type of service within the service modalities. These services may be offered in any of the above described settings, and the standards for each should be followed in each setting.

1. A crisis line is a phone- or computer-based response, operated by a domestic violence program or programs. To ensure effectiveness and appropriate response, it should include the following elements:
 - a. A crisis line number that is widely disseminated and available through a variety of media. It is recommended that hours of operation be included in the information shared.
 - b. The use of caller-identification equipment or services should be used with discretion and in the spirit of anonymity. If caller-id is used, the call log should be cleared at the end of each shift or business day. Ideally, a caller-id system will be disabled on the phone system.
 - c. The crisis line must be answered by a program staff member or volunteer who has had domestic violence crisis intervention training.
2. In order to provide crisis line services, programs should at a minimum engage in the following activities:
 - a. Assessment of the caller's critical needs;
 - b. Listening to and validating the caller's experience;
 - c. Safety planning;
 - d. Information and referral to available community resources.
3. Victims of domestic violence who are Deaf or hard of hearing, or otherwise have a disability affecting their ability to communicate, must have equal access to the domestic violence crisis line or other communication method through the use of an assisted listening or visual device or other form of electronic communication.
4. A program must have written procedures on how advocates will respond to non-English speaking persons. Use of an over-the-phone interpretation service, such as the one provided by the Coalition, is recommended.

FOR CRISIS INTERVENTION & SUPPORTIVE SERVICES

1. Crisis intervention services are performed by telephone, computer-based service or in person.
2. Crisis intervention services must be provided by a trained domestic violence program staff member or volunteer.
3. Crisis intervention services must be provided with a primary focus on the provision of safety planning information, advocacy, validating feelings, and empowerment to reinforce the individual's autonomy and self-determination.
4. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis. Crisis intervention services should include, but not be limited to:
 - a. Assessing risk and/or danger;
 - b. Assessing critical needs;
 - c. Listening to and validating victims' experience;
 - d. Safety planning;
 - e. Providing information and referral to community resources.

FOR CASE MANAGEMENT/ ADVOCACY

1. Case management/advocacy services may be provided in any of the service sites mentioned in the section describing service types.
2. Case management/advocacy services must be provided by a trained domestic violence program staff member or volunteer.
3. Programs providing case management/advocacy services must:
 - a. Have access to and be familiar with a complete up-to-date list of community resources;
 - b. Build collaborative relationships with other service providers;
 - c. Build collaborative relationships that ensure a coordinated community response;
 - d. Help the person identify their own needs and available resources and services;
 - e. Coordinate service delivery, referrals and on-going communication with service providers in the community.
4. If services are offered to adults with minor children, the program must offer information and referral services to children's services if appropriate

1. Lay legal advocacy services can be provided in a community-based, system-based, mobile or residential setting by properly trained advocates.
2. A program providing lay legal advocacy services must:
 - a. Provide information about legal options, without providing legal advice, so that victims can identify needed interventions and actions to be sought from the civil and/or criminal justice systems;
 - b. Have a working knowledge of current state, federal and applicable tribal law pertaining to domestic violence, as well as the local justice system's response to domestic violence, including local court rules and practices, in each county where services are provided;
 - c. Establish working relationships that foster victim safety with relevant justice system members;
 - d. Ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options without giving legal advice as part of a service and safety plan that is kept current or changed as the recipient's needs require.
3. A program providing lay legal advocacy services should maintain current lists that include, but are not limited to:
 - a. Local criminal justice agencies and contact persons in each jurisdiction in which services are provided;
 - b. Local, state, tribal, and national resources for certain specific legal issues, such as immigration;
 - c. Local legal services, including pro bono or low-cost attorneys (if available), who are sensitive to and familiar with domestic violence legal issues and orders of protection, to whom referrals can be made for representation and/or consultation in civil and criminal cases in each jurisdiction in which services are provided.
4. A program providing lay legal advocacy services should develop and/or participate in a Coordinated Community Response (CCR) in the program's service area. The CCR 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 response and criminal and civil justice systems' responses to victims as well as on the responses to persons who batter.
5. Lay legal advocacy services must include the provision of education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. Arizona victims' rights;
 - c. Arizona's Crime Victim Compensation Program.

1. On January 15, 2003, the Arizona Supreme Court instituted new rules regarding the regulation of the practice of law, which became effective on July 1, 2003. Rule 31(a)(2)(A) defines “practice of law” to mean “providing legal advice or services to or for another” by:
 - a. preparing any document in any medium intended to affect or secure legal rights for a specific person or entity;
 - b. preparing or expressing legal opinions;
 - c. representing another in a judicial, quasi-judicial, or administrative proceeding, or other formal dispute-resolution process such as arbitration or mediation;
 - d. preparing any document through any medium for filing in any court, administrative agency or tribunal for a specific person or entity;
 - e. negotiating legal rights or responsibilities for a specific person or entity.

2. Rule 31(a)(2)(B) goes on to describe “unauthorized practice of law” as:
 - a. engaging in the “practice of law,” as defined above, without being an active member of the state bar;
 - b. using the designations “lawyer,” “attorney at law,” “counselor at law,” “law,” “law office,” “J.D.,” “Esq.,” or other equivalent words by any person or entity who is not authorized to practice law, the use of which is reasonably likely to induce others to believe that the person is authorized to engage in practice of law in this state.

3. An advocate can help victims fill out a worksheet, because this is something victims could do themselves and does not require legal training. Mediating between the victim and the court can potentially fall into the category of “practicing law” if the advocate is making arguments on behalf of the victim. The advocate may ask if he/she can sit in the courtroom as support, but each party has to agree. The advocate must advise the victim that he/she is not a lawyer and therefore the victim cannot rely upon anything the advocate says as legal advice. The advocate cannot accept any compensation or payment in exchange for giving assistance, not even a cup of coffee.

LIMITATIONS ON THE ROLE OF THE LAY LEGAL ADVOCATE

1. As of July 1, 2003, a lay legal advocate in Arizona is able to do the following:
 - a. Tell someone how to get an order of protection and where to get the forms;
 - b. Provide information about court procedures;
 - c. Accompany a victim to court;
 - d. Represent the victim/act as an agent in proceedings before the Department of Economic Security (DES), the Department of Health Services (DHS), or the Arizona Health Care Cost Containment System (AHCCCS);
 - e. Tell a victim how and where to obtain divorce and/or other legal forms.
2. Advocates can provide victims with information about the law and court procedures, facilitate their critical thinking about safety planning and legal options, and empower them to speak and advocate for themselves in legal proceedings in which they seek relief. Advocates cannot make decisions for, act on behalf of, speak for, or otherwise represent victims.
3. As of July 1, 2003, a lay legal advocate may not do the following:
 - a. Prepare any document to affect or secure legal rights;
 - b. Negotiate on behalf of the victim;
 - c. Prepare any legal document for filing in court or administrative agency.(Note: To avoid giving legal advice, do not answer a victim's "should" questions (e.g., Should I ask for sole custody of my children? Should I call my 13-year-old son as a witness?) Giving advice is strictly prohibited.)
4. Violations and Sanctions
 - a. Arizona Supreme Court Rule 75(a) gives the court jurisdiction over any person engaged in the unauthorized practice of law, as defined by Rule 31(a) discussed above. The following sanctions may be imposed on someone found to be in violation of Rule 31, i.e., an act found to constitute the unauthorized practice of law:
 - i. Agreement to Cease and Desist: Prior to a formal proceeding, respondent, or person charged with violating the rule, agrees to stop engaging in acts found to be the unauthorized practice of law, to refund fees collected, to pay costs and expenses, and to make any other restitution;
 - ii. Cease and Desist Order: The court may enter an order for respondent to immediately cease and desist from conduct that constitutes the unauthorized practice of law;
 - iii. Injunction: The court, at any stage in an unauthorized practice of law proceeding, may enjoin a respondent from engaging in the unauthorized practice of law and order a respondent immediately to cease and desist from such conduct. This order may be issued without proof of actual damages to any person;
 - iv. Civil Contempt: The court may issue a civil contempt citation and determine if the respondent is guilty of contempt and, by order, prescribe the sanction, including assessment of costs, expenses, and reasonable attorney fees;
 - v. Restitution: If actual damages are shown, restitution may be ordered to any individual for money, property, or other items of value received by a respondent;
 - vi. Costs and Expenses: Costs, expenses, and attorney fees relating to the proceedings shall be assessed against every respondent upon whom another sanction is imposed.

In order to ensure participation from culturally specific communities and communities of color, it is increasingly understood that the traditional model of the support group is no longer the only method for providing group intervention. Less formal networks of groups that convene for the purpose of bringing communities together could be considered group interventions. The purpose might not be clear to the community that it is intended to address domestic violence (i.e. parent classes, Chai Chats, etc), but over time, the group addresses these issues.

1. A domestic violence program providing group services must ensure that the staff member or volunteer facilitating the support group has sufficient training, education or experience in facilitation and group dynamics.
2. Attendance at groups must be voluntary.
3. A program that provides group interventions may provide:
 - a. Open groups, which must be held regularly and which accept new members at any time;
 - b. Closed groups, that do not add new members for a specified period of time, and which will be scheduled based on times determined by those attending the session;
 - c. Topic-oriented groups;
 - d. Informational or educational groups; and/or
 - e. Informal groups that encourage healing and community building.
4. A program must discuss confidentiality standards with group participants.
5. It is recommended that a program provide child care or a children's group during the adults' group.
6. Group services may include the provision of education and information about:
 - a. The nature and dynamics of domestic violence;
 - b. Safety planning.

FOR FLEXIBLE FINANCIAL ASSISTANCE

1. The main purpose of flexible financial assistance is to address financial barriers that interfere with victims' ability to create safe and stable lives. These activities fit a wide range of unique victims' needs and range from transportation, child care and employment supports to direct financial assistance such as rental assistance or car repair. Advocacy for victims that accompanies any flexible financial assistance program should be client-directed and trauma-informed and may include, but not be limited to, the following:
 - a. Case management and legal assistance to help a family remain in its current housing;
 - b. Advocacy with landlords, housing authorities and housing service providers;
 - c. Connections to community resources;
 - d. Access to information on budgeting and financial planning; and
 - e. Safety planning based on a victim's unique needs, circumstances and strengths.
2. Financial assistance shall be determined by a victim's individual needs, rather than by a pre-determined reason, amount or length of time. Programs shall work with each household individually to determine how best to structure the assistance.
3. Programs shall have established eligibility requirements for flexible financial assistance.

1. An organization that provides transportation services to victims by staff or volunteers should have written policies that include, but are not limited to:
 - a. All personal and organization-owned vehicles that transport victims and/or their children must have Arizona minimum insurance coverage as required by law;
 - b. All drivers providing transportation must have a valid Arizona driver's license;
 - c. All drivers providing transportation must provide an annual Arizona Department of Transportation Motor Vehicles Department report to the organization¹³;
 - d. All passengers must follow all safety laws related to seat belts and child safety seats.

2. An organization that provides transportation to victims must comply with all other applicable city, state and federal laws.

¹³<https://servicearizona.com/motorVehicleRecord>

Evaluation is a critical component of every service type and within every service modality. When determining when, how, and what method to use in evaluating each service type, consider the limitations on staff/victim involvement within each service type.

1. Most evaluations should be voluntary and anonymous. Anonymous evaluations may include at a minimum:
 - a. Periodic satisfaction surveys;
 - b. Exit surveys;
 - c. Follow-up surveys.

2. Those conducting non-anonymous evaluations may include, but are not limited to:
 - a. An advisory board consisting of current and former participants;
 - b. Staff who review policies and procedures; and/or
 - c. Focus groups of former program participants.



APPENDICES

Best Practices & Forms:

- Limited Release form
- Phone screen
- Intake form
- Case plan
- Sample policies (possible)

LIMITED RELEASE FORM

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following specific information with:
name

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
---	--

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, any documents).
Why I want my info shared: (purpose)	(List as specifically as possible, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____ Date _____ Time _____

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____

Signed: _____ Time: _____ Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____ Date: _____ Witness: _____

HOTLINE FORM

A hotline call should be anonymous. A name is not required but it may be helpful to ask what you can call the survivor. A hotline call should be conversational. At no time should the caller feel like you are asking questions in order to fill out a form.

VICTIM/SURVIVOR INFORMATION

Are you safe right now? Yes No

(If not, how can I assist you? Do you want me to call the police, hang up so you can call the police, arrange transportation to a safe place, etc.?)

Reasons for seeking assistance *(What prompted you to call today? Check all that apply.)*

_____ Domestic violence

_____ Sexual violence

_____ Stalking

_____ Dating violence

First name *(What can I call you?)* _____ County (optional) _____

Immediate needs *(What can I help you with?)* _____

PROGRAM INFORMATION

First name of person taking call _____

Date _____

Beginning time _____

Ending time _____

Time spent on call _____

NON-RESIDENTIAL INTAKE FORM

1 of 2

All information is confidential. This is the only form that will be kept in your file after you leave.

VICTIM/SURVIVOR INFORMATION

Name _____

Birth month/year _____

Communication needs (*Do you have any communication needs that we should be aware of? For example, some people need interpreters or assistance with filling out forms.*)

Reasons for seeking assistance (*What has brought you here today seeking services? Check all that apply.*)

- Domestic violence
- Sexual violence
- Stalking
- Dating violence

Contact information (*What is a safe way to contact you?*) _____

ABUSER INFORMATION

Name _____

Gender _____

CHILDREN

(If services related to children are not requested, this section can be omitted.)

Name	Birth month/year	Related to abuser?

Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook.

NON-RESIDENTIAL INTAKE FORM

2 of 2

IMMEDIATE NEEDS

Immediate needs *(Are there any immediate concerns that we can help you with?)*

PROGRAM INFORMATION

First name(s) of advocate(s) working with victim/survivor

Date of initial contact _____

Date of last contact _____

RESIDENTIAL INTAKE FORM

1 of 2

All information is confidential. This form will be kept in your file after you leave.

VICTIM/SURVIVOR INFORMATION

Name _____

Birth month/year _____

Communication needs *(Do you have any communication needs that we should be aware of? For example, some people need interpreters or assistance with filling out forms.)*

Reasons for seeking assistance *(What has brought you here today seeking services? Check all that apply.)*

- Domestic violence
- Sexual violence
- Stalking
- Dating violence

ABUSER INFORMATION

Name _____

Gender _____

Special concerns *(Periodically, we have individuals from the community—plumbers, law enforcement, etc.—who come to the shelter. Please let us know if you have any specific concerns with allowing these service providers into the shelter.)*

CHILDREN

Name	Birth month/year	Related to abuser?

Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook.

RESIDENTIAL INTAKE FORM

2 of 2

IMMEDIATE NEEDS

Immediate needs (*Are there any immediate concerns that we can help you with? Do you require special accommodations or assistance?*)

PROGRAM INFORMATION

First name(s) of advocate(s) working with victim/survivor

Date of entry _____

Date of exit _____

ADVOCACY FORM

1 of 2

All information is confidential. This form will not be kept in your file after you leave.

CURRENT NEEDS

Needs (*What do you need right now? What are you worried about?*)

Financial needs (*Do you have any financial needs? Do you want or need assistance in finding a job or improving your job skills?*)

SERVICES

Counseling services (*Do you want counseling services for yourself or your children?*)

Legal services (*Do you have any legal needs or do you need assistance with any civil or criminal matters?*)

CHILDREN

Children's school (*What school do your children attend? Do you need any assistance with transportation to your children's school?*)

ADVOCACY FORM

2 of 2

Custody status *(Are you the legal guardian of your children? Do you have authority to make decisions on behalf of your children? Do you want help or support in addressing custody issues?)*

Visitation arrangements *(Are there any requirements or agreements about visitation arrangements that we should be aware of?)*

PETS

Pet safety *(Do you need any assistance finding a safe place for your pets?)*

AGGREGATE DATA FORM

1 of 2

The specific options listed on this aggregate data form are collected to fulfill grant reporting requirements. If you do not identify as any of the listed options, please select "Not specified" or "Unknown." Some questions might seem obvious, but we do not want to make assumptions. This form is anonymous. It will not be connected to you or stored in your file.

County (*What county were you living in when the abuse occurred?*) _____

Age (*What age range do you fit into?*)

- 16 -17 qualified minor
- 18-24
- 25-35
- 36-45
- 46-59
- 60 +
- Unknown

Gender (*What gender do you identify yourself as?*)

- Female
- Male
- Not specified

Ethnicity/Race

- Black or African American
- Asian
- White or Caucasian
- Latino/Hispanic
- Multiracial/Biracial
- American Indian/Alaska Native
- Native Hawaiian or other Pacific Islander
- Unknown/Other

Individual income

- | | |
|--|--|
| <input type="checkbox"/> \$0-\$12,000 | <input type="checkbox"/> \$50,001-\$60,000 |
| <input type="checkbox"/> \$12,001-\$20,000 | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$70,001-\$90,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$90,001+ |
| <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> Unknown |

Relationship status (*What is your abuser's relationship to you?*)

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Child in common | <input type="checkbox"/> Ex-wife |
| <input type="checkbox"/> Ex-boyfriend | <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Other family member |
| <input type="checkbox"/> Husband | <input type="checkbox"/> Ex-girlfriend | <input type="checkbox"/> Not specified |
| <input type="checkbox"/> Ex-husband | <input type="checkbox"/> Wife | |

AGGREGATE DATA FORM

2 of 2

Reason for seeking services (*What has brought you here today seeking services? Check all that apply.*)

- Domestic violence
- Sexual violence
- Stalking
- Dating violence

Special needs (*Do you have any needs that require special accommodations or assistance?*)

Yes No If yes, explain _____

Children

	Gender	Age	Special needs or accommodations?
Child 1			
Child 2			
Child 3			
Child 4			

SERVICE PROVISION FORM

This form is used to document the services provided to a survivor and should be kept in the survivor's permanent file. The data collected from this form is required by funders and MCADSV for the Monthly Services Reports that document the provision of domestic and/or sexual violence services.

Name _____

Date	Service provided	Name of service provider	Length of time

Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook.

EMERGENCY INFORMATION

The information on this emergency contact form is used to assist you in planning for safety during your stay in shelter. It is not required for program participation and will not be released without your prior approval. In the event that you become unconscious, unable to respond to questions or unable to make decisions for yourself, information on this form will be shared on an as needed basis. We will ask you to review this form periodically for accuracy and to use in your plan for safety. Because the information on this page is potentially harmful, it will be destroyed after you leave.

EMERGENCY CONTACT INFORMATION

Emergency contact *(In case there is an emergency, whom would you like us to contact? How would you like us to contact them?)* _____

Work phone number *(In case there is an emergency, and we need to contact you while you are at work, what is your work phone number?)* _____

Cell phone _____

Child/children's emergency contact _____

MEDICAL INFORMATION

Special needs *(Do you or your children have any needs that will require special accommodations or assistance?)* _____

Medical/health conditions *(In case we need to call medical personnel, is there anything you would want them to know about you or your children?)* _____

Allergies *(Do you or your children have any allergies that we should be aware of?)* _____

OTHER INFORMATION

Make and model of your vehicle _____

VICTIM CONFIDENTIALITY CONSIDERATIONS FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAMS WHEN RESPONDING TO RARE OR EMERGENCY SITUATIONS

1 of 5

A wide range of situations can arise for programs providing services to victims of domestic violence, dating violence, sexual assault, or stalking. Given the complex and critical safety issues faced by victims, programs should have policies to address victim safety and confidentiality in unusual or emergency circumstances. Examples of special situations that might arise include: medical and other emergencies; instances where a victim/client (or the victim's child) commits a crime while accessing or using services; and, situations where a victim brings civil or criminal claims against another client or the agency. Programs/agencies should practice best confidentiality and safety practices in each special circumstance that arises. However, situations vary. This piece cannot address all special circumstances that will arise for programs and is not to be considered *legal advice*. When addressing these or other situations, a program should always obtain legal advice from an attorney who is familiar with all the confidentiality and privilege laws relevant to your program and the victims you serve.

What Programs Need To Know About Confidentiality:

First and foremost: be an advocate. Remember it's the survivor's information. The survivor retains the right to choose when, how and what personal information will be shared, or not shared, and with whom. Agencies and advocates are responsible for respecting and honoring the victim's wishes and safeguarding any of the survivor's information that they collect or hold.

Law and General Principles: Your program must know the law that governs confidentiality and any exceptions¹ to those laws.

Federally, the U.S. Violence Against Women Act² and the U.S. Family Violence Prevention and Services Act³ each have specific confidentiality protections that apply to many domestic violence and sexual assault programs. State/territorial/ tribal laws also may have various confidentiality provisions that apply to domestic violence and sexual assault advocates⁴.

In general:

- Your program/agency has a legal obligation to protect the survivor's personally identifiable information.
- Your program should not release any information about the victim/client unless you have the clearly informed, written and signed, reasonably time-limited consent of the client. This is best practice in any situation. The survivor gets to choose when, how and what personal information will be shared, or not shared, and with whom.
 - Programs may only share the specific information the client allows in the release.
- Even when state/territorial/tribal law or court mandate requires the program to disclose or release information about the client, the program may only share the minimum information necessary to meet the statutory or court mandate.
 - The program/agency is required to take steps to notify the victim of any disclosure and to continue taking steps to protect the victim's safety and privacy.

Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations.

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NNEDV's Safety Net Project • www.nnedv.org/safetynet

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VICTIM CONFIDENTIALITY CONSIDERATIONS FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAMS WHEN RESPONDING TO RARE OR EMERGENCY SITUATIONS

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- ☑ If your program is unsure how laws apply to a certain situation, you should consult with a local attorney or other experts. Confidentiality and privilege laws vary by jurisdiction, as do other laws that may affect an agency or individual staff person's response. Furthermore, a particular situation may require a closer analysis of the ways federal, state/territorial/tribal, and local law apply, which may require localized legal advice.

How Programs Can Respond:

These examples illustrate several ways a domestic violence or sexual assault program can protect victim confidentiality when responding to special circumstances such as: medical and other emergencies; instances where a victim/client (or the victim's child) commits a crime while accessing or using services; and, situations where a survivor brings claims against another client or the agency.

A. Medical Or Other Emergency Situations:

Programs should honor victim confidentiality to the greatest extent possible, even in an emergency situation. Programs can request emergency services for medical or other emergencies without revealing a survivor's/client's personally identifying information. For example:

- ☑ The program can call to request emergency medical services and still not allow unnecessary responders (people) into the program. The program is also not required to share the survivor's personally identifying information with a medical or law enforcement responder.
- ☑ The program can provide the emergency operator enough information to respond (e.g. location of the program and the general nature of the emergency) without giving out personally identifying information about a client. For example, the program can say "there is a middle-aged woman having chest pains", or, "there is an abuser attempting to enter the shelter and putting someone in immediate risk of bodily harm".
- ☑ The conscious survivor can choose what information s/he will or will not share with the medical or police responders when they arrive. The fact that the survivor has chosen not to share certain information with the responders is HER/HIS choice; it is not the program's right or obligation to "fill in the blanks."
- ☑ If the survivor is unconscious, this does not negate confidentiality between the program/agency and the survivor. Without an informed, written, reasonably time-limited release of information, program staff should report the facts that led them to request an emergency response without revealing personally identifying information about the client. (e.g., "She came into the room about 15 minutes ago; her skin color went gray, and she passed out.") Remember that emergency medical personnel are experienced with handling non-responsive patients, without needing to know the detailed backstory.
- ☑ If a perpetrator attempts to enter the agency, a call to 911 can alert the police to the description of the abuser, express concern for staff and resident safety, without providing the name or any information about the victim (or victim's children), or even whether the victim has ever received services from the program. An abuser may become dangerous to people at the agency regardless of whether your agency actually provided assistance to the victim.

VICTIM CONFIDENTIALITY CONSIDERATIONS FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAMS WHEN RESPONDING TO RARE OR EMERGENCY SITUATIONS

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- ☑ Once the emergency situation has been resolved, emergency responders may still ask for follow-up. In the wake of an emergency situation, the agency must still get informed, written, reasonably time-limited consent from the victim for any release of personally identifying information to medical responders, law enforcement or others.

B. Crime Or Other Claim Against The Domestic Violence Or Sexual Assault Program:

Programs should honor victim confidentiality to the greatest extent possible, even if a crime (or potential crime) occurs at the domestic violence or sexual assault program, or, if a program participant (client) brings a lawsuit against the agency.

- ☑ If a current or former program participant (client) brings a lawsuit against a domestic violence or sexual assault program, make sure your program consults a lawyer. Some situations may evoke exceptions to confidentiality laws that apply to the program or individual staff. For example, if a client sues their attorney for malpractice, that client cannot then invoke full client privilege to prevent the attorney from defending him/herself in the lawsuit.
- ☑ If the current or former client sues an agency or commits a crime against the program, the program should assess the situation and may take appropriate legal steps.
 - However, the program is still obligated to limit the disclosure of information concerning the survivor to the minimum amount necessary to address the issue.
 - The program is also required to take steps to notify the victim of the disclosure and do what it can to protect the victim's privacy and safety.
- ☑ If a client commits an infraction against the agency/program itself, it is important to determine whether the incident truly rises to the level where police need to be involved or a civil lawsuit or criminal claim is really necessary. Sometimes clients damage or steal property. This can legally be viewed as a non-emergency criminal activity in which the domestic violence or sexual assault program has been "injured" (e.g., damage to property, stolen property). Sometimes, your insurance company may only cover the claim if a police report is filed. However, the program still needs to fully assess the impact on the victim's safety and confidentiality. The program still has legal confidentiality obligations and might decide not to take legal action in order to protect the confidentiality and safety of the victim (or the victim's children).
- ☑ Things to evaluate include:
 - How significant was the incident? Is it relatively minor? In other words, is it essentially the cost of doing business? For example, is it a case of a client taking small items (blankets, sheets) when leaving or causing incidental or relatively minor damage to their room or the shelter.
 - Can you change your practices so the incident is no longer technically a crime? For example, if you notice a trend where survivors sometimes need to take blankets or the alarm clock when they leave, consider getting additional clocks and blankets donated and tell victims they are welcome to take these items when they leave, if needed and helpful.
 - What was the intention and context? Was it an accident? Was the victim's child involved? Can the unusual incident be understood in the context of the abuse this person has experienced?

VICTIM CONFIDENTIALITY CONSIDERATIONS FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAMS WHEN RESPONDING TO RARE OR EMERGENCY SITUATIONS

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- What is the cost of the damage? How will the harm to the program/agency compare with the potential harm to the victim if the agency decides to make a public report (criminal or civil)? Programs should assess the potential message that will spread across the community if the program files claims against a victim/survivor
 - Can the program find other ways to address the issue rather than taking action through a criminal or civil claim for the alleged harm? For example, could the program consider arranging restitution rather than initiating prosecution?
- If the program/agency determines that the harm rises to the level where law enforcement should be contacted or a civil action brought to protect the agency's interests, the program is still obligated to limit the disclosure of information concerning the survivor to the minimum amount necessary to accomplish the purpose, and the program is required to take steps to notify the victim of the disclosure and do what it can to protect her privacy

C. Crime Or Other Claim By One Survivor Against Another Survivor Using Program Services

Programs should honor victim confidentiality to the greatest extent possible, even in the event of a non-emergency criminal activity where a survivor claims to have been wronged by another survivor (e.g., property taken).

- Before involving outside authorities, such as the police, try to address the issue internally. Discuss options for resolution and the safety and confidentiality implications of each option with both parties.
- The survivor who claims to have been wronged by the other survivor may choose to contact law enforcement and report the alleged crime. If s/he makes that choice, here are some confidentiality implications:
 - The survivor who chooses to contact law enforcement may do so, but the program may not share any personally identifying or individual information about either the complaining survivor or the alleged wrong-doing survivor without an informed, written, and reasonably time-limited release signed by each survivor.
 - The survivor who chooses to contact law enforcement should be advised to go to the police station to make a report, rather than having law enforcement come to the domestic violence or sexual assault agency, which could implicate other survivors' confidentiality and privacy.
 - In the case where one survivor (most likely, the complaining survivor) chooses to sign an informed, written, reasonably time-limited release of information and the other survivor does not, the program must be extraordinarily vigilant to avoid revealing any information that is not subject to the specific terms of the release. Additionally, the program may not reveal any individual personally identifying information about the survivor who did not sign a release.

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VICTIM CONFIDENTIALITY CONSIDERATIONS FOR DOMESTIC VIOLENCE & SEXUAL ASSAULT PROGRAMS WHEN RESPONDING TO RARE OR EMERGENCY SITUATIONS

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¹ Exceptions include court or statutory mandates which are generally defined by state law, and can include things such as reporting of suspected child abuse or neglect, or dependent adult abuse, or the reporting of threats made to hurt oneself or others. Confidentiality and privilege laws vary by jurisdiction, as do other laws that may affect an agency or individual staff person's response. Furthermore, a particular situation may require a closer analysis of the ways federal, state/territorial/tribal, and local law apply, which may require localized legal advice. The National Network to End Domestic Violence (NNEDV) is not providing legal advice to state/territorial/tribal coalitions or individual programs. This piece is not intended to be a substitute for local, legal advice from an attorney who is familiar with a particular jurisdiction's laws related to confidentiality and privilege of victim/victim advocate relationships. If you have any questions, please contact the NNEDV SafetyNet Project at phone: 202-543-5566 or email: SafetyNet@nnedv.org.

² Section 3 of the U.S. Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005) provides, in relevant part:

“(A) *IN GENERAL.* In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services.

“(B) *NONDISCLOSURE.*—Subject to subparagraphs (C) and (D), grantees and subgrantees shall not —

“(i) disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees' and subgrantees' programs; or

“(ii) reveal individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of persons with disabilities, the guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, person with disabilities, or the abuser of the other parent of the minor.

“(C) *RELEASE.*—If release of information described in subparagraph (B) is compelled by statutory or court mandate—

“(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; &

“(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

“(D) *INFORMATION SHARING.*—Grantees and subgrantees may share—

“(i) nonpersonally identifying data in the aggregate regarding services to their clients and nonpersonally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;

“(ii) court-generated information and law-enforcement generated information contained in secure, governmental registries for protection order enforcement purposes; and

“(iii) law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

³ The specific language from the 2009 U.S. Family Violence Prevention and Services Act (FVPSA) grant guidance states:

The FVPSA statute requires that local domestic violence programs maintain confidentiality of records pertaining to any individual provided family violence prevention and treatment services (42 U.S.C. 10402(a)(2)(E)). As a result, individual identifiers of client records may not be used when providing statistical data on program activities and program services. Confidentiality requirements have been strengthened and clarified with the passage of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162). In the interest of establishing a consistent Federal standard for domestic violence programs, HHS intends to follow the confidentiality provisions and definition of “personally identifying information” in sections 40002(b)(2) and 40002(a)(18) of the Violence Against Women Act of 1994 (42 U.S.C. 13925(b)(2) and 42 U.S.C. 13925(a)(18)) as a more detailed guidance about how States, Tribes and their subgrantees funded under 42 U.S.C. 10402 should comply with the FVPSA confidentiality obligations, and requires such programs to comply with the VAWA confidentiality provisions. In the FY 2009 Performance Progress Report (SF-PPR), States, Tribes and their subgrantees must collect unduplicated data for each program rather than unduplicated across programs or statewide. No client-level data should be shared with a third party, regardless of encryption, hashing or other data security measures, without a written, time-limited release as described in section 40002(b)(2) of the Violence Against Women Act of 1994 (42 U.S.C. 13925(b)(2)).

⁴ The Confidentiality Institute's *Summary of State Laws Related to Advocate Confidentiality* (2010) provides some state-level legal citations and a few notes on state privilege and legal definitions; it is updated periodically. However, your program needs to know the most current and accurate legal analysis relevant to your region, including any potential case law implications. For this information, the program should contact local lawyers and experts including your state/territorial/tribal coalition against domestic or sexual violence.

MEMO SENT TO OFFICERS WITHIN AN ARIZONA POLICE DEPARTMENT FROM THEIR LEGAL COUNCIL IN 2011

INVESTIGATION ISSUES INVOLVING CONFIDENTIAL DOMESTIC VIOLENCE SHELTERS

Domestic violence shelters serve families and individuals that have been impacted by domestic violence. A.R.S. § 36-3005, Subsection (A) (3) provides that a shelter, its employees and volunteers must maintain the confidentiality of any information that would identify persons served by the shelter when it receives government funding. Thus, if the shelter receives federal funds, it must maintain the confidentiality of shelter residents. Officers and detectives responding to domestic violence shelters may not receive the cooperation expected during contact with shelter representatives who are asked to provide information concerning shelter residents. Officers should understand that shelter staff are only following the law.

There is an exception, however, to this confidentiality requirement which arises when child abuse or neglect occurs and is known by a person triggering the duty to report. A.R.S. § 13-3620, requires any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means to immediately report the incident to a peace officer or to child protective services.

Further, officers should expect the following protocol when responding to a call at a shelter in which a member of the staff is the complainant. The staff will direct you to a "public area" of the shelter in order that other residents can maintain their confidentiality. The staff will then verify that you are, in fact, there in response to their call. Finally, staff should provide you with the minimum information necessary to comply with the duty to report law and should allow access to the victim/child. If not, the officer may obtain a warrant absent exigent circumstances, or consent before making lawful entry into the protected area of the shelter.

If law enforcement is responding to the shelter on a call for service or report of a crime however, the staff will not confirm or deny that a particular person is receiving services.

If you have a search warrant or ~~some exigency exists~~, an officer may enter the confidential area without the staff's consent. In that instance, the shelter may be treated like a residential house for 4th Amendment purposes. It is very important that proper documentation of the exigency is present in the DR. Failure to comply with 4th Amendment exception may lead to personal claims and claims against the City for torts or § 1983 violations. Accordingly, an officer may enter the shelter without a warrant if there is probable cause to believe a person is in imminent danger or a serious crime is occurring where the officer does not have time to secure a warrant. If an exigency cannot be found and there is no warrant, officers can try to obtain consent to search the shelter for the subject involved in the call but the staff may not give consent. If officers have credible information that a crime has occurred but the staff is not allowing access to the victim, the officer should obtain a search warrant or arrest warrant if the officer has the necessary probable cause. The officer can also complete a DR if the officer has evidence a crime may have been committed. Absent a crime, at minimum a 36 card should be completed. Documentation is very important.

MODEL MEDICATION POLICY FOR DV SHELTERS

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Introduction

As state domestic violence coalitions and local domestic violence programs across the country work to create more accessible and trauma-informed shelter programs, staff and advocates have sought guidance on designing medication policies that better serve survivors who are experiencing mental health symptoms or living with mental health disabilities.

This Model Medication Policy for Domestic Violence Shelters, developed in response to these requests, is intended to provide coalitions and programs with guidance on designing medication policies that reflect survivor-centered values and to help to create more accessible and trauma-informed shelter environments. It also responds to requests from domestic violence programs for guidance on drafting policies that comply with their ethical and legal obligations under the Americans with Disabilities Act (ADA),¹ the Fair Housing Act (FHA),² and Section 504 of the Rehabilitation Act.³ These three federal statutes have implications for how domestic violence shelters screen and admit survivors and how they store and handle medications.

While this Model Policy is intended to guide domestic violence coalitions and programs as they work to draft medication policies and train staff in ways that support survivors and their children who are experiencing mental health symptoms or living with mental health disabilities, it is not a substitute for legal counsel. Domestic violence programs should consult with an attorney to ensure that their policies comply with all relevant local, state, and federal laws.

For more information or to provide feedback on this Model Policy, please contact the National Center on Domestic Violence, Trauma & Mental Health at 312-726-7020 (P), 312-726-4110 (TTY), or info@nationalcenterdvtraumamh.org.

• Written by Mary Malefyt Seighman, JD, Kelly Miller, JD, and Rachel White-Domain, JD, on behalf of the National Center on Domestic Violence, Trauma & Mental Health.

¹ The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).

² The Fair Housing Act (FHA Amendments Act of 1988, 42 U.S.C. §§ 3601 et seq.).

³ Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794).

SHELTER POLICY ON MEDICATIONS

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I. Purpose

_____ (“the shelter”) is committed to providing a safe, accessible, and trauma-informed environment for survivors of domestic violence and their children. In addition, the shelter acknowledges its ethical and legal obligations to serve survivors of domestic violence and their children without regard to disability status. To these ends, the shelter has adopted this medication policy. All staff and volunteers will receive training on and copies of this policy. Staff and volunteers are responsible for complying with the policy and for seeking guidance from a supervisor if they have any questions or concerns about the policy.

II. Definitions

For purposes of this policy, the following definitions will apply:

- 1) **Medication** means any drug that is legally in the possession of the survivor, her children, or a person seeking admittance to the shelter or her children; this definition includes prescription medications and medications available for legal purchase without a prescription.
- 2) **Dispensing** medication means distributing or providing medication to a person staying at the shelter by opening a locking closet or container and handing the medication container or individual dosage to another person.
- 3) **Mental health disability**, as defined by the ADA, means a mental health-related (1) “impairment that substantially limits one or more major life activities,” (2) “a record of such an impairment,” or (3) “being regarded as having such an impairment.”⁴

The World Health Organization International Classification of Functioning, Disability and Health (ICF) defines disability as “the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives.” Thus, disability is not a static state of impairment but “falls on a continuum from enablement to disablement.” Trauma and mental health conditions can precede psychiatric disability but do not always do so. Psychiatric disability occurs when the effects of trauma and/or mental health conditions significantly interfere with the performance of major life activities. Psychiatric disability may come and go, remit, or be more persistent. Safety and support can reduce psychiatric disability.

⁴ The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).

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A person who is in recovery from an addiction to illegal drugs or alcohol is considered disabled and protected from discrimination under the ADA. However, disability status is *not* conferred by the *use* of illegal drugs. Current users of illegal drugs and persons convicted for illegal manufacture or distribution of a controlled substance are not considered disabled by virtue of that activity or status.⁵

III. Policy Provisions

A. Advocacy Related to Mental Health and Medications

The shelter seeks to create a welcoming and inclusive environment in which all survivors are empowered to identify and access the support and resources that they need. The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. However, the shelter recognizes that offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

- 1) Staff and volunteers will not ask questions about survivors’ or their children’s mental health status, disability, or use of medications as part of the screening process.
- 2) Staff and volunteers will provide every survivor who is residing at the shelter with a copy of this medication policy and/or an explanation of the policy.
- 3) Staff and volunteers will offer every survivor information and advocacy related to mental health, disability, and medications. Here are some examples of how staff and volunteers can start this conversation:
 - “Experiencing abuse can affect how we feel and respond to other people and the world around us.”

⁵ Neither the ADA nor the FHA prohibits programs from serving survivors who are currently using illegal drugs. The survivor would simply not be protected under the ADA and FHA on that basis. While not considered a disability under the ADA or FHA, use of alcohol or other drugs can be disabling and is often a form of self-medication for the traumatic effects of abuse or mental health conditions. Survivors may also be coerced into using alcohol or other drugs by an abusive partner. Therefore, while not the focus of this policy, employing strategies to support survivors with regard to alcohol and other drugs is a critical part of ensuring that DV services are accessible and survivor centered.

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- “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done in a day.”
 - “I hope that this can feel like a safe space to talk about how you’re feeling.”
 - “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
 - “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
 - “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”
- 4) Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children; instead, staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor.

B. Storage and Dispensation of Medications

The shelter seeks to afford shelter residents with the greatest possible privacy and autonomy, while also providing a safe shelter environment.

- 1) Staff and volunteers will not store or dispense medication or monitor how survivors access medications.
- 2) The shelter will provide every survivor with an individual locking box, locker, or locking cabinet (“locked space”) for storage of medications and valuables.
- 3) The shelter will not limit or monitor the survivor’s access to her locked space, such as by holding the key in the shelter office.
- 4) If a survivor indicates that she needs access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy.

C. Safety Agreement

During a survivor’s stay at shelter, staff and volunteers will ask her to make sure that any medications she has are safety secured.

- 1) The shelter will ask every survivor to sign an agreement that she will store any medications in her individual locking box, locker, or locking cabinet

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provided, or if it is one requiring refrigeration, as otherwise provided. The agreement will provide that survivors who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).

- 2) In the event that the survivor has concerns about signing the agreement, staff or volunteers will ask the survivor if an accommodation or change to the policy would allow her to comply. If the staff or volunteer and the survivor cannot find a reasonable accommodation to the policy and non-compliance poses a direct threat to the safety of the survivor or to others, the survivor can be asked to leave shelter.

D. Accommodations

The shelter recognizes that survivors come to the shelter with many diverse needs. As advocates, we are committed to meeting the individual needs of each survivor. Whenever possible, we will make accommodations to ensure that our shelter is accessible to all survivors.

- 1) Survivors will not be required to take medication as a condition of shelter or receipt of services.
- 2) If a survivor has difficulty following any rule or policy of the shelter because of her mental health condition or use of medication, the shelter staff will work with the survivor to find a reasonable accommodation.⁶
- 3) If a survivor engages in behavior that is related to her mental health condition or use of medication and that poses a direct threat to herself or other people, the shelter will (1) take steps to ensure the immediate safety of all individuals and then (2) work with the survivor to find a reasonable accommodation that is aimed at eliminating future threats.
- 4) A survivor will not be asked to leave shelter unless (1) her behavior or inability to follow a rule or policy poses a direct threat to herself or other people, (2) there is no reasonable accommodation that would eliminate the

⁶ Examples: (1) A client whose medication causes her to experience nausea will not be required to participate in meal preparation. (2) A client whose medication makes it difficult for her to sit through group meetings may be excused when she feels she must leave. (3) A client whose medication makes her very sleepy and/or who needs extra sleep may work out an alternative schedule with staff for her attendance at job training or other required activities.

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direct threat, and (3) all possible and appropriate referrals are made to ensure the safety and well-being of the survivor and others.

E. Providing Access to Information About Medications

- 1) Staff and volunteers will not provide advice about medications unless they are authorized by law and the shelter to do so.
- 2) Staff and volunteers may provide Internet access for clients to find out information about medications.

F. Nurse and Physician Visits

The shelter recognizes that abuse can affect a person's mental health and that mental health services can sometimes be a critical component of the services that survivors and their children need to heal from trauma. The shelter also recognizes the right of each person to control her own mental health care.

- 1) The shelter will make every effort to provide access to mental health services including, when possible, arranging for a mental health professional to visit the shelter on a regular basis to answer questions about medications, to provide medication evaluations, and/or to prescribe medication.
- 2) Survivors and their children will not be required to meet with mental health professionals, participate in mental health treatment, or take medication as a condition of shelter or receipt of services.

G. Policy Violation

- 1) If a staff member or volunteer becomes aware of a violation of this policy by another staff or volunteer, she is required to report the violation to her direct supervisor or to the appropriate person as indicated in the employee manual.
- 2) If a supervisor becomes aware of a violation of this policy, the supervisor is responsible for addressing the issue with the staff member or volunteer observed violating the policy or that person's supervisor.
- 3) When addressing a violation of the policy with a staff member or volunteer, the supervisor will employ reflective supervisory practices, including discussion about the individual's understanding of the policy and rationale for violating it, steps to remediate, and plan for follow-up supervision.

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- 4) Violation of this policy by a staff member or volunteer can result in verbal warning, written reprimand, temporary suspension, or termination, depending on the nature of the violation.

This policy was adopted on _____ (date).

Authorized Signature

TALKING ABOUT MENTAL HEALTH & MEDICATIONS WITH SURVIVORS IN SHELTER

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TALKING POINTS FOR DV ADVOCATES

As advocates, we are committed to making every survivor and child feel welcomed at the shelter. We know that everyone comes to shelter with different needs and we are committing to providing everyone with the support and advocacy that she needs to access safety and heal from trauma.

The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. At the same time, offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

Don’t ask. Offer.

When speaking with a survivor, you should not ask her to reveal information about her or her children’s mental health status, disability, or medications. Instead, you should simply offer the same advocacy related to these issues to every survivor by using conversation starters such as the following:

- “Experiencing abuse can affect how we feel and respond to other people and the world around us.”
- “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done.”
- “I hope that this can feel like a safe space for you to talk about how you’re feeling.”
- “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
- “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
- “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”

- _____

MEDICATION SAFETY AGREEMENT

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Welcome to the shelter. We are committed to providing you with the greatest possible privacy and autonomy during your shelter stay, while also providing a safe shelter environment for everyone.

We recognize that you or your children may have medications with you. If so, you must keep them secured during your stay. We will provide you with an individual locking box, locker, or locking cabinet ("locked space") for storage of these medications. You are responsible for making sure that any medications belonging to you or your children are safety secured in this locking space at all times. You may also use the locked space to store other belongings.

If you have medications that must be taken in the event of a medical emergency, you may carry them on your person (e.g., in a fanny pack). You are responsible for keeping these medications out of the reach of children at all times.

If you have any questions or concerns about this policy, or if you need a change or accommodation to this policy, please alert a staff member before signing. We would be happy to work with you to find a reasonable accommodation.

If you agree to this policy, please sign below.

Name

Signature

Date

ACCESSIBILITY: RAMPS, ADA BATHROOMS & A WHOLE LOT MORE!

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Part I - Transportation	Yes	No	D/K or N/A
1. Is there a bus stop close to the meeting place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If there is a bus stop, is the bus wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the bus schedule allow a person to get to the meeting on time, and get home afterward?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a safe, accessible route from the bus stop to the meeting place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part II – Parking & Parking Lot	Yes	No	D/K or N/A
1. Are there off-street parking spaces designated for people with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the accessible parking spaces designated by clearly visible signs bearing the wheelchair symbol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is at least one of the accessible parking spaces 96 inches wide with a 60 inch aisle? (96"=8 feet) (60"=5 feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the accessible parking spaces on level ground and is the parking lot paved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the accessible parking spaces within the shortest possible accessible route to the building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a curb-cut to connect these parking spaces to an accessible walk or to the building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part III – Path of Travel to the Building	Yes	No	D/K or N/A
1. Is the path or walkway paved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the walkway at least 44 inches wide? (44'=3 feet, 8 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the walkway free of protrusions (such as fire hydrants or trees) which narrow it to less than 44 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the walkway free of any abrupt edges or breaks in the surface where the difference is over ½ inch in height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the walkway free of any overhanging objects (such as tree branches or signs) which hang lower than 79 inches? (79"= 6 feet, 7 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the walkway free of any grating with openings over ½ inch wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ACCESSIBILITY: RAMPS, ADA BATHROOMS & A WHOLE LOT MORE!

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Part IV - Approach to the Building and the Front Door	Yes	No	D/K or N/A
1. Are there signs which identify the accessible route of travel (if that route is different from the primary route)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all the stairs or steps along the pathway to the building either ramped or else provided with a suitable alternative route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all the walkways always well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the walkways clear of such hazards as ice, snow leaves, or other debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part V – Entering the Building	Yes	No	D/K or N/A
1. Do all the doors have an opening with at least 32 inches of clearance? (32"=2 feet, 8 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all the door thresholds less than ½ inch high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are all the doors easy to open (not excessively heavy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do all doors have lever-type handles, push plates, or automatic openers (so that grasping the doorknob is not required)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About Automatic Doors	Yes	No	D/K or N/A
5. If there are automatic doors, does the mechanism work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If there are automatic doors, does the door remain open at least 3 seconds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. If there are automatic doors, is there at least 60 inches of level space on each side of the door? (60"=5 feet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESSIBILITY: RAMPS, ADA BATHROOMS & A WHOLE LOT MORE!

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Part VI – The Path from the Entrance to the Meeting Room

	Yes	No	D/K or N/A
1. Is the corridor at least 44 inches wide? (44"=3 feet, 8 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the corridor free of obstacles or protrusions (such as fire extinguishers or water fountains) that extend more than 4 inches from the wall that a person would not detect with a cane?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there sufficient lighting all along the route?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all rugs and mats securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If there are barriers on the path to the meeting room or bathrooms, are there signs clearly indicating alternate routes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About Stairs

	Yes	No	D/K or N/A
5. Are there stairs between the entrance to the building and the meeting rooms, the bathrooms, or other public areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If there are stairs, is there a way for a person in a wheelchair to get around the stairs without assistance (ramp, chair lift, or alternate route)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About Ramps

	Yes	No	D/K or N/A
7. Do all ramps have a gentle slope? (gain 1" in height for every 12" on the ramp)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If ramps have a drop-off, is there at least a 2 inch curb at the side to prevent slipping off the ramp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If there is a door at the top of the ramp, is there a level space of at least 5 feet by 5 feet where a wheelchair can rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACCESSIBILITY: RAMPS, ADA BATHROOMS & A WHOLE LOT MORE!

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About Elevators	Yes	No	D/K or N/A
10. Is the elevator cab at least 54 inches by 68 inches wide? (54"=4 feet, 6 inches) (68"=5 feet, 8inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do elevator doors provide at least 32 inches clear width? (32"=2 feet 8 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are elevator controls less than 54 inches high so that a person in a wheelchair can operate the controls? (54"= 4 feet, 6 inches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are control panels marked with raised lettering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part VII – The Meeting Room	Yes	No	D/K or N/A
1. Is there enough space for people in wheelchairs to navigate in the room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the room well lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do presenters have microphones so that everyone can hear the presentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there microphones for participants so their questions and comments can be heard by everyone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the presenters or other staff prepared to get the microphone to participants for their questions or comments, or will they repeat all questions to the rest of the audience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were participants and presenters asked to refrain from wearing fragrances or perfumes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part VIII – Making the Meeting Accessible	Yes	No	D/K or N/A
1. When planning the meeting, did you consider the need for interpreters or other accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When publicizing the meeting, did you provide a method for participants to request accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are presenters or staff available and prepared to respond to requests for accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the bathrooms nearest to the meeting room accessible, or are presenters prepared to give clear directions to the nearest accessible bathrooms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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About Written & Electronic Materials	Yes	No	D/K or N/A
5. Are your materials written in simple language and free of jargon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are your materials written in a sans serif font?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are your materials readily available in alternate formats? (large print, CD, audio cassette, e-mail, Braille)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About Breaks	Yes	No	D/K or N/A
8. Are your breaks at least 15 minutes long to allow people who need extra time to use the bathrooms and return to the meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When adjustments to the meeting schedule become necessary, are presenters aware that breaks should not be shortened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
