



Program Standards
2015

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Introduction

The Coalition

Founded in 1977, the New Hampshire Coalition Against Domestic and Sexual Violence is a statewide network of independent Member Programs committed to creating safe and just communities through advocacy, prevention and empowerment of anyone affected by sexual violence, domestic violence and stalking. To that end NHCADSV seeks to:

- Ensure that quality services are provided to victim/survivors/survivors of sexual violence, domestic violence and stalking
- Prevent future violence by educating the public
- Influence public policy
- Encourage the provision of quality services and accountability for perpetrators.

NHCADSV recognizes that violence and oppression are connected, and promotes social change by holding societal systems accountable for their responses to domestic and sexual violence, and through the empowerment of victim/survivors.

The Coalition supports its Member Programs by providing community education, coordination, training, resource sharing, and advocacy for legislative changes that affect victim/survivor/survivors of sexual violence, domestic violence and stalking.

Program Standards

The NHCADSV first developed Program Standards to guide the operation of Member Programs in 1992. In 2000, Member Programs of NHCADSV committed to a comprehensive revision of Program Standards in order to ensure comprehensive and quality services for victim/survivors/survivors of sexual violence, domestic violence and stalking throughout the state. A set of core services were developed that all Member Programs agreed should be provided to victim/survivors/survivors. Those standards helped shape the vision of services throughout New Hampshire. Approved by the NHCADSV Board of Directors, the standards began serving as the new guidelines in 2004.

In 2013, the Participating Member Programs of the NHCADSV agreed to review the standards and make revisions to reflect ongoing victim/survivor-centered approaches and incorporate a trauma-informed philosophy. These were approved by the NHCADSV Board on September 15, 2015. and began serving as the new Program Standards in **date to be determined**.

Philosophical Statement

Member Programs and staff recognize and affirm that all experiences of victimization are intrusive and harmful events often resulting in short-term and/or long term effects on victim/survivors, both primary and secondary. In response to this, NHCADSV Member Programs provide services to help facilitate their process in the aftermath of violence, always keeping the victim/survivors needs at the center of the Member Program's advocacy both with the victim/survivor and in the community.

The anti-violence movement uncovered the numerous and disturbing ways in which victim/survivors of violence were blamed for the crime and relegated to silence. Historically the clinical and research fields have dismissed and minimized the realities, viewpoints and outrage of individuals whose lives were forever affected by the trauma related to victimization. The anti-violence movement has been unique in its endeavor to maintain the victim/survivor as the center of our work.

Member Programs, recognizing that victim/survivors of violence themselves raised public awareness about the impact of victimization, are dedicated to the principles of victim/survivor-centered and trauma-informed services. To that end, staff and volunteers of Member Programs create an atmosphere and relationships where all victim/survivors of violence can understand, speak about and define the painstaking steps to process trauma in the aftermath of domestic violence, sexual assault and stalking.

Core services provided by Member Programs are guided by the following principles:

- A. The primary goals of services are to promote the safety of victim/survivors, create an environment in which victim/survivors are safe and empowered, and reduce the long term traumatic impacts experienced by the victim/survivor.
- B. Services are victim/survivor-centered and trauma-informed. The victim/survivor of violence leads the process and discloses the information that they feel is pertinent. We work with them based on the belief in that information and the needs that victims self-identify.
- C. Member Programs are sensitive to and provide services to all people of diverse populations. This includes, but is not limited to, people of any age, marital status, gender, education, gender identity and sexual orientation, culture, race and ethnic background, religious and spiritual belief, socio-economic status, ability, residency, citizenship or immigration status, spoken language or means of communication, and HIV status. Member Programs respond to the unique needs of those victimized in systems of prostitution, trafficking and other forms of commercial sexual exploitation.

Member Program staff recognize the system of privilege within our culture and the impact of oppression on those seeking services.

- D. The victim/survivor and the advocate work in partnership to assess strengths and areas of concern, as well as to develop and evaluate the ways in which the Member Program can best support the individual and their goals for survivor safety and success.
- E. Services to secondary victim/survivors are also victim/survivor-centered and trauma-informed and not counter to the interests or needs of the victim/survivor.

Member Programs fulfill a social justice mission by embracing cultural competence as a fundamental principle. Member Programs and advocates value and celebrate the importance of diversity.

Victim/Survivor-Centered Code of Ethics for Advocates

- A. Advocates adhere to a feminist approach to domestic violence, sexual assault and stalking.
 - a. Advocates foster an appreciation for the feminist theory of the violence against women movement, including the contributions of lesbians, women of color and other diverse populations to domestic violence, sexual assault, and stalking work.
 - b. Advocates recognize that the oppression of sexism creates a power imbalance between men and women. To ensure that this imbalance is not part of any victim/survivor's first experience with an advocate, first responders to a victim/survivor in the emergency room will be female. If the victim/survivor requests a male advocate, all efforts will be made to provide one if possible.
 - c. Advocates recognize that domestic violence, sexual assault, and stalking are not personal conditions to be diagnosed and cured, but rather the consequences of social inequality.
 - d. Advocates hold the perpetrator alone responsible for the domestic and sexual violence.
 - e. Advocates refrain from behaviors that communicate victim/survivor blame or doubt regarding the victim/survivor's account of the crime, condemnation for past behavior or other judgmental, anti-victim/survivor sentiment.
 - f. Advocates acknowledge that, while suffering great harm, most victim/survivors are more than their experiences of violence and can lead full and joyful lives with access to appropriate support, education and resources.
 - g. Advocates value the role of peer support and the use of volunteers.

- B. Advocates act as allies against the structure of privilege and oppression which supports violence against women.
 - a. Advocates recognize that domestic and sexual violence derives from sexism, which is both a system of advantage and oppression interwoven with all other similar forms of oppression (racism, heterosexism, classism, ableism, etc.).
 - b. Advocates respect the individuality of each person and advocate for the rights, dignity and worth of all people.
 - c. Advocates demonstrate an awareness and appreciation of difference among diverse populations being served.
 - d. Advocates will be aware of how their own personal and professional beliefs and values may conflict with or accommodate their ability to meet the needs of a diverse population of victims/survivors served.

- e. Advocates will be aware of the effect of social policies and programs on diverse victim/survivor populations and will advocate for and with victims/survivors whenever appropriate.
 - f. Advocates work with the Member Program to take action to dismantle the structured system of cultural oppression and eliminate all forms of injustice.
- C. Advocates protect and promote the victim's/survivor's right to self-determination and autonomy.
- a. Advocates follow the victim's/survivor's lead as they define the issues to be addressed.
 - b. Advocates share all available options with victims/survivors and discuss possible outcomes of each.
 - c. Advocates support victims/survivors in setting their own goals.
 - d. Advocates respect the decisions and choices of victims/survivors.
 - e. Advocates respect and promote victim/survivor rights including but not limited to, the right to privacy and confidentiality.
 - f. Advocates do not impose personal biases or preferences on the victim/survivor.
 - g. Advocates work to minimize the barriers and obstacles that victim survivors face in meeting their needs.
- D. Advocates maintain a high standard of competence.
- a. Advocates adhere to NHCADSV Program Standards, requirements and applicable state and federal laws.
 - b. Advocates ensure the victim/survivor receives services specific to her individual needs.
 - c. Advocates maintain a holistic view of the person and recognize that some of her needs may be outside the scope of the Member Program's services.
 - d. Advocates recognize the mission, capabilities, specializations and limitations of the Member Program and individual staff and make appropriate referrals as needed.
 - e. Advocates keep up-to-date on the field of sexual assault, domestic violence and stalking and seek continuing education, professional development and personal growth.
 - f. Advocates utilize supervision and consultation routinely and as needed.
 - g. Advocates respect personal and professional boundaries and avoid potentially harmful dual relationships that may result in power imbalances.
 - h. Advocates seek knowledge and understanding of the history, traditions, values, family systems and cultural expressions of diverse populations served.
- E. Advocates demonstrate a high level of integrity.
- a. Advocates engage in honest, fair and respectful interactions with victim/survivors, other Member Program advocates and allied professionals.
 - b. Advocates demonstrate professional and ethical behavior.

- c. Advocates identify, disclose and resolve any perceived or actual conflict of interest.
- d. Advocates engage in routine self-assessment to seek to understand their own personal and professional values and beliefs and participate in reflective supervision to assess the potential impact of these values and beliefs on their professional role.
- e. Advocates appreciate the importance of diverse identities in the lives of victims/survivors served.
- f. Advocates recognize the imbalance of power in relationship to victims/survivors and avoid exploitation of professional trust or engaging in a relationship that would compromise the advocate's professional objectivity or judgment.

Guiding Principles

Victim/Survivor-Centered Services

Description

The Member Program provides victim/survivor-centered, culturally competent services for adults and/or children of all diverse populations who are victims/survivors of domestic violence, sexual assault and stalking. The victim/survivor's needs and rights are the first priority of the Member Program and guide the planning and decision-making of the Member Program and staff.

The Member Program determines the specific services to be offered to victims/survivors of domestic violence, sexual assault and stalking and ensures that staff has the training and supervision required to provide each service. Victims/survivors are informed of the specific services available and choose the ways that they want to work with the Member Program. The Member Program respects that the victim's/survivor's choices may be affected by their background experiences and individual circumstances and works with the victim/survivor to address identified service goals.

Program Indicators

- A. The victim/survivor directs their process. The victim/survivor directs the conversation and makes decisions about the information that they want to share.
- B. The Member Program's priority is to create a safe, comfortable environment for the victim/survivor. In every interaction with the victim/survivor, the program will minimize, to the extent possible, any power imbalance between the worker and the victim/survivor.
- C. The Member Program supports the empowerment of the victim/survivor by sharing information with her and describing options available to them. The Program ensures the victim/survivor's right to make their choices and decisions about those options and their process.
- D. The victim/survivor and Member Program work together to create goals guided by the needs and concerns of the victim/survivor.
- E. The Member Program staff recognizes and identifies the creative and resourceful ways victims/survivors cope and respects those as strategies for survival. The advocate works with the victim/survivor to integrate or adapt those strategies into a plan to achieve the victim's/survivor's goals.
- F. Services provided to victims/survivors are consistent with the needs of the victim/survivors. With minor victims/survivors, services are provided in the

interest of the minor, as expressed by the minor and assessed by the Member Program's staff.

- G. Services effectively recognize and utilize the victim's/survivor's support system and respect the role of the extended family, informal networks, non-traditional healing, self-help groups and other forms of support as appropriate and desired by the victim/survivor.
- H. The Member Program adapts services to meet the needs of victims/survivors who are coping with commercial sexual exploitation, prostitution and trafficking, and who are often criminalized within the system rather than supported or assisted.
- I. In order to evaluate the effectiveness of the services provided, Client Satisfaction Survey forms are available to all victims/survivors and they are encouraged to complete them. Feedback is sought to ensure that services are provided in a victim/survivor-centered, culturally competent, and trauma-informed manner. As appropriate, evaluative feedback is considered in program planning.
- J. In an effort to maximize service delivery to diverse populations in their catchment area, the Member Program evaluates the use of the agency's programs by specific populations based on data contact logs, Client Satisfaction Surveys, etc. Care is given to ensure that this process is victim/survivor-centered and culturally competent.
- K. Outreach efforts are provided in communities where diverse populations of victims/survivors live, work, and play.
- L. The Member Program has an internal, written grievance process for victims/survivors that is victim/survivor-centered, trauma-informed, and culturally competent. Victims/survivors are given written information about the process and how to use it. Alternative forms of communicating this process are available for people with differing abilities. This written process should be posted and made available to all persons receiving services at the Member Program.

Trauma-Informed Services

Description

A trauma-informed approach to domestic violence, sexual assault and stalking means attending to victims'/survivors' emotional, as well as, physical safety. Just as advocates help victims/survivors increase their access to economic resources, physical safety, and legal protections, using a trauma-informed approach means that we also assist survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety and managing the traumatic effects of domestic violence, sexual assault and stalking and other lifetime abuse. It also means ensuring that all survivors of domestic and sexual violence have access to advocacy services in an environment that is inclusive, welcoming, destigmatizing, and non-retraumatizing.

Program Indicators

- A. Advocates provide victims/survivors with information about the effects of abuse.
- B. The Member Program's services are designed to meet victims'/survivors' trauma and mental health related needs.
- C. The Member Program creates opportunities for victims/survivors to discuss their responses to violence in a non-stigmatizing, non-judgmental environment.
- D. The Member Program, as much as possible, offers resources to victims/survivors that are trauma-informed and meet the needs of the victim/survivor.
- E. The Member Program continues to seek ways to reflect on their practices and policies to ensure that victims/survivors are being responded to with practices that recognize the impacts of violence and understands victims' experiences within the social context of violence.

Adapted from Creating Trauma-Informed Services Tip Sheet Series by the National Center on Domestic Violence Trauma and Mental Health (2011).

Confidentiality

Description

Confidentiality is a core underpinning of the provision of comprehensive victim/survivor-centered services. Communication between the advocate and the victim/survivor is confidential and protected by privilege as defined by NH RSA, 173-C (see Appendix X) and VAWA. An advocate is bound by the law to maintain the privacy of confidential communication and has no authority to waive privilege without permission from the victim/survivor. Privilege is a right held by a victim/survivor as defined by RSA 173-C. A victim/survivor may choose to waive their right to privilege and permit an advocate to disclose confidential communications. A victim/survivor may also choose to re-assert their right to privilege after waiver.

Program Indicator

- A. The Member Program provides confidentiality for all victim/survivor services. The victim/survivor and advocate have access to a private space where services are provided.
- B. Staff and volunteers of the program who have contact with victims/survivors and/or access to victim/survivor records have completed 30 hours of training prior to contact with victims/survivors or records. The training meets NHCADSV Standards and applicable law.
- C. The Member Program maintains records demonstrating that staff, volunteers and board members who work with victims/survivors and/or have access to victim/survivor files meet the training requirements of RSA 173-C;
- D. The Member Program has written confidentiality policies that cover the following areas:
 - a. what information constitutes a victim's/survivor's file;
 - b. procedure for accessing victim's/survivor's identity, records and information by the victim/survivor, staff, volunteers, board members, outside agencies and funders;
 - c. procedure for obtaining a victim's/survivor's written release of information, including the establishment of written waiver forms. The policy includes notification that any information released without a written waiver is a breach of the victim's/survivor's right to privileged communication. See RSA 173-C:2;
 - d. procedure for retention, storage and destruction of victim/survivor files that meets or exceeds the NHCADSV data base policy;
 - e. procedure for safeguarding files from improper access and use;
 - f. procedure for responding to subpoenas;

- g. procedure for how victims/survivors receiving services will be informed of the confidentiality policy and mandated reporting of child abuse;
 - h. procedure for how victims/survivors will be informed of any limitations to confidentiality policy, e.g. reporting abuse against elderly and incapacitated adults ;
 - i. procedure for obtaining a written confidentiality agreement from contract workers, non-traditional group facilitators, and on-site employees who do not provide direct service, along with a procedure for informing victims/survivors when an employee/volunteer/contract worker does not hold privileged communication;
 - j. procedure for situations involving imminent bodily risk or death that addresses the Member Program's obligation to protect confidentiality under RSA 173-C;
 - k. procedure for advocates notifying minors of rights and restrictions to confidentiality as addressed in RSA 173-C when they are victim/survivors/survivors;
 - l. procedure for advocates reporting of treatment of injuries, see RSA 631:6 (Appendix XIV) that explains the following: New Hampshire's statute excuses a person from reporting if the victim is over 18, has been the victim of a sexual assault offense or abuse (defined in RSA 173-B:1), and objects to the release of any information to law enforcement. However, this exception does not apply if the victim of sexual assault or abuse is also being treated for a gunshot wound or other serious bodily injury. "Serious bodily injury" means any harm to the body which causes severe, permanent or protracted loss of or impairment to the health or of the function of any part of the body.
- E. The Member Program has written policies and procedures regarding mandatory reporting of child abuse, as defined in 169-C (see Appendix II); and
- F. The Member Program has written policies and procedures for any other limits to privileged communication including, e.g. mandatory reporting of abuse of elderly and incapacitated adults and child abuse and neglect. (see Appendix III).

Commitment to Inclusive Service

Description

In accordance with our commitment to inclusivity, Member Programs will ensure the provision of victim/survivor-centered, trauma-informed, culturally competent services throughout their service delivery system. Staff will be aware of and vigilant about the dynamics that result from difference and similarities between workers and victims/survivors. This includes the following:

Program Indicators

- A. The Member Program actively recruits multi-ethnic and multi-cultural staff and includes cultural competence standards in job descriptions;
- B. The Member Program reviews the current and emergent demographic trends for the geographic area served by the program to determine service needs;
- C. The Member Program creates service delivery systems that are appropriate to diverse populations;
- D. The Member Program includes participation of diverse victims/survivors as stakeholders in the development of service delivery systems;
- E. Staffing plans are developed to reflect the needs of diverse populations;
- F. Services are provided in a welcoming, safe, non-threatening, environment that reflects the diversity of the victim/survivors;
- G. Services are provided and supervised by trained staff who are competent in responding to diverse populations;
- H. Services are provide to diverse populations regardless of:
 - a. race
 - b. ethnicity
 - c. immigrant status
 - d. sexual identity/orientation
 - e. socio-economic status
 - f. religious/spiritual beliefs
 - g. ability
 - h. victimization through prostitution or trafficking;
- I. Services are provided in the victim's/survivor's own language or system of communication whenever possible; and

- J. The Member Program's materials are appropriate for the diverse populations served.

Services and Screening

Description

Member Program services are intended specifically for victims/survivors. Individuals requesting services will be screened according to agency policy. Member Programs endeavor to meet the wide and complex needs of all victims/survivors. For additional information on forming screening policies see Appendixes XII and XIII.

Program Indicators

- A. Victim/survivor services are refused to anyone determined to be an abuser or predominant aggressor;
- B. The Member Program has a written policy that defines what a conflict of interest is for that Member Program and how it will be addressed by the staff. If both parties in a relationship contact a program for assistance, the party not receiving services may be referred to another program after being screened to ensure it is an appropriate referral and that the person is not actually the predominant aggressor. Due to the protections afforded victims/survivors through RSA 173-C, the reason for the referral may not be disclosed;
- C. Services may be restricted for a victim/survivor who is misusing services, or violating the policies and/or rules of a Member Program. Services may be denied for a victim/survivor in cases where the person poses a credible threat to the Member Program, staff members, other victims/survivors receiving services, and/or volunteers.
- D. The Member Program has a written policy on denial and restriction of services that includes how the Member Program works to meet the complex needs of the victim/survivor before determining if services can no longer continue;
- E. The policy includes how to document denial of services, see He-M 314 (Appendix VI);
- F. The Member Program has written policies and procedures on screening of victims/survivors that promotes inclusivity.

Fees for Services

Description

In order to be accessible and inclusive to all victims/survivors who wish to receive services, the Member Program will provide all services free of charge to victims/survivors.

The Member Program may request an honorarium or fee from an organization or institution where it provides services. A program will not withhold any NHCADSV-funded service to a not-for-profit organization or government entity based solely on that entity's decision not to pay.

Program Indicator

Notification is provided in writing, either by posting or in written materials given to victims/survivors receiving services, that there are no fees charged for the services provided by the Member Program.

Human Resources

Employee Policies

Description

The Member Program will have written employee policies and procedures that reflect the guiding principles of these standards and the mission of the program.

Program Indicators

- A. All employees have current job descriptions that include the following:
 - a. Job title;
 - b. Job classification;
 - c. Tasks and responsibilities of the person;
 - d. The requisite skills, knowledge and experience; and
 - e. Hours of work (e.g. 10 hours per week, 25 hours per month)

- B. Written personnel policies for employees that cover the following:
 - a. Recruitment, selection, promotion, and termination of staff;
 - b. Employee benefits;
 - c. Hours of work;
 - d. Vacation, sick leave, holidays, other leave;
 - e. Overtime and/or compensation;
 - f. Rules of conduct;
 - g. Sexual harassment;
 - h. Disciplinary actions;
 - i. Supervision of staff;
 - j. Work performance evaluations;
 - k. Employee accidents and safety;
 - l. Employee grievance procedures and appeals;
 - m. Attendance records;
 - n. Staff training and evaluation of training; and
 - o. Confidentiality;
 - p. How convictions will be addressed if found on criminal background checks or DMV reports;
 - q. How a post hire conviction is to be reported by the employee and how it will be addressed by the Member Program.

- C. The personnel records of each employee will include, but are not limited to:
 - a. Application for employment and/or resume;
 - b. Salary information
 - c. Performance evaluations;

- d. Records of training attended, including documentation of required 30 hours of training (with 6 hours of continuing education annually) of training pursuant to 173-C;
- e. Written documentation of disciplinary actions;
- f. Confidentiality statement signed by the employee;
- g. Any forms required by law (I-9, W-4, letter of engagement including rate of pay, etc.);
- h. A recent criminal background check; and
- i. A recent DMV report if the employee will be transporting victims/survivors.

Volunteer Policies

Description

The Member Program will have written volunteer policies and procedures that reflect the guiding principles of these standards and the mission of the program and outline the conduct, qualifications and use of volunteers.

Program Indicators

- A. The Member Program has current written volunteer job descriptions. These job descriptions are given to individuals upon acceptance as volunteers and will include the following:
 - a. Essential functions and responsibilities of the position;
 - b. Minimum training required;
 - c. Frequency with which volunteer position will be used; and
 - d. Potential location of the position.

- B. The Member Program has written policies and procedures for volunteers that cover the following:
 - a. Selection, screening, and dismissal of volunteers;;
 - b. Required commitment of volunteers, including number of required hours, minimum length of commitment, leave of absence, etc.;
 - c. Supervision and evaluation of volunteers;
 - d. Rules of conduct;
 - e. Volunteer input into program decisions (e.g. level at which volunteers are encouraged to participate in program planning and the process for such involvement);
 - f. Safety procedures;
 - g. Content, storage and retention of volunteer files; and
 - h. How convictions will be addressed if found on criminal background checks or DMV reports;
 - i. How a post hire conviction is to be reported by the employee and how it will be addressed by the Member Program.

- C. Files are maintained on each direct service volunteer and include, but are not limited to:
 - a. Confidentiality statement signed by the volunteer;
 - b. Signed letter of understanding and agency policies and procedures including expectations of volunteers;
 - c. Record of training completed by the volunteer, including required 30 hours of training (with 6 hours of continuing education annually) pursuant to 173-C;

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- d. Written documentation of disciplinary actions and/or dismissal of the volunteer;
- e. A recent criminal background check; and
- f. A recent DMV report if the volunteer will be transporting victims/survivors.

Training Requirements

Description

The Member Program has written policies and procedures regarding training of staff and volunteers that reflect the guiding principles of these standards and the mission of the Program.

Program Indicators

- A. The Member Program has documentation that all staff and volunteers providing direct service to victims/survivors have completed a minimum of 30 hours of training, conducted by a bona fide crisis center as defined by NH RSA 173-C;
- B. All volunteers and staff receive a minimum of 6 hours of continuing education annually that relates specifically to their role at the Member Program (e.g. in-service trainings and conferences). Education and training will be documented;
- C. All volunteers and staff providing specialized services will receive additional relevant training. There is a written training plan for all specialized volunteer advocates and a method for documenting completion of such;
- D. All volunteers and staff receive annual review of key topics, including, but not limited to:
 - a. Confidentiality and privilege;
 - b. Fire and life safety procedures;
 - c. Security measures;
 - d. Legal topics (this can include yearly legislative reviews from the NHCADSV public policy team or review of legal topics listed in the Training Content section of these Program Standards.
- E. The Member Program shows evidence of evaluations by staff/volunteers of trainings.

Training Content

Description

Training topics for the Member Program staff and volunteers will include components of awareness, crisis intervention, and legal and programmatic issues. They will reflect the guiding principles of these standards and the mission of the Member Program. The program will have a training policy that ensures that staff and volunteers receive training appropriate to their position and the operations of the program as a whole. Training topics for single-issue Member Programs may be weighted to address the primary population assisted.

Program Indicators

- A. Training includes the following awareness topics:
 - a. Societal views of women throughout history;
 - b. History of the victimization of women;
 - c. History of the battered women's movement and anti-rape movement;
 - d. Sexism and violence against women;
 - e. Other forms of violence against women;
 - f. Cultural competency and oppression issues (e.g. racism, ageism, classism, homophobia, other discrimination);
 - g. Power and control issues, continuum of abuse, lethality;
 - h. Clarification of myths and facts which perpetuate victim/survivor-blaming;
 - i. Barriers to victims/survivors leaving abusive relationships, or reasons for returning;
 - j. Acquaintance versus stranger sexual assault;
 - k. Sexual harassment;
 - l. Stalking (including the use of technology to stalk);
 - m. Co-occurrence of domestic violence and child abuse and neglect and the effects of violence on children;
 - n. Male victims/survivors of sexual violence, domestic violence and stalking;
 - o. Lesbian and gay, bisexual, transgender victim/survivors of sexual violence, domestic violence and stalking;
 - p. Immigrants and non-English speakers as victim/survivors of sexual violence, domestic violence and stalking;
 - q. Persons with disabilities as victim/survivors of sexual violence, domestic violence and stalking;
 - r. Alcohol and drug abuse in relation to trauma;
 - s. Mental health issues – myths and realities in relation to violence and trauma;
 - t. Developmental disabilities- myths and realities in relation to trauma and violence;
 - u. Drug facilitated sexual assault and related issues.

- B. Training includes the following crisis intervention and systems advocacy topics:

- a. Skills development, including active/reflecting listening, problem solving, assisting with the development of individualized victim/survivor-centered goal plans and safety plans, crisis interventions;
 - b. Empowerment model framework for advocacy and options counseling;
 - c. Advocacy with individuals and within systems;
 - d. Confidentiality protections, requirements and limitations;
 - e. Information and referral to appropriate services (e.g. legal assistance, victim/survivors' compensation, housing, mental health, alcohol and other drug services, immigration, etc.);
 - f. Appropriate referrals for victim/survivors with acute and chronic psychiatric needs;
 - g. Protocols relevant to hospitals;
 - h. Protocol for provision of services to non-English speaking victim/survivors; limited English speaking, deaf/hard of hearing, etc.;
 - i. Victim/survivors as defendants in criminal and civil cases; and
 - j. Services to minors.
- C. Legal training topics include the following:
- a. RSA 173-B (domestic violence statute and crimes that fall under 173-B:1, section 1);
 - b. RSA 631 Joshua's Law;
 - c. Assault or Reckless Conduct (RSA 631:1 through 631:3);
 - d. Criminal Threatening (RSA 631:4);
 - e. Sexual Assault (RSA 632-A:2 through 632-A:5);
 - f. Interference with Freedom (RSA 633:1 through 633:3-a);
 - g. Destruction of Property (RSA 634:1 through 634:2);
 - h. Unauthorized Entry (RSA 635:1 and 635:2);
 - i. Harassment (RSA 644:4);
 - j. Confidentiality (RSA 173-C);
 - k. Stalking (RSA 631:1 through 631:3);
 - l. Separation and Divorce (RSA 458:16 including RSA 639:4 on non-support);
 - m. Parental Rights and Responsibilities, Custody and Visitation (RSA 461-A);
 - n. Bail Conditions (RSA 597-7-a);
 - o. Child Abuse Reporting Requirements, including the child protection; agency's ability to seek a court order for removal of a batterer; timeframe/expectations for reunification with children – Adoption and Safe Families Act (RSA 169-C);
 - p. Incest (RSA 639:2);
 - q. Endangering the welfare of a child or incompetent (RSA 639:3);
 - r. Elder and Incapacitated Adult Abuse and Neglect (RSA 161-F:46);
 - s. Indecent Exposure (RSA 645:1);
 - t. Legal Immigration Issues;
 - u. Victim/survivors' Compensation Act (RSA 21-M:8-H)
- D. Program-related Training Topics:

NHCADSV Program Standards

- a. History and philosophy of the Member Programs;
- b. Member Program's relationship to NHCADSV; and
- c. Security, fire and life safety procedures

Quality Assurance

Quality Assurance – Evaluation

Description

In order to ensure that the Member Program is providing victim/survivor-centered, trauma-informed, culturally competent services to victims/survivors of domestic violence, sexual violence and stalking the programs will comply with monitoring activities of NHCADSV and the New Hampshire Department of Justice (NHDOJ). In recognition that the input of victims/survivors is critical in the evaluation process, programs have mechanisms for obtaining feedback about services from victim/survivors and incorporating that feedback into the monitoring process.

Program Indicators

- A. The Member Program demonstrates compliance with the NHCADSV monitoring process;
- B. The Member Program demonstrates compliance with the NHDOJ Grants Management Unit's monitoring process; and
- C. The Member Program has an established method for obtaining feedback from persons who use their services and share that feedback during the monitoring process.

Quality Assurance – Data Collection

Description

Statewide data collection is critical to securing and allocating resources for services throughout the state. Statewide data is required by funders and is utilized by NHCADSV to educate allies, the public and potential victims/survivors who may seek services. The Member Program must participate in the standardized, Coalition-wide data collection system.

Program Indicators

- A. The Member Program meets reporting requirements for data collected by NHCADSV in a timely manner;
- B. The Member Program meets reporting requirements for data collected by the NH Department of Justice Grants Management Unit;
- C. A staff person at the Member Program is designated for collection of the data and attends the NHCADSV trainings as scheduled; and
- D. The Member Program participates in the NHCADSV Data Listserv.

Direct Advocacy Services

24 Hour Support Line Services

Description

The Member Program's 24-hour support line often serves as the first point of contact for individuals who are seeking help, support and information. Advocates understand that crisis can affect anyone at any time. Staff and volunteers are available 24 hours a day/7 days per week/365 days per year to empower victims/survivors to discover the skills and resources that they uniquely possess and support survivors in safety planning, brainstorming immediate needs through non-judgmental supportive listening, and accessing resources both internal and external.

Support line services are confidential and available to anyone in need of assistance even if the victim/survivor chooses to remain anonymous. During times of crisis, victims/survivors may feel more comfortable talking to someone with whom they do not have to identify themselves, enabling them to discuss feelings and concerns in a way that may differ from talking with friends and family members.

Support line advocacy services are not contracted to an outside agency and are always provided by Member Program staff and/or volunteers. Answering services that contract with Member Programs are only responsible for relaying the caller's information to the support line advocate, not for providing advocacy services.

Program Indicators

- A. The Member Program has a telephone line or access to 24-hour support line services for victims/survivors, significant others and other individuals who need assistance. The program responds to both adults and children through the 24-hour support line;
- B. Advocates respond to callers using appropriate language, skills and techniques that reflect an understanding of the diversity of coping skills and help-seeking strategies;
- C. Advocates are trained to engage victims/survivors, screen for safety and immediate needs and connect victims/survivors with immediate and follow-up services of the Member Program;
- D. Advocates adhere to the NHCADSV Guiding Principles and Victim/Survivor-Centered Code of Ethics when providing support line services;
- E. All support line advocates receive a minimum of 30 hours of training (with 6 hours of continuing education annually) on issues related to sexual assault, domestic violence and stalking in compliance with NHCADSV service Standards;

- F. The Member Program maintains a schedule that demonstrates trained staff members/volunteers who can provide crisis intervention counseling and information/referral and operate the support line 24-hours per day, seven days per week, 365 days per year;
- G. Support line testing shows a maximum response/call back time of 10 minutes or less and the initial call is answered by a live person;
- H. The Member Program ensures that support line calls are free for clients by maintaining a toll-free phone number, using a statewide toll-free number, a phone number that is free of charge for their entire catchment area, and/or accepting collect calls/reverse charges;
- I. The Member Program annually trains answering service staff on, at a minimum:
 - a. agency protocol for support line response and procedure for contacting backup volunteers and staff;
 - b. applicable NHCADSV Program Standards requirements and expectations;
 - c. the role of the advocate;
 - d. how to respond to a victim/survivor on the phone and the importance of “patching through” to advocate immediately when the caller cannot receive a return phone call;
- J. Communications via the support line is available to all callers including those who are deaf or hard of hearing (TTY availability, TTY device preferred, or Relay NH 711) and those with limited English proficiency (language line use);
- K. There is a plan in place for how volunteer advocates have access to a staff member in case of an emergency during support line coverage during all support line shifts;
- L. The Member Program has written procedures covering the following topics in relation to the support line:
 - a. safety of support line workers;
 - b. scheduling, coverage and back-up;
 - c. confidentiality and exceptions to confidentiality; and
 - d. suicidality and lethality of callers.
- M. The Member Program maintains accurate records of support line services in accordance with the NHCADSV data collection requirements.

Information and Referral

Description

The Member Program is a source for information and referral for both primary and secondary victims/survivors and the general public on domestic violence, sexual assault and stalking. The Member Program maintains appropriate materials available for victims/survivors of diverse populations and provides these materials, using the language or means of communication of the victim/survivor when possible. The Member Program staff and volunteers are knowledgeable about available supportive services in their community and can provide appropriate culturally competent referrals for them.

The Member Program seeks to create opportunities for victims/survivors, matching their needs with culturally competent service delivery systems or adapting services to better meet the unique needs of victims/survivors of domestic violence, sexual assault, and stalking including victims/survivors of prostitution, trafficking and commercial sexual exploitation, and stalking.

Information and referral is provided to victims/survivors as a component of advocacy services as well as to others in the community.

Program Indicators

- A. Information and referral services are provided in compliance with the NHCADSV Guiding Principles and Victim/Survivor-Centered Code of Ethics.
- B. The Member Program has access to victim/survivor-centered, trauma-informed and culturally competent materials on domestic violence, sexual assault and stalking that are made available upon request, including, at a minimum, NHCADSV fact sheets and brochures. The Member Program has access to a number of different materials to meet different learning styles and language needs.
- C. The Member Program maintains a current resource and referral manual, updated biannually, of community agencies. The Member Program should be familiar with providers that are experienced in working with diverse populations.
- D. Accurate and current resource and referral manuals are made available to all staff and volunteers. The Member Program will document that all volunteers and employees receive the resource and referral guide.
- E. If after actively engaging the victim/survivor or other caller in conversation, it is determined the person needs referrals for other services not related to program

services, the program will provide at least two information service referrals (not including 2-1-1), if available.

- F. The Member Program provides or advocates for provision of information, referrals and services in the language appropriate to the victim/survivor, which may include the use of interpreters. Advocates are knowledgeable of and use the language line and interpretation services.. Use of these or other comparable services is an indicator that victims/survivors are being provided interpretation services.
- G. Each Member Program staff person/volunteer documents information and referral contacts, indicating the date, caller (if available), information provided and the worker.
- H. If an advocate/volunteer is representing a Member Program at a community health/ resource fair/expo and is approached by an individual for information and referral, this will be documented on a contact log (name is not needed).
- I. The Member Program maintains accurate records of information and referral services in accordance with the NHCADSV data collection requirements.

Advocacy Services

Description

Advocacy is the act of supporting and assisting victims/survivors to define their needs, explore options, and ensure victim's/survivor's rights are respected in any systems within which the victim/survivor interacts. All advocacy services are provided in compliance with the NHCADSV Guiding Principles and Victim/Survivor-Centered Code of Ethics.

Program indicators for all advocacy services

- A. Discussions with advocates demonstrate a good understanding of empowerment, advocacy, victim's/survivors' rights, Victim's Compensation Funds and providing victim/survivor-centered, trauma-informed services.
- B. Discussions with advocates demonstrate skill and ability to advocate for and with victims/survivors of diverse populations. Advocates demonstrate an understanding of a system of privilege within our culture and the impact of oppression on those seeking services.
- C. Advocates provide Client Satisfaction Surveys to victims/survivors and advocates encourage them to send the completed surveys to the NHCADSV.
- D. The Member Program maintains accurate records of advocacy services in accordance with the NHCADSV data collection requirements.
- E. The Member Program has a facility where advocates can meet with victims/survivors of domestic violence who have not yet made the decision to leave their homes, or who have found other shelter and have a need for support services. This is done either in a separate facility from the shelter program or in a confidential area within the shelter that is separate from the shelter guests (if the shelter is an open location).
- F. If the shelter is in a confidential location, the Member Program must have a separate location off-site from the shelter in which to meet with victims/survivors who are not receiving shelter services and is and immediately accessible to a victim/survivor without an appointment. This site has an area that is private and confidential in which the meeting can take place.
- G. A plan is in place to provide services to victims/survivors with mobility issues if the current facility is not accessible.

Individual Medical Advocacy/Accompaniment

Description

The advocate provides in-person support, information and advocacy to victims/survivors of sexual assault, domestic violence and stalking at medical facilities based on their individual needs and desires. With victim/survivor permission, the advocate stays with the victim/survivor throughout the examination, treatment and evidence collection process (if applicable) and provides follow-up services and referrals. The priorities of the advocate are the needs of victim/survivor, not the medical facility.

The Member Program advocates are aware that victims/survivors have differing responses to medical systems based on their own or their community's previous experience with that system.

Advocates withhold personal judgment about victim/survivor decisions and demonstrate support and compassion for victims/survivors who elect not to pursue evidence collection or other medical procedures or treatments.

Advocates are aware that medical system responses may vary based on the populations of victims/survivors for whom they provide service and are prepared to respond to biases with the system.

Advocates are aware of their own and others cultural biases when providing medical advocacy and are prepared to challenge those biases within themselves and others to ensure that victims/survivors receive victim/survivor-centered, trauma-informed, culturally competent services within their own programs and in other agencies responding to them.

Advocates are aware that victims/survivors of prostitution, trafficking and commercial sexual exploitation are often criminalized for their experiences and may require advocacy focused on prevention of arrest or other punitive responses.

Individual medical advocacy services include telephone and in-person contact with victims/survivors and the non-offending secondary victims/survivors and contact with emergency room and/or other medical personnel regarding medical issues related to the sexual assault and/or domestic violence and stalking. Advocates can provide information to medical personnel about the victim/survivor only if they have the written consent of the victim/survivor. Advocates can receive information from the doctor without the victim/survivors written consent. Services include provision of information and resources regarding the victim's/survivor's rights and options regarding follow-up services.

Program Indicators

- A. The Member Program staff and volunteer advocates have a minimum of 30 hours of training on sexual assault, domestic violence and stalking as specified

by NHCADSV Standards. A portion of this training will be specific to medical advocacy/accompaniment.

- B. The Member Program provides 24 hour per day in-person advocacy/accompaniment to victims/survivors at the hospital emergency rooms in the program's catchment area. The advocate must arrive at the hospital within thirty (30) minutes of a request or forty-five (45) minutes for rural programs. The arrival time is documented on the contact sheet.
- C. The Member Program ensures that female advocates are the first responders to the victim/survivor in the emergency room. Male advocates, if available, may provide medical advocacy/accompaniment to the victim/survivor if the victim/survivor chooses a male advocate. With the victim/survivor consent, the advocate will stay with the victim/survivor in the exam and during the medical/forensic examination.
- D. The advocate explains the emotional and physical reactions the victim/survivor may experience during the following few weeks.
- E. The advocate is able to explain the medical/forensic examination to sexual assault and domestic violence victims/survivors as appropriate. The advocate is able to answer questions about sexually transmitted diseases, emergency contraception, and anonymous HIV antibody testing for sexual assault victims/survivors. Advocates should be aware that if a health care facility or physician does not provide emergency contraception as a treatment option, the health care facility or physician must immediately provide the victim a referral to another facility that does provide this treatment option. The advocate is able to discuss the value of having photographs taken by hospital personnel or law enforcement.
- F. The advocate may provide information about safety planning including how to access emergency/temporary restraining orders, emergency shelter and other resources.
- G. The advocate ensures that the victim/survivor receives non-judgmental care and, whenever possible, advocates for the use of Sexual Assault Nurse Examiners in sexual assault examinations.
- H. The advocate is knowledgeable about New Hampshire's medical/forensic examinations and ensures that victims/survivors have access to accurate information regarding confidential reporting options and billing information.
- I. The advocate arranges to have clothing available for the victim/survivor and arranges transportation for the victim/survivor after the hospital visit. The advocate promotes the safety of the victim/survivor following discharge to the fullest extent possible.

- J. With victim/survivor consent, the program provides follow-up contact with the victim/survivor within 48 hours of first contact and documents this on a contact log.
- K. Advocates provide information and support to secondary victims/survivors while respecting and maintaining the confidentiality of the victim/survivor.
- L. Advocates provide victims/survivors with information and assistance in accessing NH's Victim's Compensation Fund.
- M. The Member Program maintains accurate records of medical advocacy services in accordance with the NHCADSV data collection requirements.

Legal Services Advocacy/Individual Court Advocacy

Description

The Member Program advocates provide 24 hour advocacy within both civil and criminal court systems. Advocates provide the victim/survivor with emotional support and accompaniment throughout criminal and civil court proceedings. The priorities of advocates are defined by the needs and desires of the victim/survivor, not the institution.

Advocates are aware that victims/survivors have differing responses to the court system based on their own or their community's previous experience with that system.

Advocates withhold personal judgments about victim/survivor decisions and demonstrate support and compassion for victims/survivors who elect not to pursue a legal response.

Advocates are aware that court personnel responses may vary based on populations of victims/survivors serviced and are prepared to respond to bias within the system.

Advocates are aware that many victims/survivors may have a prior history with the legal system that may influence their views of seeking help. These individuals may have a lack of trust in the legal system or, in some cases, may be judged unfairly by that system. For example, victims/survivors of domestic violence/stalking are often criticized by the legal system for repeatedly filing and withdrawing restraining orders against the same abuser.

Individual court advocacy services include telephone and in-person contacts with victims/survivors and attorneys, or other court personnel regarding issues as related to the domestic violence, sexual assault or stalking.

Program Indicators

- A. The Member Program staff and volunteer advocates have a minimum of 30 hours of training (with 6 hours of continuing education annually) of training on sexual assault, domestic violence and stalking as specified by NHCADSV Standards. A portion of this training will be specific to court advocacy and covers areas specific to B. below.
- B. Services that advocates provide include:
 - a. Providing information and resources regarding victim's/survivor's rights and options and discussion of follow-up services needed;
 - b. Explaining and clarifying options to victims/survivors including reporting to police and accessing civil relief;
 - c. Accompaniment for and explanation of temporary and permanent restraining orders, including modifications, extensions and violations;

- d. Accompaniment for criminal sexual violence, domestic violence and stalking cases;
 - e. Referrals to legal services including DOVE, LARC, NHLA, immigration);
 - f. Information and referral to Victim/s Compensation Funds;
 - g. Information, referral and accompaniment to related civil processes (divorce, custody, visitation, immigration, etc.);
 - h. Court preparation, including explanation of court procedures, court forms, courtroom etiquette;
 - i. Maintaining confidentiality;
 - j. Corresponding with the victim/survivor or legal system regarding specific concerns about the victim/s/survivor's case with the expressed written consent of the victim/survivor.
- H. The Member Program maintains accurate records of legal advocacy services in accordance with the NHCADSV data collection requirements.

Law Enforcement Advocacy

Description

The Member Program ensures that all victims/survivors have access to credible and timely information and response from law enforcement and assists victims/survivors in identifying their emergent and ongoing safety needs from law enforcement.

The Member Program provides 24 hour a day, in-person and telephone advocacy with law enforcement. The priorities of the advocate are the defined by the needs and desires of the victim/survivor, not the institution.

Advocates are aware that law enforcement responses may vary based on populations of victims/survivors served and are prepared to respond to the bias within the system.

Advocates are aware that many victims/survivors may have a prior history with law enforcement that may influence their views of seeking help. These individuals may have a lack of trust in law enforcement or, in some cases, may be judged unfairly by that system. For example, victims/survivors of prostitution, trafficking and commercial sexual exploitation are often criminalized for their experience and may require advocacy focused on prevention of arrest or other punitive responses.

Program Indicators

- A. Staff and volunteer advocates have a minimum of 30 hours (with 6 hours of continuing education annually) of training on sexual assault, domestic violence and stalking as specified by NHCADSV Standards. A portion of this training shall be specific to law enforcement accompaniment and advocacy and covers those subject areas in B below.
- B. Advocacy with law enforcement includes telephone and in-person contacts with primary and secondary victims/survivors and with police regarding issues related to abuse. Services include:
 - a. Providing information and resources regarding victim's/survivors' rights and options, answering questions, and discussing follow-up services as needed;
 - b. Explaining and clarifying options and procedures to the victim/survivor about reporting to police, enforcement of restraining orders, and responding to law enforcement requests for information;
 - c. Assisting the victim/survivor in requesting all relief available to her from law enforcement in accordance with RSA 173B;
 - d. Providing accompaniment and telephone support for emergency restraining orders and setting of bail, providing information about program services and safety planning to victims/survivors, and when needed, calling law enforcement during Lethality Assessment Program (LAP) screenings;
 - e. Providing information and referral to the Victim's Compensation Fund;

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- f. Serving as a liaison to the police regarding the status of a case and exchange of information with the expressed written consent of the victim/survivor;
 - g. Accompanying the victim/survivor to meetings with police and prosecution;
 - h. Making referrals as needed;
 - i. Maintaining confidentiality
 - j.
- C. The Member Program maintains accurate records of law enforcement advocacy services in accordance with the NHCADSV data collection requirements.

Systems Advocacy

Description

At times, with victim/survivor consent and based on the victim/survivors' needs and desire, the Member Program staff and volunteer advocates conduct advocacy on behalf of *individual* victims/survivors within systems other than medical and civil-criminal justice entities which are covered above. This is called "systems advocacy." Examples include contact with school personnel, social service agencies, legal services, children and family services, housing, homeless services, drug/alcohol treatment agencies, adult education programs, unemployment services, mental health agencies or other service providers.

Systems advocacy ensures that the advocacy services provided by the Member Program are coordinated with and informed by other services the victim/survivor needs and/or is receiving. This service is provided upon the victim's/survivor's written consent on a time limited release form provided by the Member Program and other service as per their policies.

Systems advocacy may occur by phone or in person. Corresponding with any of the above entities on behalf of an individual victim/survivor is also considered systems advocacy.

As with other advocacy, these services are provided in compliance with the NHCADSV Guiding Principles and Victim/Survivor-Centered Code of Ethics.

Program Indicators

- A. Staff and volunteer advocates have a minimum of 30 hours of training (with 6 hours of continuing education annually) of training on sexual assault, domestic violence and stalking as specified by NHCADSV Standards.
- B. Services that advocates provide include:
 - a. Providing information and resources regarding victim's/survivor's rights and options and discussion of follow-up services needed;
 - b. Explaining and clarifying options to victims/survivors regarding the systems in which they may engage.
 - c. Providing accompaniment to and explanation of policies and procedures of systems;
 - d. Making referrals as needed;
 - e. Maintaining confidentiality;
 - f. Corresponding with the victim/survivor or a system regarding specific concerns about the victim's/survivor's case with the expressed written consent of the victim/survivor.
- C . The Member Program advocates record all individual systems advocacy activities in the NHCADSV Data Collection System.

In-person Support

Description

In-person support services are provided to all victims/survivors of domestic violence, sexual assault, and stalking as requested.

Support may occur on a one-time or on-going basis. In-person support includes:

- a. Education about the dynamics and impact of domestic violence, sexual assault, and stalking and the options available to address individual needs, including, but not limited to, legal, therapeutic, relationship, spiritual, and life issue needs (e.g. housing, mental and physical health, finances, employment, child care, basic needs, etc.)
- b. Assistance with identifying and working on goals through regular communication to review services, progress and needs.
- c. Victim/Survivor-centered support with the goal of supporting the victim's/survivor's process through listening, encouraging, validating, reflecting, giving resources, and providing a safe environment. Support is seen as working with the victim/survivor on current issues, normalizing and validating her reactions to events.

Programs Indicators

- A. The Member Program staff and volunteer advocates have a minimum of 30 hours of training (with 6 hours of continuing education annually) of training on sexual assault, domestic violence and stalking as specified by NHCADSV Standards. A portion of this training will be specific to skills development, including active/reflective listening, problem solving, assisting with the development of individualized victim/survivor-centered goal plans, safety plans, and crisis interventions;
- B. At any time an advocate finds the victim/survivor is discussing areas outside of the advocate's expertise or scope of service (e.g. past trauma issues, legal issues outside the realm of legal advocacy, or medical issues) the advocate is prepared to refer to the appropriate services.
- C. The Member Program maintains accurate records of in-person support services in accordance with the NHCADSV data collection requirements.

Support Groups

Description

Support groups provide an opportunity for victims/survivors of domestic violence, sexual assault and stalking to engage with peers and decrease the isolation that is often a part of the victimization.

The Member Program will regularly offer peer support groups for victims/survivors of sexual violence, domestic violence and stalking. If there are not enough victims/survivors to form a support group, clients will be made aware of when such a group is likely to convene and will be provided with alternative counseling options in the meantime.

Program Indicators

- A. The Member Program maintains written policies covering the following topics in relation to support groups offered by the Member Program:
 - a. Training and selection of facilitators;
 - b. Gender-identity of participants;
 - c. Screening of members;
 - d. Attendance of members;
 - e. Confidentiality;
 - f. Minimum number of attendees required and maximum number allowed
- B. The Member Program ensures interpretation services for victims/survivors who do not speak English. The Member Program shows evidence of using the language line or in-person interpreters.
- C. The Member Program ensures accessibility for individuals with disabilities.
- D. The Member Program regularly publicizes any and all support groups offered.
- E. Files are maintained that include resource and education materials to be used in the support groups.
- F. All support groups are provided in compliance with the NHCADSV Guiding Principles and Victim/Survivor-Centered Code of Ethics.
- G. The Member Program maintains accurate records of support group services in accordance with the NHCADSV data collection requirements.

Services to Minors

Description

All 24-hour direct services, intervention and information and referral services are available to minors 13 years of age and older.

Program Indicators

- A. The Member Program has written policies for a) the age at which a parent/guardian's permission is required to receive services, and; b) the number of sessions (or contacts) that can be provided before contacting a parent/guardian.
- B. Support groups for minors (13 years through 17 years) will be closed and unavailable to adults (18 years of age and older). Groups for children under the age of 13 years may be closed to persons 13 years and older;
- C. The Member Program has written policies on addressing the rights and restrictions regarding confidential services to minors as written in RSA 173-C, Sect. 3 Sub Sect. III and Section 10.
- D. Parents/guardians have the right to be informed of their child's progress and/or participation in groups and services when the child is 15 years of age and younger.
- E. Reporting of abuse under NH Statute 169-C is not done if minors who contact the Member Program via the support line or other services disclose abuse and do not provide any identifying information.
- F. The Member Program has written policies regarding reporting known or suspected physical or sexual abuse, as defined in 169-C, and adherence to the policy. The policy includes how reports are made to Central Intake at the Department of Children, Youth and Families;
- G. A copy of the Child Protective Act Title XII, Chapter 169-C is available at all Member Program locations (see Appendix II).
- H. The Member Program maintains accurate records of services to minors in accordance with the NHCADSV data collection requirements.

Sheltering

Access to Emergency Housing

Description

The option of safe, confidential shelter for victims/survivors of domestic violence, sexual assault and stalking is an integral part of services and necessary at times to prevent further harm to the victim/survivor and the victim's/survivor's family.

Shelter services will be provided (at a minimum) to victims/survivors and their children who are in imminent danger based on the victim's/survivor's assessment of their circumstances.

The Member Program provides safe shelter to eligible victims/survivors of sexual violence, domestic violence and stalking. This is provided 24 hours a day, 7 days a week, and 365 days per year. Safe housing can be provided via intake to shelter facilities, safe homes, or hotels/motels. When a person requests shelter and is ineligible or when safe housing space is unavailable, referrals will be made to assist those victims/survivors in locating temporary/emergency housing. In the event that an individual is denied admission to shelter and requests a written statement of the reason for service denial, the Member Program will provide a written statement.

Program Indicators

- A. The Member Program maintains a schedule that demonstrates a trained staff member/volunteer is available 24 hours per day, 7 days per week, and 365 days per year to provide emergency housing intakes and/or referrals.
- B. The Member Program provides shelter services to victims/survivors from their immediate catchment area. If the Member Program's shelter is full, advocates will discuss possible safe alternative arrangements with the victim/survivor. If other local accommodations are not available and the victim/survivor agrees, the Member Program will contact other shelter programs to seek shelter and advocate for the victim/survivor. Hotel/motel accommodations are provided if immediate safe shelter cannot be found and the victim/survivor is in imminent danger.
- C. The Member Program will make calls to other programs to determine where space is available before asking the victim/survivor to call;
- D. The Member Program that has agreed to accept a person from another catchment area has the responsibility to provide safe accommodation whenever the victim/survivor arrives at Member Program's designated location. This can be in a hotel or in the shelter, but the responsibility lies with the receiving program to provide accommodation.

- E. The Member Program maintains an accurate and current temporary/emergency housing referral and resource list for when a victim/survivor is deemed ineligible or space is unavailable, which is distributed to all staff and volunteers.
- F. The Member Program has clearly defined emergency housing eligibility, including:
 - a. Standards/guidelines for restricting access to victims/survivors of sexual violence, domestic violence or stalking;
 - b. Description of reasonable efforts to be made to provide alternative shelter arrangements for victims/survivors of sexual violence, domestic violence and stalking who are deemed inappropriate for emergency housing;
 - c. A policy addressing access to emergency housing for victims/survivors of sexual violence, domestic violence and stalking; and
 - d. A policy and protocol specific to male victims/survivors seeking access to emergency housing.
- G. Member Programs operating shelter facilities conform to local, state, and federal shelter guidelines, including NH Administrative Rule He-M 314, Federal ADA guidelines, and the Homeless Children Education Act – McKinney-Vento Act.
- H. Programs are in compliance with all fire and life-safety codes of the municipality in which the shelter is located and are required to have inspections annually.
- I. Programs are in compliance with NH Administrative Rule He-M 314 (see appendix) documented through NHCADSV checklist review.
- J. Programs meet the educational needs of children receiving emergency housing in accordance with the Homeless Children Education Act (see appendix).
- K. The Member Program maintains accurate records of shelter services in accordance with the NHCADSV data collection requirements.

Shelter Facilities Operation Guidelines

Description

The Member Program operating a shelter facility will provide a safe, protective and comfortable environment for residents. All policies will reflect the Guiding Principles put forth in these Standards and all staff will follow the Victim/Survivor Centered Code of Ethics for Advocates.

Program Indicators

- A. The Member Program operating a shelter facility will have a shelter intake process which includes, at a minimum, a conversation with the potential resident that highlights the shelter admissions criteria, emergency housing policies, and shelter guests' rights and responsibilities. See He-M 314 (Appendix IV)
- B. Member Programs are open to victims/survivors and their minor children without regard to the children's ages or genders.
- C. Member Programs maintaining shelters provide information packets to each adult shelter guest as part of the intake that includes the following information:
 - a. Policy and procedures relating to the resident's stay in the shelter (see below);
 - b. a procedure for documenting that the guest has been given and understands the contents of the packet;
 - c. a clear termination policy that delineates reasons for possible termination;
 - d. written statement of shelter guests' rights; and
 - e. a written policy for informing residents who express dissatisfaction with services about their rights and the grievance procedure
- D. A written statement of guests' rights, including at a minimum those adopted by the NHCADSV, are displayed in the shelter;
- E. Written grievance procedures are displayed in the shelter;
- F. Programs have written policies covering the following in relation to the shelters:
 - a. No pre-determined length of stay (see Appendix)
 - b. Rules violations and consequences, including violations that result in termination of shelter;
 - c. Alcohol and drug use, including illegal and prescription drugs
 - d. Discipline and supervision of children;
 - e. Outside visitors and/or phone calls
 - f. Smoking
 - g. Curfew
 - h. House responsibilities
 - i. Grievance procedure

- j. Medication
 - k. Emergency fire and first aid procedures and a disaster plan;
 - l. Universal precautions (bio-hazardous waste disposal, etc.);
 - m. Confidentiality of shelter location and other guests
 - n. Policies regarding personal property
 - o. Restricting proselytizing to shelter residents; and
 - p. ADA compliance, which includes mental illness
- M. The shelter facility fosters a safe and comfortable living environment, which includes:
- a. Kitchen with working stove and refrigerator;
 - b. Emergency access to food;
 - c. Beds for women and children and cribs/playpens for infants;
 - d. Area(s) inside shelter where children's toys are accessible and supervised play may occur;
 - e. Bathing and toilet facilities;
 - f. Access to onsite, free laundry facilities;
 - g. Common space for residents;
 - h. Food and toiletries as needed in emergencies;
 - i. 24 hour access to a telephone;
 - j. A panic button and an alarm system; and
 - k. A method to secure personal belongings (including medication)

Shelter Facilities' Advocacy Services

Description

In order to provide services that are victim/survivor-centered and trauma-informed, safe and comfortable shelter is provided to victims/survivors and their minor children. Shelter guests have 24-hour access to the Member Program staff members and/or volunteers for crisis intervention and support. Support and information on the issues of sexual violence, domestic violence and stalking are offered on an ongoing basis. Staff and/or volunteer advocates work with each individual and/or family on goals defined by the victim/survivor.

Program Indicators

- A. The Member Program provides shelter guests with written descriptions of how advocacy is provided to shelter residents including but not limited to:
 - a. how to access staff, including how to reach staff at night and on weekends;
 - b. services and supports provided;
 - c. confidentiality and privilege including limitations of non-direct service staff and volunteers;

- B. Shelter guests are provided with a written schedule detailing how they may access staff/volunteers on a daily basis as well as how they may receive ongoing education and support on the issues of sexual violence, domestic violence and stalking, as well as ongoing assistance with their individualized plans;

- C. The Member Program maintains and distributes accurate resource/referral information as needed to assist with individualized goal setting , and at a minimum includes the following resources:
 - a. Parenting skills;
 - b. Budgeting/financial skills;
 - c. Alcohol and drug treatment/recovery programs;
 - d. Housing;
 - e. Employment;
 - f. Public assistance;
 - g. Childcare;
 - h. Mental health services;
 - i. Legal assistance; and
 - j. Immigration assistance

- D. The Member Program shelter advocates maintain and disburse a list of referrals and resource information to assist child residents, including child witness to violence, as needed; and

- E. The Member Program provides guests with referrals and information regarding non-violent alternatives to disciplining children.

Transportation to Emergency Housing

Description

Recognizing that victims/survivors may not have safe, reliable transportation or are restricted from the use of transportation by the abuser, the Member Program provides access to 24-hour transportation to their own Member Program's shelter/safe home within the Member Program's catchment area at the time of intake. The Member Program facilitates access to transportation to shelters outside of the program's catchment area. Member Programs work together in sharing transportation between shelters in New Hampshire.

Program Indicators

- A. The Member Program has a written policy that outlines how access to transportation to emergency shelters/safe homes within the program's catchment area in state and out-of-state will be provided;
- B. The Member Program demonstrates commitment to providing safe transportation by keeping photocopies of ' valid driver's licenses, DMV records and automobile insurance of any staff or volunteers who provide transportation on file at the Program's office;
- C. The Member Program requires that all victims/survivors, or, at a minimum, passengers under the age of 18, must be restrained by seat belts or car seats when riding in a staff/volunteer's vehicle; and

The Member Program requires that car seats are available to all children being transported in a staff/volunteer's vehicle in compliance with NH state law. If the child is under 7 years of age and less than 57 inches they must be in an appropriate car seat at all times.(See Appendix VII)

Transportation to Other Services

Description

The Member Program provides victims/survivors assistance in accessing transportation to emergency services, e.g. hospital, police department for emergency restraining order, etc. Transportation does not necessarily need to be provided by the Member Program. When a Member Program's policies permit transporting a victim/survivor to emergency services, the following indicators pertain:

Program Indicators

- A. The Member Program has a written policy that outlines how access to transportation to and from emergency services will be provided that includes a list of transportation options in the community.
- B. The Member Program demonstrates commitment to providing safe transportation by keeping photocopies of ' valid driver's licenses, DMV records and automobile insurance of any staff or volunteers who provide transportation on file at the Program's office;
- C. The Member Program requires that all victims/survivors, or, at a minimum, passengers under the age of 18, must be restrained by seat belts or car seats when riding in a staff/volunteer's vehicle; and
- D. The Member Program requires that car seats are available to all children being transported in a staff/volunteer's vehicle in compliance with NH state law. If the child is under 7 years of age and less than 57 inches they must be in an appropriate car seat at all times.(See Appendix VII)

Childcare

Description

In providing victim/survivor-centered services, the Member Program is aware of the difficulty parents may have in accessing community services and meeting goals of housing and employment if they are not able to find reliable, safe and convenient child care. The Member Program may choose to provide this service at their facility. If so, the following indicators must be in place:

Program Indicators

- A. Prior to the Member Program instituting a child care program, a written proposal of child care services must be submitted to and approved by the State of New Hampshire Childcare Licensing Bureau. Member Program's policies and procedures will abide by all NH Childcare Licensing guidelines;
- B. The Member Program has documentation of the childcare proposal and the State of New Hampshire Licensing response to said proposal; and
- C. The Member Program has written policies and procedures that meet the requirements outlined by the State of NH Childcare Licensing Bureau;
- D. The Member Program staff members who are working with children will complete additional training on meeting the needs of parents and children impacted by domestic violence, sexual assault, and stalking and trauma.

Services to Unaccompanied Minors Seeking Shelter

Member Program may provide shelter to an unaccompanied minor 16 years of age or older. See section on Services to Minors (page 48) for further information.

Program Indicators

- A. The Member Program has written policies for providing services to unaccompanied minors 16 years of age and older.
- B. The Member Program has written policies that include how services are provided to unaccompanied minors who may be married, living away from their parents or guardian, and/or may have been emancipated in another state.
- C. The Member Program has written policies regarding reporting known or suspected physical or sexual abuse, as defined in 169-C, and adherence to the policy. The policy includes how reports are made to Central Intake at the Department of Children, Youth and Families.
- D. A copy of the Child Protective Act Title XII, Chapter 169-C is available at all Member Program locations (see Appendix II).
- E. The Member Program maintains accurate records of services to minors in accordance with the NHCADSV data collection requirements.

Education and Outreach

Education and Activism

Description

The Member Program conducts a wide range of activities directed toward social change and primary prevention of domestic and sexual violence.

The goals of these activities are to make individuals and communities aware of domestic and sexual violence and stalking in all its forms and to engage the community in both primary prevention and social change. Strategies to achieve these outcomes include education programs, awareness campaigns and social activism.

Education Programs

The Member Program provides age and culturally appropriate presentations to community groups on subjects of domestic and sexual violence and stalking, including, but not limited to, myths associated with its origins and perpetuation; prevention strategies; the impact of domestic violence, sexual assault and stalking on the victim/survivor; the needs of diverse populations of victim/survivors; relevant laws and policies and the characteristics of offenders. Education programs are designed primarily to inform an audience, raise awareness, and promote change in attitudes and behavior regarding sexual and domestic violence and stalking and related issues.

Education and Outreach – Schools and Youth Organizations

The Member Program will develop and maintain relationships with schools and youth organizations within their catchment area to promote awareness of sexual violence, domestic violence and stalking. Member Programs utilize, at a minimum, research or science based programs and curricula and whenever possible, evidence-based curricula and materials.

Community Awareness Promotion

The Member Program will promote awareness of the issues of sexual violence, domestic violence and stalking within their catchment areas.

Awareness promotion includes a broad spectrum of activities aimed at the community in general rather than a particular audience gathered for a presentation. Such activities may include: community health and resource fairs, distribution of flyers/leaflets in public venues, media activities (radio, television, Internet), and other strategies designed to reach the community at large with messages directed at increasing awareness of domestic and sexual violence and stalking services. Messages focus on topics from primary prevention to specific aspects of domestic violence, sexual assault and stalking and related issues.

Social Justice Activism

Social justice activism includes a variety of strategies directed at social change. Strategies may be directed specifically at domestic violence, sexual assault and stalking or at the broad spectrum of oppressions that contribute to the perpetration of violence.

Strategies may include protests and rallies (e.g. Take Back the Night), task forces to engage the community in challenging oppression (e.g. community task force on racism), media activities (e.g. letters to the editor, opinion columns, press conferences) and other activist efforts to prevent and end sexual violence and oppression through changes in institutions , the community and the broader culture.

Program Indicators

- A. There is documentation that the Member Program solicits and responds to community education requests through correspondence, schedules, and data found in the Outreach Database; and
- B. The Member Program assesses underserved populations in their catchment area, develops a written plan for reaching out to traditionally underserved populations and documents these efforts. This plan is reviewed and updated annually;
- C. The Member Program has a written plan for outreach to schools and youth organizations within their catchment area and reviews and updates this plan annually. Documentation of all presentations to youth and youth educators/staff is done in accordance with the NHCADSV database procedures;

Glossary

Advocacy – the act of supporting and assisting a victim/survivor to define needs, explore and navigate options, and ensure that victims'/survivors' rights are respected within any system which with the victim/survivor interacts.

Cultural Competence – the ability of a Program and advocate to respond respectfully and effectively to all people of diverse populations who are victims/survivors of domestic violence, sexual violence and stalking. Culturally competent Member Programs and staff recognize, affirm and value the worth of each individual, family and community and protect the dignity of each. Member Programs and staff recognize that the same services may not be appropriate for each victim/survivor and are flexible in their service provision in order to represent the life experiences and presenting needs of each individual victim/survivor.

Diverse Populations – groups which include, but are not limited to, people of any age, marital status, education, gender identity and sexual orientation, cultures, race and ethnic backgrounds, religion or spiritual belief, socio-economic status, level of ability, residency, citizenship or immigration status, spoken language or means of communication, and HIV status.

Domestic Violence – a pattern of coercive behavior used by one person to gain and maintain power and control over another in the context of an intimate or familial relationship. It may include: physical violence; sexual violence; stalking; verbal, emotional, psychological, and economic abuse. It can involve threats, pushing, punching, slapping, strangulation, sexual assault, name-calling, harming or threatening to harm children or pets, and other violent or intimidating behaviors. Domestic violence usually escalates in frequency and severity over time and is rarely a one-time occurrence.

Institutional Advocacy – Seeking to change how institutions respond to people as a group (in contrast to advocacy on behalf of an individual). Institutional advocacy involves seeking to change the practices of institutions of social management in ways that make them more effective in meeting people's needs.

Member Program – an organization whose mission and purpose is to address the issues of domestic violence, sexual assault, and stalking within its community and respond to all people within that community who have been impacted by domestic violence, sexual assault, and stalking. A Member Program meets the NHCADSV membership criteria and has been approved as a member by the NHCADSV Board of Directors.

Monitoring: Member Programs are required to be monitored biannually. The monitoring process, at a minimum, includes reviewing policies, practices, and procedures and interviewing Member Programs' staff and volunteers. A standardized tool is used to ensure consistency of the monitoring process.

Peer support: Peer Support occurs when people provide knowledge, experience, and/or emotional, social or practical help to each other. It commonly refers to an initiative consisting of trained supporters (although it can be provided by peers without training), and can take a number of forms such as peer monitoring, listening, or providing counsel. Peer support is also used to refer to initiatives where colleagues, members of self-help organizations, and others meet as equals to give each other support on a reciprocal basis.

Peer support is distinct from other forms of social support in that the source of support is a *peer*, a person who is similar in fundamental ways to the recipient of the support; their relationship is one of equality.

Secondary Victims/Survivors – a person who seeks assistance in dealing with their own crisis/feelings as a result of an assault of a loved one. Secondary victims/survivors also feel the impact of the violence and these standards apply to services provided to secondary victims/survivors. Throughout this document, “victim/survivor” includes “secondary victims/survivors.”

Sexual Victimization – any acts of sexual abuse, sexual assault, prostitution, trafficking, or other commercial sexual exploitation; stalking or sexual harassment. Sexual victimization may be perpetrated by someone known to the victim/survivor or by a stranger. Victims/survivors can be any age and of any gender identity.

Standard: Minimum requirement that a Member Program must meet in order to be in compliance with the Program Standards of the New Hampshire Coalition Against Domestic and Sexual Violence. We also include requirements of New Hampshire He-M 314 Rights of Persons Using Emergency Shelters and 173-B:21 Criteria for Selection of Direct Service Grantees (see Appendix)

They– In these standards, the victim/survivor may be referred to as “they” in order to be non-gender specific.

Trauma-Informed Services – services that include attending to a victim’s/survivor’s’ emotional, as well as, physical safety. Just as we help victims/survivors increase their access to economic resources, physical safety, and legal protections, using a trauma-informed approach means that we also assist victims/survivors in strengthening their own psychological capacities to deal with the multiple complex issues that they face in accessing safety, recovering from the traumatic effects of domestic and sexual violence and other lifetime abuse, and rebuilding their lives. It also means ensuring that all victims/survivors of domestic and sexual violence have access to advocacy services in an environment that is inclusive, welcoming, de-stigmatizing and non-retraumatizing.

Victim/Survivor – any person of any age who seeks assistance in relation to an experience of victimization. The survivor is referred to as victim/survivor throughout these standards because the focus of services is based upon the victimization she has experienced. The definition of victim/survivor includes those who are prostituted,

trafficked or otherwise commercially sexually exploited, or victimized by an intimate partner.

Victim/Survivor Centered Services - an approach to working with victims/survivors of violence that focuses on restoring control to the victim/survivor, helping the victim/survivor identify and explore options, and supporting the victim's/survivor's right to make decisions and guide her own process.

30 hour training – the minimum amount of initial training individuals must receive from a NH domestic or sexual violence Member Program prior to service as an advocate providing confidential services as specified by NH RSA 173-C:I.

Appendix

Appendix I

Rights of Clients

- ❖ (Name of Member Program) strives to provide services to (service recipients/everyone), regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status, or religious or political affiliation. This infers a thoughtful plan for outreach to diverse communities, i.e. outreach is a service to which all prospective clients have a right.
- ❖ You have the right to respectful treatment.
- ❖ You have the right to have your individual information/records kept confidential according to NH RSA 173-C. You can ask (name of Member Program) staff about your rights under NH RSA 173-C.
- ❖ You have the right to access your individual records.
- ❖ You have the right to make your own decisions, within the rules and policies of the (name of Member Program).
- ❖ You have the right to know and understand all the rules (name of Member Program) by which you must abide.
- ❖ You have the right to offer suggestions and input concerning (name Member Program).
- ❖ You have the right to make a complaint about Member Program services. The first step is to take the complaint to the (Member Program) staff. If no resolution is reached, you have the right to address your complaint through the grievance procedure of the (name of Member Program).

Rights of Clients must be posted in your office(s), shelter, and on your agency's website.

Revised January 2005

Appendix II

Title XII Public Safety And Welfare Chapter 169-C Child Protection Act

169-C: 29 Persons Required to Report

Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter.

Source. 1979, 361:2, eff. Aug. 22, 1979.

Reporting Law

169-C:30 Nature and Content of Report – An oral report shall be made immediately by telephone or otherwise, and followed within 48 hours by a report in writing, if so requested, to the department. Such report shall, if known, contain the name and address of the child suspected of being neglected or abused and the person responsible for the child's welfare, the specific information indicating neglect or the nature and extent of the child's injuries (including any evidence of previous injuries), the identity of the person or persons suspected of being responsible for such neglect or abuse, and any other information that might be helpful in establishing neglect or abuse or that may be required by the department.

Source. 1979, 361:2. 1989, 146:2. 1994, 411:17. 1995, 310:175, eff. Nov. 1, 1995.

Reporting Law

169-C:31 Immunity From Liability – Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant has the same immunity with respect to participation in any investigation by the department or judicial proceeding resulting from such report.

Source. 1979, 361:2. 1994, 411:17. 1995, 310:175, eff. Nov. 1, 1995.

169-C:34 Duties of the Department of Health and Human Services

I. If it appears that the immediate safety or well-being of a child is endangered, the family may flee or the child disappear, or the facts otherwise so warrant, the department shall commence an investigation immediately after receipt of a report. In all other cases, a child protective investigation shall be commenced within 72 hours of receipt of the report.

II. For each report it receives, the department shall promptly perform a child protective investigation to: (i) determine the composition of the family or household, including the name, address, age, sex and race of each child named in the report, and any siblings or other children in the same household or in the care of the same adults, the parents or other persons responsible for their welfare, and any other adults in the same household; (ii) determine whether there is probable cause to believe that any child in the family or household is abused or neglected, including a determination of harm or threatened harm to each child, the nature and extent of present or prior injuries, abuse or neglect, and any evidence thereof, and a determination of the person or persons apparently responsible for the abuse or neglect; (iii) determine the immediate and long-term risk to each child if the child remains in the existing home environment; and (iv) determine the protective treatment, and ameliorative services that appear necessary to help prevent further child abuse or neglect and to improve the home environment and the parents' ability to adequately care for the children.

III. The department may request and shall receive from any agency of the state or any of its political subdivisions or any schools, such assistance and information as will enable it to fulfill its responsibilities under this section.

IV. Upon notification by the department that the immediate safety or well-being of a child may be endangered, the court may, in its discretion, order a police officer, juvenile probation and parole officer, or child protection service worker to enter the place where the child is located, in furtherance of such investigation.

V. Notwithstanding any other provision of law to the contrary, the department may, pursuant to a voluntary service plan that is developed and provided for a minor and the minor's family by the department, offer voluntary services to families without making a determination of the person or persons apparently responsible for the abuse or neglect. The department shall adopt rules, pursuant to RSA 541-A, relative to the provision of voluntary services under this paragraph.

Source. 1979, 361:2. 1987, 402:12. 1994, 411:15-17. 1995, 310:175, 181. 2000, 294:9. 2001, 279:1, eff. Jan. 1, 2002.

169-C:21-a Violation of Protective Order; Penalty

I. (a) When a person subject to a protective order under RSA 169-C:16, I(d)(1) or RSA 169-C:19, II(a)(1) violates either a temporary or permanent protective order issued or enforced under this chapter, peace officers shall arrest the defendant and ensure that the defendant is detained until arraignment. Such arrests may be made within 6 hours without a warrant upon probable cause, whether or not the violation is committed in the presence of a peace officer.

(b) Subsequent to an arrest, the peace officer shall seize any firearms and ammunition in the control, ownership, or possession of the defendant and any deadly weapons which may have been used, or were threatened to be used, during the violation of the protective order. The law enforcement agency shall maintain possession of the firearms, ammunition, or deadly weapons until the court issues an order directing that the firearms, ammunition, or deadly weapons be relinquished and specifying the person to whom the firearms and ammunition or deadly weapons will be relinquished.

II. The prosecution and sentencing for criminal contempt for a violation of a protective order shall not preclude the prosecution of or sentencing for other criminal charges underlying the contempt.

III. A person shall be guilty of a class A misdemeanor if such person knowingly violates a protective order issued under this chapter. Charges made under this chapter shall not be reduced to a lesser charge, as permitted in other instances under RSA 625:9.

IV. Any person convicted under paragraph III, or who has been convicted in another jurisdiction of violating a protective order enforceable under the laws of this state, who, within 6 years of such conviction or the completion of the sentence imposed for such conviction, whichever is later, subsequently commits and is convicted of one or more offenses under this chapter may be charged with an enhanced penalty for each subsequent offense as follows:

(a) There shall be no enhanced charge under this section if the subsequent offense is a class A felony or an unclassified felony;

(b) If the subsequent offense would otherwise constitute a class B felony, it may be charged as a class A felony;

(c) If the subsequent offense would otherwise constitute a class A misdemeanor, it may be charged as a class B felony;

- (d) If the subsequent offense would otherwise constitute a class B misdemeanor, it may be charged as a class A misdemeanor;
- (e) If the subsequent offense would otherwise constitute a violation, it may be charged as a class B misdemeanor.

Source. 2000, 189:1, eff. Jan. 1, 2001

169-C:19 Dispositional Hearing

The department of health and human services shall provide the court with the costs of the recommended services, placements and programs. If the court finds that a child is abused or neglected or if the court issues a consent order pursuant to RSA 169-C:17, II, the court may order the following disposition:

- I. The child may be permitted to remain with the parents, guardian, relative, or other custodian, subject to any or all of the following conditions:
 - (a) That the parents, guardian, relative, or custodian accept legal supervision by a child placing agency.
 - (b) That the parents, guardian, relative, or custodian, or the child, or both, accept individual or family therapy, or medical treatment.
 - (c) That the child attend a day care center.
 - (d) That a homemaker or parent aide be allowed to visit the home and assist the family.

- II. (a) An order of protection may be issued setting forth conditions of behavior by a parent, relative, sibling, guardian, custodian or a household member. Such order may require any such person to:
 - (1) Stay away from the premises, another party, or the child.
 - (2) Permit a parent or other named person to visit supervised or otherwise, or have contact with the child at stated periods and under such conditions as the court may order.
 - (3) Abstain from harmful conduct with respect to the child or any person to whom custody of the child is awarded.
 - (4) Correct specified deficiencies in the home that make the home a harmful environment for the child.
 - (5) Refrain from specified acts of commission or omission that make the home or contact with the child a harmful environment for the child.
- (b) If an order is made affecting a person not before the court under subparagraph (a), it shall be served on such person by a law enforcement officer. A hearing to challenge an order may be requested in writing. The hearing shall be held within 5 days of the request. A request for a hearing shall not stay the effect of the order.
- (c) When the party subject to the order of protection has an obligation to

support the child in question, the court may order such party to remain out of the residence of the child. When the party subject to the order has no duty to support the child and solely owns or leases the residence of the child, the court may order such party to remain out of the residence of the child for a period of no more than 30 days.

III. (a) Legal custody may be transferred to a child placing agency or relative provided, however, that no child shall be placed with a relative until a written social study of the relative's home, conducted by a child placing agency, is submitted to the court.

(b) If the child is placed out of state, the provisions of RSA 170-A shall be followed.

IV. The court may order any parent, guardian, relative, custodian, household member, or child to undergo individual or family therapy, or medical treatment.

V. If the judge orders services, placements, or programs different from the recommendations of the department, the judge shall include a statement of the costs of the services, placements and programs so ordered.

Source. 1979, 361:2. 1994, 411:14. 1995, 308:69, 70; 310:175, 181. 1998, 203:3, eff. June 18,

1998. 2002, 152:2, eff. Jan. 1, 2003.

Website: <http://www.gencourt.state.nh.us>

Appendix III

Title XII Public Safety And Welfare Chapter 161- F Elderly And Adult Services Protective Services to Adults

Section 161-F:43

161-F:43 Definitions. – In this subdivision:

I. "Protective services" means services and action which will, through voluntary agreement or through appropriate court action, prevent neglect, abuse or exploitation of incapacitated adults. Such services shall include, but not be limited to, supervision, guidance, counseling and, when necessary, assistance in the securing of non-hazardous living accommodations, and mental and physical examinations.

II. "Abuse" means any one of the following:

(a) "Emotional abuse" means the misuse of power, authority, or both, verbal harassment, or unreasonable confinement which results or could result in the mental anguish or emotional distress of an incapacitated adult.

(b) "Physical abuse" means the use of physical force which results or could result in physical injury to an incapacitated adult.

(c) "Sexual abuse" means contact or interaction of a sexual nature involving an incapacitated adult without his or her informed consent.

III. "Neglect" means an act or omission which results or could result in the deprivation of essential services or supports necessary to maintain the minimum mental, emotional or physical health and safety of an incapacitated adult.

IV. "Exploitation" means the illegal use of an incapacitated adult's person or property for another person's profit or advantage, or the breach of a fiduciary relationship through the use of a person or a person's property for any purpose not in the proper and lawful execution of a trust, including, but not limited to, situations where a person obtains money, property, or services from an incapacitated adult through the use of undue influence, harassment, duress, deception, or fraud.

V. "Serious bodily injury" means any harm to the body which causes or could cause severe, permanent or protracted loss of or impairment to the health or of the function of any part of the body.

VI. "Self-neglect" means an act or omission by an incapacitated adult which results or could result in the deprivation of essential services or supports necessary to maintain his or her minimum mental, emotional or physical health and safety.

VII. "Incapacitated" means that the physical, mental, or emotional ability of a person is such that he is unable to manage personal, home, or financial affairs in his own best interest, or he is unable to act or unable to delegate responsibility to a responsible caretaker or caregiver.

Source. 1989, 7:1, eff. Jan. 1, 1990. 2002, 36:2, eff. July 1, 2002.

Section 161-F:46

161-F:46 Reports of Adult Abuse; Investigations. – Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be incapacitated has been subjected to abuse, neglect, self-neglect, or exploitation or is living in hazardous conditions shall report or cause a report to be made as follows:

I. An oral report, by telephone or otherwise, shall be made immediately, followed by a written report, if so requested, to the commissioner or his authorized representative. When oral reports are made after working hours of the department, or on weekends or holidays, such reports shall be made to the police department of the appropriate political subdivision, or to the sheriff of the county, in which the alleged abuse, neglect or exploitation occurred. Law enforcement officials receiving reports under this paragraph shall notify the commissioner within 72 hours of receipt of such reports.

II. Within 72 hours following receipt by the commissioner or his authorized representative of such oral reports, an investigation shall be initiated by the commissioner or his authorized representative.

III. Investigations shall not be made if the commissioner or his authorized representative determines that the report is frivolous or without a factual basis.

Source. 1989, 7:1. 1995, 310:175, 183, eff. Nov. 1, 1995. 2002, 36:3, eff. July 1, 2002.

Section 161-F:47

161-F:47 Immunity From Liability. – Any person or agency, other than an alleged perpetrator, participating in good faith in the making of a report of an alleged incident of adult abuse, neglect or exploitation, providing information relative to such incident or following a reporting protocol developed jointly with the department shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed. Any person or agency providing information in good faith, including materials requested by the department pursuant to RSA 161-F:56, shall have the same

immunity with respect to participation in any investigation by the commissioner or his authorized representative or in any judicial proceeding resulting from such report.

Source. 1989, 7:1. 1995, 310:183, eff. Nov. 1, 1995. 2002, 36:4, eff. July 1, 2002.

Website: <http://gencourt.state.nh.us/rsa/html/XII/161-F>

Appendix IV

He- M 314 Rights of Persons Using Emergency Shelters

Statutory Authority: RSA 126-A:31

He-M 314.01 Purpose:

The purpose of these rules is to define the rights of persons requesting or receiving emergency shelter or shelter services from providers that receive funding from the State of New Hampshire and to establish the responsibilities of shelter providers relative to such rights. [Source](#). #7405, eff 11-21-00

He-M 314.02 Definitions:

The words and phrases used in this chapter shall have the following meaning:

(a) "Emergency shelter" means any facility, the primary purpose of which is to provide temporary shelter for homeless individuals or families. The term "emergency shelter" does not include transitional housing designed to provide housing as well as educational or rehabilitative programs and services for a person or family for at least 6 consecutive months.

(b) "Homeless" means:

- (1) An individual or family that lacks a fixed, regular, and adequate nighttime residence; or
- (2) An individual or family that has a primary nighttime residence that is:
 - a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, including:
 1. Welfare hotels; and
 2. Congregate shelters;
 - b. An institution other than a penal facility that provides temporary residence for individuals intended to be institutionalized; or
 - c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(c) "Shelter services" means:

- (1) Provision of the following:

- a. Adequate bedding and mattress;
 - b. Basic food at no cost to the resident;
 - c. Soap and hot water for personal hygiene; and
 - d. First aid; and
- (2) Additional services the shelter elects to provide, including:
- a. Assistance in obtaining permanent housing;
 - b. Medical and psychological counseling and supervision;
 - c. Employment counseling;
 - d. Nutritional counseling;
 - e. Substance abuse intervention, treatment and counseling;
 - f. Assistance in obtaining other federal, state, and local assistance;
 - g. Other services related to obtaining self-sufficiency such as:
 - 1. Child care;
 - 2. Transportation;
 - 3. Job placement; and
 - 4. Job training.
- (d) "Specialized facility" means an emergency shelter designed solely to serve the needs of homeless members of an identifiable group including:
- (1) Victims of domestic violence;
 - (2) Persons with mental illness;
 - (3) Families with children;
 - (4) Persons with substance abuse problems; and
 - (5) Other groups of homeless people with similar therapeutic, rehabilitative, or programmatic needs. [Source.](#) #7405, eff 11-21-00

He-M 314.03 Notice of Rights:

- (a) In clearly understandable language, each emergency shelter shall provide persons entering the shelter with a verbal summary of their rights and responsibilities pursuant to He-M 314, notification of how to access the shelter's grievance procedures, and, upon request, a written copy of the grievance procedure.
- (b) A notice of rights and any house rules shall be permanently posted in a public area of the shelter and be presented in clearly understandable language and form.
- (c) Each program and residence shall have on the premises complete copies of rules pertaining to client rights that are available for client review. [Source.](#) #7405, eff 11-21-00

He-M 314.04 Fundamental Rights:

- (a) No emergency shelter program shall deprive a person receiving emergency shelter services in New Hampshire of any legal right to which all citizens of the state and the United States are entitled.
- (b) The legal rights protected shall include, at a minimum:
 - (1) The right of freedom of religion and religious preference, including the right to be free from engaging in any religious activity or practice; and
 - (2) The right to not be discriminated against in any manner because of race, color, sex, sexual orientation, religion, national origin, age, or physical or mental disability, as provided in RSA 354-A:17 and 42 USC Sec. 3601.
[Source.](#) #7405, eff 11-21-00

He-M 314.05 Personal Rights:

- (a) Persons who are requesting or receiving emergency shelter services shall be treated by emergency shelter staff with dignity and respect regardless of the circumstances which brought them to the program.
- (b) Staff and volunteers of an emergency shelter shall not abuse, neglect or exploit shelter residents.
- (c) Residents shall have the right to have information in their records treated as confidential and disclosed by staff to third parties only as permitted by the resident, required by law, or allowed in accordance with (e) below.
- (d) Any provisions of He-M 314 that conflict with RSA 173-C:1 shall not apply.**
- (e) A shelter employee may disclose:
 - (1) To law enforcement personnel that information necessary to report a crime committed at the shelter; and
 - (2) To an employee of another shelter:
 - a. The fact that a resident committed a violent act or threats of violence within the last 72 hours while on shelter premises; and
 - b. The circumstances of such acts or threats.
- (f) Residents of an emergency shelter shall have the right to privacy including the following:

- (1) The right to courtesies such as knocking on closed doors before entering;
- (2) The right to send and receive unopened and uncensored correspondence;
- (3) The right to have reasonable access to a telephone with such privacy as shelter arrangements allow, provided that:
 - a. Residents may be required to pay for long distance calls; and
 - b. Calls shall only be made for the following reasons:
 1. Searching for a job;
 2. Making medical appointments;
 3. Searching for housing; or
 4. Other similar matters related to the affairs of the resident.
- (4) The right to be free from searches of their persons and possessions, except that:
 - a. Searches shall be conducted only in accordance with applicable constitutional and legal standards;
 - b. Residents may be subjected to routine screening or scanning for detection of concealed weapons upon entering the shelter; and
 - c. The policies and practices regarding such searches shall be uniformly applied to all shelter residents.

(g) No emergency shelter shall exclude residents for any part of the day, from October 1 through April 30, unless reasonable arrangements are made for residents to use an alternative indoor site which is available for residents' use while the shelter is closed. From May 1 through September 30, residents shall not be excluded during severe weather without an adequate indoor alternative. [Source](#). #7405, eff 11-21-00

He-M 314.06 Admission:

- (a) No eligible person, regardless of previous place of residence, shall be denied admission to a shelter if beds or rooms are available.
- (b) An emergency shelter shall have the ability to approve admission of eligible applicants at least 18 hours per day and 7 days per week. A shelter may defer entry to the facility until the facility opens for the night except as provided in He-M 314.05 (g).
- (c) A shelter shall, at a minimum, admit an eligible applicant to an available bed during the shelter's posted evening hours. A shelter shall admit an eligible applicant at other hours if staff resources permit.

- (d) No person seeking admission to an emergency shelter shall be denied access for lack of funds to pay for shelter nor required to receive approval of a third party payer or intermediary.
- (e) Shelters may establish a sliding fee scale that allows provision of shelter at no cost to persons who are currently unemployed and lack other means of financial support.
- (f) At the time of admission, shelters shall advise residents of the daily fee, if any, the resident will be charged.
- (g) Shelter fees, paid by residents, shall be structured so as not to inhibit transition into permanent housing. [Source](#). #7405, eff 11-21-00

He-M 314.07 Denial of Admission and Termination of Service:

- (a) A request for admission to a shelter may be denied if the individual requesting services poses a direct threat to the health or safety of others in the shelter and the shelter is unable to provide a reasonable accommodation which would eliminate the risk of direct threat. When a person is denied admission on this basis, the shelter may contact the local police department.
- (b) A request for admission to a shelter shall be denied if the shelter lacks space to house the applicant.
- (c) A request for admission to a shelter may be denied if the shelter is a specialized facility and the person seeking shelter is not a member of the special population for which the shelter is designed.
- (d) For any person who is denied admission to a shelter, the shelter shall:
 - (1) Advise the person of the reasons for the denial;
 - (2) Make every effort to locate alternate emergency shelter; and
 - (3) Inform the person of the shelter's grievance process if the denial is for any reason other than lack of space or failure to meet the shelter's admission criteria.
- (e) A shelter shall maintain a log of all denials of admission and of persons requested to leave and the reasons therefore. The information contained in the log shall be forwarded to the division of behavioral health upon request.
- (f) An emergency shelter may require a person to leave the shelter under the following circumstances:

- (1) The person engages in behavior which poses a direct threat to the health and safety of others in the shelter;
 - (2) The person engages in behavior which poses a direct threat to his or her own health or safety;
 - (3) The person steals or destroys the property of the shelter or other guests, provided that if the resident denies such allegations and files a grievance pursuant to He-M 314.09, he or she shall not be required to leave unless:
 - a. The person is arrested by the police; or
 - b. The allegation is founded following a review pursuant to the shelter's internal grievance procedures; or
 - (4) The shelter director or person in charge of the shelter at the time of the incident has reason to believe that the person, while on the premises, is:
 - a. Intoxicated or under the influence of illegal drugs; or
 - b. Is engaging in behavior that substantially interferes with the use and enjoyment of the premises by other residents.
- (g) Whenever a person is directed to leave a shelter pursuant to (f) above, the shelter shall, no later than 24 hours after the person is excluded, create a written record which contains the following information:
- (1) A full description of the person's behavior that resulted in his or her being directed to leave the shelter;
 - (2) The names of the persons who were adversely affected by the behavior;
 - (3) If the exclusion is based on (f)(4) above, an explanation of the staff member's reason for believing that the person was intoxicated or under the influence of drugs; and
 - (4) The signature of the staff member who witnessed the behavior.
- (h) If the behavior that results in a person being directed to leave a shelter is not witnessed by a staff member, the incident shall be investigated by a staff member. Shelter personnel shall document in the person's record that the matter was investigated by a staff member and identify who performed the investigation.
- (i) No person receiving emergency shelter shall be asked to leave based upon the application of a limit on the length of time that a shelter resident is allowed to remain in residence. An emergency shelter shall report to the division of behavioral health the stay of any person that exceeds one year. [Source](#). #7405, eff 11-21-00

He-M 314.08 House Rules:

- (a) Emergency shelters may adopt house rules determined by the shelter to be necessary for the safe and effective operation of the shelter provided that such rules do not conflict with He-M 314 or state or federal law. Whenever house rules are developed or revised, representative residents and former residents shall be asked for input. A shelter may develop sanctions for rules violation, except that sanctions shall not include withholding food or medical attention.
- (b) House rules shall be posted in a public area and reviewed by staff with each resident. A copy of the rules shall be signed by a staff person and the resident to indicate that they were reviewed and be kept in each resident's file.
- (c) Any house rules or revisions of house rules, including any sanctions, shall be forwarded to the division of behavioral health for review and approval prior to implementation. House rules that the division of behavioral health determines to be in conflict with He-M 314.08 (a) shall not be implemented. [Source.](#) #7405, eff 11-21-00

He-M 314.09 Grievance Procedures:

- (a) Each shelter shall establish grievance procedures by which a resident's complaints are addressed.
- (b) Grievance procedures shall provide for an informal means of resolving disputes.
- (c) A shelter shall provide a resident who files a grievance the opportunity to have someone assist him/her in filing the grievance. If the resident cannot obtain assistance, the shelter staff, upon the resident's request, shall attempt to obtain assistance for such person from New Hampshire Legal Assistance or the Legal Advice and Referral Center (LARC).
- (d) Each shelter shall establish investigation procedures for allegations that a resident's rights as stated in He-M 314.04-314.06 have been violated by shelter staff or volunteers.
- (e) The investigation of a resident's grievance shall not be conducted by any person who participated in the action or decision that is the subject of the grievance.
- (f) Following completion of the investigation, the shelter shall issue a written decision to the complainant setting forth the disposition of the grievance. The shelter shall forward a copy of the decision to the division of behavioral health.

- (g) A resident may appeal the finding and proposed resolution to his/her grievance to the director in accordance with He-M 202.08, rights protection procedures, and He-C 200, rules of practice and procedure.
- (h) He-M 202 and He-C 200 shall be available at every shelter in a public location for all residents to review.
- (i) Each shelter shall forward its grievance procedure and any proposed revisions to the grievance procedure to the division of behavioral health for review and approval, prior to implementation. Shelter procedures that the division of behavioral health determines to be in conflict with He-M 314.09 shall not be implemented. [Source.](#) #7405, eff 11-21-00

Website: <http://www.gencourt.state.nh.us/rules/he-m300.html>

Appendix V

ADA Compliance Checklist

Part I - Transportation

1. Is there a bus stop close to the meeting place?
2. If there is a bus stop, is the bus wheelchair accessible?
3. Does the bus schedule allow a person to get to the meeting on time, and get home afterward?
4. Is there a safe, accessible route from the bus stop to the meeting place?

II – Parking and Parking Lot

1. Are there off-street parking spaces designated for people with disabilities?
2. Are the accessible parking spaces designated by clearly visible signs bearing the wheelchair symbol?
3. Is at least one of the accessible parking spaces 96 inches wide with a 60 inch aisle? (96"=8 feet) (60"=5 feet)
4. Are the accessible parking spaces on level ground and is the parking lot paved?
5. Are the accessible parking spaces within the shortest possible accessible route to the building?
6. Is there a curb-cut to connect these parking spaces to an accessible walk or to the building entrance?

Part III – Path of Travel to the Building

1. Is the path or walkway paved?
2. Is the walkway at least 44 inches wide?
(44'=3 feet, 8 inches)
3. Is the walkway free of protrusions (such as fire hydrants or trees) which narrow it to less than 44 inches?
4. Is the walkway free of any abrupt edges or breaks in the surface where the difference is over ½ inch in height?
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)

6. Is the walkway free of any grating with openings over $\frac{1}{2}$ inch wide?

Part IV – Approach to the Building and the Front Door

1. Are there signs which identify the accessible route of travel (if that route is different from the primary route)?
2. Are all the stairs or steps along the pathway to the building either ramped or else provided with a suitable alternative route?
3. Are all the walkways always well lit?
4. Are the walkways clear of such hazards as ice, snow, leaves, or other debris?

Part V – Entering the Building

1. Do all the doors have an opening with at least 32 inches of clearance? (32"=2 feet, 8 inches)
2. Are all the door thresholds less than $\frac{1}{2}$ inch high?
3. Are all the doors easy to open (not excessively heavy)?
4. Do all doors have lever-type handles, push plates, or automatic openers (so that grasping the doorknob is not required)?

ABOUT AUTOMATIC DOORS

5. If there are automatic doors, does the mechanism work?
6. If there are automatic doors, does the door remain open at least 3 seconds?
7. If there are automatic doors, is there at least 60 inches of level space on each side of the door? (60"=5 feet)

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

1. Is the corridor at least 44 inches wide? (44"=3 feet, 8 inches)
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?
3. Is there sufficient lighting all along the route?
4. Are all rugs and mats securely fastened?
5. If there are barriers on the path to the meeting room or bathrooms, are there signs clearly indicating alternate routes?

ABOUT STAIRS:

5. Are there stairs between the entrance to the building and the meeting rooms, the bathrooms, or other public areas?
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)?

ABOUT RAMPS

7. Do all ramps have a gentle slope?
(gain 1" in height for every 12" on the ramp)
8. If ramps have a drop-off, is there at least a 2 inch curb at the side to prevent slipping off the ramp?
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?

ABOUT ELEVATORS

10. Is the elevator cab at least 54 inches by 68 inches wide?
(54"=4 feet, 6 inches) (68"=5 feet, 8inches)
11. Do elevator doors provide at least 32 inches clear width?
(32"=2 feet 8 inches)
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)
13. Are control panels marked with raised lettering?

Part VII – The Meeting Room

1. Is there enough space for people in wheelchairs to navigate in the room?
2. Is the room well lit?
3. Do presenters have microphones so that everyone can hear the presentation?
4. Are there microphones for participants so their questions and comments can be heard by everyone?
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?

6. Were participants and presenters asked to refrain from wearing fragrances or perfumes?

Part VIII – Making the Meeting Accessible

1. When planning the meeting, did you consider the need for interpreters or other accommodations?
2. When publicizing the meeting, did you provide a method for participants to request accommodations?
3. Are presenters or staff available and prepared to respond to requests for accommodations?
4. Are the bathrooms nearest to the meeting room accessible, or are presenters prepared to give clear directions to the nearest accessible bathrooms?

ABOUT WRITTEN & ELECTRONIC MATERIALS

5. Are your materials written in simple language and free of jargon?
6. Are your materials written in a sans serif font?
7. Are your materials readily available in alternate formats? (large print, CD, audio cassette, e-mail, Braille)

ABOUT BREAKS

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?
9. When adjustments to the meeting schedule become necessary, are presenters aware that breaks should not be shortened?

Appendix VI

Federal Homeless Children's Education Act McKinney-Vento Act¹

The McKinney- Vento Act is a federal law that ensures children and youth who have lost their housing can attend school. It covers children and youth who are living in domestic violence shelters, emergency shelters, transitional living programs, staying temporarily with friends or relatives due to the lack of adequate accommodations, and staying in motels, campgrounds, cars, or other temporary or inadequate housing. The McKinney-Vento Act says that children who have lost their housing can:

- ❖ Attend school, no matter where they live or how long they have lived there.
- ❖ Continue in the school they went to before losing their housing or in the school in which they were enrolled last (called "school of origin"), even if they move out of the school district, if that is feasible.
- ❖ Go to the local school in the area where they are living. The school must immediately let students enroll, attend classes, and participate fully in school activities, even if students do not have a parent or guardian with them or documents such as proof of residency, immunization records, other medical records, or school records.
- ❖ Receive transportation to their school of origin, provided or arranged by the school district.
- ❖ Access all the school services they need, including preschool.
- ❖ Go to school with children who are not in temporary housing and be free from harassment. Students cannot be separated from the regular school program because of their housing.
- ❖ Have disagreements with the school settled quickly and go to the school they choose while disagreements are settled.
- ❖ Contact the school district homeless education liaison, whose job is to help children in homeless situations enroll and succeed in school.

¹ Source: www.nlchp.org -National Law Center on Homelessness and Poverty: "Domestic Violence, Homelessness, and Children's Education"

Appendix VII

Title XXI Motor Vehicles Chapter 265 Rules Of The Road

Special Rules Section 265:107-a

265:107-a Child Passenger Restraints Required –

I. No person shall drive a motor vehicle on any way while carrying as a passenger a person less than 18 years of age unless such person is wearing a seat or safety belt which is properly adjusted and fastened. Except as provided in paragraph II, no person shall drive a motor vehicle on any way while carrying as a passenger a person less than 18 years of age unless the motor vehicle was designed for and equipped with child passenger restraints in accordance with the safety standards approved by the United States Department of Transportation in 49 C.F.R. section 571.213.

I-a. No person who is less than 18 years of age shall drive a motor vehicle on any way unless such person is wearing a seat or safety belt which is properly adjusted and fastened.

I-b. No person shall drive a motor vehicle on any way while carrying as a passenger a person less than 7 years of age unless such passenger is properly fastened and secured by a child restraint system which is in accordance with the safety standards approved by the United States Department of Transportation in 49 C.F.R. section 571.213. If the passenger is 57 inches or more in height, the provisions of this paragraph shall not apply.

II. A person shall not be guilty of a violation of this section if the motor vehicle the person is driving is regularly used to transport passengers for hire, is a school bus weighing more than 10,000 pounds or is a school bus weighing less than 10,000 pounds that was manufactured without safety belts, or there is an individual education plan statement contraindicating the use of restraints, is a vehicle manufactured before 1968, is a motorcycle as defined in RSA 259:63, is an antique motor car or motorcycle as defined in RSA 259:4, or is being operated in a parade authorized by law or ordinance, provided that the parade vehicle is traveling at a speed of no more than 10 miles per hour.

III. Any driver who violates the provisions of this section shall be guilty of a violation, and shall be subject to the following fines:

(a) \$50 for a first offense.

(b) \$100 for a second or subsequent offense.

IV. A violation of this section shall not be used as evidence of contributory negligence in any civil action.

V. A conviction for violating the provisions of this section shall not preclude prosecution of any other offense for which violation of this section might constitute an element.

VI. [Repealed.]

Source. 1983, 45:1. 1987, 240:1. 1989, 302:1. 1993, 21:1. 1995, 6:1. 1997, 244:1-4. 1999, 227:1. 2000, 19:1. 2003, 55:1, eff. Jan. 1, 2004.

Website: <http://www.gencourt.state.nh.us/rsa/html/xxi/265/265-107-a.htm>

Appendix VIII

The Bureau of Child Care Licensing Information

The Bureau of Child Care Licensing ensures that children attending NH child care programs are in safe and healthy environments and are provided with care, supervision and developmentally appropriate activities that meet each child's physical and emotional needs.

BCCL accomplishes this through on-site evaluations, monitoring, and investigations that ensure compliance with applicable NH Statutes and Administrative Rules, approval and issuance of licenses, and initiation of appropriate disciplinary action when necessary for compliance and the protection of children.

BCCL also provides consultation and technical assistance to help understand licensing regulations to existing licensed child care providers and persons who might consider applying for a child care program license.

BCCL licenses seven categories of child care programs: Family Child Care Homes, Family Group Child Care Homes, Group Child Care Centers, Child Care Nurseries, School Age Program, Night Care Programs, and Residential Child Care Programs.

The Child Development Bureau maintains contracts with a variety of agencies to provide resource and referral services for child care in the agency's community. Parents use the Resource and Referral Agencies to obtain lists of child care providers, including those licensed by the Bureau of Child Care Licensing.

Contact the Bureau of Child Care Licensing at Brown Building

Telephone Numbers:

Main Number:	603-271-4624	8-4:30 M-F
Toll Free Number:	800-852-3345 x4624	8-4:30 M-F
TDD Number:	800-735-2964	8-4:30 M-F
Fax Number:	603-271-4782	8-4:30 M-F

Street Address: 129 Pleasant St.
Concord, NH 03301-3857

Mailing Address: NH DHHS Office of Program Support,
Bureau of Child Care Licensing
129 Pleasant Street
Concord, NH 03301-3857

Website: <http://www.dhhs.state.nh.us>

Appendix IX

Section 173-B:21

173-B:21 Criteria for Selection of Direct Service Grantees. – The coordinator shall use all of the following criteria for selecting grantees:

I. A grantee's ability to provide direct services to victims of domestic violence as follows:

(a) Shelter or safe homes on a 24-hours-a-day, 7-days-a-week basis.

(b) A 24-hours-a-day, 7-days-a-week switchboard for crisis calls.

(c) Temporary housing and food facilities.

(d) Psychological support and peer counseling.

(e) Referrals to existing services in the community and follow-up on the outcome of the referrals.

(f) A drop-in center to assist victims of domestic violence who have not yet made the decision to leave their homes, or who have found other shelter but who have a need for support services.

(g) Arrangements for school-aged children to continue their education during their stay at the center.

(h) Emergency transportation to a shelter and, when appropriate, arrangements with local law enforcement for assistance in providing such transportation.

(i) Trained court advocates and social service agency advocates to accompany domestic violence victims.

II. A grantee shall be a private or private nonprofit organization, or a public agency.

III. A grantee shall demonstrate the need for the services proposed by the program.

IV. A grantee shall establish its ability to secure community support and its efficiency of administration.

V. A grantee shall receive at least 50 percent of its funding from sources other than the fund, including town, city, county, federal, or private sources. Contributions in kind, whether material, commodities, transportation, office space, or personal services, may be evaluated and counted as part of the required non-state funding.

APPENDIX X

TITLE XII PUBLIC SAFETY AND WELFARE

CHAPTER 173-C CONFIDENTIAL COMMUNICATIONS BETWEEN VICTIMS AND COUNSELORS

Section 173-C:1

173-C:1 Definitions. – In this chapter:

I. "Confidential communication" means information transmitted between a victim, as defined in paragraph VI, of an alleged sexual assault, alleged domestic abuse, alleged sexual harassment, or alleged stalking, and a sexual assault or domestic violence counselor in the course of that relationship and in confidence by means which, so far as the victim is aware, does not disclose the information to a third person. The presence of an interpreter for the hearing impaired, a foreign language interpreter, or any other interpreter necessary for that communication to take place shall not affect the confidentiality of the communication nor shall it be deemed a waiver of the privilege. The term includes all information received by the sexual assault or domestic violence counselor in the course of that relationship.

II. "Domestic violence center" means any organization or agency which would qualify as a direct service grantee under RSA 173-B:21.

III. "Domestic violence counselor" means any person who is employed or appointed or who volunteers in a domestic violence center who renders support, counseling, or assistance to victims of domestic abuse or attempted domestic abuse, who has satisfactorily completed 30 hours of training in a bona fide program which has been developed by a center as defined in RSA 173-C:1, II.

IV. "Rape crisis center" means any public or private agency, office, or center that primarily offers assistance to victims of sexual assault and their families and provides all the following services:

- (a) Crisis intervention to victims of sexual assault 24 hours per day.
- (b) Support services to victims of sexual assault by trained volunteers during the hospital examination, police investigation, and court proceedings.
- (c) Referral of victims of sexual assault to public and private agencies offering needed services.
- (d) The establishment of peer counseling services for the victims of sexual assault.
- (e) The development of training programs and the standardization of procedures for law enforcement, hospital, legal and social service personnel to enable them to respond appropriately to the needs of victims.
- (f) The coordination of services which are being provided by existing agencies.

(g) Education of the public about the nature and scope of sexual assault and the services which are available.

(h) Development of services to meet the needs of special populations, for example, children, the elderly, and minorities.

(i) Court advocacy through the criminal justice system.

V. "Sexual assault counselor" means any person who is employed or appointed or who volunteers in a rape crisis center who renders support, counseling, or assistance to victims of sexual assault or attempted sexual assault, who has satisfactorily completed 30 hours of training in a bona fide program which has been developed by a rape crisis center as defined in RSA 173-C:1, IV.

VI. "Victim" means any person alleging sexual assault under RSA 632-A, domestic abuse as defined in RSA 173-B:1, stalking under RSA 633:3-a, or sexual harassment as defined under state or federal law, who consults a sexual assault counselor or a domestic violence counselor for the purpose of securing support, counseling or assistance concerning a mental, physical, emotional, legal, housing, medical, or financial problem caused by an alleged act of sexual assault or domestic abuse, stalking, or sexual harassment, or an alleged attempted sexual assault or domestic abuse.

Source. 1985, 98:1. 1990, 241:7. 1998, 345:1, 2. 1999, 240:4, eff. Jan. 1, 2000.

Section 173-C:2

173-C:2 Privilege. –

I. A victim has the privilege to refuse to disclose and to prevent any other person from disclosing a confidential communication made by the victim to a sexual assault counselor or a domestic violence counselor, including any record made in the course of support, counseling, or assistance of the victim. **Any confidential communication or record may be disclosed only with the prior written consent of the victim.** This privilege terminates upon the death of the victim.

I-a. The privilege and confidentiality under paragraph I shall extend to:

- (a) A third person present to assist communication with the victim.
- (b) A third person present to assist a victim who is physically challenged.
- (c) Co-participants in support group counseling of the victim.

II. Persons prevented from disclosing a confidential communication or record pursuant to paragraph I shall be exempt from the provisions of RSA 631:6.

Source. 1985, 98:1. 1990, 241:8. 1994, 259:10, eff. June 2, 1994.

Section 173-C:3

173-C:3 Assertion or Waiver of Privilege. – The privilege may be claimed or waived in all civil, administrative, and criminal legal proceedings, including discovery

proceedings, by the following persons:

- I. The victim or an attorney on the victim's behalf.
- II. The guardian of the victim, if the victim has been found incompetent by a court of competent jurisdiction.
- III. A minor victim who is emancipated, married, or over the age of 15, unless, in the opinion of the court, the minor is incapable of knowingly waiving the privilege. A guardian ad litem shall be appointed in all cases in which there is a potential conflict of interest between a victim under the age of 18 and his parent or guardian.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:4

173-C:4 Partial Waiver. – Waiver as to a specific portion of communication between the victim and the counselor shall not constitute a waiver of the privilege as to other portions of the confidential communication between victim and counselor, relating to the alleged crime.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:5

173-C:5 Limitation on the Privilege; Criminal Proceedings. – In criminal proceedings when a defendant seeks information privileged under this chapter in discovery or at trial, the procedure below shall be followed:

- I. A written pretrial motion shall be made by the defendant to the court stating that the defendant seeks discovery of records of a rape crisis center or domestic violence center or testimony of a sexual assault counselor or domestic violence counselor. The written motion shall be accompanied by an affidavit setting forth specific grounds as to why discovery is requested and showing that there is a substantial likelihood that favorable and admissible information would be obtained through discovery or testimony. No discovery or hearing shall occur pursuant to the information sought to be disclosed for at least 3 business days after the filing of a motion for disclosure.
- II. The only information subject to discovery from the records of a rape crisis center or a domestic violence center or which may be elicited during the testimony of a sexual assault or domestic violence counselor are those statements of the victim which relate to the alleged crime being prosecuted in the instant trial.
- III. Prior to admission of information at deposition, trial, or other legal proceeding, when a claim of privilege has been asserted and whether or not the information was obtained through discovery, the burden of proof shall be upon the defendant to establish by a preponderance of the evidence that:
 - (a) The probative value of the information, in the context of the particular case, outweighs its prejudicial effect on the victim's emotional or physical recovery, privacy, or

relationship with the counselor or the rape crisis or domestic violence center.

(b) That the information sought is unavailable from any other source.

(c) That there is a substantial probability that the failure to disclose that information will interfere with the defendant's right to confront the witnesses against him and his right to a fair trial.

IV. The trial court shall review each motion for disclosure of information on a case by case basis and determine on the totality of the circumstances that the information sought is or is not subject to the privilege established in RSA 173-C:2. In finding that the privilege shall not apply in a particular case, the trial court shall make written findings as to its reasons therefor.

V. The records and testimony of a rape crisis center or domestic violence center shall be disclosed solely to the trial judge to determine, as a matter of law, whether the information contained in the records or testimony is admissible under this chapter.

VI. That portion of any record and testimony of a rape crisis center or domestic violence center which is not disclosed to the defendant shall be preserved by the court under seal for appeal. For the purpose of preservation, a copy of the record shall be retained with the original released to the center. Costs of duplication shall be borne by the defendant.

VII. If, after disclosure of privileged information, the court upholds the privilege claim, the court shall impose a protective order against revealing any of the information without the consent of the person authorized to permit disclosure.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:6

173-C:6 Locations of Centers Privileged. – Notwithstanding any other provisions of this chapter, the location and the street address of a rape crisis center or domestic violence center are absolutely privileged.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:7

173-C:7 Involuntary Waiver. – The privilege established by this chapter shall not apply when the sexual assault counselor or the domestic violence counselor has knowledge that the victim has given perjured testimony and when the defendant has made an offer of proof that there is probable cause to believe that perjury has been committed.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:8

173-C:8 Failure to Testify. – Failure of any person to testify as a witness pursuant to the provisions of this chapter shall not give rise to an inference unfavorable to the prosecution or the defense.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:9

173-C:9 Appeal. – The victim shall have a right to interlocutory appeal to the supreme court from any decision by a court to require the disclosure of records or testimony of a rape crisis or domestic violence center or sexual assault or domestic violence counselor.

Source. 1985, 98:1, eff. May 10, 1985.

Section 173-C:10

173-C:10 Counselor's Duty to Report Child Abuse. – The domestic violence or sexual assault counselor shall have the same reporting duties under RSA 169-C:29 as other professionals, providing that this duty shall not apply where a minor is seeking relief pursuant to RSA 173-B:3 for abuse by a spouse or former spouse of the minor, or by an intimate partner who is not related to the minor by consanguinity or affinity. As used in this section, "abuse" and "intimate partners" shall be as defined in RSA 173-B:1.

Source. 1985, 98:1. 1994, 259:11, eff. June 2, 1994.

Appendix XI

CONSISTENT MESSAGES

(Revised April 2007)

Issues:

1. Outreach to Underserved Victims
2. Gender Neutral Language
3. Abuse and Gender
4. Victim Privilege and Confidentiality
5. Reporting
6. Civil Litigation
7. Stalking
8. Sexual Violence
9. Sex Offender Treatment
10. Family Violence Language
11. Domestic Violence
12. Children Exposed to Domestic Violence
13. Family Law
14. Mediation
15. Batterer Intervention
16. Guns

1. Outreach to Underserved Victims:

- The Coalition and its member programs work to ensure meaningful access to all victims of domestic violence, sexual violence and stalking regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status, or religious or political affiliation.
- It is important to identify and recognize underserved victims including:
 - People of color
 - Immigrants, refugees and others with limited English proficiency
 - LGBTIQQ (Lesbian, Gay, Bi-sexual, Transgender, Inter-sex, Queer, Questioning)
 - Male sexual assault victims
 - People with disabilities
 - Incarcerated victims
 - Elderly people
 - Native Americans

2. Gender Neutral Language:

- It is important to name men's violence against women and use statistics to illustrate men as primary perpetrators.
- Gender neutral language can be important in reaching general audiences and children.
- We support outreach efforts that name all victims without denying the reality of male oppression of and violence against women.

3. Abuse and Gender

- While women can be abusers, research shows that they are a small percentage of the perpetrators of domestic violence and sexual assault.
- While mutual violence does exist in some intimate relationships, it does not constitute mutual battering or abuse, because it is not part of a pattern of coercive control which causes one partner to fear the other.
- According to The National Institute of Justice and the CDC Violence Against Women Survey*:
 - 22.1% of women report being physically assaulted by an intimate partner in their lifetime (p.26)
 - 7.4% of men report being physically assaulted by an intimate partner in their lifetime. (p.26)
 - 1 in 6 women have been victims of a completed or attempted rape in their life. (p.14)
 - 1 in 33 men have been victims of a completed or attempted rape in their life. (p.14)
 - 8.1% of women in the US report being victims of stalking (p. 14)
 - 2.2% of men in the US report being victims of stalking (p.14)
- * This survey was taken by using a random digit dialing system to call households in 50 states in the United States. A total of 8,000 women and 8,005 men were surveyed. To see the entire survey visit:
<http://www.ojp.usdoj.gov/nij>
- For information on the rates of perpetration by men and women, refer to:
<http://www.ojp.usdoj.gov/bjs/>

<http://www.vawnet.org/>

4. Victim Privilege and Confidentiality:

- Victims need to be informed regarding the limits of confidentiality and privilege.
- The only exception to victims' privileged communication is to report suspected child abuse and neglect.

- Because of the complexity of the issue, on-going training on privilege and confidentiality is important for advocates.
- Training for other systems needs to emphasize the reasons for privileged communication under 173-C.

5. Reporting:

- Limits on confidentiality and any applicable statutory reporting requirements should always be disclosed to victims.
- Any disclosure of child abuse and neglect, according to 169-C, shall be reported to the Division of Children, Youth, and Families (DCYF); NH law does not include children's exposure to domestic violence as child abuse and neglect.
- It is discretionary whether to report underage consensual sex, because there is no statute in NH requiring the reporting of this crime. While there is no requirement to report, there is a need to assess the situation and determine if a report should be made under RSA 169-C.
- Crisis center advocates are not mandated reporters in all instances of elder and incompetent adult abuse and should refer to 173-C:3 for clarification.

6. Civil Litigation:

- There are short and long term implications for all victims of domestic violence, sexual assault and stalking. Civil suits can be an important remedy for victims to provide compensation for the financial and personal costs of their victimization.
- There is a need for more awareness of civil options for victims in cases of sexual assault, domestic violence and stalking. Advocates should be trained to present civil remedies as an option for victims
- There is a need to build capacity among attorneys to pursue civil litigation.
- The Coalition is committed to improving the civil remedies and relief available for victims of domestic violence, sexual assault and stalking.

7. Stalking:

- There is a high co-occurrence of domestic violence, sexual violence and stalking, which indicates an increased risk for the victim.
- Advances in technology have created new risks for victims. Victims may be stalked through the use of electronic devices such as cell phones, computers, GPS services, cameras and RIFD chips.
- Due to the evolving nature of technology, there is a need for ongoing training of advocates in technological risks to victims.

- There is a need for outreach to and training for the community and professionals on the dynamics and crime of stalking and the need for services and support for victims.

8. Sexual Violence:

- There is a need to continually draw attention to the issue of sexual violence, and acknowledge that it is more difficult for the public to talk about and support work on this issue than domestic violence.
- When speaking about sexual violence, it is important to define the terms for the audience, including the legal definition of sexual assault in NH.
- There is a need to reframe messages about sexual violence to include entitlement, access to sex and sexual gratification.
- 80% of sexual assaults are committed by someone the victim knows, even a husband or intimate partner.
- Domestic and sexual violence and stalking are closely intertwined and there is a high incidence of co-occurrence, including incest and marital rape.
- Sexual violence happens because an offender chooses to assault another, not because of the behavior of the victim, regardless of how “risky” the victim’s behavior may be viewed by others. Sexual offenders exploit the vulnerability of victims who have used alcohol and drugs.
- We should not use “innocent victim” language when referring to sexual violence victims. All victims are innocent and no one deserves to be sexually assaulted or harassed.
- The incidence of false reporting is no higher with sexual assault than with any other crime.
- Given the high incidence of sexual assault on university and college campuses, there is a critical need for effective anti-sexual assault programs on campuses.
- Pedophilia is not linked to homosexuality.

9. Sex Offender Treatment:

- The Coalition believes it is important to collaborate with sex offender treatment providers in order to assure attention to victims needs.
- Advocates need to understand sex offender treatment both in practice and in theory.
- The Coalition supports widespread treatment for sex offenders, with an increased focus on juveniles.
- Sex offender treatment needs to address how expectations of male entitlement and access to sex foster sexual assault.
- The Coalition supports research into more effective ways to do long-term monitoring of sex offenders, especially those who haven’t been treated.

10. Family Violence Language:

- Family violence should be used to refer to violence across all family members, including siblings, children, parents, grandparents, etc.
- Domestic violence is the term that has been historically used to describe intimate partner violence and abuse, including between same sex partners.
- Intimate Partner Violence is the term used most often in clinical and research settings.

11. Domestic Violence:

- Domestic Violence is a pattern of coercive behavior that is used by one person to gain power and control over another. It may include physical violence, sexual assault, emotional and psychological intimidation, verbal abuse, stalking and emotional control.
- We should put less emphasis on the cycle of violence. The cycle of violence by itself doesn't describe all abusive relationships, and it doesn't capture the complexity of intimate partner violence. Describing the cycle of violence can be a useful training tool in explaining abused women's behavior at different points in the cycle. However, caution should be used to avoid focusing only on the victim's behavior in the cycle.
- Traumatic bonding is a model that helps explain the attachments in relationships where one partner is abusive.
- A model that illustrates intimate partner violence is the Power and Control Wheel.
- Economic supports and financial self-sufficiency are critical to victim's ability to leave an abuser.
- "A small percentage of violence against adult intimates is illness-based but is misidentified as domestic violence..." In one sample, "...less than 5% [perpetrators] were violent as a result of an organic process" (Alzheimer's disease, Huntington's Chorea, psychosis).

Source:

<http://www.endabuse.org/programs/healthcare/files/trainersmanual/Chapter1.pdf>

- Not all abusive relationships involve physical violence.
- The Coalition considers homicides domestic violence related if:
 - the homicide victim and perpetrator were former spouses or intimate partners, adults or teens with a child in common, or adults or teens in a current or former dating relationship
 - the homicide victim was a bystander or intervened in an attempted domestic violence homicide and was killed (including friends, family members, new intimate partners, law enforcement officers or other professionals attempting to assist the victim of domestic violence, roommates and co-workers)
 - the motive for the murder was reported to have included jealousy, in the context of an intimate partner or dating relationship, or

- A relationship existed between the homicide perpetrator and adult or teen victim that could be defined as exhibiting a pattern of power and control (including family or household members and caregivers).

12. Children Exposed to Domestic Violence:

- Statutory child abuse and neglect should not include children's exposure to domestic violence; NH law does not include children's exposure as child abuse and neglect.
- It can not be assumed that children's exposure to domestic violence is abusive/neglectful without an assessment of the entire family situation.
- We should not use "innocent victim" language when referring to children. All victims are innocent and no one, including an adult woman, deserves to be abused.
- Abused mothers weigh risk and protective factors in determining the safest course of action for themselves and their children. A battered mother leaving the abuser doesn't necessarily better protect the children.
- We are advocates for children.
- Advocating for abused women's safety is also advocating for their children.
- Training professionals regarding children's exposure should include explaining DCYF intake guidelines and the statutory definition of child abuse and neglect. Professionals should use their own judgment regarding whether children's exposure needs to be reported.
- Children "exposed to" or "impacted by" domestic violence should be used rather than children "witnessing" domestic violence because it more accurately describes the experiences and focuses on intentional actions of abusers.

13. Family Law:

- As a Coalition, we support family law that assures the safety needs and well-being of abused women and their children.
- Re-victimization of adult victims and children happens too frequently due to flaws in the civil legal system. Batterers are able to continue harassing and abusing victims by manipulating the legal system through continuous filings of motions.
- Fathers who are batterers should have limited access to their children (Lundy Bancroft).
- Any woman in an abusive relationship should have access to legal counsel in custody and divorce proceedings. Courts need to take responsibility for making sure victims and particularly pro se litigants, have information about options and supports.
- "Fathers' rights" groups that emphasize their rights rather than the best interests of children, are dangerous and need to be countered.

- Advocating for victims in family law cases should include supporting a distribution of assets that doesn't impoverish adult victims and their children.
- Access to biological children should not be automatic if a parent's behavior has been abusive or dangerous to any member of the family.

14. Mediation:

- Mediation should not be mandated when domestic violence is present because mediation may jeopardize the safety of the victim and may be re-victimizing.
- The Coalition will work with the Marital Mediators Certification Board and the NH Conflict Resolution Association to address concerns surrounding the mediation process and victims of domestic violence.

15. Batterer Intervention:

- It is important to convey public messages about the realities and limitations of Batterer Intervention Programs (BIP).
- BIP are one component of accountability and need to be reinforced by all systems in a community (criminal justice system, social services, etc.).
- We support the implementation of NH's BIP Standards, including a state agency to provide oversight.
- Anger management should never be used as an alternative to BIP because it does not address the underlying power and control dynamics.
- Research on the effectiveness of BIP is inconclusive. More research is needed.
- There is a need to focus on and implement systems-wide batterer accountability. BIP is a prevention component and we support prevention efforts and are open to other innovative ideas to address changing batterers' behavior.
- There is a need for culturally competent BIP.
- We support continued evidence-based research of BIP over the long term to determine effectiveness, including addressing batterers as fathers as an integrated part of BIP.
- Women referred to BIP should be assessed to determine the level of intervention needed and then referred to gender specific programs. Women determined to be victims should not have intervention recommendations made to the court.
- BIP is an educational process, not therapy.

16. Guns:

- There is a need for data collection and analysis in the use of firearms in domestic violence incidents, including homicides, in NH.

NHCADSV Program Standards

- It is critical to maintain judicial discretion in removing guns with temporary restraining orders. Removal of firearms is mandated with final restraining orders.
- The Coalition does not take a general anti-gun stance, but advocates for keeping guns away from abusers.

Appendix XII

Services and Screening Policy

(Approved 1-08)

The New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) is a coalition of independent member programs across the state working to support victims/survivors of sexual violence, domestic violence, and stalking in their local communities. Each individual program is committed to providing appropriate, quality services that meet the needs of victims/survivors in their own communities. As a group, the independent member programs are committed to providing direct services within a victim-based model of advocacy, which honors victims'/survivors' experiences as a basis of constructing appropriate services.

Member programs of NHCADSV shall provide services to victims/survivors of sexual violence, domestic violence, and stalking regardless of gender, age, health status (including HIV-positive), physical, mental or emotional ability, sexual orientation, gender identity/expression, socio-economic status, race, national origin, immigration status, or religious or political affiliation.

In order to ensure that member program victim services are appropriately utilized, member programs may use their expertise, training, and/or a screening tool to determine eligibility for services. The member programs' staff and volunteers must meet training requirements set forth by the NHCADSV Program Standards.

Member programs' victim services are intended specifically for victims/survivors of sexual violence, domestic violence, and stalking. NHCADSV and member programs operate on the philosophy that victims/survivors should be believed and validated regardless of when the victimization occurred. However, member programs may need to screen individuals requesting services in order to determine whether they are appropriate for services. There are instances in which people may contact NHCADSV and/or the member programs and may be determined inappropriate for services. This decision will be made on an individual basis, according to NHCADSV and/or member program policy.

Conditions in which NHCADSV and/or the member programs may determine someone to be inappropriate for services include, but are not limited to:

- The individual's primary concern is not sexual violence, domestic violence, or stalking.
- The individual is determined through member program policies and procedures to not be a victim/survivor.

- The individual is determined through member program policies and procedures to be the abuser, perpetrator, or the predominant aggressor.
- There is a conflict of interest according to member program policies and procedures.
- The individual misuses services, violates policies, and/or rules of the member program.
- The individual poses a threat to the program, staff members, and/or volunteers.

According to the New Hampshire Coalition Against Domestic and Sexual Violence Program Standards, victim/survivor services shall be refused to anyone determined to be an abuser, perpetrator, or predominant aggressor. A victim's history of criminal charges or defendant status does not preclude her/him from receiving member program victim services; however that individual may be screened to determine appropriateness for services at the member program.

If a member program has provided and subsequently terminated services to an individual later determined to be an abuser, perpetrator, or predominant aggressor that does not preclude the victim of that abuser from receiving services from the same member program. The member programs shall not refer individuals that they determine to be abusers, perpetrators, and/or predominant aggressors to another member program.

If a member program has provided and subsequently terminated services to an individual later determined to be an abuser, perpetrator, or predominant aggressor that person's information is not privileged.

The NHCADSV member programs shall have grievance policies and procedures that allow a person who has been denied, restricted, or terminated member program victim services an avenue to grieve within the agency.

Appendix XIII

NHCADSV Training and Screening Guidelines

(Approved 1-08)

Introduction:

According to the New Hampshire Coalition Against Domestic and Sexual Violence and its fourteen member programs, victim services are intended specifically for victims/survivors of sexual violence, domestic violence, and stalking. NHCADSV and member programs operate on the philosophy that victims/survivors should be believed and validated regardless of when the victimization occurred. However, member programs may need to screen individuals requesting services in order to determine whether they are appropriate for services.

Increasingly, crisis centers are being contacted by both individuals in a domestic violence relationship. This presents a challenge for crisis center advocates in determining the abusive party/predominant aggressor. The advocate must use her/his training, expertise, and advocacy skills to listen and analyze what each person is saying.

Screening guidelines:

The Training and Screening Guidelines is a document that is meant to assist an advocate when trying to determine if a person is appropriate for crisis center services. It is not meant to be a concrete or quick checklist, nor is it to be used as a fast and easy way to determine whether someone is an abuser or a victim. Advocates should always take the time to carefully listen to what the person is saying and assess whether or not that person is using language that is abusive, minimizing, or controlling with regard to his/her intimate partner. As the advocate, if you are having a difficult time determining if the person is the alleged abuser you may want to consult with your supervisor and/or another advocate. Reviewing the power and control wheel or information about the dynamics of abuse are also helpful in determining if someone is using power and control in a relationship.

How to interpret what the person is saying:

As advocates we know that some people have a difficult time articulating how they are feeling or what is happening to them. We also know that people experience trauma, fear, and abusive situations differently. These differences can vary the way a person will respond or react when you are working with her/him. It is important to listen for the origin of where the emotion is coming from e.g. fear or frustration.

Often times there are red flags that present themselves throughout a conversation with an abusive person. Again, the power and control wheel and/or the sample red flags list can help you identify some of these tactics.

Screening

This document is designed to assist NHCADSV and member programs in determining power and control and the level of fear that an individual is experiencing around the issues of sexual violence, domestic violence, and stalking.

Start with broad questions about the relationship in order to elicit information about the day to day experiences of the individual and her/his partner. Asking the person general, open-ended questions, will help her/him share information about the dynamics of the relationship without feeling directed by the advocate. The questions below are sample questions and should be adapted accordingly.

General questions about the relationship:

- ◆ Can you tell me about the relationship? or What is the relationship like?
- ◆ Is there something that happened/is happening in your relationship that made you contact us today?
- ◆ Do these things you are describing in your relationship happen regularly or are they typical of your partner?
- ◆ How are you feeling about your relationship, partner, and/or what is happening in the relationship?

Abusive Behavior:

Abusive behavior can be defined using the Power and Control Wheel (see Domestic Abuse Intervention Project wheel, Duluth, MN). While the power and control wheel may not encompass all forms of abusive behavior in intimate relationships, it does highlight common patterns and tactics used by many abusers. You may want to refer to your member program training materials and/or another advocate to assist you in identifying other forms of abusive behaviors, if needed.

Abusive tactics may include using:

- ◆ Emotional Abuse
- ◆ Isolation
- ◆ Minimizing, Denying, and Blaming
- ◆ Children
- ◆ Male Privilege

- ◆ Economic Abuse
- ◆ Coercion and Threats
- ◆ Intimidation
- ◆ Religion/spiritual beliefs
- ◆ Immigration Status and/or English proficiency
- ◆ Sexual Orientation/Gender Identity
- ◆ Health status and/or HIV Positive/AIDS status
- ◆ Disability (mental/emotional and physical)
- ◆ Civil and Criminal legal system against victim
- ◆ Racism and other forms of oppression

Some questions to consider may include:

- ◆ Has the person's partner ever done anything to make her/him feel uncomfortable or hurt? Something that the person did not like or want to do?
- ◆ Is there a particular issue that comes up more frequently or something that the partner seems to react more to?
- ◆ Does the partner use vulgar and/or degrading language or put-downs directed at the person you are working with?
- ◆ Has the partner's behavior changed in any way that seems out of the ordinary e.g. began using alcohol every day, purchasing a weapon?
- ◆ Has violence (or the threat of violence) ever been used in the relationship, if so in what way and by whom?

Looking for a Pattern:

In asking the above questions, we are starting a conversation with the person and listening to what s/he has to say about the relationship. It is also helpful to be listening for an overall pattern of behavior that would be considered abusive and controlling. The context of behaviors, of both the parties, may also be important in determining if the person is appropriate for services. In general, if the other partner has systematic power and control, the individual would be appropriate to receive victim services.

If you don't have enough information about the individual and/or her/his situation, ask questions to determine:

- ◆ How are decisions made in the relationship?
- ◆ How is conflict handled and/or disagreements resolved, if at all?
- ◆ Does the person have a support system with family, friends, etc?
- ◆ Has this happened before or was it a one time incident?
- ◆ Does the person ever wonder/wait on pins and needles for her/his partner to get home or see what mood that person is in?

- ◆ If the person you were to leave, what would happen? Or if the person has left before, what has happened?
- ◆ How are financial decisions made?
- ◆ If there are children, how are decisions regarding the children made? parenting, discipline etc.
- ◆ If there has been physical violence, was the person able to “see it coming” or anticipate it before it happened?
- ◆ Are the abusive behaviors increasing or escalating?

Context and intent should be considered in every situation. Asking yourself, what was the person trying to do or accomplish in this situation, will most likely help you identify whether or not the person is the victim. There are victims who will retaliate against the violence being used against them, others may “set off” or pre-empt an escalating abuser to assert some control over the violence that is coming, and others may respond by using inappropriate language. It is important to remember, some victims will admit to certain behaviors, but that does not make them the abuser/predominant aggressor. Many victims will readily admit to their use of violence. Because of this, the problem of determining who is the victim arises without considering the context of the relationship.

Red Flag list

Some red flags when working with someone that you suspect is an abuser may be related to distorted belief systems (adapted from Pence and Paymar: 1986).

Some red flags when working with someone that you suspect is an abuser/predominant aggressor:

- They are not afraid or intimidated by their partner.
- Batterers claiming to be victims will frequently allege that their partner has committed criminal activity, has a mental health issue, is a bad mother/parent, has an alcohol and/or drug problem, or is lying.
- Do they consistently place accountability on their partner or someone else?
- Do they say their partner is equally violent?
 - Some questions that may assist in determining this would be: Are you afraid of your partner? Could you have left her/him or the situation?
- Do they express jealousy, accuse their partners of cheating?
- Do they talk about being the “victim” without the signs of the partner having power and control in the relationship?
- Do they discuss her violence as a way to divert attention from their own behavior?
- Do they minimize their own behavior?
- Do they talk claim that the problem is a break down of communication?

- Do they say things to objectify their partner?
- Do they make statements about their partner, that are degrading/demeaning, to you?
- Do they seem to have a double standard or two sets of rules in the relationship?
- Do they point to incidents of provocation or justification for their behavior?
 - Do they say things like: “I just lost control,” “things got heated,” “things got out-of-control,” “we had an argument and s/he freaked out”, “it takes two to tango,” etc.
- Do they claim that it is mutual battering?

Appendix XIV

**TITLE LXII
CRIMINAL CODE**

**CHAPTER 631
ASSAULT AND RELATED OFFENSES**

Section 631:6

631:6 Failure to Report Injuries. –

I. Except as provided in paragraph II, a person is guilty of a misdemeanor if, having knowingly treated or assisted another for a gunshot wound or for any other injury he believes to have been caused by a criminal act, he fails immediately to notify a law enforcement official of all the information he possesses concerning the injury.

II. A person who has rendered treatment or assistance is excepted from the reporting provisions of paragraph I if the person seeking or receiving treatment or other assistance: (a) is 18 years of age or older, (b) has been a victim of a sexual assault offense or abuse as defined in RSA 173-B:1, and (c) objects to the release of any information to law enforcement officials. This exception shall not apply if the sexual assault or abuse victim is also being treated for a gunshot wound or other serious bodily injury.

III. [Repealed.]

Source. 1971, 518:1. 1991, 59:1. 1993, 95:1, 3, eff. Jan. 1, 1994.