Service Standards for ICDVVA Funded Programs

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GOVERNING BODY

A governing body must provide effective oversight of program operations and organizational administration ensuring high quality services to all victims of crime and must exercise fiscal and legal responsibilities ensuring the fiscal integrity of the program and compliance with State and Federal laws and regulations.

SERVICE STANDARDS FOR GOVERNING BODY

1. The primary purpose of a Governing Body is to govern the organization. A victim services program Governing Body does not oversee the day-to-day operations of the program. The Governing Body does establish the program's mission statement and policies necessary to carry out the mission, helps secure financial support and has legal and fiduciary responsibilities and accountability for the organization.

2. A victim services program Governing Body must abide by all respective and applicable Federal Laws, State Laws, Codes, and Statutes, i.e., Title 30-Corporations; Title 31-Counties and County Law.

3. The Governing Body responsibilities include, but are not limited to:
   a. Operate in compliance with organization's Articles of Incorporation, by-laws, guidelines and resolutions, as applicable;
   b. Develop/maintain a governing body structure with policies and practices that are designed to meet fiscal and governance responsibilities;
   c. Commit to the organization's mission;
   d. Recruit, orient and develop individual governing body members that reflect the diversity of the service community and possess needed skills, expertise and connections;
   e. Provide on-going training for Governing Body members on their roles and responsibilities, program financial statements and procedures, program history and the services provided;
   f. Follow policies and practices to ensure against conflict of interest;
   g. Meet as a full board at least four times a year, with one meeting constituting an annual meeting, and more as needed to ensure overall organizational accountability and performance;
   h. Prepare and provide an annual report at the Governing Body annual meeting;

i. Review and approve financial reports at scheduled board meetings to be fully aware of the current financial status of the agency and to maintain fiscal integrity;
j. Ensure written personnel policies and procedures are developed/reviewed and approved and are systemically followed and in compliance with all applicable rules, regulations, guidelines, and laws;
k. Ensure financial policies and procedures are developed/reviewed and approved and are systemically followed and in compliance with all applicable rules, regulations, guidelines, and laws including the OJP and other applicable Financial Guides, applicable OMB circulars and CFR's; and
l. Ensure an organizational structure is in place to provide effective victim-centered services.

PROGRAM OPERATIONS AND ORGANIZATIONAL ADMINISTRATION

Program operations and organizational administration refers to the management systems, policies and procedures developed and maintained by the program to ensure that high-quality victim-empowered, accessible and culturally and linguistically appropriate services are provided with accountability to victims of crime, regardless of their sex, gender identity, or sexual orientation in a safe and supportive environment.

SERVICE STANDARDS FOR PROGRAM OPERATIONS AND ORGANIZATIONAL ADMINISTRATION

1. Administration must develop and implement written policies and procedures that provide effective and efficient management systems designed to support the delivery of high quality victim empowered services that are accessible and cultural and linguistically appropriate in accordance with Federal and State laws in the following areas:
    a. Program governance;
    b. Planning;
    c. Communication;
    d. Recordkeeping;
    e. On-going monitoring and program evaluation;
    f. Human Resources; and
    g. Fiscal responsibilities.

2. Administration must develop and implement written policies and procedures that ensure compliance with funding and legal requirements and that define operational processes and practices implemented in the program to include but not limited to:
    a. Personnel management;
        i. Job descriptions of each staff position, addressing the roles and responsibilities, qualifications, and salary range;
        ii. Procedures for the recruitment, selection, training, orienting, evaluating, supervising, disciplining, and terminating employees;
        iii. Procedures for verification of personal and employment references and conducting criminal background checks on all employees;
        iv. Standards of conduct and ethics policies that include clear professional boundaries between and among supervisors, staff and people served and that ensure confidentiality;
        v. Methods for providing staff and volunteers with opportunities for training, development, and advancement;

vi. A description of the procedures for conducting staff performance appraisals;
vii. Assurances that the program is an equal opportunity employer and does not discriminate against any employee based on any classification protected by local, state, or federal law; and
viii. A description of employee-management relation procedures, including those for managing employee grievances and adverse actions without bias or fear of retaliation.

b. Fiscal management;
   i. OMB Circulars;
   ii. Applicable CFR's; and
   iii. OJP or other applicable Financial Guides.

c. Staff and volunteer:
   i. All victim service staff, consultants, volunteers, and contractors must have the education and/or equivalent experience, skills sets, and applicable licensures/credentials necessary to perform their assigned functions responsibly and to ensure quality victim-centered service delivery;
   ii. Executive Director or Program Administrator must have the education and/or equivalent experience or training to effectively and efficiently achieve the organizational mission. Executive Director or Program Administrator should also have the education, and/or equivalent experience or training in administration/management including leadership and program management, human resources management, grants/fiscal management, community and partnership building, and knowledge of all applicable and relevant local, State and Federal laws/regulations;
   iii. Financial staff/contractors must have education and/or equivalent experience or training in fiscal management including knowledge of generally accepted accounting principles and all applicable and relevant local, state and federal laws/regulations.

d. Staff and volunteer training:
   i. Agencies must have at least one staff person who fulfills the role of providing direct service victim advocacy. All direct service victim advocacy staff and volunteers must obtain 40 hours of training relevant to the respective victim service role, of which, 20 of the hours must be completed before working with clients;
   ii. Agencies must ensure that all staff obtains a minimum of 20 hours and volunteers working directly with victims obtain, a minimum of 10 hours of continuing education training annually to assist them in acquiring or increasing the knowledge and skills they need to fulfill their job responsibilities. The training must be directed toward improving the ability of staff and volunteers to deliver quality victim-centered services; and
   iii. All shelter staff must have current First Aid/CPR Certification.

e. Shelter Health and safety:
*Programs must develop written procedures and documents that address the following (**if applicable**):*
   i. Providing every client with an individual locking box, locker, or cabinet for storage of medications and valuables to ensure privacy, autonomy and a safe environment and to ensure compliance with federal and state laws;
   ii. Responding to contagious conditions and communicable diseases, i.e., head lice, scabies, etc.;
   iii. Shelter bedrooms shall be checked regularly for health and safety reasons. Bedding shall be washed at least weekly. Plastic covers are required for beds. Plastic covers are required for pillows, unless pillows are taken with clients when they leave the shelter. Shelter kitchens and bathrooms shall be carefully cleaned on a regular basis;
   iv. Written instructions on issues such as hand washing, personal care and food storage and preparation must be available;
   v. First Aid supplies recommended by the Red Cross, Public Health or other appropriate entity shall be available at all times;
   vi. Storage of cleaning supplies, hazardous materials and poisons; to include procedures in treating and accessing emergency care for exposures;
   vii. Exposure Control Plan, as applicable, in conformance with OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030;
   viii. Must have annual fire inspection to ensure compliance with local fire codes and have a posted fire evacuation plan;
   ix. Must have secure locks for all windows, doors and other building accesses;
   x. Must have telephone available for emergency calls;
   xi. Must have secure area for children to play; and
   xii. Must have accommodations for service animals, emotional support animals and/or assistance animals;

f. Confidentiality as outlined in Standards;

g. Volunteers as outlined in Standards;

h. Accessibility as outlined in the Glossary; and

i. Culturally and linguistically appropriate services as outlined in the Glossary.

CONFIDENTIALITY

Confidential information includes any written, electronic or verbal information and communication between a person seeking or receiving services and any program staff, volunteer, or board member in the course of that relationship; any records, written or electronic, which identify a person to whom services have been or are currently being provided; and any information about services provided to any individual and/or family are confidential.

SERVICE STANDARDS FOR CONFIDENTIALITY

1. The standard for confidentiality policies developed by programs and in place must be in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations.

2. A program must have policies and procedures which serve to ensure that the confidentiality of any information that may identify individuals seeking or receiving services is not breached. These policies should include, but are not limited to: interagency communications, storage and access to records and services documentation, information systems and computers containing identifying personal information. Information contained in an individual's service record or other verbal, electronic, or written communications that identify individuals served by the program are confidential.

3. Programs that receive state or federal funds must have policies and procedures in place that maintain compliance with the confidentiality requirements at the federal level. These include the following specific provisions to:
   a. Protect the confidentiality and privacy of all individuals seeking services. No individual client information can be revealed without the informed written, reasonable time-limited consent of the person about whom information is being sought. This provision includes the release of information specific to medical and substance abuse confidentiality laws and limited release of information to 911 emergency services when life is at risk;
   b. Maintain the confidentiality of minors who are receiving services. Federal law prohibits mental health records of individuals over the age of 14 from being disclosed to anyone, including parent or guardian, without the written consent of the individual;
   c. Maintain the confidentiality of information that can be released to the parent or guardian of a minor, to the legal guardian of a person with a disability, or

pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with a disability;

d. Prohibits the disclosure of personally identifying victim information to any third party shared data system, including “HMIS” or the homeless management information system. Personally identifying information include, but is not limited to: first and last name, a home or other physical address, contact information, a social security number, date of birth, racial or ethnic background, or religious or any other information that would serve to identify any individual; and

e. If confidentiality cannot be guaranteed (for example, services are being offered by an individual employed by law enforcement or a prosecutor’s office), the individual providing services will notify the service recipient of limitations on maintaining confidentiality at the onset of service provision.

4. A program must have policies to ensure all consent for release of information forms are signed in writing by the person or their legal guardian about whom information is to be released, or in the case of minors by their parent/guardian, and must be signed by a witness when applicable. Forms shall be available in regularly encountered languages other than English. Clients, whose primary language is neither English nor a regularly encountered language, will be provided interpreter services to assist with the completion of the release of information form and must specifically include:

   a. The specific information to be released;
   b. The purpose of the release of information;
   c. The person and/or entity to which the information is to be released;
   d. Signatures of person giving consent and person witnessing the signature as well as the date on which the form was signed;
   e. The date at which the consent for release of information terminates;
   f. Language that clearly indicates that the consent for release of information may be revoked at any time;
   g. Covered entities under HIPPA (Health Insurance Portability and Privacy Act) must ensure release is in compliance with Federal Privacy laws; and
   h. If releasing information about drug or alcohol use, the release must be in compliance with Federal Drug and Alcohol Regulation 42 CFR Part 2.

5. Policies must also address how program staff, volunteers and Board of Directors will respond to summonses, subpoenas or court orders for confidential information, and should, whenever possible, provide specific detail allowing for service of these court orders at a location other than that of the program.

6. A program must ensure that members of the Board of Directors, staff, and volunteers sign a written statement agreeing to maintain the confidentiality of all information and records pertaining to those receiving or seeking services through the program and shelter facilities, in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations. The confidentiality agreement should outline that it applies even after the signee has terminated his or her relationship with the program.

7. A program must maintain all records which contain personally identifying information in a secure, locked storage area. Organizations should have policies and safe-guards in place to prevent unauthorized access to information identifying individuals seeking or receiving services, including all information systems and computer-accessible records or documents.

8. A program must have policies that allow review and access to records only by staff, volunteers and funders as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, Programs should identify in their confidentiality policies who will have access to confidential information, records and information systems.

9. Service recipients must be informed of their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda of their files, and/or file objections if they disagree with content of record or file. Programs must have written policies and procedures regarding these rights and how they are enforced. Similarly, if a service recipient signs a valid release of information, that information must be released pursuant to the written request.

10. Programs must discuss the requirement of maintaining confidentiality and obtain a signed confidentiality statement from all service recipients.

11. Electronic records of services provided, when used, must be kept confidential and maintained to ensure that records are accessible only to those listed above, and to ensure that the records are properly destroyed or purged when no longer needed, per record retention and disposal policy.

12. Programs must have a policy addressing record retention that includes how long specific forms are kept, and the proper destruction of paper files and electronic files, while safeguarding confidential information. Program administrators should

take into consideration the needs of the program and the requirements of funders when setting the length of time documents are to be kept.

HOTLINE

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

SERVICE STANDARDS FOR HOTLINE

1. All organizations that provide hotline services must provide publicized hours of operation. A hotline operated by a domestic violence/sexual assault program must provide 24-hour crisis telephone access to the program that is accessible and linguistically appropriate.

2. The hotline number must be advertised, and widely distributed.

3. The hotline must be answered by a program staff member, volunteer or contractor who has had training on crisis intervention and trauma-informed approaches to answer hotline calls.

4. Programs offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
   a. Assessment of the caller's critical needs;
   b. Listening to and validating the caller's experience;
   c. Safety planning;
   d. Information about available legal remedies;
   e. Crisis intervention; and
   f. Information and referral to available community resources.

5. Programs must provide equal access to the domestic violence hotline to victims who are Deaf or Hard of Hearing.

6. Programs must provide written procedures on how advocates can identify the language needs of a Limited English Proficiency (LEP) individual, access and provide the necessary language assistance services, and work with interpreters. Bilingual hotline staff member, volunteer, or contractor should receive regular training on proper interpreting and translation techniques, ethics, and specialized terminology.

7. Programs shall maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.

8. Programs offering hotline services shall have written procedures that include, but are not limited to:
   a. Safety of hotline worker;
   b. Scheduling, coverage and back-up;
   c. Confidentiality;
   d. Assessing for suicide risk of a caller;
   e. Assessing risk;
   f. Provision of relay services for Deaf or Hard of Hearing;
   g. Provision of services for individuals with disabilities;
   h. Provision of translation services for individuals with Limited English Proficiency; and
   i. Safety planning for children/families involved.

9. An evaluation of the hotline services may be conducted to ensure quality of those services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality of anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former services recipients and staff who review policies and procedures; and/or
      ii. Focus groups.

CRISIS INTERVENTION

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

SERVICE STANDARDS FOR CRISIS INTERVENTION

1. Crisis intervention services are provided by a qualified, trained staff member or volunteer using trauma informed, accessible and culturally and linguistically appropriate approaches in the delivery model.

2. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, validation of feelings, safety planning and empowerment to reinforce the individual's autonomy and self-determination. Crisis Intervention services should be based on trauma-informed, accessible and culturally and linguistically appropriate approaches.

3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual/family in crisis. Crisis intervention services include, but are not limited to:
   a. Assessing initial risk and/or danger;
   b. Assessing needs;
   c. Listening;
   d. Establishing rapport and communication;
   e. Validating feelings and providing support;
   f. Safety planning;
   g. Providing referrals, as requested, to community resources such as shelters, attorneys, clinicians, or medical providers;
   h. Formulating an action plan; and/or
   i. Exploring possible options to support safety.

4. Goals for crisis intervention services are defined as including, but not limited to, interactions that:
   a. Stabilize emotions;
   b. Clarify issues; and
   c. Provide support and assistance.

5. Crisis intervention services may include the provision of education, information and referral, as appropriate to each case.

6. A program that offers crisis intervention services must provide services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients.

7. An evaluation of the crisis intervention services must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former services recipients and staff who review policies and procedures; and/or
      ii. Focus groups.

CASE MANAGEMENT

Case management is provided to an individual and/or families through advocacy, which includes assistance in obtaining needed services, facilitation of access to short and long-term resources, development of safety plans, and coordination of services from multiple services providers in a collaborative approach across social, criminal justice, and health care systems, among others. Case management services are provided by qualified trained staff members or volunteers and shall be voluntary, utilizing a trauma-informed approach.

SERVICE STANDARDS FOR CASE MANAGEMENT

1. Case management services are provided by qualified, trained staff members or volunteers who are required to be trained in the practice and dynamics of trauma-informed approaches.

2. Case Managers (or advocates providing case management services) must have access to and be familiar with a complete list of community resources and will be expected to establish working relationships with other service providers.

3. Case Managers assume a coordinating role using a voluntary services approach, and facilitate the provision of services provided by other organizations and/or professionals in a coordinated and collaborative approach to service provision while complying with Federal laws regarding confidentiality.

4. A program offering case management services must provide services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients.

5. Upon the identification of needed services for the individual and/or family, the Case Manager will facilitate service delivery and referrals and encourage ongoing communication with the providers of any additional services that may include, but are not limited to:
   a. Ongoing and long-term safety planning;
   b. Medical, nutritional and/or other health services;
   c. Counseling for individual, children, and/or family;
   d. Law enforcement assistance;
   e. Civil legal options;
   f. Public assistance services, including job training and support services;

g. Emergency, short-term, transitional and/or permanent housing;
h. Child care services and parenting education;
i. Child protection services;
j. Alcohol and drug evaluation and education;
k. Alcohol or substance abuse treatment services;
l. Services for persons with disabilities (Clients may be referred to an outside agency which advocates for rights of the disabled; all services must be available to individuals with disabilities.);
m. Transportation assistance;
n. Education, continuing education, GED and/or literacy classes;
o. Lesbian, gay, bisexual or transgendered support services;
p. Employment readiness services and/or job training;
q. Interpersonal/translation services and/or immigration assistance;
r. Financial planning and credit rights information and services; and/or
s. Other related services as needed.

6. An evaluation of the case management services must be conducted to ensure quality of those services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former services recipients and staff who review policies and procedures; and/or
      ii. Focus groups.

SUPPORT GROUPS

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

SERVICE STANDARDS FOR SUPPORT GROUPS

1. A program providing support group services must ensure that the staff member or volunteer facilitating the support group has the required training. The facilitator should have training, education or experience in group facilitation and group dynamics for a peer-to-peer led group, and in trauma-informed, culturally and linguistically appropriate approaches.

2. A program providing shelter should offer support group services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients.

3. At the beginning of the support group, the group facilitator must discuss the requirement of maintaining confidentiality and obtain signed confidentiality statements from each participant.

4. Support groups services, which differ from professional group therapy, must provide support that addresses needs identified by those attending the group session, which includes, but is not limited to:
   a. Safety planning;
   b. Active listening;
   c. Problem solving;
   d. Addressing needs identified by those attending the group session;
   e. Information about available legal options; and
   f. Information about available community resources.

5. Evaluation of the services must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or

ii. Exit surveys.

b. Non-anonymous evaluations may include, but are not limited to:

i. An advisory board consisting of current and former services recipients and staff who review policies and procedures; and/or

ii. Focus groups.

PROFESSIONAL COUNSELING

Counseling is a regulated practice in Idaho. Practitioners are required to hold an Idaho license. Professional counseling includes individual (adult or child), group, or family counseling, assessments, and crisis intervention delivered by an individual who is in compliance with state licensure rules and regulations pertaining to a psychologist, counselor or social worker. Professional counselors working in programs must have training in trauma, domestic violence, and sexual violence.

SERVICE STANDARDS FOR PROFESSIONAL COUNSELING

1. Programs without licensed counselors must ensure they do not state they provide counseling or engage in the practice of counseling. They may offer support groups, advocacy, and crisis intervention (see those sections).

2. A program must ensure that individuals providing counseling are in compliance with state licensure rules and regulations, and national professional ethical standards. A program cannot require individuals to participate in religious groups or to use religious materials.

3. A program offering counseling must ensure:
   a. Counseling services are available based on the identified needs of recipients;
   b. Counseling services are trauma-informed, culturally sensitive, and age appropriate;
   c. Counseling services are accessible to individuals with disabilities and those whose primary language is not English;
   d. Crisis intervention is available when needed;
   e. A program offering counseling services must provide services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients;
   f. Documentation is kept confidential and is consistent with licensure rules, state and Federal laws, and the professional code of ethics;
   g. No confidential information is released without signed informed consent (exceptions would include minors and mandatory reporting);
   h. Safety planning is available to all in counseling;
   i. Education and information about the following is available to those seeking services: the dynamics of domestic violence, sexual assault, stalking, legal options, drug and alcohol abuse, parenting, the effects of violence and trauma

on children, information on building resiliency in children, HIV/AIDS awareness, general health care information, opportunities for educational programs and employment and training assistance;

j. Information and referrals to community resources is available; and

k. Individuals are not required to participate in religious groups or to use religious materials.

4. Evaluation of the domestic violence professional counseling program must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former service recipients and staff who review policies and procedures; and/or
      ii. Focus groups.

COURT ADVOCACY

Court Advocacy is the provision of information, support, assistance, accompaniment, or any other form of non-legal advocacy related to any aspect of the civil or criminal legal system on behalf of a victim of crime. Court advocacy services must be provided by qualified, trained staff members and/or volunteers.

SERVICE STANDARDS FOR COURT ADVOCACY

1. A program providing court advocacy services understands the legal responsibilities, limitations, and the implications within the service delivery and/or employment setting, and performs duties in accord with laws, regulations, policies, and legislated rights of persons served. A program providing court advocacy services accurately represents his or her professional title, qualifications, and/or credentials in relationships with persons served and in public advertising. The court advocacy provider recognizes the interests of the person served as a primary responsibility within the scope of their employment. The court advocacy provider preserves the confidentiality of information to the extent allowable under Federal and State Law. If confidentiality cannot be guaranteed (for example, services are being offered by an individual employed by law enforcement or a prosecutor's office), the individual providing services will notify the service recipient of limitations on maintaining confidentiality at the onset of service provision. The court advocacy provider avoids conflicts of interest and discloses any possible conflict to the program or person served, as well as to prospective programs or persons served.

2. A program providing court advocacy services must maintain a clear distinction between legal advice and legal information. The program must strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly educated, licensed, and certified to engage in such legal practice. Only licensed attorneys may practice law.

3. A program providing court advocacy services must provide individuals with information about civil and criminal justice system options and, if individuals request, then provide assistance in accessing legal referrals.

4. A program providing court advocacy services must ensure that appropriate staff members and volunteers have a working knowledge of current Idaho and federal law pertaining to victim rights as well as the local justice systems' response,

including local court rules, in each county where services are provided and understand that only licensed attorneys may practice law or offer legal advice.

5. A program providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify and provide resources as part of a service and assist in the development of an ongoing safety plan that is kept current or changed as the recipient's needs require.

6. A program providing court advocacy services must maintain current referral lists for clients that include, but are not limited to:
   a. Local criminal justice agencies and contact persons in each county where services are provided; and
   b. Local, state and national resources for certain legal issues, such as immigration, interstate child custody, identity and relocation, etc.

7. A program providing court advocacy services should encourage the criminal and civil justice systems in each county where services are provided to respond positively and consistently to the needs of those victimized;

8. A program that offers court advocacy services must provide services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients.

9. An evaluation of the court advocacy program must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic victim satisfaction surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former service recipients and staff who review policies and procedures; and/or
      ii. Focus groups.

MEDICAL ADVOCACY

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

SERVICE STANDARDS FOR MEDICAL ADVOCACY

1. A program providing medical advocacy services must ensure that the staff members or volunteers have the required training before their first call, as well as be familiar with the layout, services provided, policies and procedures of each of the medical facilities in the service area.

2. A program providing medical advocacy must provide non-judgmental, victim-identified interventions and actions, including support during a medical exam, only upon the victim's consent and based on policy and protocol of the medical facility..

3. A program must have electronic and/or written procedures on how advocates will respond to victims who are non-English speaking or individuals with disabilities to ensure that services are provided to these individuals.

4. A program offering medical advocacy must provide services that are accessible and developmentally, culturally and linguistically appropriate to both residential and non-residential clients.

5. A program must also provide victims with information and referral to available community resources, including, but not limited to:
   a. Confidentiality provisions and limitations;
   b. Civil and criminal legal and medical care options;
   c. Safety planning;
   d. Victims' Rights;
   e. Crime Victims' Compensation; and
   f. Shelter services.

6. A program should work with the local hospital(s) clinics or other entities in the service area, nurses and other appropriate providers, and SART/SANE teams, if in

place, to offer cross training of staff and provide information on the program's services.

7. An evaluation of the medical advocacy services may be conducted to ensure quality of those services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
    a. Evaluation procedures may be voluntary with a process in place to ensure confidentiality of anonymity of respondents. Anonymous evaluations may include, but are not limited to:
        i. Periodic satisfaction surveys; and/or
        ii. Exit surveys.
    b. Non-anonymous evaluations may include, but are not limited to:
        i. An advisory board consisting of current and former services recipients and staff who review policies and procedures; and/or
        ii. Focus groups.

SHELTER SERVICES

Shelter services include emergency housing and related supportive services provided in a safe, protective and accessible environment for individuals who are victimized and their minor children.

A program that provides shelter services must provide access, admittance and residence in temporary shelter for victims of crime and their male and female children, 0 to 18 years of age, 24 hours a day, every day of the year.

Shelter services may be provided through any of the following types of accessible housing:

a. A **physical shelter facility** operated by a program that primarily serves victims;
b. A **safe home** provided by a screened, and background checked, trained individual or family offering their private residence as a time-limited safe shelter without financial compensation; and/or
c. Other **shelter accommodations**, such as time-limited motel/hotel placement, and/or other direct placement programs providing safe housing, arranged and provided through a staff member.

SERVICE STANDARDS FOR ALL TYPES OF SHELTER SERVICES

1. A program that provides shelter services as defined above must ensure that any type of services are accessible, culturally and linguistically appropriate. Participants must have access to a telephone and fully accessible bathroom facilities, and that all exterior doors and windows to the accommodations have locks and that they are accessible to individuals with disabilities.

2. A program providing shelter services as defined above must:
   a. Assist clients in the development of a safety plan;
   b. Have established written policies and procedures to ensure the safety and security of residents;
   c. Ensure that crisis intervention services are voluntary, accessible and culturally and linguistically appropriate;
   d. Ensure services encourage resiliency in children exposed to violence and help strengthen healthy parent-child bond with the non-offending parent;
   e. Provide emergency food, clothing and personal hygiene items for residents and their children, free of charge;

f. Not require clients to participate in religious groups or to use religious materials;
g. Offer accommodations to individuals with disabilities; and
h. Create a culturally and linguistically appropriate environment.

3. Programs providing shelter services as defined above must ensure that the staff members or volunteers:
   a. Are trauma-informed or are knowledgeable about trauma and participate in ongoing training on how to offer trauma-informed support;
   b. Initiate an intake process with a new resident after the resident's admission to the shelter;
   c. Inform each resident about services to be provided by the shelter including, but not limited to:
      i. Confidentiality, including limits to confidentiality;
      ii. Release of information agreement;
      iii. Victims' Rights;
      iv. Resident rights, including program complaint procedure;
      v. Development of an individual or family plan of self-defined needs and actions to address needed services and to assist in maintaining safety; and
      vi. Right to an accommodation to shelter policies, rules, or practices for individuals with disabilities at any time and the process for requesting an accommodation.

4. A shelter services program should be flexible and balance the needs of those victimized and/or their children and the program's ability to meet those needs.

PHYSICAL SHELTER FACILITY

1. A shelter program shall initiate a voluntary process that promotes communal living, such as regularly scheduled house meetings to facilitate communal living. Programs shall make accommodations to this process to meet the needs of individuals with disabilities.

2. A Program that provides a physical shelter facility must ensure that staff members or volunteers are trained in the dynamics of communal living including, but not limited to:
   a. Conflict resolution;
   b. Facilitating group dynamics;
   c. Parent/child dynamics and interactions; and

d. Case management.

3. Evaluation of the shelter program must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to;
      i. An advisory board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
      ii. Focus groups.

SHELTER PROVISION THROUGH SAFE HOME PROVIDERS

1. A program that offers safe shelter as defined above through private safe homes must document:
   a. In-depth screening and monitoring of a safe home provider and all residents, which includes an on-site review of the suitability of the private residences used as a safe home site for temporary safe shelter, background checks through the Idaho Department of Health & Welfare and/or Idaho State Police and criminal background checks on all members of the host family residing in the residence;
   b. Completion of required training;
   c. Signed agreements between the safe home provider host family or individual regarding issues of confidentiality and the rights of individuals or families provided with safe shelter in the residence of the host family;
   d. Proof of liability and/or homeowner's insurance held by the safe home provider host family or individual; and
   e. The availability of 24-hour accessibility to crisis advocacy services through the domestic violence program that uses safe homes as a Shelter Provision.

2. Organizations providing shelter services in safe homes must:
   a. Not require residents and non-residents to participate in religious groups or to use religious materials;
   b. Be flexible and balance the needs of those victimized and the program's ability to meet those needs; and
   c. Conduct an evaluation of shelter services to support quality of those services.

3. Evaluation of the safe home programs must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to:
      i. An advisory board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
      ii. Focus groups.

OTHER SHELTER ACCOMMODATIONS

1. Shelter may include motel/hotel placement as a source of safe shelter as defined above in circumstances that include, but are not limited to:
   a. The shelter services program does not have a physical shelter facility available;
   b. The physical shelter facility is at capacity, and no space is available for those seeking emergency safe shelter; and
   c. The distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility.

2. When used, the other shelter accommodations must be safe and accessible.

3. Evaluation of other shelter accommodations must be conducted to ensure quality of services. The evaluation component is to be designed, developed and implemented in such a way that best meets the individual program needs.
   a. Evaluation procedures must be voluntary with a process in place to ensure confidentiality or anonymity of respondents. Anonymous evaluations may include, but are not limited to:
      i. Periodic satisfaction surveys; and/or
      ii. Exit surveys.
   b. Non-anonymous evaluations may include, but are not limited to;
      i. An advisory board consisting of current and former emergency shelter residents and staff who review policies and procedures; and/or
      ii. Focus groups.

VOLUNTEERS

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

SERVICE STANDARDS FOR USE OF VOLUNTEERS

1. A program may use unpaid volunteers to augment the direct and indirect services of the program that are provided by paid staff members.

2. A program must conduct a background check on all volunteers who work directly with clients or have access to confidential information. To be update periodically.

3. A program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and/or dismissal of volunteers used to provide direct and indirect services. Such policies will clarify the roles and responsibilities of volunteers to the program's provisions of service, with specific details addressing professional boundaries, disclosure and how, when, where and the frequency with which volunteers will be used. (Please see Training Standards for volunteer training.)

4. A program must have written job descriptions for each type of volunteer position that follow the format of job descriptions for staff members of the program. Job descriptions are to be provided to volunteers upon acceptance in the program.

5. A program must provide ongoing supervision of volunteers by program staff.

6. A program shall maintain a confidential file for each volunteer that shall include, but not be limited to: volunteer application, background check, licensures, and certifications, if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.

7. Volunteers may be used in the provision of direct services that include, but are not limited to:
   a. Program facility coverage, hotline coverage, crisis intervention, case management, court advocacy, support group facilitation for adults and/or children, professional therapy, medical advocacy, intake or assessment of service needs, and development or implementation of service plans;
   b. Transportation or accompaniment;

c. Recreational activities for adults and/or children; and
d. Education, job readiness, job training and/or other assistance or services related to obtaining employment.

8. Volunteers may be used in the provision of indirect services that include, but are not limited to:
   a. Administrative duties;
   b. Fundraising or other activities to obtain donations to the program, event organizing;
   c. Public speaking upon completion of training and supervision; and
   d. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.

GLOSSARY

Acronyms and Definitions	
ACF	Administration for Children and Families
ACYF	Administration on Children, Youth and Families
ADA	Americans with Disabilities Act
APS	Adult Protective Services
CAC	Child Advocacy Center
CASA	Court Appointed Special Advocate
CCR	Coordinated Community Response
CDC	Centers for Disease Control and Prevention
CFDA	Catalog of Federal Domestic Assistance
CFR	Code of Federal Regulations
CODVOIPS	(Idaho) Committee for Oversight of Domestic Violence Offender Intervention Programs and Standards
CPR	Cardiopulmonary resuscitation
CPS	Child Protective Services
DELTA	Domestic Violence Prevention Enhancement and Leadership Through Alliances
DOJ	Department of Justice
DUNS	Data Universal Numbering System
DV	Domestic Violence
EIN	Employer Identification Number
FLSA	Fair Labor Standards Act
FOIA	Freedom of Information Act
FVPSA	Family Violence Prevention and Services Act
FVPSP	Family Violence Prevention and Services Program
GAL	Guardian ad Litem
HIPPA	Health Insurance Portability Accountability Act of 1996

HHS	U.S. Department of Health and Human Services
ICWA	Indian Child Welfare Act
IPV	Intimate Partner Violence
LAV	Legal Assistance to Victims (Grant Program)
LGBT	Lesbian, Gay, Bi-Sexual, and Transgender (Community)
LEP	Limited English Proficiency
NCVC	National Center for Victims of Crime
NDVH	National Domestic Violence Hotline
NNEDV	National Network to End Domestic Violence
OJP	Office of Justice Programs
OMB	Office of Management and Budget
OVC	Office of Victims of Crime
OVW	Office on Violence Against Women
PO	Protection Order
PTSD	Post-Traumatic Stress Disorder
RFP	Request for Proposals
SA	Sexual Assault
SASP	Sexual Assault Services Program
STOP	Services – Training – Officers - Prosecutors Violence Against Women Formula Grant Program
TANF	Temporary Aid to Needy Families
VAWA	Violence Against Women Act
VAWnet	National Online Resource Center on Violence Against Women
VOCA	Victims of Crime Act

Accessibility See, Americans with Disabilities Act Title III
See, U.S. Department of Justice Americans with Disabilities Act

Advocate A person who provides advocacy, support, options, resources, and referrals for victims/survivors. Advocates also work on a community and system-level identifying and promoting changes that will improve responses to victims/survivors and their children (Family Violence Prevention and Services Program (FVPSA)).

Advocacy Advocacy is considered any individual or group supportive services provided to adults or children which extend beyond a brief, isolated contact, e.g., crisis intervention, safety planning, individual counseling, peer counseling, educational services (FVPSA).

Assessment Determining the specific nature of an individual's needs or problems using professional interviews, tests, questionnaires, or observations (Attorney General's National Task Force).

Best Practices A standard, technique, or methodology that, through research and replication, has been proven valid and reliable. A commitment to using the best practices in any field is a commitment to using all the knowledge and technology at one's disposal to ensure success (FVPSA).

Bloodborne Pathogens Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B, hepatitis C and human immunodeficiency virus. Needlesticks and other haps-related injuries may expose workers to bloodborne pathogens. Workers in many occupations may be at risk of exposure to bloodborne pathogens.

In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, an employer must implement an **exposure control plan** for the worksite with details on employee protection measures. The plan must also describe how an employer will use a combination of engineering and work practice controls, ensure the use of personal protective clothing and equipment, provide training, medical surveillance, hepatitis B vaccinations, and signs and labels, among other provisions (OSHA.gov).

Child Anyone under the age of 18, unless legally emancipated (FVPSA).

Child Exposed to Violence Any individual who is not yet an adult (threshold age varies across jurisdictions, typically birth to either 18 or 21 years old) who is directly or indirectly exposed to violence that poses a real threat or a perceived threat to the individual's or an affiliated person's life or bodily integrity. Children exposed to violence are at much greater risk of developing lethal medical illnesses in their early adult years; to utilize disproportionately costly medical, psychological, and public health services; and to die prematurely (Attorney General's National Task Force).

Contract A written agreement between a recipient and a third party to acquire commercial goods or services (FVPSA).

Collaborate The process in which individuals and/or organizations share resources and responsibilities jointly to plan, implement, and evaluate programs to achieve common goals. The emphasis is on fundamentally altering traditional agency relationships. Formal collaboration requires individual agencies to commit considerable amounts of resources on behalf of individual agencies. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success, and sharing of resources and rewards. Such relationships require comprehensive planning and well-defined communication channels operating on many levels (FVPSA).

Confidentiality The process of ensuring that information is accessible only to those authorized to have access (FVPSA).

Consultant An individual who provides professional advice or services for a fee, but normally not as an employee of the engaging party. The term "consultant" also includes a firm that provides paid professional advice or services (FVPSA).

CPR Cardiopulmonary resuscitation (CPR) is an emergency procedure, performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing, for example, agonal respirations.

Culture The shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people who are unified by race, ethnicity, language, nationality, or religion (FVPSA).

Cultural Competency The ability of practitioners to function effectively in the context of racial, ethnic, religious, or cultural differences by responding to the unique strengths and concerns of families (FVPSA).

Cultural Diversity Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups (FVPSA).

Cultural Sensitivity An awareness of the nuances of one's own and other cultures (FVPSA).

Deaf Those in whom the sense of hearing is not functional for the ordinary purposes of life. Deaf includes several kinds of deafness; prelingually deaf, post lingually deaf and deafened, deaf after schooling is completed (Idaho Council for the Deaf and Hard of Hearing).

Direct Service Services that respond to the immediate emotional and physical needs of crime victims, such as crisis intervention, hotline counseling, shelter, emergency food, clothing and transportation. And other emergency services that are intended to restore the victim's sense of security (VOCA Subgrantee Training Guide).

Disability A person is considered to have a disability under federal law if he/she has a physical or mental impairment which substantially limits one or more major life activities even with the help of medication or aids/devices (FVPSA). *Section 504 of the Rehabilitation Act of 1973 Title III Americans with Disabilities Act (ADA), Department of Justice Non-Discrimination Regulations and Departments of Justice regulations on disability discrimination, 28 CFR Part 35 and Part 39.*

Domestic Violence Is a pattern or abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone (ovw.usdoj.gov).

Economic Abuse Any action by one person that limits their partner's ability to earn, have access to, or manage the economic resources in their life (FVPSA).

Emotional Abuse Any statements, actions, or lack of action intended to or resulting in one's partner experiencing any emotional or psychological injury. Also known as psychological abuse (FVPSA).

Evidence-Based Treatment	Interventions and services provided by a credentialed professional or paraprofessional to serve as a therapy or community-based service to promote recovery from psychosocial, psychological, or medical problems or to prevent these problems altogether. These interventions and services: (a) have been scientifically tested and demonstrated to be effective, (b) have clearly defined procedures that can be taught and implemented consistently with fidelity, (c) are feasible and useful for clinical practitioners and programs, and (d) are credible and acceptable to the recipients (Attorney General's National Task Force).
Federal Register	Published by the Office of the Federal Register, National Archives and Records Administration (NARA), the Federal Register is the official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as executive orders and other presidential documents. It is updated daily by 6 a.m. and is published Monday through Friday, except Federal holidays (FVPSA).
Guardianship	A procedure whereby a competent suitable person or entity is appointed by the Court to make legal decisions for another person, called the "ward." A child under the age of 18 whose biological parents are unable to provide necessary care or a developmentally disabled or otherwise incapacitated person, who lacks the ability to make informed decisions about care or finances (isb.idaho.gov)
Hard of Hearing	Those persons whose hearing is impaired to an extent that makes hearing difficult but does not preclude the understanding of spoken communication through the ear alone, with or without aid (Idaho Council for the Deaf and Hard of Hearing).
HIPPA	The Office for Civil Rights enforces the HIPPA Privacy Rule, which protects the privacy of individually identifiable health information.
Intimate Partners	Intimate partners include current and former spouses and dating partners (sexual activity does not need to be occurring to be considered an intimate partner). Intimate partners include same-sex and opposite-sex relationships (FVPSA).
Intimate Partner Violence	Intimate Partner Violence (IPV) is another term for domestic violence (FVPSA).
Informed Consent	Informed consent is a phrase to indicate that the consent a person gives meets certain minimum, legally required standards. The person consenting must have a clear appreciation and understanding of all the

facts, implications, and future consequences of an action. Additionally, the person consenting must have adequate reasoning faculties, be provided with all the relevant facts at the time consent is given, and indicate the consent in writing (FVPSA).

Limited English Proficient (LEP) Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter. Federal laws particularly applicable to language access include Title VI of the Civil Rights Act of 1964, and the Title VI regulations, prohibiting discrimination based on national origin, and Executive Order 13166 issued in 2000. Many individual federal programs, states, and localities also have provisions requiring language services for LEP individuals (lep.gov).

Linguistically and Culturally-Relevant Services Community-based services that offer full linguistic access and culturally specific services and resources, including outreach, collaboration, and support mechanisms primarily directed toward underserved communities (FVPSA).

OMB The United States Office of Management and Budget is the White House office responsible for devising and submitting the president's annual budget proposal to Congress (FVPSA).

Outcome An outcome is a change in knowledge, attitude, skill, behavior, expectation, emotional status, or life circumstance due to the service being provided. Also known as an outcome measure (FVPSA).

Outcome Evaluation An outcome evaluation involves examining change that has occurred because a specific service has been provided (FVPSA).

OVC The Office for Victims of Crime was established by the 1984 Victims of Crime Act (VOCA) to oversee programs that benefit victims of crime. OVC provides substantial funding to state victim assistance and compensation programs—the lifeline services that help victims to heal. The agency supports trainings designed to educate criminal justice and allied professionals regarding the rights and needs of crime victims (FVPSA).

Personal Identifying Information Individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including:

(A) A first and last name;

(B) A home or other physical address;

(C) Contact information (including a postal, e-mail or Internet protocol address, or telephone or facsimile number);

(D) A social security number; and

(E) Any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any of subparagraphs (A) through (D), would serve to identify any individual (FVPSA).

Protection Order A legal order that is issued by the court at the request of the victim (petitioner) against the batterer (respondent) to prevent violent or threatening acts or harassment against; contact or communication with; or physical proximity to, the victim. A protection order (in some places called a restraining order) can provide legal protection but not necessarily physical protection (FVPSA).

Psychological Abuse Elements of psychological abuse include-but are not limited to-causing fear by intimidation; threatening physical harm to self, partner, children, or partner's family or friends; destruction of pets and property; and forcing isolation from family, friends, or school and/or work.

Release of Information A form that is signed by a client or the client's guardian and gives permission to an entity or agency to release certain personal information or documentation about that client. There are many requirements for a valid release. (FVPSA).

RFP A Request for Proposals (RFP) is a process where proposals are solicited for contracts under the negotiated procurement method (FVPSA).

Safety Condition of being safe; freedom from danger or hazard (FVPSA).

Safety Planning A process where victims of domestic violence explore and evaluate strategies to safeguard themselves and their children in different situations that may bring about safety concerns. The philosophy is to have decisions made in advance so if an emergency arises, there are concrete plans in place to achieve, eliminate, or manage a safety threat (FVPSA).

Service Animals	See, Americans with Disabilities Act Title III See, U.S. Department of Justice Americans with Disabilities Act
Sexual Assault	Any contact, statements, or actions that are intended to cause or result in physical, emotional, or psychological sexual injury to another person. Sexual assault takes many forms, including attacks such as rape or attempted rape, as well as any unwanted sexual contact or threats. Usually a sexual assault occurs when someone touches any part of another person's body in a sexual way, even over clothes, without that person's consent. Some types of sexual acts which fall under the category or sexual assault include forced sexual intercourse (rape), sodomy (oral or anal sexual acts), child molestation, incest, fondling, and attempted rape (FVPSA).
Trauma-Focused Services	Services are considered trauma-focused when caregivers (such as biological, foster, or adoptive parents, mentors, spiritual advisors, coaches, or line staff in child-serving programs) or professionals providing services (a) realize (understand) the impact that exposure to violence and trauma have on victims' physical, psychological, and psychosocial development and well-being, (b) recognize when a specific person who has been exposed to violence and trauma is in need of help to recover from trauma's adverse impacts, and (c) respond by helping in ways that reflect awareness of trauma's adverse impacts and consistently support the person's recovery from them (adapted from the 2012 SAMHSA [Substance Abuse and Mental Health Services Administration] "Working Definition of Trauma and Guidance for a Trauma-informed Approach") (Attorney General's National Task Force).
Trauma-Informed Care	This is a new form of evidence-based interventions and service delivery, implemented by multiple service providers, that identifies, assesses, and heals people injured by, or exposed to, violence and other traumatic events (Attorney General's National Task Force).
Trauma-Specific Treatment	Medical, physiological, psychological, and psychosocial therapies that are (a) free from the use of coercion, restraints, seclusion, and isolation, (b) provided by a trained professional to an individual, a family, or a group adversely affected by violence exposure and trauma, and (c) designed specifically to promote recovery from the adverse impacts of violence exposure and trauma on physical, psychological, and psychosocial development, health, and well-being (Attorney General's National Task Force).

Voluntary Services	Survivors cannot be required to participate in supportive services in order to access emergency shelter. A philosophical underpinning of the domestic violence movement is that survivors' autonomy should be respected and that victims are in the best position to determine what will facilitate or compromise safety for them and their children. This means that any resource or service accessed by a victim must be voluntary and not be conditioned upon participation in other services or programs, no matter how helpful the program (FVPSA).
Youth IPV Victim	Youth under the age of 18 who are victims of intimate partner violence (e.g., teen dating violence, including sexual assault) (FVPSA).