



Service Standards

For

ICDVVA Funded Programs

Sept.
2025

Idaho Council ON
Domestic Violence
AND **Victim Assistance**



Service Standards

Fiscal Year 2026

Contents

Introduction	4
Activities that Threaten Client Safety	5
Case Management/Advocacy	5
Civil Rights/Non-Discrimination.....	6
Client Rights and Responsibilities	7
Confidentiality.....	8
Counseling.....	9
Court Advocacy	10
Crisis Intervention Services.....	10
Crisis Lines.....	11
Eligibility	12
Emergency Financial Assistance.....	12
Forensic Interviews and Exams.....	12
Governing Body/Board of Directors.....	13
Housing Interventions	14
Infectious Disease Prevention	15
Interagency Collaboration	15
Language Access.....	16
Mandatory Reporting.....	18
Medical Advocacy	18

Personnel	19
Program Evaluation	20
Record Retention, Storage, and Destruction	20
Emergency and Alternative Shelter	21
Shelter	21
Hotel/Motel Placement.....	22
Suitability to Work with Minors	23
Support Groups	24
Training	25
Transportation Services.....	26
Trauma-Informed Services	26
Victims of Federal Crimes	27
Voluntary Services.....	27
Volunteers.....	27
Waiver	28
Definitions.....	29

Introduction

Programs must develop and implement written policies and procedures that provide effective and efficient management systems designed to support the delivery of high-quality victim services that are trauma-informed, accessible, and culturally and linguistically appropriate in accordance with federal and state laws in the following administrative areas:

1. Program governance
2. Planning
3. Communication
4. Recordkeeping
5. Ongoing monitoring and program evaluation
6. Shelter health and safety
7. Confidentiality
8. Accessibility
9. Personnel management
10. Fiscal management
11. Data reporting
12. Civil Rights compliance
13. Succession planning
14. Strategic planning
15. Annual budget planning and management
16. Annual Report

Activities that Threaten Client Safety

1. Programs providing services shall refrain from activities that threaten the safety of clients and their children. These include, but are not limited to:
 - a. Procedures or policies that exclude clients from receiving safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, relationship to the perpetrator, or age or gender of their children
 - b. Procedures or policies that compromise the confidentiality of information and privacy of persons receiving services
 - c. Requiring mediation or counseling for couples as a systemic response to domestic violence or sexual assault, or in situations in which child abuse is alleged
 - d. Requiring victims to report sexual assault, stalking, or domestic violence crimes to law enforcement, or forcing victims to participate in criminal proceedings
 - e. Supporting policies or engaging in practices that impose conditions on a victim for them to receive services
2. Programs providing services must have policies and procedures for responding to disruptive and/or dangerous contact by abusers.

Case Management/Advocacy

1. Case management services are provided by qualified, trained staff members or volunteers who are trained in the practice and dynamics of trauma-informed approaches.
2. Programs providing case management/advocacy services must:
 - a. Ensure the advocacy is victim centered
 - b. Have access to and be familiar with a complete up-to-date list of community resources
 - c. Assume a coordinating role using a voluntary services approach
 - d. Build collaborative relationships with other service providers
 - e. Build collaborative relationships that ensure a coordinated community response
 - f. Help the person identify their own needs and available resources and services
 - g. Coordinate service delivery, referrals, and ongoing communication with service providers in the community
 - h. Ensure case managers adhere to standards of conduct and ethics policies that include clear professional boundaries between staff and clients that protect confidentiality and avoid conflicts of interest
3. 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. The program must also ensure comparable services regardless of sex and sexual identity.

4. Upon the identification of needed services for an individual 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 health services, including HIV awareness
 - c. Counseling for individuals, children, and families
 - d. Law enforcement assistance
 - e. Legal referrals
 - f. Civil legal options
 - g. Public assistance services, including job training and support services
 - h. Emergency, short-term, transitional, or permanent housing
 - i. Childcare services and parenting education
 - j. Child protection services
 - k. Alcohol and drug evaluation, education, or treatment services
 - l. Services for persons with disabilities
 - m. Transportation assistance
 - n. Education, continuing education, GED, or literacy classes
 - o. LGBTQ+ support services
 - p. Employment readiness and job training
 - q. Financial planning and credit rights information and services
5. For clients with children, programs should offer to provide childcare whenever possible in situations including, but not limited to:
 - a. During the intake process
 - b. During a group attended by the client
 - c. During periods when the client seeks housing, employment, or educational opportunities
 - d. During court proceedings and meetings with lawyers
 - e. During all appointments/meetings during which having to care for the child could be disruptive, or when the child might overhear the client talking about their abuse

Civil Rights/Non-Discrimination

Programs may not discriminate in the delivery of services or benefits based on race, color, national origin, religion, sex, sexual orientation, gender identity, disability, or age.

1. Programs must have written non-discrimination policies and procedures that ensure:
 - a. Clients are not excluded from participation in program activities or be denied the benefits of program services on the grounds of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disability
 - b. Meaningful access to its programs and activities for persons who have limited English proficiency (free of charge)
 - c. Clients are notified of its non-discrimination policies
 - d. Clients are notified of how to file complaints alleging discrimination, including how to file complaints with ICDVVA and the Office for Civil Rights (OCR)

- e. OCR and ICDVVA will be notified of any adverse findings against the program due to discrimination based on any of the protected classes named above
2. Programs that engage in explicitly religious activities must ensure:
- a. Clients receive services regardless of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice
 - b. Client participation in any explicitly religious activities must be voluntary

Client Rights and Responsibilities

1. Victim services programs must have policies that inform individuals of client rights and responsibilities. Victims should be provided a copy in an accessible format during the intake process. Victims over age 18 should sign an acknowledgment that they received this document.
2. A form must be given to clients at intake that includes language stating that each individual has the right to refuse services in a manner which is client-centered and nondiscriminatory.
3. Programs in highly populated areas of non-English speakers should have a copy of the rights and responsibilities statement in a form other than English.
4. The rights of individuals receiving services must include, but are not limited to:
 - a. Individuals have a right to receive services in a professional manner, including to be treated with fairness, respect, and dignity
 - b. All individuals, including members of the LGBTQ+ community, have a right to receive services free of discrimination and harassment
 - c. Individuals have a right to receive services that are confidential, and to be informed of any limits to confidentiality
 - d. Individuals have a right to receive services in the language of their preference
 - e. Individuals have the right to receive services on a voluntary basis; this includes treatment for drug or alcohol addiction. Neither drug testing nor substance abuse treatment programs can be required of a client without their consent.
 - f. Individuals have a right to be informed of the program's grievance procedure
 - g. Programs should do everything possible to make their services accessible to accommodate any individual with a disability
 - h. Individuals have a right to receive services that are culturally appropriate
 - i. Individuals have the right to determine what information will be shared when collaborating on services with other agencies, with the knowledge that they retain the right to withdraw consent at any time

Confidentiality

1. Confidentiality policies developed by programs must protect the confidentiality and privacy of all individuals seeking services, and must be in accordance with confidentiality requirements of state and federal laws and regulations, including the [VAWA Act](#) and the [ICDVVA Confidentiality Policy](#). Confidentiality policies may not restrict the reporting of waste, fraud, or abuse.
2. Signed confidentiality statements must be obtained from:
 - a. All service participants, at intake. The importance of maintaining the confidentiality of other clients must be explained, and the consequences of confidentiality violations must be identified. Consequences may include the termination of services, including shelter, depending on the severity of the breach.
 - b. Each staff member, volunteer, outside service provider, and visitor who may come into contact with service recipients (this includes visiting ICDVVA staff). Victim service programs must identify the consequences for confidentiality violations by staff members in their Policies and Procedures Manual or Personnel Manual. Consequences must include the possibility of termination of employment, depending on the severity of the breach.
 - c. Each member of the Board of Directors, staff, and volunteers who have access to information and records pertaining to those receiving or seeking services. The confidentiality agreement should outline that it applies even after the signer has terminated their relationship with the program.
3. A victim services program must protect the confidentiality of any personally identifying information (PII) of service recipients. PII includes but is not limited to:
 - a. First and last name
 - b. Home or other physical address
 - c. Contact information (phone number, email, social media account)
 - d. A Social Security number, driver license number, passport number, or student identification number
 - e. Any other information including date of birth, religious affiliation, or racial or ethnic background in combination with any other non-personally identifying information that would help identify an individual
4. Programs must keep all records which contain PII in a secure, locked storage area, and electronic records must be password-protected. Organizations should have policies and safeguards in place to prevent unauthorized access to PII. Policies should ensure that only staff, volunteers, and funders have access to client records as necessary for providing or supervising services, performing grant or audit reporting duties, or responding to court orders. Policies must identify a safe method of destruction for records that are no longer needed.
5. Each program must have policies and procedures that identify any limitations to confidentiality. These limitations include any case where staff members know or have reason to believe that there is an imminent risk of serious injury or death to the service recipient or another individual.

6. A victim service program must have policies that detail the requirements for informed, written, and time-limited consent for the release of information by individuals seeking or receiving services. The Release of Information form (ROI) must include the following:
 - a. The individual's identity
 - b. The specific information to be released
 - c. The purpose of the release
 - d. The person or entity to whom the information is to be released
 - e. Provision that the client can terminate the release at any time
 - f. Provision that the release is voluntary
 - g. Clear timeframe for the ROI
 - h. Notification that information released by fax or email may not be secure
 - i. Signature and date by both the client/guardian and advocate/witness
7. Policies must address how program staff will respond to summonses, subpoenas, or court orders for confidential information.

Counseling

1. Programs without licensed counselors must ensure they do not state they provide counseling. They may offer counseling referrals, support groups, advocacy, and crisis intervention.
2. A program must ensure that individuals providing counseling follow state licensure rules and regulations, and national, professional, and ethical standards.
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 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. Services 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. Information and referrals to community resources are available
 - j. Individuals are not required to participate in religious groups or to use religious materials.
4. Education and information about the following should be available to those seeking services:
 - a. The dynamics of domestic violence, sexual assault, and stalking
 - b. The effects of violence and trauma on children
 - c. Building resiliency in children

Court Advocacy

1. A program providing court advocacy must:
 - a. Maintain a clear distinction between legal advice and legal information
 - b. Provide individuals with information about civil and criminal justice system options and, if requested, provide assistance in accessing legal referrals
 - c. Ensure that the advocacy is victim-centered
 - d. 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 client's needs require
 - e. Provide services that are accessible and developmentally, culturally, and linguistically appropriate
 - f. Have current knowledge of, and perform court advocacy duties in accordance with, federal and state laws, regulations, policies, and legislation rights of crime victims
2. A court advocacy provider must:
 - a. Accurately represent his or her professional title, qualifications, or credentials in interactions with clients
 - b. Preserve the confidentiality of information to the extent allowable under federal and state law. If confidentiality cannot be guaranteed, the individual providing services will notify the client of limitations on maintaining confidentiality at the onset of service provision
 - c. Avoid conflicts of interest and disclose any possible conflict to the client

Crisis Intervention Services

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

Crisis Lines

1. Programs offering crisis line services must have written policies and procedures that cover, at a minimum:
 - a. Scheduling, coverage, and back-up
 - b. Confidentiality
 - c. Assessing suicide risk of a caller
 - d. Provision of relay services for individuals who are deaf or hard of hearing
 - e. Provision of services for individuals with disabilities
 - f. Provision of interpreter services for individuals with Limited English Proficiency
 - g. Provision of services that are trauma-informed, and culturally and linguistically appropriate
 - h. Safety planning for children/families involved
2. Crisis lines operated by domestic violence/sexual assault programs must:
 - a. Provide 24/7 crisis telephone access
 - b. Advertise and widely distribute the crisis line number, including on the program's website and any printed materials distributed by the program; when the program's administrative office is closed, any voicemail system for the office should direct the caller to the crisis line number
 - c. Be answered by a program staff member, volunteer, or contractor who has had training on crisis intervention and trauma-informed approaches to answer crisis line calls; the line should not be answered by an answering machine or voicemail system
 - d. Provide equal access to crisis lines for those who are deaf, hard of hearing, or have a disability affecting their ability to communicate. Communication methods could be through the use of an assisted listening device, visual device, or another form of electronic communication
 - e. Have a plan for responding to persons with Limited English Proficiency. Programs should work to provide necessary language assistance and access to qualified interpreters
3. Programs providing crisis line 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, including suicide risk
 - b. Listening to and validating the caller's experience
 - c. Safety planning
 - d. Information about available legal remedies
 - e. Crisis intervention
 - f. Information and referral to current and comprehensive available community resources

Eligibility

Programs should adopt policies related to whom their program is designed to serve. There should be policies and procedures in place that define the service area and eligibility standards for clients, and any criteria for denial of services.

Programs must not have the following:

1. Policies that deny individuals access to services based on their relationship to the perpetrator
2. Policies that impose restrictive conditions to be met by the victim in order to receive services
3. Requirements that victims participate in any activity that may compromise their safety

Emergency Financial Assistance

1. The main purpose of emergency financial assistance is to address financial barriers that interfere with a client's ability to have a safe and stable living situation. These activities fit a wide range of unique clients' needs and range from transportation, childcare, and employment supports to rental assistance or car repair. Advocacy for clients that accompanies any financial assistance program should be client-directed and trauma-informed and may include, but is not limited to:
 - a. Case management and legal assistance to help a family remain in its current housing
 - b. Advocacy with landlords, housing authorities, and housing service providers
 - c. Connections to community resources
 - d. Access to information on budgeting and financial planning
 - e. Safety planning based on a victim's unique needs, circumstances, and strengths
2. Financial assistance is determined by a client's individual needs. Programs should work with each household to determine how best to structure the assistance.
3. Programs must establish eligibility requirements and have policies in place for the distribution of emergency financial assistance.

Forensic Interviews and Exams

1. Forensic interviews must be conducted in a manner that is trauma-informed, legally sound, and of a neutral, fact-finding nature. Interviews should be coordinated to avoid duplicative interviewing.
2. Forensic interviews for children should follow the [National Children's Alliance Standards for Accredited Members](#).

3. Forensic Exams should follow the national protocols developed by the U.S. Department of Justice, Office on Violence Against Women, in accordance with [28 CFR § 115.321 - Evidence protocol and forensic medical examinations:](#)
 - a. [National Training Standards for Sexual Assault Medical Forensic Examiners](#)
 - b. [A National Protocol for Sexual Assault Medical Forensic Examinations - Adults/Adolescents Second Edition](#)
4. Forensic interviews and/or exams must be conducted in a culturally and linguistically appropriate manner and must be able to accommodate individuals with disabilities.

Governing Body/Board of Directors

1. The primary purpose of a governing body or board of directors is to govern the organization. A victim services program's board of directors does not oversee the day-to-day operations of the program. The board establishes 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. Nonprofit agencies are required to have a board of directors and a set of bylaws. Nonprofit bylaws must state that no financial benefit accrues as a result of membership on the board.
3. A victim services program's board must abide by all respective and applicable federal laws and state laws, codes, and statutes.
4. Board responsibilities include, but are not limited to:
 - a. Operation in compliance with the organization's Articles of Incorporation, bylaws, guidelines, and resolutions
 - b. Development and maintenance of a board structure with policies and practices that are designed to meet fiscal and governance responsibilities
 - c. Commitment to the organization's mission
 - d. Oversight of the organization's Executive Director, including regular performance reviews
 - e. Recruitment, orientation, and development of individual board members that reflect the diversity of the service community and possess needed skills, expertise, and connections
 - f. Provision of ongoing training for board members on their roles and responsibilities, program financial statements and procedures, program history, and the services provided
 - g. Following policies and practices to prevent conflicts of interest, including a practice to exclude family members of program staff from board service
 - h. Meeting 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
 - i. Preparation and presentation of an annual report at the annual meeting
 - j. Reviewing and approving financial reports at the scheduled board meetings to be fully aware of the current financial status of the agency and to maintain fiscal integrity

- k. Engaging in development and fundraising as needed to support the mission of the organization
- l. Ensuring written personnel policies and procedures are developed, reviewed, and approved; ensuring that these are systematically followed and in compliance with all applicable rules, regulations, guidelines, and laws
- m. Ensuring written financial policies and procedures are developed, reviewed, and approved; ensuring that they are systematically followed and in compliance with all applicable rules, regulations, guidelines, and laws
- n. Ensuring an organizational structure is in place to provide effective victim-centered services
- o. At least two hours of annual financial training per the ICDVVA Subaward Agreement

Housing Interventions

Housing intervention strategies, including transitional housing, transition in-place, and rapid re-housing, differ in length of time needed to re-establish a safe and independent household. They also vary in strategies needed to achieve self-sufficiency and the amount of supportive services needed. Housing intervention services may be provided through any of following types of housing:

- a. Organization-owned or leased
 - b. Organization-owned and managed by a property management company
 - c. Co-located with the emergency shelter
 - d. Government supported
 - e. Privately-owned, one location
 - f. Privately-owned, more than one location/scattered site
1. A housing intervention program must:
 - a. Have an established intake and decision-making process to identify eligible residents; residents must be fully informed of their rights and responsibilities while residing in transitional housing
 - b. Adhere to organizational and service standards found in other sections of this manual if those services are provided
 - c. Inform residents about how to obtain 24-hour crisis intervention services
 - d. Provide or make referrals for free emergency food, clothing, and personal hygiene items for residents and their children
 2. A housing intervention program should have clear, written policies regarding the following:
 - a. Flexible length-of-stay policy balances victim's needs with the program's ability to meet those needs
 - b. Method for maintaining the safety of residents as described in the program's policies
 - c. Application and acceptance process to identify eligible residents, which includes eligibility criteria
 - i. Includes consideration of how best to support participants who face barriers to independent housing related to their credit or criminal history
 - ii. Prior participation in victim services should not be a requirement to be eligible for housing intervention services
 - d. Resident rights and responsibilities

- e. Confidentiality
 - f. Safety
3. A lease required in a housing intervention program should, whenever possible, be taken out in the name of the client, to assist them in beginning to build a positive rental history. When a lease must be placed in the program's name, it should be transferred to the client's name at the earliest opportunity.
 4. Victim service housing staff members should work in partnership with those residing in housing in finding long-term housing prior to the end of their stay. Staff members should assist individuals in obtaining other temporary shelter if they are leaving transitional housing, either voluntarily or involuntarily. The required minimum assistance to be offered by staff members in this situation is provision of information and referrals to obtain alternative safe shelter and notice of the right to call back for additional assistance.

Infectious Disease Prevention

1. Programs must have written policies in place responding to contagious conditions and communicable diseases.
2. Shelter bedrooms must be checked regularly for health and safety reasons. Bedding should be washed at least weekly. Plastic covers are required for beds and pillows (if pillows are reused). Shelter kitchens and bathrooms must be thoroughly cleaned on a regular basis.
3. Written instructions on handwashing, personal care, food storage, and food preparation must be available.
4. First Aid supplies recommended by the Red Cross, Public Health Department, or other appropriate entity must be available at all times.
5. There should be procedures in place for safe storage of cleaning supplies, hazardous materials, and poisons. Information should be provided regarding procedures in treating and/or accessing emergency care for exposures.
6. In order to reduce or eliminate the hazards of occupational exposure to bloodborne pathogens, a program must implement an exposure control plan for the worksite with details on employee protection measures in conformance with [OSHA's Bloodborne Pathogens Standard 29 CFR 1910.1030](#).

Interagency Collaboration

1. Agencies must promote meaningful and respectful collaboration, coordination, and/or co-advocate with other agencies, other nonprofit organizations, and other community partners to promote and enhance victim services and to avoid duplication of effort.

2. Agencies must support coordinated public efforts to help crime victims, including but not limited to serving on federal, state, local, or tribal task forces, commissions and/or working groups or developing written agreements that contribute to better and more comprehensive services.
3. Agencies should refrain from disparagement, defamation, libel, or slander of other providers in the victim services field.
4. Agencies must assist victims in seeking available crime victim compensation benefits.

Language Access

The Council on Domestic Violence and Victim Assistance is committed to providing meaningful access to victim services for all individuals, regardless of their national origin or linguistic background or if they are deaf or hard of hearing. Providing an interpreter free of charge is essential in protecting the rights of individuals with Limited English Proficiency (LEP), and individuals who are deaf or hard-of-hearing.

1. Language Assistance Services:
 - a. Effective communication with LEP individuals requires funded programs to have language assistance services in place. There are two primary types of language assistance services: oral and written. Oral language assistance service may be provided by a demonstrably qualified bilingual staff member communicating directly in an LEP person's primary language or through an interpreter.
 - b. An interpreter renders a message spoken in one language into one or more other languages. Interpretation can take place in-person, through a telephonic interpreter, or via internet or video interpreting. An interpreter must be competent and have knowledge in both languages of the relevant terms or concepts particular to the program or activity and the dialect and terminology used by the LEP individual. Depending upon the circumstances, interpreters may provide simultaneous interpretation of proceedings so that an LEP person understands what is happening in that proceeding or may interpret an interview or conversation with an LEP person in the consecutive mode. Sight interpretation involves reading a document aloud to an LEP individual in translation. Interpreter competency requires more than self-identification as bilingual. Agencies should avoid using family members, children, friends, and untrained volunteers as interpreters because it is difficult to ensure that they interpret accurately and lack ethical conflicts.
 - c. Translation is the replacement of written text from one language into another. A translator also must be qualified and trained. Federal agencies and recipients may need to identify and translate vital documents to ensure LEP individuals have meaningful access to important written information. Agencies should proactively translate vital written documents into the frequently encountered languages of LEP groups eligible to be served or likely to be affected by the benefit, program, or service. When agency personnel have reason to believe that an individual is LEP, the agency must respond to that LEP individual in a language he or she understands. For example, a letter sent to a specific LEP person should be translated into the appropriate language for that individual to ensure effective communication. Agencies should also put processes in place for handling written communication with LEP individuals in less frequently

encountered languages.

2. Complaints:

If a deaf, hard of hearing, or LEP individual believes he or she has been discriminated against by the program providing services, because of background, ethnicity, lack of understanding of the English language, or ability to communicate, such person may submit a complaint. The complaint may be written or verbally communicated in his or her own language and provided to the language access coordinator. The language access coordinator must disclose any complaints to the program's ICDVVA Grant Manager.

3. Notice of Available Services:

Subrecipients must inform LEP individuals of their eligibility for benefits, programs, and services in a language they understand. Agencies should assess all points of contact, telephone, in-person, mail, and electronic communication their staff has with the public and LEP individuals when determining the best method of providing notice of language assistance services. An agency should not only translate its outreach materials, but also explain how LEP individuals may access available language assistance services. Methods used to inform LEP individuals about language assistance services may include translating outreach materials into other languages, updating non-English content in key languages on the main page of the program website, and providing public service messages in non-English media describing their programs.

4. Language Access Plans:

All ICDVVA-funded programs must maintain a written Language Access Plan with the following components:

- a. Language assistance will be free of charge
- b. Reasonable steps must be taken to provide meaningful access
- c. Policies and Procedures must set out how services will be provided, and by whom
- d. Data must be collected regarding number of LEP individuals served and languages provided
- e. A complaint process must be included for both clients and employees, with a clause to prohibit retaliation against complainants
- f. The plan must designate a language access coordinator, who will be responsible for processing complaints and ensuring compliance with the agency plan

Mandatory Reporting

Programs must have written policies in place notifying staff about Idaho's mandatory reporting requirements.

In accordance with Idaho Statute [\(Section 16-1605\)](#), any person having reason to believe that a child under the age of eighteen (18) years has been abused, abandoned, or neglected, or who observes the child being subjected to conditions or circumstances that would reasonably result in abuse, abandonment, or neglect, must report or cause to be reported within twenty-four (24) hours such conditions or circumstances to the proper law enforcement agency or the Department of Health and Welfare.

To report suspected child abuse, neglect, or abandonment, call:

1. Statewide: 855-552-KIDS (5437)
2. Treasure Valley: 208-334-KIDS (5437)
3. 2-1-1 or local law enforcement

Medical Advocacy

A program providing medical advocacy services must:

1. Have written policies and procedures in place that describe how the program will assist clients receiving medical care
2. Ensure that the staff members or volunteers have 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 area
3. Provide non-judgmental, victim-identified interventions and actions, including support during a medical exam, only upon the victim's consent and consistent with the policy and protocol of the medical facility
4. Have policies in place to address how advocates will respond to victims who are non-English speaking or individuals with disabilities to ensure that services are provided to these individuals
5. Provide services that are accessible and developmentally, culturally, and linguistically appropriate
6. Provide victims with information regarding the following, as well as referrals to available community resources when indicated:
 - a. Confidentiality provisions and limitations
 - b. Civil, criminal, legal, and medical care options
 - c. Safety planning
 - d. Victims' rights
 - e. Crime Victims' Compensation
 - f. Shelter services

7. Work with the local hospital 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

Personnel

1. There must be assurances that the program is an equal opportunity employer and does not discriminate against or tolerate harassment of any employee based on any classification protected by local, state, or federal law.
2. The program must maintain a professional work environment for all employees that is free from physical, psychological, verbal, or sexual harassment.
3. Personnel policies must address:
 - a. The recruitment, selection, training, orientation, evaluation, supervision, discipline, and termination of employees
 - b. Employee-management relation procedures, including those for managing employee grievances and adverse actions without bias or fear of retaliation
 - c. Available benefits and employee leave guidelines
 - d. Opportunities for training, development, and advancement
 - e. Standards of conduct and ethics policies that include clear professional boundaries between and among supervisors, staff, and clients that ensure confidentiality and avoid conflicts of interest
 - f. The procedure for conducting staff performance evaluations, including the timing and frequency of evaluations and who conducts them
4. Programs must have procedures for verification of personal employee references and conducting criminal background checks on all employees. Employees who will work with minors must satisfy all requirements of the Suitability to Work with Minors section of these Program Standards.
5. Personnel files must be maintained for each employee and should contain, at a minimum:
 - a. Background checks
 - b. W-4 and I-9 forms
 - c. Written wage authorizations
 - d. Performance evaluations
 - e. Training records to verify CEU credits
 - f. Signed acknowledgments of policies, forms, and manuals received
 - g. Signed Confidentiality Agreement
6. A record should be kept of the job descriptions of each staff position, addressing the roles and responsibilities, qualifications, and salary range.

Program Evaluation

Evaluation is a critical component of every service type and within every service modality.

1. Evaluations should be voluntary and anonymous. Programs should follow ICDVVA survey requirements as set forth in their subaward agreements.
2. Any survey or other evaluation tool should consider the following:
 - a. Reasonable length for a victim to complete
 - b. Cultural and linguistically appropriate
 - c. Language should not be retraumatizing to a victim
 - d. Accessible format
3. Programs wishing to conduct additional, non-anonymous evaluations may consider the following activities to solicit program feedback:
 - a. Developing an advisory board consisting of current and former participants
 - b. Conducting focus groups of former program participants
 - c. Periodically reviewing policies and procedures for best practices

Record Retention, Storage, and Destruction

1. The program must have a Record Retention Policy regarding the maintenance of records for the operation of the program, including:
 - a. Client files
 - b. Determination of eligibility
 - c. Provision of services
 - d. Security and access
 - e. Destruction of records (frequency, method, and who is authorized to perform)
2. Programs must retain records for at least three years (per ICDVVA subaward agreement)

Emergency and Alternative Shelter

Shelter

1. A victim service shelter must provide access, admission, and residence in temporary shelter for victims and their children every day, 24 hours a day.
2. Shelter must be provided without conditions for anyone experiencing domestic violence. Shelters cannot impose screening methods such as criminal background checks, sobriety requirements, or mandatory attendance at meetings or counseling sessions as a prerequisite to receiving shelter.
3. 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; or
 - b. Other shelter accommodations, such as time-limited motel/hotel placement, or other direct placement programs providing safe housing that are arranged and provided by the program.
4. A shelter must:
 - a. Provide decent, safe, and sanitary conditions free of potential hazards
 - b. Provide a tour of the shelter, including exit doors, fire alarms, and other safety measures
 - c. Inform residents how to contact an advocate after hours
 - d. Provide access to a telephone
 - e. Provide access to wifi for clients to attend telehealth and other virtual appointments
 - f. Ensure all windows, doors, and other building access points have secure locks
 - g. Be a smoke-free, drug-free, and violence-free environment
 - h. Provide any shelter house rules or guidelines to residents at time of check-in
 - i. Have rules that include safety and security measures residents are expected to follow
 - j. Ensure that shelter bedrooms include plastic mattress and pillow protectors (if pillows are reused) and are checked regularly for health and safety reasons
 - k. Ensure kitchen and bathrooms are cleaned regularly
 - l. Ensure cleaning supplies, hazardous materials, and poisons are stored in a safe place, and out of reach of children
 - m. Provide residents with instructions on hand washing, personal care, food storage preparation
 - n. Provide emergency food, clothing and personal hygiene items for residents and their children, free of charge
 - o. Not require residents to participate in religious groups or to use religious materials
 - p. Offer accommodations to individuals with disabilities
 - q. Have first aid supplies available at all times
 - r. Provide residents with an individual lock box, locker, or cabinet for storage of medications and/or valuables
 - s. Conduct an annual fire inspection and post fire evacuation plans onsite
5. A program that provides shelter services must ensure that all services are accessible and culturally and linguistically appropriate.

6. Shelters must provide education and information about:
 - a. The nature and dynamics of domestic violence
 - b. Safety planning
 - c. Access to resources
7. Programs providing shelter services 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 assist in maintaining safety
 - vi. Right to an accommodation to shelter policies, rules, practices, or activities for individuals with disabilities at any time and the process for requesting an accommodation
8. While a shelter services program may be time limited, it should also be flexible and balance the needs of victims with the program's ability to meet those needs.
9. A shelter program should include a voluntary process that promotes communal living, such as regularly scheduled house meetings to facilitate communal living.
10. A shelter program must have written policies regarding service animals and other animals that may accompany residents into shelter.

Hotel/Motel Placement

Hotel/Motel placement may be used by programs as their primary emergency shelter model in place of a traditional shelter.

1. Hotel/Motel placement must provide services comparable to those offered in a stand-alone shelter facility.
2. Hotel/Motel placement by victim service programs shall also abide by the policies contained in these standards and ensure confidentiality extends to the motel/hotel where an individual or family is residing.
3. Hotels/Motels providing shelter accommodations must be notified of client safety requirements.
4. Hotels/Motels may be used by residential programs in circumstances that include, but are not limited to:
 - a. The primary shelter is full

- b. The distance between those seeking shelter and the shelter precludes immediate access to the facility
- c. Those seeking shelter have special needs best served by hotel/motel placement
- d. The program participant needs to travel and attend medical or forensic appointments, court, or other proceedings in a location that is a significant distance from their current residence
- e. To mitigate spread of communicable disease

Suitability to Work with Minors

A program that is intended to serve a general or adult population where it is expected that minors could partake in the services or activities must screen covered individuals for suitability to work with minors. Determinations should be recorded in [ICDVVA's Suitability Determination Worksheet](#), including the covered individual's name, date of background check results, date of the determination, the determination of suitability, and who made the determination. The determination should be made by someone with adequate knowledge of the award program, condition requirements, and the organization's background check policies.

1. A covered individual is not limited to VOCA-funded staff. It includes any individual (other than a participating minor) who is likely to interact with any participating minor. This individual can be funded through any funding source or be a volunteer.
2. "Activities under the award" are any activities paid for with federal funds from the award, matching funds included in the approved budget, or program income for the award.
3. Subgrantees must have a Determination of Suitability to Interact with Minors Policy, that includes the following elements:
 - a. Advance determination is required of any individual who is expected or reasonably likely to interact with a minor in the course of the grant awards.
 - b. Determination is made in writing.
 - c. Determinations are renewed at least every five years.
 - d. Determinations are reexamined if information becomes available reasonably suggesting unsuitability.
 - e. Determinations will be made within six months of background check completion.
 - f. Searches will be conducted by current and previous names/aliases as follows:
 - i. Public sex offender and child abuse websites/registries - including:
 1. The Dru Sjodin National Sex Offender Public Website (www.nsopw.gov)
 2. The website/public registry for each state (and/or tribe, if applicable) in which the individual lives, works, or goes to school, or has lived, worked, or gone to school at any time during the past five years
 3. The website/public registry for each state (and/or tribe, if applicable) in which the individual is expected to, or reasonably likely to, interact with a participating minor in the course of activities under the award

4. Criminal history registries and similar repositories of criminal history records:
 - a. For each state in which the individual lives, works, or goes to school, or has lived, worked, or gone to school at any time during the past five years
 - b. For each state in which he or she is expected to, or reasonably likely to, interact with a participating minor in the course of activities under the award.
 - c. Searches will be conducted by using fingerprints when possible.
4. Determination of unsuitability: An individual may not be determined as suitable if the individual:
 - a. Withholds consent to a criminal history search required by this condition
 - b. Knowingly makes (or made) a false statement that affects, or is intended to affect any search required by this condition
 - c. Is listed as a registered sex offender on the Dru Sjodin National Sex Offender Public Website
 - d. To the knowledge of the agency, has been convicted – whether as a felony or misdemeanor – under federal, state, tribal, or local law of any of the following crimes (or any substantially equivalent criminal offense, regardless of the specific words by which it may be identified in law):
 - i. Sexual or physical abuse, neglect, or endangerment of an individual under the age of 18 at the time of the offense
 - ii. Rape/sexual assault, including conspiracy to commit rape/sexual assault
 - iii. Sexual exploitation, such as through child pornography or sex trafficking
 - iv. Kidnapping
 - v. Voyeurism
 - vi. Is determined by a federal, state, tribal, or local government agency not to be suitable

Support Groups

1. A program providing support group services must ensure that the facilitator has training, education, or experience in group facilitation and group dynamics for a peer-to-peer led group, and in trauma-informed and 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 should discuss the requirement of maintaining confidentiality.
4. Support group services, which differ from professional group therapy, must provide support for needs identified by those attending the group session, which include, but are not limited to:
 - a. Safety planning

- b. Active listening
- c. Problem solving
- d. Information about available legal options
- e. Information about available community resources

Training

1. Agencies must ensure that all grant-funded employees obtain a minimum of 20 hours of initial training upon hire and 20 hours annually of continuing education. Volunteers working directly with victims must also obtain a minimum of 20 hours of initial training and 10 hours of continuing education annually to assist them in acquiring and 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. CEU records should be kept for each employee and volunteer, listing the training topic, date, duration, trainer, and location of each training completed. These records must be supplied to ICDVVA during the monitoring process.
2. All shelter staff must have current First Aid/CPR Certification.
3. Employees and volunteers should be provided with a training manual.
4. The organization's personnel manual should address training, including onboarding requirements and continuing education expectations.
5. Training topics should include, at a minimum:
 - a. Trauma-informed care of clients
 - b. Civil rights
 - c. A framework for understanding the nature and dynamics of domestic violence
 - d. Advocacy and empowerment for victims
6. Programs must be aware of and comply with additional training requirements of federal, state, and local laws and accreditation and professional bodies.
7. Agencies are encouraged to seek out free and virtual trainings when possible to conserve funding
8. Agencies are encouraged to make their own sponsored/hosted trainings available to other statewide service providers to make the best use of funds

Transportation Services

1. Programs that provide transportation services to clients must have written transportation policies and procedures in place that include, but are not limited to, the following:
 - a. All passengers must follow all safety laws related to seat belts and child safety seats.
 - b. Texting while driving is prohibited under all circumstances.
 - c. The agency must maintain records of proof of insurance and a valid driver's license for any employee who drives for the organization or transport clients as part of their work responsibilities.
 - d. An organization that provides transportation to victims must comply with all other applicable city, state, and federal laws.
 - e. Programs should attempt to limit instances where one child under 18 is alone with one staff member in a vehicle.

Trauma-Informed Services

Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize. The principles of Trauma-Informed Care reduce re-traumatization and promote healing by:

- a. Creating a physically and emotionally safe environment
 - b. Establishing trust and boundaries
 - c. Supporting autonomy and choice
 - d. Creating collaborative relationships and participation opportunities
 - e. Using a strengths- and empowerment-focused perspective to promote resilience
1. A victim service program must use trauma-informed and culturally appropriate interventions which include, but are not limited to:
 - a. Recognition that trauma is a pivotal force that shapes a victim's mental, emotional, and physical well-being
 - b. Recognition of the victim's needs to be respected, informed, connected, and hopeful
 - c. Recognition of the interrelation between trauma and symptoms of trauma (substance abuse, depression, eating disorders, anger, and anxiety).
2. All staff members and volunteers who come into contact with victims must receive trauma-informed training.

Victims of Federal Crimes

Agencies must provide services to victims of federal crimes on the same basis as victims of state crimes. A victim of federal crime is a victim of an offense in violation of a federal criminal statute or regulation, including, but not limited to, offenses that occur in an area where the federal government has jurisdiction, whether in the United States or abroad, such as tribal reservations, national parks, federal buildings, and military installations. Examples of other federal crimes are terrorism, bank robbery, some drug-related crimes, some hate crimes, interstate or international kidnapping, trafficking, and mail or wire fraud.

Voluntary Services

1. Use of program services by any individual must be solely on a voluntary basis. Programs must not require clients to participate in one service in order to be eligible for other services. Individuals must not be coerced into participating in services or making changes in their lives that are not acceptable to them. Agencies may not impose mandatory drug tests on clients, compel clients to attend substance abuse treatment, or require attendance at any meeting or counseling session as prerequisites to receiving shelter or other services.
2. Client autonomy must be respected. Survivors should be empowered to make their own choices. Agencies should not impose rules that limit client behavior beyond protecting their safety and confidentiality.

Volunteers

1. A victim service program may use unpaid volunteers to augment the program's services. Programs funded by VOCA must use volunteers to support victim service activities or must obtain a waiver from ICDVVA. Waivers will only be granted if the following criteria are met:
 - a. The program provides ICDVVA with a compelling reason to explain why they do not use volunteers
 - b. A narrative is provided to ICDVVA describing methods that will be used to create volunteer opportunities in the future
 - c. ICDVVA has approved the request and issued a one-year waiver
2. A program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision, and dismissal of volunteers. Such policies should clarify the roles and responsibilities of volunteers, with specific details addressing professional boundaries; confidentiality requirements; and how, when, where, and how often volunteers will be used.
3. Programs must conduct background checks on all volunteers who work directly with clients or have access to confidential information. This should be updated every five years. Volunteers who come into contact with clients who are minors must meet all standards in the Suitability to Work with Minors section of the Service Standards.

4. A program must have written job descriptions for each volunteer position that follows the format of job descriptions for staff members. Job descriptions are to be provided to volunteers upon or before acceptance in the program.
5. A program shall maintain a confidential file for each volunteer that shall include, at a minimum:
 - a. Volunteer application
 - b. Background check
 - c. Licensures and certifications, if applicable
 - d. Reference checks
 - e. Signed confidentiality statement
 - f. Record of all training completed by the volunteer
6. A program must provide ongoing supervision of volunteers by program staff.
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 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 children

Waiver

The Council will, at its discretion, waive compliance with a requirement in this Service Standards Manual upon submission of a completed [Waiver Request Form](#), if the Council determines:

- (1) there is good cause for the request
- (2) the safety of clients is assured
- (3) an acceptable alternative is provided

Definitions

Accessibility

Programs have an ongoing obligation to ensure that individuals with disabilities are not excluded from programs and services because facilities are unusable or inaccessible to them. (American with Disabilities Act, 42 USC § 12101). Section 504 of the Rehabilitation Act of 1973 (29 USC § 794) states that “no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subjected to discrimination under” any program or activity that either receives Federal financial assistance or is conducted by any Executive agency. The Fair Housing Act requires owners of housing facilities to make reasonable exceptions in their policies and operations to afford people with disabilities equal housing opportunities (Fair Housing Act, 42 USC § 3601).

Advocate

An advocate provides advocacy, support, options, resources, and referrals for victims/survivors. Advocates also work on community and system levels identifying and promoting changes that will improve responses to victims/survivors and their children.

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, or educational services (FVPSA).

Assessment

Assessment involves 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 best practice is 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.

Child

Anyone under the age of 18, unless legally emancipated, is considered a child (FVPSA).

Collaborate

Collaboration is the process by which individuals and 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

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

Consultant

A consultant 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 (FVSPA).

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 who is in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing.

Cultural Competency

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

Deaf

A deaf individual is one in whom the sense of hearing is not functional for the ordinary purposes of life. Deaf includes several kinds of deafness; prelingually deaf, post linguually deaf and deafened, and 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, as well as other emergency services that are intended to restore the victim’s sense of security are considered direct services (VOCA Subgrantee Training Guide).

Disability

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

Domestic Violence

Domestic violence is a pattern of 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 include 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).

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, are considered hard of hearing (Idaho Council for the Deaf and Hard of Hearing).

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 Proficiency (LEP)

Individuals who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient, or “LEP.” Recipients of Federal financial assistance must ensure that their programs and activities normally provided in English are accessible to LEP persons. Federal laws applicable to language access include Title IV of the Civil Rights Act of 1964, which prohibits 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 and Executive Order 13166).

Linguistically and Culturally Relevant Services

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

Personally Identifying Information (PII)

PII is individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault or stalking, [regardless of whether the information is encoded, encrypted, hashed, or otherwise protected](#), 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, [driver license number, passport number, or student identification number](#); and
- (E) Any other information, including date of birth, racial or ethnic background, or religious affiliation, that would serve to identify any individual (FVPSA).

Protection Order

A protection order is a legal order that is issued by the court at the request of the victim (petitioner) against the perpetrator(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).

Release of Information (ROI)

An ROI is 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).

Safety Planning

Safety Planning empowers victims of domestic violence to 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

A service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability. Service animals must be allowed in all areas of a facility where the public is allowed except where the dog's presence would create a legitimate safety risk or would fundamentally alter the nature of a public entity's services. Public entities may not require documentation, such as proof that the animal has been certified, trained, or licensed as a service animal, as a condition for entry. In situations where it is not apparent that the dog is a service animal, a public entity may ask only two questions: 1) is the animal required because of a disability? and 2) what work or task has the dog been trained to perform? Public entities may not ask about the nature or extent of an individual's disability (American with Disabilities Act, 42 USC § 12101; Section 504 of the Rehabilitation Act of 1973, 29 USC § 12101; and the Fair Housing Act, 42 USC § 3601).

Sexual Assault

Sexual Assault can consist of 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. Sexual assault also includes forced sexual intercourse (rape), sodomy (oral or anal sexual acts), child molestation, incest, fondling, and attempted rape (FVPSA).

Trauma-Informed Services

Services are considered trauma-informed 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) 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 Treatment

Medical, physiological, psychological, and psychosocial therapies are considered trauma-informed when they 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).