
MCADSV STANDARDS FOR **Sexual Violence Programs**

DECEMBER 2020



About the Standards for Sexual Violence Programs

HISTORY OF THIS PUBLICATION

These standards were developed to assist sexual violence programs in providing quality services and adhering to best practices in the provision of core services to individuals who have been victims of sexual assault and their children. MCADSV member program representatives first met in 1991-1992 to develop a set of comprehensive guidelines, which were originally published in the 1993 MCADSV publication, *The Blueprint: Service Guidelines for Missouri Domestic Violence Programs*. Later, *Service Standards and Guidelines for Domestic Violence Programs* and *Service Standards and Guidelines for Sexual Violence Programs* were developed by the MCADSV Services and Education Committee and approved by the MCADSV Board of Directors. Periodic revisions include input from MCADSV member program representatives, Quality Assurance Workgroup participants, Membership Committee and Board of Directors. This most recent edition, *Standards for Sexual Violence Programs*, was published in 2016.

EVALUATION AND MONITORING

Since their initial development, the goal of these standards is to support consistent high-quality services and accountability to anyone seeking or receiving services from a sexual violence program in Missouri.

Through their MCADSV membership, sexual violence programs agree to abide by these standards, as well as the companion standards for domestic violence programs and batterer intervention programs as applicable. In addition, any program receiving funds from the Missouri Department of Social Services or Missouri Department of Public Safety also agrees to follow these standards, regardless of MCADSV membership status.

Evaluation tools are available to assist programs in using these standards, and MCADSV staff can help facilitate program evaluation and offer technical assistance when questions arise.

Finally, MCADSV member program boards and staff should understand that when a complaint against a program is reported to MCADSV, these standards will be used as the guidelines for addressing the complaint and any resulting areas of concern.

PRINCIPLES OF SERVICE STANDARDS

The following principles can be used to understand the underlying purposes and intentions of the MCADSV standards:

- These standards are to be used as a guide for best practices in providing sexual violence services to each individual who requests them.
- Rape and abuse are rooted in power and control. Rape and abuse are rooted in both societal imbalances of power and individual biases based on gender and gender identity, color, ethnicity, national origin, immigration status, sexual orientation, socioeconomic class, age, ability, physical or mental health, and others.
- Individuals who have experienced sexual assault and abuse should not be defined solely by this experience, and should never be held responsible for the abuse perpetrated against them.
- Confidentiality is paramount.
- The safety and rights of individuals seeking services must be the highest priority.
- Services, policies and procedures should be developed and provided in a way that supports individually-defined advocacy, with the recognition that individuals may have experienced multiple traumas and may have multiple issues that also require supportive service.
- Programs for individuals who are abused and their children must provide options and referrals, and all services should be performed only upon the request or consent of the individual. All services must be voluntary and not required.
- Sexual violence programs are accountable to the individuals requesting or receiving services.
- Policies and procedures of sexual violence programs should do no harm.
- Be respectful, be nice and do the right thing.

ABOUT STANDARDS FOR DUAL DOMESTIC AND SEXUAL VIOLENCE PROGRAMS

There are two MCADSV documents that guide dual domestic and sexual violence service programs when providing and evaluating services. These are: 1) *Standards for Domestic Violence Programs*; and 2) *Standards for Sexual Violence Programs* [this document].

In 2009, the MCADSV Board of Directors adopted standards for dual-service programs. These were developed by a working group of advocates, Board members and Coalition staff, who recommended that, rather than a separate set of standards for dual-service programs, such standards be incorporated into those that are specific for each type of service. The one exception is the separate Training standard for dual programs that increases the required training by eight hours [see page 19]. The incorporation of standards for dual programs is intended to allow programs to use the best-practice standards that address the specific services they provide and to tailor their evaluation processes to the services provided to individuals who have survived sexual and domestic violence.



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Board of Directors

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

STANDARDS FOR BOARD OF DIRECTORS

1. The primary purpose of a sexual violence program Board of Directors is to govern the organization. The Board of Directors does not manage the day-to-day operations of the program—unless the program is in a start-up or in a transition phase.
2. A sexual violence program Board of Directors must abide by all policies, laws and MCADSV standards related to confidentiality. Because confidentiality is paramount in sexual violence service provision, all board members should understand and follow these guiding documents related to the personal information of those seeking services from their program.
3. A sexual violence program Board of Directors must abide by Missouri laws Section 355 RSMo: Nonprofit Corporation Law, pertaining to nonprofit organizations, and Section 455.003 RSMo pertaining to rape crisis centers. This includes, but is not limited to:
 - a. A Board of Directors is accountable to the program and the communities it serves. It ensures the program's compliance with its bylaws. Bylaws provide the governance structure for the organization and its elected board. This includes the mission and purpose of the organization. The bylaws should detail what constitutes a quorum, attendance requirements and how to address holding meetings or votes that are not conducted in person, such as by conference call or electronic methods;
 - b. A Board of Directors should have a conflict of interest policy and procedure. Boards must have clear policies that prohibit board and staff members of the organization from undertaking activities that have an appearance of conflicting interests, and all board members must review and sign this policy annually;
 - c. A Board of Directors should rotate both board members and Executive Committee members on a regular time schedule as set forth in the bylaws. Board member term limits may be included in the bylaws;
 - d. Board members must receive all notices of meetings, agendas and relevant materials in a timely manner;
 - e. A Board of Directors should have an Executive Committee and job descriptions for board and officer positions. Standing workgroups and/or committees of the board should be detailed in the bylaws;
 - f. Both the Missouri Secretary of State and Missouri Department of Revenue require nonprofit organizations to report on the Board of Directors or organization. The Secretary of State requires an annual report to be filed each year to reflect maintenance or changes to the organization. The Department of Revenue requires any changes to be reported. Changes include



a corporation's exemption registration records, sales/use tax, employer withholding tax, or corporate income/franchise tax. These changes also include name, address, and identification of the officers on the Board of Directors. This form must be filed each and every time the board elects a new officer(s). Information reported to the Department of Revenue includes board members' full names, physical addresses, birth dates and Social Security numbers;

- g. A Board of Directors should be familiar with, and base its practices on, the current requirements of the Missouri Sunshine Law (Sections 610.010-610.035 RSMo) as organizations may be viewed as "quasi-public governmental bodies." In particular, programs should maintain board and committee meeting minutes and have clear policies for when a closed session meeting can be called. An example of a closed session meeting may include, but not be limited to, personnel issues or the annual evaluation of the Executive Director; and
 - h. Minutes of the board, committee and workgroups meetings should be maintained by the Board Secretary, kept at the program's administrative office and be available upon request. Meeting minutes must include actions taken by the board.
4. A sexual violence program Board of Directors should develop and periodically review the organization's mission statement and how it guides the work of the organization and the specific services provided.
 5. A sexual violence program Board of Directors should provide clear expectations about a board member's time and financial contributions to the organization.
 6. A sexual violence program Board of Directors should be comprised of members who represent the racial, ethnic and socioeconomic diversity of the community to be served, and at least one member should have personal experience of sexual violence. A Board of Directors should be comprised of individuals from diverse professions and backgrounds whose experience includes a range of skills and expertise.
 7. A sexual violence program Board of Directors must consist of individuals who are not related to program staff and who do not have a conflict of interest with program staff or other board members.
 8. A sexual violence program Board of Directors must offer orientation and training to new board members about their roles and responsibilities, job descriptions, program financial statements and procedures, program history, services provided, trauma-informed practices and secondary trauma often experienced by those working with individuals in crisis. A minimum of one training session for the Board of Directors' ongoing development should be offered each year.
 9. A sexual violence program Board of Directors is responsible for the financial decisions of the program. The board should develop, approve and follow written policies related to fiscal accountability, the annual budget and auditing.
 10. An annual board self-evaluation should be conducted by all members of the Board of Directors and should be submitted, reviewed and distributed by the board officers.
 11. A sexual violence program Board of Directors is responsible for hiring only one position for the organization, the Executive Director. The board should support and assist the Executive Director's leadership role in the organization. Only the Executive Director should be responsible to the board; all other personnel are the management responsibility of the Executive Director.
 12. A sexual violence program Board of Directors' Personnel or Executive Committee is responsible not only for hiring or firing an Executive Director, but also for evaluating the performance of the Executive Director annually and making recommendations to the board regarding any goals, areas of strength, areas of concern and salary adjustments. Board members should act as mentors and seek ways to support the Director. Board members should be clear about their expectations and any shared definitions of success.



Organizational Administration

Organization administration refers to the policies and procedures developed and maintained by the sexual violence program to ensure that high-quality services are provided with accountability to individuals who have experience sexual violence and their children.

STANDARDS FOR ORGANIZATIONAL ADMINISTRATION

1. A sexual violence program must have and follow written policies concerning:
 - a. Fiscal management, including compliance with funding requirements and internal controls to reduce the risk of fraud;
 - b. Volunteer and staff recruitment with initial and ongoing training and supervision, following MCADSV standards;
 - c. Personnel policies that:
 - i. Comply with employment law and prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status;
 - ii. Include job descriptions for paid staff members and volunteers; and
 - iii. Include policies regarding the maintenance of a confidential file for each staff and volunteer that includes but is not limited to the person's application, resume, background check with the Children's Division of the Department of Social Services, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the individual;
 1. A background check with the Children's Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
 - d. Board of Directors job descriptions, orientation and ongoing development; and
 - e. Daily operations, including but not limited to:
 - i. Confidentiality, documentation of services, custodian of records and disclosure of information, including but not limited to:
 1. Privacy and confidentiality procedures for service-provision records for all individuals who request or receive services;
 2. Release-of-information policies and procedures;
 3. Service provision documentation;
 4. Admissions, intake and departure policies and procedures; and
 5. Data collection policies and procedures.
 - ii. Safety and security systems and policies that incorporate the philosophy of the empowerment model and are based on the understanding that individuals in trauma may have additional considerations that should be met when possible;



- iii. Health and hygiene procedures, including but not limited to the use of universal precautions to control and prevent contagious disease, the use of hygienic practices, and safe storage and handling of food as applicable;
 - iv. Provision of services in accordance with MCADSV Standards for Sexual Violence Programs for language access, crisis intervention, case management, hotline, and all other services provided by the program and referred to in MCADSV Sexual Violence Program Standards;
 - v. Provision of services that do not promote any one religion and do not require individuals to participate in religious groups or to use religious materials;
 - vi. Rights of individuals receiving services, including but not limited to:
 - 1. The right to confidentiality and control of personal information,
 - 2. The right to see and receive a copy of her or his personal file of information with a written request and signed release of information,
 - 3. The right to individually-defined advocacy and voluntary services,
 - 4. The right to language access,
 - 5. The right to safety, and
 - 6. The right to be informed of and use grievance procedures without retaliation; and
 - vii. Culturally relevant services, resources, materials, personal items and food.
2. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
- a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).



Confidentiality

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

STANDARDS FOR CONFIDENTIALITY

1. This standard for confidentiality policies and procedures of sexual violence programs and the interconnected standards for documentation are based upon state and federal law, including Missouri law Section 455.003 RSMo and federal law 34 U.S.C. Section 12291(b)(2), 34 U.S.C. Section 20010(d) and 42 U.S.C. Section 10406(c)(5).
2. A sexual violence program must have policies and procedures to ensure that the confidentiality of any information that would identify individuals seeking or receiving services is not breached. These policies should include, but are not limited to, interagency communications, storage and access to records and service documentation, information systems and computers containing personally identifying information. Information contained in an individual's service records or other verbal or written communications that identify individuals served by the program is considered confidential.
3. In compliance with Missouri law Section 455.003 RSMo, a rape crisis center must "require persons employed by or volunteering services to the rape crisis center to maintain the confidentiality of any information that would identify individuals served by the center and any information or records that are directly related to the advocacy services provided to such individuals." Specific provisions to document adherence to this statutory requirement must be included in the program's policies on confidentiality. A rape crisis center is required to inform individuals served by the center about the nature and scope of this confidentiality requirement prior to providing any advocacy services, in compliance with state law Section 455.003 RSMo.
4. A sexual violence program that receives certain state and/or federal funds that have specific confidentiality requirements must have policies and procedures to ensure compliance with those requirements. These grants or contracts include:
 - a. State sexual violence grants administered by the Missouri Department of Social Services, which require adherence to "MCADSV Standards for Confidentiality";
 - b. The Violence Against Women Act (VAWA) grant requirements codified in 34 U.S.C. Section 12291(b)(2). These federal grant requirements include, but are not limited to, STOP grants administered by the Missouri Department of Public Safety. Grants administered by the Missouri Department of Public Safety require adherences to the "MCADSV Standards for Confidentiality" for those providing services to sexual violence victims; and
 - c. The Victims of Crime Act (VOCA) grant requirements codified in 34 U.S.C. Section 20110(d).
5. Sexual violence programs that receive federal funds through the Violence Against Women Act (VAWA) must have policies and procedures that maintain compliance with the confidentiality requirements of 34 U.S.C. Section 12291(b)(2). These include the following provisions that require those programs receiving grant funds to:



- a. Protect the confidentiality and privacy of adults, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. No individual client information can be revealed without the informed, written, reasonably time-limited consent of the person about whom information is sought;
 - b. Have policies specific to maintaining the confidentiality of information that can be released to the parent or guardian of an unemancipated minor, to the guardian of a person with disabilities, or pursuant to statutory or court mandate. Federal law provides that consent for release may not be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with disabilities; and
 - c. Have policies that detail how the program will make reasonable attempts to provide notice to the victims affected by any disclosure of information. Federal law requires that VAWA-funded programs must take steps necessary to protect the privacy and safety of persons affected by the release of information.
6. A sexual violence program must have policies that detail the specific distinction in procedures regarding release of records, in compliance with state law, federal law, and state and federal grant requirements. These policies should set forth the requirements for the written consent for release of information by individuals seeking or receiving services from the program.
7. A sexual violence program must have policies that ensure all consent for release of information forms are signed in writing by the person about whom information is to be released. In compliance with Missouri law Section 432.230 RSMo, if the law requires a record in writing or a signature, an electronic record or electronic signature satisfies the law. The person consenting to the release must be fully informed, and the consent forms must specifically state:
 - a. The purpose of the release of information;
 - b. The specific information that a person receiving services agrees can be released;
 - c. The person or entity to whom the information is to be released;
 - d. The date on which the form was signed;
 - e. Clear time limits for the duration of the release of information that includes the date at which the consent for release of information terminates; and
 - f. Language that clearly indicates that the consent for release of information may be revoked at any time.
8. A sexual violence program must have policies for the release of information of a minor child that includes fully informed, time-limited, written consent and signature of both the child and parent or guardian.
 - a. Consent for the release of information is prohibited from being given by the abuser of the minor or the abuser of the minor's custodial parent.
9. Policies must also include how sexual violence program staff, volunteers and Board of Directors will respond to summonses, subpoenas and warrants, and should, whenever possible, provide specific detail allowing for service of these court orders at a location other than that of the sexual violence program.
10. A sexual violence program must ensure that members of the Board of Directors, staff and volunteers sign a written statement agreeing to maintain the confidentiality of all information and records pertaining to those receiving or seeking services through the program, in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations.
11. A sexual violence program must maintain all records that contain personally identifying information in a secure, locked storage area. Organizations should have policies and safeguards in place to prevent



unauthorized access to information identifying individuals seeking or receiving services, including all information systems and computer-accessible records or documents.

12. A sexual violence program must have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law (Section 455.003 RSMo). Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
13. A sexual violence program must ensure that an individual who receives services understands and signs a written statement agreeing to maintain the confidentiality of others who also are provided with services by the program.
14. A sexual violence program must ensure that policies and procedures require that staff and volunteers' discussions and communication regarding services provided to individuals will occur in appropriate and private locations to maintain confidentiality.
15. A sexual violence program must develop policies that address the specific procedures by which staff who are legally mandated to report child abuse and neglect and eligible adult abuse and neglect comply with the mandated reporting provisions of Missouri law, Sections 210.115 RSMo and 192.2405 RSMo respectfully. These policies should also include provisions for reporting in compliance with the confidentiality requirements for shelter service information and records in Missouri law Section 455.220 RSMo.
 - a. Legally mandated reporters of child abuse and neglect, as identified in Section 210.115 RSMo, are: "any physician, medical examiner, coroner, dentist, chiropractor, optometrist, podiatrist, resident, intern, nurse, hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons, and any other health practitioner, psychologist, mental health professional, social worker, day care center worker or other child-care worker, juvenile officer, probation or parole officer, jail or detention center personnel, teacher, principal or other school official, minister as provided by section 352.400, peace officer or law enforcement official, volunteer or personnel of a community service program that offers support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney pursuant to sections 475.600 to 475.604, or other person with responsibility for the care of children has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report to the division in accordance with the provisions of sections 210.109 to 210.183. No internal investigation shall be initiated until such a report has been made." As used in this section, the term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.
 - b. Legally mandated reporters of eligible adult abuse and neglect, as identified in Section 192.2405 RSMo, are: "any adult day care worker, chiropractor, Christian Science practitioner, coroner, dentist, embalmer, employee of the departments of social services, mental health, or health and senior services, employee of a local area agency on aging or an organized area agency on aging program, emergency medical technician, firefighter, first responder, funeral director, home health agency, home health agency employee, hospital and clinic personnel engaged in the care or treatment of others, in-home services owner or provider, in-home services operator or employee, law enforcement officer, long-term care facility administrator or



employee, medical examiner, medical resident or intern, mental health professional, minister, nurse, nurse practitioner, optometrist, other health practitioner, peace officer, pharmacist, physical therapist, physician, physician's assistant, podiatrist, probation or parole officer, psychologist, social worker, or other person with the responsibility for the care of an eligible adult who has reasonable cause to suspect that the eligible adult has been subjected to abuse or neglect or observes the eligible adult being subjected to conditions or circumstances which would reasonably result in abuse or neglect." Section 192.2400 RSMo defines "eligible adult" as "a person sixty years of age or older who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs or an adult with a disability, as defined in section 192.2005, between the ages of eighteen and fifty-nine who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs."

- c. A sexual violence program must follow the statutory definition of who is a mandated reporter. Sexual violence advocates are not legally mandated reporters unless they also are one of the professions listed in the statute and must follow the mandated reporting guidelines for their specific profession.
 - d. Mandated reporters should receive training about what constitutes abuse and neglect, and training on the process of making a report, what happens after a report is made and possible consequences.
 - e. A sexual violence program must develop policies that address the specific procedures by which staff who are not legally mandated address concerns of suspected child abuse and neglect.
16. A sexual violence program should have policies and procedures for reporting personally identifying information that may be required in instances of medical emergencies.
- a. This policy should include a signed consent of release of information that clearly details the personal information to be released and to whom in case of an emergency.
17. A sexual violence program must have policies and procedures for reporting personally identifying information that is required in instances of credible threats of suicide or homicide communicated to sexual violence staff, volunteers or Board members.
- a. This policy should include a signed consent of release of information that clearly details the personal information to be released and to whom in case of an emergency.
 - b. Licensed individuals should follow their licensing requirements regarding the reporting of credible threats of suicide or homicide. There is no Missouri law requiring advocates to report such threats.
18. A sexual violence program must have policies and procedures for documentation of service provision through records of services provided that are consistent with the program's policies and procedures for maintaining the confidentiality of service recipients in compliance with state and federal laws, grant and contract requirements.
19. A sexual violence program must have policies regarding the storage and destruction of invoices, paper or electronic, that include identifying call records on telephone bills. All identifying information should be redacted.



Documentation of Service Provision

Documentation of service provision refers to the confidential, written or electronic records of services provided by staff members or volunteers of a sexual violence program that record the types of services provided, the individual or family to whom services were provided, the dates of service provision, the staff member or volunteer providing the service(s), and provisions for future or ongoing services.

STANDARDS FOR DOCUMENTATION OF SERVICE PROVISION

1. This standard for documentation policies and procedures of sexual violence programs, and the interconnected standards for confidentiality, are based upon state and federal law. These include Missouri law Section 455.003 RSMo and federal law 34 U.S.C. Section 20110(d), 34 U.S.C. Section 1229(b)(2) and 42 U.S.C. Section 10406(c)(5).
 - a. Licensed or certified professionals also should follow standards for documentation related to those occupations.
2. A sexual violence program must have written policies and procedures to ensure that all services provided are documented in written and/or electronic form and that those records are maintained in a manner that protects the confidentiality and privacy rights of individuals and/or groups receiving services.
 - a. Documentation should follow the principle of “do no harm.” Advocates should consider the possible consequences should documented information be released, presented in a court case, or made available to the service recipient’s assailant.
 - b. Documentation should focus on the program’s service provision, including type of service, date of service, how often service is provided and who provided the service.
 - c. Documenting an individual’s responses to service, personal needs or progress is not recommended. Such details should be restricted to case management discussions as necessary for ongoing service provision, but should not be documented and could be harmful if released.
 - d. Documentation should not include names or identifying information about other service recipients.
 - e. Documenting safety plans is not recommended.
3. Written records of services provided in individual, group and/or family settings must be maintained by a sexual violence program in a secure, locked storage area that is accessible only by paid staff members employed to provide direct services, authorized volunteers, administrative personnel directly responsible for billing for services provided, and administrative or executive staff members responsible for supervision and/or internal review of service records for quality-assurance purposes.
4. When used, electronic records of services provided must be maintained in consultation with information technology professionals to ensure that records are accessible only to those listed above, that the records cannot be accessed remotely by anyone outside of the program, and to ensure that the records are properly destroyed or purged when needed.
5. Programs must have a policy about record retention that includes how long specific forms are kept, destruction of paper files, and destruction of electronic files. Program administrators should take into consideration the needs of the program and the requirements of funders when setting the length of time documents are to be kept.

6. Written records documenting services provided in individual, group and/or family settings must be signed and dated by the staff member or volunteer providing the direct service.
7. All personnel of a sexual violence program with access to records of the direct services provided by the program must have a signed confidentiality agreement on file with the program. A sexual violence program should have policies that allow review and access to records only by staff and volunteers as necessary to provide or supervise services, perform grant or audit reporting duties, or to respond to court orders, such as orders subject to state law Section 455.003 RSMo. Programs may identify in their confidentiality policies which specific staff members, as identified by job responsibility and title, will have access to confidential information, records and information systems.
8. Service recipients must be informed of and allowed to exercise their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda to their files, and/or file a grievance according to the program's policies if objections are made to the content of those records or files.
9. Service recipients have the right to receive a copy of their personal information, including file or records, upon written request with a signed release of information. Sexual violence advocates should discuss risks and benefits of releasing the record before the information is released.
10. A data collection and record-keeping system must be developed that allows for the efficient retrieval of data needed to measure the sexual violence program's performance in relation to its stated goals, objectives, outcomes and funds received for services.
11. A sexual violence program that receives certain state and/or federal funds which have specific confidentiality requirements must have documentation policies and procedures to ensure compliance with those requirements. Grants or contracts that have specific confidentiality requirements include the Violence Against Women Act codified in 34 U.S.C. Section 12291(b)(2), which include but are not limited to STOP grants administered by the Missouri Department of Public Safety, and the Victims of Crime Act codified in 34 U.S.C. Section 20110 (d). In addition, a program that receives such funds is required, prior to providing any services, to inform individuals served by the program of the nature and scope of this confidentiality requirement. Electronic or paper-keeping systems must protect the confidentiality and personally identifying information of the person receiving services.



Language Access

Language access is the provision of service including interpretation and translation to ensure that individuals who are Limited-English Proficient, deaf or hard of hearing have access to all services offered by the sexual violence program, including but not limited to case management, crisis intervention, hotline, professional therapy and support groups.

STANDARDS FOR LANGUAGE ACCESS

1. All individuals who seek services from a sexual violence program have a right to language access and to receive culturally and linguistically competent services. Language should not be a barrier to those seeking sexual violence services.
2. A sexual violence program must abide by federal laws on language access. These include but are not limited to:
 - a. Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, national origin and sex in the delivery of services. National origin discrimination includes discrimination on the basis of Limited-English Proficiency;
 - b. Executive Order 13166, “Improving Access to Persons with Limited English Proficiency,” issued in 2000, ensures that individuals who are Limited-English Proficient have access to federally funded programs and activities, including sexual violence service programs; and
 - c. The Americans with Disabilities Act and the Rehabilitation Act of 1974, which mandates that organizations ensure effective communication with people who are deaf or hard of hearing.
3. A sexual violence program must ensure that confidentiality requirements are met and MCADSV standards for confidentiality are followed while providing language access.
 - a. Interpreters used by the sexual violence program should receive training on confidentiality and sign confidentiality agreements.
4. A sexual violence program must have written procedures on how advocates will respond to individuals who are Limited-English Proficient, are deaf or are hard of hearing. These should include but are not limited to:
 - a. Notifying survivors of their rights to language access;
 - b. Interpretation services, including by telephone, videophone, virtual formats and in person;
 - c. Translation services;
 - d. Cultural competency and the importance of inclusivity and accessibility; and
 - e. Evaluation and monitoring of the language access plan to ensure that it is still relevant.
5. All personnel of a sexual violence program who provide direct services must have training and resources necessary to provide equal access to services and language access as needed, including but not limited to:
 - a. Interpreter services, both by telephone and in person;
 - b. Translation services;
 - c. Program documents translated into multiple languages, including but not limited to:
 - i. Vital documents, such as documents that contain critical information or are required by law;



- ii. Intake materials;
 - iii. Waivers or other documents individuals are expected to sign;
 - iv. Signs in the facility; and
 - v. Brochures;
 - d. Knowledge of service area demographics, census data and the most frequently encountered non-English languages by the program;
 - e. Personal advocacy with other community partners and the court system to ensure language access is provided when needed;
 - f. Dynamics of sexual violence and legal rights for individuals who are also deaf, immigrants or refugees; and
 - g. Community resources for individuals experiencing sexual violence who are also deaf, immigrants or refugees.
6. A sexual violence program should not utilize family members or friends, including children, of the individual seeking services to provide interpretation or translation services.
7. A sexual violence program should use interpreters and translators that meet the following competency standards:
- a. Has a demonstrated proficiency in and ability to communicate information accurately in both English and the intended language;
 - b. Understands and follows confidentiality and impartiality rules and is willing to sign a confidentiality agreement;
 - c. Has a fundamental knowledge in both languages of any specialized terms or concepts;
 - d. Has sensitivity to the culture of the individual seeking services; and
 - e. Understands and adheres to the role of interpreter without deviating into other roles.
8. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
- a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).



Training

Training is required for all individuals affiliated with the program who provide direct services to victims of sexual violence. They must complete a minimum of 40 hours of training.

STANDARDS FOR TRAINING WHEN PROVIDING DIRECT SERVICES

1. The 40-hour training program may be accomplished through a combination of:
 - a. Group instruction using a variety of training techniques, including role plays, other experiential exercises and audio-visual materials;
 - b. One-on-one instruction and discussion with a fully trained, experienced advocate or supervisor;
 - c. Shadowing a fully-trained, experienced advocate performing job duties, such as hotline coverage and intake procedures;
 - d. A practicum;
 - e. Online training courses, webinars or other virtual training options;
 - f. Audio-visual materials may be used, provided the trainee can discuss the information with a fully trained, experienced advocate or facilitator following the activity; and
 - g. A training manual given to each participant from which reading assignments can be made, provided the trainee can discuss the information with a fully trained, experienced advocate or facilitator following the activity.
2. The curriculum used in the 40-hour training program must include, but is not limited to:
 - a. The historical context of sexual violence, the role of society in perpetuating rape and abuse against historically oppressed people, and the history of the sexual violence movement and its connection to other social movements;
 - b. A framework for understanding the nature and dynamics of sexual violence that includes, but is not limited to:
 - i. Basics of sexual violence;
 - ii. Stranger versus non-stranger sexual violence;
 - iii. Intimate partner sexual violence;
 - iv. Drug-facilitated sexual violence;
 - v. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can effect an individual;
 - vi. Working with survivors of childhood sexual abuse;
 - vii. Diversity and the need for inclusion; and
 - viii. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.



- c. Sexual violence advocacy that includes but is not limited to, and follows MCADSV standards as applicable:
 - i. The role of the advocate and the importance of listening to survivors;
 - ii. Crisis intervention;
 - iii. Hospital/medical advocacy, including hospital response and forensic exams;
 - iv. Legal advocacy;
 - v. Personal advocacy;
 - vi. Crime Victims' Compensation procedures;
 - vii. Sexual Assault Response Team (SART) or Coordinated Community Response (CCR); and
 - viii. Cultural diversity considerations and the provision of language access.
- d. Advocacy and empowerment for individuals seeking services that includes but is not limited to:
 - i. The philosophical foundation of individually-defined advocacy and providing interventions and actions only upon the request or consent of the individual seeking services;
 - ii. An understanding that all services must be voluntarily accepted and never required;
 - iii. Safety planning that includes short- and long-term strategies;
 - iv. Confidentiality and ethical service provision;
 - v. Trauma-informed practices for working with individuals in crisis;
 - vi. Fundamental issues related to justice system remedies; and
 - vii. Documentation of services.
- e. Participation in community collaborations that include but are not limited to:
 - i. Coordinated Community Response (CCR),
 - ii. Sexual Assault Response Team (SART),
 - iii. Continuums of Care and other housing programs,
 - iv. Service providers who address issues related to poverty, and
 - v. Mental health and substance abuse service providers.
- f. Related topics that include but are not limited to:
 - i. The organization's history and mission statement;
 - ii. Volunteer opportunities;
 - iii. Specific program policies and procedures;
 - iv. Forensic exams and hospital procedures for evidence collection;
 - v. Law enforcement procedures;
 - vi. Sexually Transmitted Diseases/Infections (STD/STI);
 - vii. Suicide risk assessment;
 - viii. Establishing and maintaining appropriate boundaries;
 - ix. Appropriate resource and referral information;
 - x. De-escalation and conflict resolution;
 - xi. Trauma-informed practices, including secondary trauma often experienced by those working with individuals in crisis; and



- xii. The intersection of sexual violence with other traumas and co-occurring issues related to domestic violence, mental health, substance abuse and homelessness.
- 3. A sexual violence program should include ongoing training and educational opportunities for all staff members and volunteers to enhance the ability to provide services.
 - a. Sexual violence advocates must follow all continuing education requirements related to any professional licenses or certifications they hold.
 - b. MCADSV and the Missouri Department of Public Safety require a minimum of 6 hours of continuing education per year.
- 4. Evaluation of the sexual violence training must be conducted to ensure quality.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Training evaluations; and/or
 - ii. Surveys to identify ongoing training needs.

STANDARDS FOR TRAINING WHEN PROVIDING INDIRECT SERVICES

(see Volunteers, page 38)

- 1. Volunteers and board members may be used in the provision of indirect services that include, but are not limited to:
 - a. Administrative duties;
 - b. Fundraising or other activities to obtain donations to the program;
 - c. Event organizing;
 - d. Public speaking; and
 - e. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.
- 2. Volunteers who provide indirect services must receive enough information and training to complete their assigned tasks.

Dual Sexual and Domestic Violence Services

Training is required for all individuals affiliated with the program who will provide direct services to victims of domestic and sexual violence. They must complete a minimum of 48 hours of training.

STANDARDS FOR DUAL TRAINING

1. In addition to the curricula outlined in the Training section of Service Standards, additional topics for dual programs must include, but are not limited to:
 - a. The historical context of domestic violence, the role of society in perpetuating rape and abuse against historically oppressed people, and the history of the Battered Women's movement and its connection to other social movements.
 - b. A framework for understanding the nature and dynamics of domestic violence that includes, but is not limited to:
 - i. Types of abuse;
 - ii. The relationship between violence and other tactics of control;
 - iii. Survival strategies and dilemmas in leaving an abusive situation;
 - iv. Individuals who abuse, their selective behaviors and societal influences; and
 - v. Trauma-informed practices and an understanding of how multiple traumas can affect an individual, as well the complex effects of domestic violence on children.
 - c. Domestic violence advocacy that includes, but is not limited to, and follows MCADSV standards as applicable:
 - i. The role of the advocate and the importance of listening to survivors;
 - ii. Crisis intervention
 - iii. Hospital/medical advocacy, including hospital response and forensic exams;
 - iv. Legal advocacy;
 - v. Personal advocacy;
 - vi. Coordinated Community Response (CCR); and
 - vii. Cultural diversity considerations and provision of language access.



Hotline

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

STANDARDS FOR HOTLINE

1. A hotline operated by a sexual violence program must provide 24-hour crisis telephone access to the program.
2. The hotline number must be publicly advertised and widely distributed within the sexual violence program's service area, including but not limited to online. Programs should distribute hotline numbers in culturally and linguistically considerate ways to all communities, including communities traditionally underrepresented within the organization's services. Distribution should include but is not limited to translated materials and making information available in locations where survivors from underrepresented communities are likely to frequent.
3. To ensure 24-hour hotline accessibility, programs should have a minimum of two telephone lines, one of which is the hotline. The use of caller-identification technology conflicts with the spirit of anonymity, and the principles of confidentiality and respecting an individual's rights to control her or his personal information. Any information received from caller-identification should not be stored or documented. A sexual violence program should have a policy regarding the use of caller-identification information in situations of harm to self or others.
 - a. By law, the owner of an 800-number line must receive information about who called the toll-free number. These invoices include potentially identifying information and should be protected as any other record.
 - b. A sexual violence program operating a hotline must have a policy regarding the program's name being displayed on other telephone's caller-identification. This service is provided free-of-charge to sexual violence program hotlines.
4. The hotline must be answered by a program staff member or volunteer who has had sexual violence crisis intervention training.
5. The hotline must be answered in a manner that identifies the purpose of the hotline.
6. Programs offering hotline services must provide emergency telephone crisis intervention and advocacy. These services include, but are not limited to:
 - a. Assessment of the caller's critical needs and appropriate crisis intervention;
 - b. Listening to and validating the caller's experience;
 - c. Safety planning;
 - d. Information about available legal and medical remedies; and
 - e. Information and referral to available community resources.
7. Programs offering hotline services must maintain a schedule that provides volunteers with a staff member as back-up during hotline coverage.
8. A hotline may not be answered by an answering machine or answering service.



9. Programs offering hotline services must have written procedures that include, but are not limited to:
 - a. Confidentiality and exceptions to confidentiality;
 - b. Assessing the caller's risks to safety, including risk of self-harm or other dangers;
 - c. Safety of hotline worker; and
 - d. Scheduling, coverage and back-up.
10. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
11. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
11. Volunteers and board members may be used in the provision of indirect services that include, but are not limited to:
 - a. Administrative duties;
 - b. Fundraising or other activities to obtain donations to the program;
 - c. Event organizing;
 - d. Public speaking; and
 - e. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.
12. Volunteers who provide indirect services must receive enough information and training to complete their assigned tasks.



Crisis Intervention

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

STANDARDS FOR CRISIS INTERVENTION

1. Crisis intervention services must be provided by a trained sexual violence program staff member or volunteer.
2. Crisis intervention services must be provided with a primary focus on the provision of information, advocacy, validation of emotion, safety planning and empowerment to reinforce the individual's autonomy and self-determination. All interventions and actions should be performed only upon the request or consent of the individual seeking services.
3. Crisis intervention services are based upon a problem-solving model to provide information and referrals that assist an individual in crisis with the goals of stabilizing emotions, clarifying issues and providing support and assistance. Crisis intervention services include, but are not limited to:
 - a. Listening;
 - b. Assessing risk and/or danger;
 - c. Assessing needs;
 - d. Establishing rapport and communication;
 - e. Validating feelings and providing support;
 - f. Identifying the major problems;
 - g. Safety planning;
 - h. Providing referrals;
 - i. Providing information about available legal remedies;
 - j. Exploring possible alternatives;
 - k. Formulating an action plan; and
 - l. Taking follow-up measures.
4. Crisis intervention may include the provision of education and information about:
 - a. The nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug-facilitated sexual violence;
 - b. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner;
 - c. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can effect an individual;
 - d. Childhood sexual abuse; and
 - e. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner



status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.

5. A sexual violence program that offers crisis intervention services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
6. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
7. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
8. Evaluation of the sexual violence crisis intervention services must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.



Case Management

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

STANDARDS FOR CASE MANAGEMENT

1. Case management services are provided by qualified, trained staff members or volunteers who must be trained in the nature and dynamics of sexual violence.
2. An advocate providing case management services must have access to and be familiar with a complete list of community resources, and the program should have established relationships with other service providers.
 - a. Upon identification of needed services with the individual, an advocate providing case management services will facilitate service delivery and referrals and encourage ongoing communication with providers of additional services that may include but are not limited to:
 - i. Ongoing and long-term safety planning;
 - ii. Medical, nutritional and/or health services;
 - iii. Law enforcement assistance;
 - iv. Crime Victims' Compensation;
 - v. Legal remedies and services;
 - vi. Public assistance services, including job training and support services;
 - vii. Short-term, transitional and/or permanent housing;
 - viii. Child care services and parenting education;
 - ix. Child protection services;
 - x. Alcohol and drug evaluation and education;
 - xi. Alcohol or substance abuse treatment services;
 - xii. Mental health service providers;
 - xiii. Services for persons with disabilities;
 - xiv. Transportation assistance;
 - xv. Education, continuing education, HiSET and/or literacy classes;
 - xvi. Lesbian, gay, bisexual or transgender support services;
 - xvii. Employment readiness services and/or job training;
 - xviii. Interpreter/translation services and/or immigration assistance;
 - xix. Financial planning and credit rights information and services; and/or
 - xx. Other related services as needed.
3. An advocate providing case management services should help to identify the person's needs, available resources and services, and provide assistance in obtaining those services. All interventions and actions should be performed only upon the request or consent of the individual receiving services.



4. An advocate providing case management services assumes a coordinating role and facilitates the provision of services by the other organizations or professionals in a coordinated and collaborative manner.
5. Case management services may include the provision of education and information about:
 - a. The nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug-facilitated sexual violence;
 - b. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner;
 - c. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can effect an individual;
 - d. Childhood sexual abuse; and
 - e. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
6. A sexual violence program that offers case management services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
7. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
8. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
9. Evaluation of the sexual violence case management services must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 1. Periodic satisfaction surveys; and/or
 2. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 1. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 2. Focus groups of survivors, including those from underrepresented communities.



Support Groups

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

STANDARDS FOR SUPPORT GROUPS

1. A sexual violence program providing support group services must ensure that the staff member or volunteer facilitating the support group has the required 40-hour sexual violence training. The facilitator also should have training, education or experience in facilitation and group dynamics for a peer-to-peer led group.
2. A sexual violence program that provides support group services may provide regularly scheduled support groups.
3. A sexual violence program that provides support group services may provide:
 - a. Open support groups, which accept new members at any time, that must be held at least once weekly.
 - b. Closed support groups, which do not add new members for a specified period, which will be scheduled based on times identified by those attending the group session.
 - c. Support groups through virtual formats.
4. A sexual violence program must ensure that an individual attending support groups sign a written statement agreeing to maintain the confidentiality of others attending the group. In compliance with Missouri law Section 432.230 RSMo, an electronic signature may be used. The group facilitator additionally may discuss the requirement of maintaining confidentiality during the support group.
5. A sexual violence program should provide child care or a children's support group during the support group for adults.
6. Support group services, which differ from professional group therapy, must provide support that addresses needs identified by those attending the group session, which includes, but is not limited to:
 - a. Listening;
 - b. Problem solving;
 - c. Safety planning;
 - d. Addressing needs identified by those attending the group session;
 - e. Options, benefits and risks of available legal remedies; and
 - f. Information about available community resources.
7. Support group services may include the provision of education and information about:
 - a. The nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug-facilitated sexual violence;
 - b. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner;
 - c. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can affect an individual;



- d. Childhood sexual abuse; and
 - e. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
8. A sexual violence program that provides support group services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
 9. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision;
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA); and
 - c. In addition to supporting a philosophy of inclusion and accessibility of services to all who need them, a sexual violence program must follow applicable non-discrimination guidelines including but not limited to:
 - i. The Violence Against Women Act grant condition that prohibits discrimination by recipients of certain Department of Justice funds “on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability.”
 1. The VAWA nondiscrimination grant condition allows sex-segregated or sex-specific programming when it is “necessary to the essential operation of a program,” which the program must articulate if any complaints of sex discrimination are received by the Department of Justice. The justification cannot rely on unsupported assumptions or overly broad sex-based generalizations.
 2. The program should not assume that because services have been sex-segregated or sex-specific in the past that continued sex segregation or sex specificity is “necessary” to its services.
 3. In circumstances where sex-segregated or sex-specific services are necessary, comparable services, equal in quality, must be provided to any individual who cannot be served with the sex-segregated or sex-specific service.
 4. When sex-segregated or sex-specific services are offered, the program should allow an individual seeking services to select the group or service that corresponds to the gender with which the individual identifies. An individual’s own views with respect to personal safety deserve serious consideration. If the individual is transgender, the program may not ask questions about the individual’s anatomy or medical history or make burdensome demands for identity documents.



5. The program should ensure that services do not isolate or segregate individuals based upon actual or perceived gender identity.
10. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
11. Evaluation of the sexual violence adult support group must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys; and/or
 - ii. Exit surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.

Professional Therapy

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

STANDARDS FOR PROFESSIONAL THERAPY

1. A sexual violence program offering professional therapy must:
 - a. Provide therapy services that are appropriate to the needs of recipients with regard to ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status and/or any other issues relevant to the individuals' particular needs;
 - b. Provide crisis intervention when needed;
 - c. Develop and maintain required documentation consistent with licensure rules and regulations regarding the service recipient's action or treatment plan that reflect that individual's and/or family's particular needs;
 - d. Provide informed consent, including signing a waiver about the limitations of confidentiality that should also detail if there are internal documentation reviews for quality assurance. In compliance with Missouri law Section 432.230 RSMo, if the law requires a record in writing or a signature, an electronic signature satisfies the law;
 - e. Assist with safety planning;
 - f. Provide understanding and support, including active listening, addressing needs identified by the recipient, self-esteem building and problem-solving;
 - g. Provide education and information on available resources as applicable to the individual's needs, including the dynamics of sexual violence, legal options, drug and alcohol abuse, pregnancy and parenting, HIV/AIDS awareness, general health care information, and the effects of trauma;
 - h. Provide therapy services that do not promote any one religion; and
 - i. Not require individuals to participate in religious groups or to use religious materials.
2. Those individuals providing professional therapy to adults must be prepared to provide education and information about:
 - a. The nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug-facilitated sexual violence;
 - b. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner;
 - c. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can affect an individual;
 - d. Childhood sexual abuse; and
 - e. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status,



age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.

3. A sexual violence program must ensure that individuals providing professional therapy are in compliance with state licensure rules and regulations, and national professional ethical standards.
4. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
5. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
6. A sexual violence program may provide professional therapy through a virtual format.
7. Evaluation of the sexual violence professional therapy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.



Court Advocacy

Court advocacy is the provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim of sexual violence. Court advocacy services must be provided by qualified, trained staff members or volunteers.

STANDARDS FOR COURT ADVOCACY

1. A sexual violence program providing court advocacy services must provide individuals with assistance in receiving self-identified interventions and actions sought from the civil and/or criminal justice systems and provide information about options, benefits and risks of legal remedies so self-identification of needed interventions can occur. All interventions and actions should be performed only upon the request or consent of the individual seeking services.
2. A sexual violence program that provides court advocacy services must maintain a clear distinction between legal advice and legal information. The program must strictly monitor and prohibit staff members and volunteers from practicing law or providing legal representation if they are not properly licensed to engage in such legal practice. Advocates may not act as legal representatives or give legal advice.
3. A sexual violence program court advocacy services must ensure that appropriate staff members and volunteers have a working knowledge of current Missouri and federal law pertaining to sexual violence, as well as the local justice system's response to sexual violence, including local court rules in each county and/or city where services are provided.
4. A sexual violence program providing court advocacy services must ensure that appropriate staff members and volunteers have the ability to identify and assist with a benefit/risk analysis of an individual's legal options as part of a flexible service and safety plan.
5. A sexual violence program providing court advocacy services must maintain current lists that include, but are not limited to:
 - a. Local criminal justice agencies and contact persons in each jurisdiction where services are provided;
 - b. Local, state and national resources for certain legal issues, such as immigration; and
 - c. Local attorneys, including pro bono attorneys, who are sensitive to and familiar with sexual violence legal issues and Orders of Protection, to whom referrals can be made for representation in civil and criminal cases in each jurisdiction where services are provided.
6. A sexual violence program providing court advocacy services should encourage the criminal and civil justice systems in each jurisdiction where services are provided to respond consistently to the needs of those victimized by sexual violence and to hold perpetrators accountable.
7. A sexual violence program providing court advocacy services should develop and/or participate in a Sexual Assault Response Team (SART)/Coordinated Community Response (CCR) in the sexual violence program's service area. The SART or CCR effort should include participation by advocates and governmental and organizational allies with whom victims of sexual violence interact. The focus of these efforts should be on improving the community-wide response to victims of sexual violence and accountability for perpetrators.



8. Court advocacy services may include the provision of education and information about:
 - a. The nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug-facilitated sexual violence;
 - b. The nature and dynamics of domestic violence if the sexual violence was committed by an intimate partner;
 - c. Rape Trauma Syndrome, Post-Traumatic Stress Disorder (PTSD) and trauma-informed practices with an understanding of how multiple traumas can affect an individual;
 - d. Childhood sexual abuse; and
 - e. Social change necessary to eliminate rape and abuse, including the elimination of discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, national origin or immigration status.
9. A sexual violence program that offers court advocacy services must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
10. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
11. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
12. Evaluation of the sexual violence court advocacy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.



Hospital/Medical Advocacy

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

STANDARDS FOR HOSPITAL/MEDICAL ADVOCACY

1. A sexual violence program providing hospital/medical advocacy services must ensure that the staff members or volunteers have the required 40-hour sexual violence training or 48-hour dual program training before their first call as well as be familiar with the layout, services provided, policies and procedures of each of the medical facilities in the service area.
2. The sexual violence program must provide in-person, by phone or virtual hospital/medical advocacy 24 hours a day, every day of the year. The advocate must be in route to the hospital within 15 minutes of receiving a call for advocacy.
3. The sexual violence program must always have a back-up volunteer or staff to ensure adequate coverage.
4. A sexual violence program providing hospital/medical advocacy must provide non-judgmental interventions and actions only as requested by and consented to by the individual seeking services. A sexual violence advocate provides support during the medical exam only upon the individual's consent.
5. Programs offering hospital/medical advocacy services may provide information including, but not limited to:
 - a. Confidentiality provisions and limitations;
 - b. General information about the sexual assault forensic exam;
 - c. Benefits and risks of reporting a sexual assault to law enforcement;
 - d. Options, benefits and risks of accessing the criminal justice system;
 - e. Emergency contraception;
 - f. Sexually transmitted disease/infections (STD/STI);
 - g. Safety planning;
 - h. Crime Victims' Compensation; and
 - i. Referral to available community resources.
6. A sexual violence program should also provide crisis intervention, information and referral to non-offending accompanying individuals, or secondary victims, who also may be present. If necessary, the sexual violence program should have procedures for calling a second advocate to provide additional support to secondary victims.
7. A sexual violence program providing hospital/medical advocacy should have an agency staff person accessible in case the hospital advocate needs to debrief or gather more information.
8. A sexual violence program should have policies and procedures for how staff and volunteers should address medical personnel or law enforcement issues that might occur while providing hospital/medical advocacy. This might include having staff participate in a Sexual Assault Response Team (SART) or Coordinated Community Response (CCR).



9. A sexual violence program should work with local hospitals to develop policies and procedures to provide hospital staff training, information on the program's services, screening information, and confidentiality. These policies and procedures should include safety and security when the person seeking services is also accompanied by the individual who perpetrated the abuse.
10. A sexual violence program providing hospital/medical advocacy must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
11. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
12. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
13. Evaluation of the sexual violence hospital/medical advocacy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.

Law Enforcement Advocacy

Law enforcement advocacy is the provision of information, support, assistance, accompaniment and intervention with any aspect of the justice system on behalf of a victim of sexual violence. Law enforcement advocacy services must be provided by qualified, trained staff members or volunteers.

STANDARDS FOR LAW ENFORCEMENT ADVOCACY

1. A sexual violence program providing law enforcement advocacy services must provide individuals with information and assistance in receiving self-identified interventions and actions sought from the justice system and provide information about options, benefits and risks of legal remedies so self-identification of needed interventions can occur. All interventions and actions should be performed only upon the request or consent of the individual seeking services.
2. A sexual violence program providing law enforcement advocacy must ensure that the staff members or volunteers have the required 40-hour sexual violence training or 48-hour dual program training, as well as have a working knowledge of current Missouri and federal laws pertaining to sexual violence, how cases progress through the criminal justice system, and the local justice system's response to sexual violence.
3. Law enforcement advocacy services provided by staff members and volunteers, with the consent of the individual requesting services, can include but is not limited to:
 - a. Providing information, support, assistance, accompaniment and intervention;
 - b. Serving as a liaison during initial police response, evidence collection, follow-up interviews and court appearances; and
 - c. Monitoring the case through the legal system and informing the victim of its status.
4. Programs offering law enforcement advocacy services may provide information including, but not limited to:
 - a. Confidentiality provisions and limitations;
 - b. The rights of the survivor;
 - c. Benefits and risks of reporting a sexual assault to law enforcement;
 - d. Options, benefits and risks of accessing the criminal justice system;
 - e. Law enforcement policies and procedures, and factors affecting law enforcement decisions;
 - f. The role of different members of the Sexual Assault Response Team (SART);
 - g. Safety planning;
 - h. Crime Victims' Compensation;
 - i. Resources for medical treatment and sexual assault forensic exams; and
 - j. Referral to available community resources.
5. With the consent of the individual receiving services, a sexual violence program providing law enforcement advocacy will provide follow-up contact and services within one week of the individual's first contact.
6. A sexual violence program providing law enforcement advocacy should have an agency staff person accessible in case the law enforcement advocate needs to debrief or gather more information.



7. A sexual violence program providing law enforcement advocacy services should work with the criminal justice systems in each jurisdiction where services are provided to respond consistently to the needs of those victimized by sexual violence and to hold perpetrators accountable.
8. A sexual violence program providing law enforcement advocacy services should develop and/or participate in a Sexual Assault Response Team (SART)/Coordinated Community Response (CCR) in the sexual violence program's service area. The SART or CCR effort should include participation by advocates and governmental and organizational allies with whom victims of sexual violence interact. The focus of these efforts should be on improving the community-wide response to victims of sexual violence and accountability for perpetrators.
9. A sexual violence program should work with local law enforcement agencies to develop policies and procedures to provide law enforcement staff training, information on the program's services, screening information, and confidentiality.
10. A sexual violence program providing law enforcement advocacy must not use the service to promote any one religion and must not require individuals to participate in religious groups or to use religious materials.
11. A sexual violence program must have and follow written policies concerning non-discriminatory provision of services and procedures that prohibit discrimination based on ethnicity, color, gender, gender identity, sexual orientation, marital or partner status, age, disability including substance abuse, economic or educational status, religion, HIV/AIDS or other physical health status, mental health status, immigration status, or residency including county, state or country of origin; and including:
 - a. Written procedures on how advocates will respond to individuals who are Limited-English Proficient, or those who are deaf or hard of hearing, or those who are blind or have low or limited vision; and
 - b. Compliance with the provisions of the Americans with Disabilities Act (ADA).
12. Staff providing this service must have training and resources necessary to provide equal access to services and language access as needed.
13. Evaluation of the sexual violence law enforcement advocacy program must be conducted to ensure quality of services.
 - a. Most evaluation procedures should be voluntary and anonymous. Anonymous evaluations may include, but are not limited to:
 - i. Periodic satisfaction surveys.
 - b. Non-anonymous evaluations may include, but are not limited to:
 - i. An Advisory Board consisting of current and former service recipients and staff who review policies and procedures; and/or
 - ii. Focus groups of survivors, including those from underrepresented communities.



Volunteers

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

STANDARDS FOR USE OF VOLUNTEERS

1. A sexual violence program may use unpaid volunteers to augment the program's direct and indirect services provided by paid staff members.
2. A sexual violence program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and/or dismissal of volunteers used to provide direct and indirect services. Such policies will clarify the roles and responsibilities of volunteers to the program's provision of service, with specific detail addressing professional boundaries, disclosure and how, when, where and the frequency with which volunteers will be used.
3. A sexual violence program must have written job descriptions for each type of volunteer position that follow the format of job descriptions for staff members of the program. Job descriptions are to be provided to volunteers upon acceptance in the program.
4. A sexual violence program must provide ongoing supervision of volunteers by program staff.
5. A sexual violence program shall maintain a confidential file for each volunteer that shall include, but not be limited to, volunteer application, background check with the Children's Division of the Department of Social Services, criminal background check, licensures and certifications if applicable, reference checks, a signed confidentiality statement and a record of all trainings completed by the volunteer.
 - a. A background check with the Children's Division of the Department of Social Services and a criminal background check should be conducted on all staff and volunteers prior to working with children.
6. Volunteers must have training and resources necessary to provide equal access to services and language access as needed.
7. Volunteers who provide direct services must meet MCADSV Standards for Training.
 - a. A sexual violence program will use an updated volunteer training manual that is supplemental to the volunteer training.
8. 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, hospital/medical advocacy, law enforcement advocacy, support group facilitation for adults and/or children, professional therapy, intake or assessment of service needs, and development or implementation of service plans; and
 - b. Transportation or accompaniment;
9. Volunteers and board members may be used in the provision of indirect services that include, but are not limited to:
 - a. Administrative duties;
 - b. Fundraising or other activities to obtain donations to the program;
 - c. Event organizing;



- d. Public speaking; and
 - e. Maintenance or other activities related to the improvement and upkeep of program buildings or facilities.
10. Volunteers who provide indirect services must receive enough information and training to complete their assigned tasks.
11. Evaluation of the sexual violence program's volunteer program and the volunteers must be conducted to ensure quality of services.

DEFINITIONS:

Advocate: A specially trained individual who assists others, including domestic violence advocates, sexual assault advocates, court advocates, etc. Advocates can be paid professionals or volunteers.

Board of Directors: The governing body of a nonprofit organization, comprised of elected individuals.

Case management: Goal-directed interactions, advocacy and assistance provided by an advocate to an individual to obtain needed services, develop short- and long-term resources and safety plans, and facilitate the coordination of services from multiple service providers across systems.

Coordinated Community Response (CCR): A community-based team that coordinated the response to victims of domestic violence, including domestic violence service providers, law enforcement, judicial system personnel, health care providers, other social service agencies and others.

Court advocacy: The provision of information, support, assistance, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a sexual violence victim.

Crisis intervention: Activities performed by a qualified, trained advocate to assist an individual in crisis to stabilize emotions, clarify issues and provide support and assistance to help explore options for resolution of the individual's self-defined crisis and immediate needs. Crisis intervention can be performed over the phone or in person.

Domestic violence: A pattern of assaultive and coercive behaviors—including physical, sexual, psychological and others—that abusers use to control their intimate partners.

Hospital or medical advocacy: In-person crisis intervention, information and referral provided 24 hours a day, every day, for individuals who have experienced sexual violence and non-offending accompanying individuals. It is provided in a medical facility by a qualified, trained advocate.

Hotline: A 24-hour, everyday service in which a telephone line is answered by a qualified, trained advocate who provide crisis intervention, information and referrals.

Language Access: The provision of interpretation and translation services to ensure that individuals who are Limited-English Proficient, deaf or hard of hearing have access to all services offered by a sexual violence program.

Limited-English Proficient: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

Mandated reporter: An individual required by Missouri Revised Statute Section 210.115 to report any instances that give reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or any instances in which a child is observed being subjected to conditions or circumstances which would reasonably result in abuse or neglect. Mandated reporters are required to follow similar procedures in instances of eligible adult abuse per Section 192.2405 RSMo.

Personal advocacy: A direct service that involves facilitating access to other community resources and service providers.

Policy: The formal guidance needed to coordinate and execute an organization's activities. Policy pro-



vides the broad-focus framework in which the organizations functions.

Practicum: A supervised activity meant to develop or enhance the trainee's ability to provide direct services.

Procedure: The operational processes required to implement a policy. Procedures are the detailed "how-tos" needed to carry out activities.

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

Secondary victim: An individual who witnesses and/or is affected by violence directed at another person, e.g. the friend of a rape victim providing support at the hospital.

Sexual Assault Response Team (SART): A community-based team that coordinates the response to victims of sexual assault, including sexual violence service providers, law enforcement, judicial system personnel, health care providers, other social service agencies and others.

Sexual violence: Non-consensual conduct of a sexual nature. Sexual violence is purposeful behavior accomplished through threat, coercion, exploitation, deceit, force, physical or mental incapacitation and/or using power or authority.

Start-up program: A victim service organization that has recently acquired paid staff, secured consistent funding, been operating or providing a new service for less than two years, or has undergone restructuring or reorganization.

Sunshine Law: The common name for Missouri Revised Statute Chapter 610, which legislates open meetings and records of public governmental bodies.

Support group: A voluntary, interactive group session that may be non-directed, topic-oriented or informational and educational.



mcadsv

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Domestic and Sexual Violence

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The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy.