Best Practices Guide

Council on Domestic Violence and Sexual Assault

Updated January 2023

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Introduction

Alongside a much-needed update to the state's regulations related to domestic violence and sexual assault programs, Alaska's Council on Domestic Violence and Sexual Assault also saw a need for a supportive resource document that could serve as a guide for its grantees throughout the state. While state regulations may remain in effect and unchanged for years, it is the Council's intention to regularly update the Best Practices Guide to reflect current best practices in the field, address current issues and interpretation needs (i.e., related to regulations, grant requirements), and share important and relevant lessons learned by programs across the state. In this way, evidence-based practice is integrated with practice-based evidence - a must for a state as unique as ours. Importantly, this guide is intended to be just that - a guide. Alongside the actual regulations that are referenced and interpreted, you will find a collection of ideas, suggestions, and best practice recommendations. These are provided for you to think about and determine how they might work to support your program's efforts. You are encouraged to submit the following to the Council for review and consideration:

- Questions;
- Recommendations for topics to include;
- Lessons learned related to the topics in this guide; and
- Other thoughts related to the structure or content of the Best Practices Guide.

The Best Practices Guide is structured around the current regulations. It uses a question-and-answer format to address a variety of topics related to understanding and interpreting the existing regulations, describing current best practices, and sharing information between programs. Information about resources is presented in a green box, and the perspectives and lessons learned that are shared by grantee programs are presented in an orange box. Because it is intended to be updated on a regular basis, the Best Practices Guide is designed for use in an electronic format. Clickable hyperlinks are used throughout the document to make it easy to navigate. These links include:

- Each section and subsection listed in the Table of Contents, which is oriented around the categories and questions that make up the Best Practices Guide;
- Each entry in the index, which reflects the specific regulations discussed in the Best Practices Guide;
- A variety of resources, including websites and other documents; and
- Navigation links at the bottom of every page that allow you to go directly to the Table of Contents, Index, or Regulations appendix.

Clicking the hyperlinks will take you directly to that location in the Best Practices Guide. Sometimes, you may want to have a link open in a separate tab or window, so you don’t have to re-navigate back to where you initially were. Many programs that are used to view PDF files support this; here are the instructions for some common programs:

- **Google Chrome**: ctrl+click a link to open it in a new tab, or shift+click a link to open it in a new window
- **Mozilla Firefox**: right click a link and select whether to open it in a new tab or window

- **Adobe Acrobat DC**: from the menu bar, select Edit, then Preferences. Select the Documents category on the left-hand side, and un-check the box next to “Open cross-document links in same window”

Please note that while the Best Practices Guide was designed to be used electronically, it does not have to be! All of the hyperlinks in the document also clearly state where they will go when clicked, whether it’s to a specific regulation, resource, or location in the Best Practices Guide. This way, programs that need to use a printed version of the Best Practices Guide can still access the same supplemental materials.

Philosophical Approach to Providing Services

What kind of philosophical approach should we take to providing program services?

A program's philosophical approach describes the heart of a program - its core values, beliefs, and perspectives. It also describes how a program strives to meet the needs of its participants with that heart as a foundation. Programs should provide services in a manner that is culturally relevant, empowerment-oriented, survivor-centered, trauma-informed, and reflective of current best practices, including local or traditional best practices. Such an approach:

- Promotes safety for all survivors and their dependent children;
- Builds on the strengths and resources of individuals and families, respecting their autonomy and self-determination;
- Supports the relationship between survivors and their dependent children;
- Offers options and support for autonomous decision-making, based on the needs and circumstances of each survivor and their family;
- Integrates anti-oppression and decolonization efforts;
- Works to effect change on individual, community, and systemic levels;
- Assists individuals and families in accessing protections and services that are respectful of cultural and community characteristics; and
- Ensures agency accountability by involving survivors in evaluating the services they receive.

Trauma-informed advocacy that is culturally relevant and empowerment-oriented enhances a survivor's ability to identify solutions that best fit their unique life circumstances and safety needs. To illustrate, consider hypothetical survivor Mary:

> *Mary sought shelter services after experiencing repeated verbal and physical assaults by her husband. With the support of shelter advocates, Mary identified important goals and available resources that led to legal assistance, services from Alaska Housing, and employment opportunities. In addition, with her advocate, she designed a plan for safety that improved her ability to live and work safely in the community where her (now) ex-husband lives. Mary's safety plan evolves with her circumstances and considers her culture (as a protective factor) and community resources as they relate to her improved safety.*

Definitions

What does an advocate do?

An advocate is a trained staff person who provides advocacy to participants as part of an agency, and who may also be referred to as a victim counselor. In addition to the aspects of advocacy that are described later in this document, advocates often function as first responders, providing crisis intervention services to survivors and their dependent children. They work with multidisciplinary partners to support participants.

Advocates promote a safe environment and provide crisis intervention, advocacy, and on-going support for adults and children residing in shelter and/or accessing services within the facility. Advocates empower program participants to identify and access the services they need by engaging adults and children in identifying issues, assessing needs, and developing strategies and strengthening resources to resolve identified issues. They arrange for safe shelter, food and support services, childcare, and transportation as needed to assist participants with accessing necessary services. Advocates provide check-out and follow-up services, conduct lethality assessments, and assist with initial and ongoing safety planning. They develop, organize, and conduct group activities. Advocates strive to be trauma-informed, to meet participants where they are, and do so much more for participants depending upon their need.

What does crisis intervention look like?

Per regulation 13 AAC 90.190 , crisis intervention is defined as services that are provided to an individual or their family member(s) in crisis, with an emphasis on increasing safety. This includes:

- Identifying lethality risks;
- Clarifying relevant issues and concerns;
- Providing emergency support and assistance; and
- Exploring options for resolution of the individual's immediate crisis and needs.

One important crisis intervention service offered by grantees is the crisis line. It is important to ensure that the crisis line is accessible by all individuals who may need to utilize its services. Per regulation 13 AAC 90.090 (2), grantees that provide crisis line services must have policies and procedures that address the ways in which the needs of hearing-impaired and non-English speaking callers will be met. For hearing-impaired callers, this may involve using TTY (teletypewriter) devices or the newer RTT (real-time text) option. TTY is used with landline telephones, whereas RTT operates over Wi-Fi. Other relay services may be available for use by the crisis line service as well. For non-English speaking callers, grantees providing crisis line services may consider contracting with an interpreter service or a multilingual crisis line service.

For our program, crisis intervention looks like…

- *24/7 access to shelter and services*
- *Services provided for all men, women, and children*
- *We have a 24-hour toll free crisis line*
- *We provide information and referral*
- *Intervention counseling (individual) followed up with ongoing support services and referral and assistance with accessing longer-term counseling where applicable*
- *We provide advocacy and accompaniment (individual)*
    - *Medical, public assistance, social services, law enforcement, etc.*
    - *Legal advocacy and assistance with Domestic Violence Protective Orders*
- *Transportation to the shelter and medical, legal, and social services*
- *Support groups (SISTR weekly peer support group)*
- *Safety planning*
- *Assistance and information on filing for VCCB*
- *Transportation and safe shelter for pets*
- *SART / CAC*
- *Access to clothing & household items from thrift shop*

Who are marginalized and underserved populations?

Per regulation 13 AAC 90.190, marginalized and underserved populations are defined as those populations that have been historically or are currently underserved and oppressed in society because of factors that are stipulated by state and federal statutes. These include, but are not limited to sex, race, religion, color, national origin, age, housing status, socioeconomic status, physical disability, mental disability, substance use, sexual orientation, gender identity, marital status, change in marital status, pregnancy, or parenthood.

Here are some examples:

More likely to be underserved		**Less likely to be underserved**
Woman	vs	Man
Alaska Native	vs	White / Caucasian
19 years old	vs	35 years old
Homeless	vs	Owns a home
Low-income	vs	Upper-middle class
Wheelchair-bound	vs	Able-bodied
Schizophrenia	vs	No mental disability or illness
Alcohol dependence	vs	No substance use problem
Lesbian	vs	Heterosexual
Transgender	vs	Cisgender
Divorced	vs	Married
Child in OCS custody	vs	Has children at home

What does safety planning look like?

Referenced in regulation 13 AAC 90.190, safety planning is a process by which an advocate provides information and resources to a survivor and offers support to identify ways to increase safety for the survivor and any dependent children. Safety planning addresses both immediate and long-term risks, barriers, or concerns regarding the survivor and any dependent children. It is based on knowledge about the specific pattern of the perpetrator's tactics and the protective factors of the survivor and any dependent children.

Safety plans are tailored to the individual survivor and should be thought of as an ongoing process, rather than something that is completed once and never revisited. The survivor's safety plan should be flexible enough to adjust to their changing life situation – sometimes these changes can occur daily, and the safety plan needs to accommodate those changes. Safety plans are most effective when they connect and integrate multiple elements of the survivor's experience. This includes physical and behavioral health conditions, as well as hidden aspects of a survivor's identity, such as their gender identity or sexual orientation.

What does a support group look like?

Per regulation 13 AAC 90.190, a support group is defined as a confidential, interactive group session of two or more survivors that is facilitated by trained staff on a regular basis. Participating survivors share experiences, offer mutual support, and receive advocacy, information, and education around a specific topic of common interest. Support groups validate the experiences of survivors, explore options, build on strengths, and respect participants' rights to make their own decisions.

Support groups often involve discussion between staff and participants and may also include other specific therapeutic activities, such as art-based projects.

Program Monitoring and Evaluation

Regular program monitoring and evaluation are important components of a program's ability to analyze its effectiveness and impact, obtain feedback from participants about their experiences and satisfaction with the program and its services, and ensure the best possible services are being provided to survivors and their dependent children.

What constitutes effective program monitoring and evaluation?

Per regulation 13 AAC 90.130, grantees must have a written evaluation plan that includes:

- A listing of the program's outcome measures (i.e., the tools or indicators that will be used to determine whether the program is meeting its intended goals);
- Who is responsible for conducting the evaluation, including the governing body's role;
- A description of the types of data collected, including the frequency and method of data collection;
- Identification of factors that contribute to the success of the program;
- An assessment of how the grantee affects the community and participants it serves;
- A means for the evaluation findings to be used in the planning process (i.e., how the findings will be used to inform the program's ongoing development); and
- A description of the way stakeholders, including survivors, were engaged during the evaluation process.

To most effectively support a program's ability to analyze its effectiveness and impact, the evaluation described in the evaluation plan should be completed on an annual basis. The evaluation plan should include meaningful goals and outcomes, and strategies to achieve those. It will likely be of benefit to gather both quantitative (numbers) and qualitative (stories) data, using tools such as demographic information, service utilization data, surveys, assessment instruments, interviews, and/or focus groups.

In addition to the evaluation data outlined in the program's evaluation plan, the Council has certain data points they collect from grantees. These data include:

- Demographics
- Special classifications
- Date of incident
- Was incident reported to law enforcement?
- Location of incident
- Incident type
- Perpetrator information
- Services received
- Was perpetrator arrested?
- Did the court get a "no contact" order?
- Type of protective order requested
- 72-hour emergency orders: Date requested and outcome
- Ex-parte orders: Date requested and outcome
- Long-term orders: Date requested and outcome
- Referrals

Facilities

What are the requirements for grantee-operated facilities?

Per regulation 13 AAC 95.125, grantees are required to comply with all applicable zoning ordinances and conform to electrical, sanitation, plumbing, building, fire, safety, and health codes of the jurisdictions in which the facility is located. It is understandable that some grantee facilities may be located in regions without these types of ordinances or codes. In these cases, facilities are expected to meet community standards. "Community standards" will naturally vary from community to community and may refer to differences such as the use of flushing toilets versus honey buckets in bathroom facilities, or permanently installed sprinkler systems versus other means of fire suppression. In general, these facilities should:

- Be in good repair, clean and sanitary, and free from health and safety hazards, including infestation;
- Have adequate ventilation in all areas;
- Be adequately heated and cooled to maintain a healthful temperature while occupied;
- Provide adequate lighting of interior and exterior areas to maintain safety; and
- Ensure security by using locks on external windows, doors, and other entry points of the shelter to prevent entry by intruders.

All grantee-operated facilities must also provide a smoke-free environment inside the facility and have assigned in writing who maintains responsibility for cleaning and maintaining the facility and its premises.

Understandably, there may be times when a facility does not meet some of these standards, such as if a bedbug infestation develops or a stairway railing breaks. In cases of health and safety issues that interfere with normal service provision, grantees must notify the Council. Grantees can develop a plan with the Council to address concerns if they are unable to be resolved in a timely manner.

Personnel Management and Training

How do we interpret the policies for personnel management?

Per regulation 13 AAC 90.040 (a), grantees are expected to adopt and implement policies to recruit staff who are representative of populations utilizing their program's services, including Alaska Natives and other marginalized and underrepresented populations. Importantly, this policy does not mean that individuals representing majority culture cannot or should not be hired. Rather, it emphasizes the importance of having a staff that reflects the population that is being served – research has shown that service recipients may be most comfortable working with staff who are culturally similar to them. In addition, this policy encourages grantees to recruit for open positions in locations that are likely to be frequented by individuals who are representative of these populations.

Per regulation 13 AAC 90.040 (c), grantees shall ensure that all staff who have direct contact with survivors or survivor's dependent children have complied with either state or federal background check requirements, whichever is more stringent. This should provide information about state- or federal-level charges. This will allow grantees to identify those individuals who have been convicted of a crime in the state of Alaska or any other state they have lived. Providers or applicants found to have been convicted of sexual abuse of a minor, sexual assault, or related crimes (excluding prostitution and victims of human sex trafficking) shall not be approved as an employee. Conviction for other crimes do not necessarily bar a provider or applicant from being hired by a grantee; however, critical decision-making skills must be used to carefully consider the nature of the crimes (i.e., type, severity, length of time since conviction) for which an individual was convicted prior to extending an offer of employment. The tenets of survivor-centered, trauma-informed practice, as well as the safety of the survivors and their dependent children, should remain at the heart of these decisions and be balanced with the needs of the organization.

Grantees must adequately track which staff have or need fingerprinted background checks to prevent unauthorized staff being alone with minors. Grantees may opt to obtain this level of background checks for all staff to ensure all staff are cleared to work with minors, or they may institute a system to determine which staff need what level of checks. Either way, grantees must ensure that any staff anticipated to work independently with minors pass a federal fingerprinted background check prior to being alone with minors. More information about this requirement can be found on CDVSA's website.

What kind of training should board members complete?

Grantees' board members should participate in an initial orientation that includes, but is not limited to, information related to fiduciary and fiscal roles and responsibilities for board members of a nonprofit

organization, including conflicts of interest. Board members are likely to benefit from having access to a variety of additional training topics, such as:

- Ethics, confidentiality, advocacy, and boundaries;
- Introduction to the dynamics of domestic violence, sexual assault, dating violence, and stalking, including:
    - Factors that influence decisions about staying or leaving a relationship, and
    - The impact of domestic violence and sexual assault on children and adolescents, including relationship abuse;
- Principles of trauma-informed agency practice and service delivery;
- Program policies and procedures; and
- Primary prevention programming.

Given that board members are typically volunteers, it is important to equally prioritize their time and the efficiency of training opportunities. Online trainings or webinars, or brief trainings that can be facilitated during board meetings, may be particularly effective modalities.

Resources

- *National Network to End Domestic Violence (www.nnedv.org)*
    - *Board of Directors E-Learning Module (https://www.surveymonkey.com/r/QB2FYWT)*
- *BoardSource (https://www.boardsource.org)*
- *Alaska Network on Domestic Violence and Sexual Assault's 40-hour training (https://www.andvsa.org)*
- *Foraker Group webinars and trainings (https://www.forakergroup.org)*

What kind of training should employees and volunteers complete?

Per regulations 13 AAC 90.040 (i-k), employees and volunteers are required to receive both initial and ongoing training relevant to their agency responsibilities. The topics and amount of time required for this training depend largely on whether the employee / volunteer provides direct services (e.g., crisis line respondent, child advocate) or indirect services (e.g., grounds maintenance, mail handling support).

Before they may provide services independently, employees and volunteers providing direct services are required by regulation 13 AAC 90.040 (i) to complete initial training that includes:

- Confidentiality and ethics;
- Mandatory reporting;
- Agency policies and procedures, including position responsibilities and emergency procedures;
- Lethality assessments and safety planning; and
- Employees / volunteers providing direct services in a shelter facility must additionally maintain current certification in CPR and basic first aid.

For employees and volunteers providing indirect services, grantees are required by regulation 13 AAC 90.040 (j) to provide a documented initial training program that covers foundational topics, including:

- Confidentiality;
- Mandatory reporting;
- Participants' rights;
- Program procedures; and
- Procedures for emergencies.

All employees and volunteers should also complete continuing education. Consideration of the employee's / volunteer's position and specific responsibilities will influence which topics are likely to be of particular benefit. Such topics might include:

- Dynamics of domestic violence, sexual assault, dating violence, and stalking;
- Participants' rights;
- Primary prevention programming;
- Principles of trauma-informed service delivery and care;
- Procedures for emergencies, including basic first aid and CPR training;
- Information about Alaska Native history, including historical and current trauma;
- Theory and implementation of empowerment-based advocacy;
- Anti-oppression and cultural competency theory and practice;
- Active listening skills;
- Crisis intervention skills, including safety planning and risk assessments;
- Making referrals to community resources and services; and
- Professional boundaries and self-care.

What kind of supervision should employees and volunteers be receiving?

Supervision provides an opportunity for employees and volunteers to deepen their understanding of their work, ask questions, receive feedback related to their performance, and gain valuable knowledge and skills. Depending on the needs of the supervisor, employee / volunteer, and agency, supervision may take a variety of forms, including regularly scheduled meeting times, brief check-ins, emails, and staff meetings.

Grantees should have a written policy that describes how often employees and volunteers will receive supervision. The amount of supervision received will depend on the employee's / volunteer's position and duties. In general, those who are providing direct services should receive supervision more frequently than those who are providing indirect services. This way, supervisors can help to ensure that the services being provided to survivors and their dependent children are of high quality, ethical, and in compliance with state and federal regulations.

What kind of training should supervisors complete?

Per regulations 13 AAC 90.040 (i-k), supervisors are bound by the same initial and ongoing training requirements as employees providing direct services, in terms of the content and amount of training they are to receive (for more information, see What kind of training should employees / volunteers complete?). Supervisors are also encouraged to pursue additional training related to providing

supervision within six months of their date of hire as a supervisor, and each year thereafter. Specific topics may include:

- Role transitions and boundaries;
- Mentoring, leadership, and promoting staff competency;
- Conflict management;
- Strategies to address compassion fatigue;
- Staff evaluation and performance assessment;
- Introduction to program evaluation; and
- Information about Alaska Native history, including historical, generational, and current trauma.

What kind of training should executive directors complete?

For purposes of training, grantees' executive directors are considered to be supervisors within the agency. As such, per regulations 13 AAC 90.040 (i-k), executive directors are bound by the same initial and ongoing training requirements as employees who provide direct services and supervisors (for more information, see What kind of training should employees and volunteers complete? and What kind of training should supervisors complete?). This includes the recommendation to pursue additional training related to providing supervision within six months of their date of hire as an executive director, and each year thereafter.

In addition, there are several competency areas that are important for executive directors to maintain. Access to training opportunities related to the topics listed below is likely to benefit both the executive director and grantee and should be considered for continuing education.

- Organizational structure;
- Program administration, policies, and procedures;
- Principles of trauma-informed agency practice;
- Primary prevention programming;
- Program services, including trauma-informed service delivery;
- Confidentiality; and
- Legal issues as they relate to confidentiality (i.e., subpoena and Immigrations or ICE related issues).

Resources

- *National Network to End Domestic Violence (https://www.nnedv.org)*
- *BoardSource (https://www.boardsource.org)*
- *Foraker Group webinars and trainings (https://www.forakergroup.org/)*
- *National Sexual Violence Resource Center (https://www.nsvrc.org/)*
- *ANDVSA Legal Project (https://www.andvsa.org/legal/)*

Access to Services

How do we ensure that access to services is provided in a safe manner?

Per regulation 13 AAC 90.140 (a), grantees must provide access to safe accommodation and protection for survivors and their dependent children exposed to domestic or dating violence, sexual assault, or stalking. The number one priority for services is safety. Importantly, this is related to both acceptance and denial of services. For example, in shelter, there may be some instances when it is safest for a person in need of services to not be in shelter (e.g., emergency medical conditions). In these cases, connecting an individual with other appropriate resources, emergency medical services, or alternate accommodations, such as a hotel or another alternative setting, would be the safest option. Along with acceptance and denial of shelter entry, safety is also an important concern when considering the services provided within shelter.

Everyone can access services. People have to knowingly be able to sign the confidentiality, medical emergencies, and civil rights notices to be able to stay in shelter. They need to be able to comprehend what your program is about. You may have (or need to establish) a safe space where people can stay temporarily; for example, until they're sober and able to knowingly sign.

Our job is to give something to everyone. Whether by phone or in person, even if you are not the agency they need, provide a referral to another agency or give them information to support their needs. If your community does not have a shelter for people who are homeless, you may consider offering this service. People who are homeless who come to you and do not identify as survivors, may well be survivors! As you know, the intersection of homelessness and abuse is nearly 100%, and if you have bed space, this might be a way to ensure safety and healing for survivors (and their children).

If someone wants to stay in shelter and we're concerned because they obviously need medical attention, we might say, "Before you can stay here, we need to take care of your medical needs." Someone might not be eligible for services right now because of a safety concern, like maybe they have been violent in shelter (drug related or not). Even then, pause- think about what you can provide. A sandwich? Coffee? A shower?

If a survivor coming to the shelter to intake is so intoxicated their health is at risk, they may need medical attention first. They would still be welcomed in after that.

How is an individual's eligibility for a program's services determined?

In general, an individual is determined to be eligible for a program's services if they are

- In need of services that are provided by the program; and
- Able to access needed services safely.

As described above, in How do we ensure that access to services is provided in a safe manner?, there may be some instances when it would be most appropriate for someone to receive other services (e.g., emergency medical attention) prior to receiving program services. Eligibility is ultimately at the program's discretion, and programs should utilize consistent standards for exercising that discretion and determining individuals' eligibility for services.

Eligibility is determined during the intake interview process. The advocate gently probes to find out if the person is in their current situation because of domestic violence or sexual assault. If they are not in a state to answer the questions, the advocate (if we have space) will admit them for three nights and then check back in with them to see what their situation is.

Based on our policy, our services are available regardless of a person(s) gender, race, age, color, ethnicity, mental or physical health status, religion, sexual orientation, marital status, or any other condition or circumstance that does not directly preclude the ability to receive services unless the specific program or services is limited by law and/or funding source constraints to a specific group or category of participants (children services, S.I.S.T.R. program, etc.) No person will be denied services.

One of the most difficult situations is when we provide air transportation from a rural area. We need to determine the location of the survivor, and those traveling with the survivor. Determination of getting the survivor and/or child(ren) who will be traveling, to a safe location prior to their departure. If the survivor needs assistance, we request permission from the survivor to get aid from either the police, VPSO, VPO, TPO, Council Member, elder, health aide, or another safe resource. We determine which air carrier to utilize based on the preference of the participant for safety or other concerns.

If someone calls for services, and you're not sure you're the service they need, invite them to come in and meet in person with an advocate to determine their need. It's not a good idea to deny shelter over the phone. It's helpful to create a connection and better understand their situation. For example, many staff have experienced working with participants who don't recognize having been raped. For example, a woman may call needing a place to stay for herself and her child. When you meet with her, she may tell you about the baby's father, and that the child was conceived when the mother was passed out at a party.

Do programs have any obligation to individuals who may be seeking services but are not eligible to receive them?

Grantees' programs were designed and implemented with a specific service population in mind. That said, it is very likely that programs will engage with individuals from outside that intended service population (i.e., individuals seeking services who are not eligible to receive them), and programs are encouraged to consider the ways in which they will respond to these interactions. While programs are not required to provide any services or resources to these individuals, to do so when able serves as an opportunity to demonstrate the program's willingness and commitment to support the overall community's health and wellbeing. This can help to build trust in the program and the services it provides, as well as help members of the community to be more familiar with the program's efforts.

> *Our community doesn't have a homeless shelter that is a good place for families with children. We will admit folks on a homeless hold for three days, if we have space, and then work with them to get them safely situated. We will offer day services to folks and connect them to other resources in the community that may be more appropriate to their situation.*

Are there times when a program denies services to an individual?

Similar to how programs determine what they will or will not offer to individuals who are not eligible to receive program services, programs also determine, to a large extent, under which circumstances someone who *is* eligible for services will not be offered them. Per regulation 13 AAC 95.115 (i), a grantee may not deny access to services based on the factors that are stipulated by state and federal statutes listed In this regulation, which generally include but are not exclusive to: sex, race, religion, color, national origin, age, physical or mental disability, substance use, sexual orientation, gender identity, immigration status, marital status, pregnancy, or parenthood status of a survivor or any dependent children. Beyond this, denial of program services is at the program's discretion, and reasons for which an individual would be denied services should be documented. Generally, it is likely that these reasons will center around safety-related issues; for example, someone currently in shelter has an active protective order against the individual seeking entry into shelter, or the individual seeking services has threatened violence against program staff or participants in the recent past and continues to exhibit unsafe behaviors.

> *At this point, no person will be denied services. If we have a participant that would like to check into the shelter, and they are under the influence of drugs or alcohol and are unable to care for themselves or leave the shelter on their own accord in the event of an emergency, the Advocate will try to find a safe place for them to go (medical, sleep-off, or safe family or friends).*

We will deny services if we already have a participant in shelter or receiving day services that has a current protective order against the individual seeking services. Since most of our services are offered out of the shelter, we can't ensure that the individual already in the program with the protective order won't cross paths with the person seeking services that the protective order is against. About the only reason we will exit someone from the program is if they break confidentiality and jeopardize the safety of a fellow participant in the program or if they assault another participant in the program.

If both individuals in a couple request services from us, we provide services to both. We make sure that the individuals do not have the same Advocate when providing services.
If one of the individuals is in shelter, where we will meet with the other individual depends on their status, lethality questions, protective orders, and criminal activity. We have a room outside the core of the building where we can meet with people. We can also choose another location to meet with participants, like the courthouse, if needed.

Programs deny services very rarely. An example of when we denied services is when a participant cannot take care of themselves in an emergency situation. We will make every effort to make sure the participant has a safe place to go. If the participant comes back to shelter the next day, they will be admitted. We provide as many services as we can for men. Sometimes men need shelter too, and we try to accommodate that. If we cannot find safe housing in a church, or with friends or relatives, we are allowed to put them up in a hotel. We will deny services to anyone who has threatened violence to participants, staff, and/or community, but even those circumstances are not set in stone - people change. Up until just recently, we did have a zero-tolerance policy [for substance use], but since then have removed everything from our policies and guidelines. Our number one strength is providing a safe environment for everyone. We maintain confidentiality and listen to and are guided by those we serve, with services that are accessible and available 24/7.

Everyone gets something. With this attitude, services are never denied. We may work with participants and recognize it's time for them to move on (and they may be scared to leave the comfort of our agency). We welcome them back for groups or dinner. Let them know they can still call and access services without residing in shelter. Even if we need to ask a participant to leave shelter because of threats of actual harm to another person (staff or participant), it's important to discuss with them where they will be going. We still want them to be safe and have a safe place to be. This is an opportunity to connect with the participant even in this difficult situation.

What confidentiality standards should programs uphold?
Per regulation 13 AAC 95.280 (b; http://www.akleg.gov/basis/aac.asp#13.95.280), programs must protect participants' confidentiality in accordance with the highest standard of practice between state and federal law (AS 18.66.200 – 18.66.250 [http://www.akleg.gov/basis/statutes.asp#18.66.200] and 34 USC 12291 (b)(2) [https://www.law.cornell.edu/uscode/text/34/12291]). To ensure these standards are being upheld, programs are strongly encouraged to develop their policies according to the ANDVSA Model Confidentiality Policy, as well as ensure their staff are provided with access to this policy.

What should be shared with participants about confidentiality upon their entry into services?
When participants enter services, they should be familiarized with the program's confidentiality procedures. This includes how breaches of confidentiality (both planned and unplanned) will be addressed, limits to confidentiality (i.e., reporting suspected abuse or neglect of a child or vulnerable adult, when the life or safety of a person is at risk), and the participant's right to revoke a release of information they previously authorized.

How are ROIs to be handled?
Per regulation 13 AAC 95.280 (a; http://www.akleg.gov/basis/aac.asp#13.95.280), a release of information (ROI) is necessary in most cases when confidential participant information (i.e., communications or observations made by, between, or about participants; participant records; privileged communications; or personally identifying information) is to be shared. There are three instances when an ROI would *not* be required prior to releasing confidential participant information:

- When the participant is believed to be an imminent danger to themselves or another person,
- When a mandatory report of abuse of a child or vulnerable adult must be made, or
- When necessary to comply with the provisions of AS 18.66.200 - 18.66.250 (http://www.akleg.gov/basis/statutes.asp#18.66.200).

Grantees should ensure that release of information forms are written and dated; indicate to whom what information shall be released, for what purpose, and for what length of time; state clearly that the release may be revoked at any time by the program participant; and are signed by an informed, consenting participant. While this will typically be the individual who is receiving services, there are a few notable exceptions:

- If the participant is an unemancipated youth, the youth and a parent / guardian must sign;
- If the participant is a legally incapacitated adult who has been appointed a legal guardian, the guardian must sign; and
- The perpetrator of violence toward an unemancipated youth or legally incapacitated adult participant may not provide consent for the participant.

When an ROI is obtained and participant information is released by a non-supervisory staff member, the ROI(s) and all accompanying documents or materials must be reviewed with a supervisor. Ideally, this review would occur prior to the information being released, to ensure participant confidentiality is being maintained. This approach may not always be feasible; in these cases, the information should be reviewed with a supervisor on a monthly basis, at minimum.

How do we maintain participant confidentiality while using technology to support our program's day-to-day functioning?

The Alaska Network on Domestic Violence and Sexual Assault has prepared a Model Confidentiality Policy document that outlines several ways in which programs can work to protect participants' confidentiality while utilizing technology. In general, programs should have written policies and procedures that outline the manner in which confidential information is to be securely stored or transmitted via electronic means, including telephone, email, fax transmission, and agency computers.

Information stored on computers that are connected to the internet is vulnerable to being accessed by unauthorized individuals. Because of this, programs must take precautions to ensure their server has a firewall to protect the computer/s from breaches. They also must use appropriate access levels to ensure that staff member only see information relevant to their roles. Some programs may use group calendaring software to keep track of appointments or daily schedules. Care should be taken to ensure participant confidentiality when using such software; for example, using a unique identifier rather than the participant's name.

Computers that are connected to the internet or network should be protected by a random password. They should have active, updated firewall and virus protection. Programs should also discuss internet and email safety and security with staff and participants who use the internet.

Mandated Reporting

What is involved with making a mandated report?

Per regulation 13 AAC 95.116 (e), program staff are required to file a report to the Office of Children's Services if there is reasonable cause to believe that a child has suffered abuse or neglect. There is one exception to this rule that applies specifically to domestic violence situations. Per Alaska Statute 47.17.020 (h), program staff are not required to file a report if (1) the reportable offense (i.e., abuse or neglect) is related to the child's prior exposure to domestic violence and (2) the staff has reasonable cause to believe the child is currently safe, in appropriate care, and not in danger of mental injury. Both of these criteria must be met for the exception to apply. The following example illustrates a situation where the exception would apply, and staff would not need to report:

> *Mary is in shelter with her two young children. While discussing her experiences during group, Mary discloses that her children were in the room on more than one occasion when her ex-husband physically assaulted her. Her children are currently doing okay; they are attending school and participating in the groups available for them at the shelter, including some to help strengthen their relationship with Mary.*

Now consider the following two examples, where one of the criteria for the exception are not met.

> *Mary is in shelter with her two young children. While discussing her experiences during group, Mary discloses that* ***she recently walked in on her ex-husband touching one of her children inappropriately while he was drunk****. Her children are currently doing fairly well, they are attending school and participating in the groups available for them at the shelter, including some to help strengthen their relationship with Mary.*

In the above example, the first criterion for the exception is not met, because the reportable offense was not related to the child's prior exposure to domestic violence. The staff member receiving this disclosure would be obligated to file a report of harm.

> *Mary is in shelter with her two young children. While discussing her experiences during group, Mary discloses that her children were in the room on more than one occasion when her ex-husband physically assaulted her. Her children currently seem to be doing okay, they are attending school and participating in the groups available for them at the shelter;* ***however, Mary frequently calls her children worthless, blames them for the violence, and today was seen physically pushing them, pinching their arms, and slapping them when they refused to go to bed.***

In the above example, the second criterion for the exception is not met, because the children are not being appropriately cared for and are in danger of mental injury due to Mary's behavior. The staff member witnessing Mary's behavior would be obligated to file a report of harm.

Per regulation 13 AAC 95.116 (b), program staff are also required to file a report with the Department of Administration's Division of Senior Services if there is reasonable cause to believe that a vulnerable adult has suffered abuse or neglect under either of two circumstances: (1) there is immediate danger to the vulnerable adult, or (2) the abuse is ongoing, and the vulnerable adult is unable or unwilling to assure their own safety. The following example illustrates a situation where neither circumstance is present, and a report would not be mandated:

> *Paula is a young woman who experiences a significant cognitive disability due to a traumatic brain injury she sustained last year. After her injury, she experienced such a decline in her day-to-day abilities and overall functioning that the court appointed a guardian for her. She recently was brought to shelter by her guardian after being assaulted again by the person she was dating. During group, she shared that she was glad to be in shelter and was making plans to leave her significant other for good.*

Now consider the following two examples, where one of the criteria is met.

> *Paula is a young woman who experiences a significant cognitive disability due to a traumatic brain injury she sustained last year. After her injury, she experienced such a decline in her day-to-day abilities and overall functioning that the court appointed a guardian for her. She recently was brought to shelter by her guardian after being assaulted again by the person she was dating. During group,* ***she shared that her significant other threatened to kill her if she left and she believed he would follow through on that threat****.*

In the above example, the first circumstance is present, because the vulnerable adult has suffered abuse or neglect and there is immediate danger to them. The assisted living facility staff member receiving this disclosure would be obligated to file a report of harm.

> *Paula is a young woman who experiences a significant cognitive disability due to a traumatic brain injury she sustained last year. After her injury, she experienced such a decline in her day-to-day abilities and overall functioning that the court appointed a guardian for her. She recently was brought to shelter by her guardian after being assaulted again by the person she was dating. During group,* ***she shared that although her significant other threatened to kill her if she left, they called and apologized and swore they would never do it again. Because of this, she shared that she was***

going to go back home that weekend, even though her significant other has made this promise before.

In the above example, the second circumstance is present, because the vulnerable adult has suffered abuse or neglect and is unwilling to assure their own safety. The staff member receiving this disclosure would be obligated to file a report of harm.

According to state law, program staff must make these reports as soon as is reasonably possible, and no later than 24 hours after obtaining reasonable cause that a reportable offense has occurred. In instances where staff in non-supervisory positions will be the reporting staff member, a supervisor should be notified and involved in the reporting process. If appropriate, when filing a report related to the abuse or neglect of a child, the child's non-offending parent / guardian should be involved in the reporting process.

Grantees are required by regulation 13 AAC 90.040 (i-j) to offer mandatory reporting training to employees within the first month of employment and at least once per year thereafter. Staff can access these trainings, along with additional information and training, on the following State of Alaska websites:

- Office of Children's Services Mandated Reporter Training (http://training.dhss.alaska.gov/mandatoryreporter/training/multiscreen.html)
- Adult Protective Services Mandated Reporter Training (https://vimeo.com/27057624)

What are some things we should be mindful of when it comes to participants' immigration status?
An individual's immigration status can serve as a barrier to receiving services. Specifically, fears related to the possibility of deportation can contribute to individuals not accessing needed program services. The Violence Against Women Act states that shelters are not required to report undocumented immigrants to United States Immigration and Customs Enforcement (ICE).

With this in mind, programs are encouraged to develop their own policies and procedures for how they will respond if ICE attempts to enter the shelter or detain a current participant. Care and attention should be paid to those aspects of shelter life or service provision that may reveal a participant's status as an undocumented immigrant. For example, if a mandatory report must be filed for someone who is an undocumented immigrant, the program may consider consulting with an immigration attorney prior to filing the report, if possible.

Access to Safety

What requirements are there for alternative accommodations?
In cases where access to a shelter or safe home is not available, regulation 13 AAC 90.140 (k) allows grantees to utilize alternative accommodations to provide a survivor access to safe housing. For accommodations to be considered under this regulation, they must

- Be safe;
- Provide the survivor with access to a telephone or another form of communication;
- Include bathroom facilities that meet community standards; and

- Have locks on all external doors.

A variety of accommodations may meet these requirements, such as a safe individual's home (that is not already established as a formal safe home) or a hotel. It is understandable that in some communities, a telephone may not be available or a reliable form of communication. In these instances, another communication tool that can link the survivor with emergency services if needed, such as a satellite phone or VHF radio, must be available.

Similarly, a number of communities throughout Alaska have no or limited access to running water. Accordingly, alternative accommodations are expected to have bathroom facilities that meet community standards. For some communities, the community standard will be flushing toilets and showers, while others will have honey buckets and steam baths.

Advocacy

What does advocacy consist of?

Per regulation 13 AAC 90.190 (1), "advocacy" is a survivor-centered process and means the participant is involved with an advocate in individual or group sessions with a primary focus of safety planning, empowerment, and education. There is a focus on the participant's autonomy, dignity, and self-determination. Advocacy may involve:

- Identifying barriers to, and strategies to enhance, safety;
- Clarifying and increasing awareness of the power and control associated with domestic violence and sexual assault, and the options participants may have to obtain resources while staying safe; and
- Supporting independent decision-making based on the unique needs and circumstances of each individual.

Per regulation 13 AAC 90.140 (g), grantees must provide participants with safe, independent access to their own medications. In addition to the aspects of advocacy covered by regulation, the National Center on Domestic Violence, Trauma, & Mental Health has produced a Model Medication Policy for DV Shelters. This document offers guidance for providing advocacy related to mental health and medications. Essentially, this model policy reinforces the importance of ensuring that shelter services are survivor-centered and accessible, regardless of whether a participant experiences a mental health condition or takes medication. This can be accomplished by:

- Not including questions about mental health status or use of medications during initial screening;
- Providing every participant receiving shelter services with a copy of the medication policy;
- Offering every participant information and advocacy related to mental health and medications;
- Not making assumptions about the mental health status or use of medications by participants; and
- Offering a secure space for storage of medications and not monitoring participants' usage of their medication(s).

Importantly, advocacy related to mental health does not entail providing mental health treatment or services; rather, it primarily involves offering education and information about the ways in which

domestic violence and sexual assault can impact an individual's mental health. As described in the model policy document, this conversation may be started with statements like:

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

Residential Services

What must a shelter orientation include, and how long do we have to complete it?
Per regulation 13 AAC 95.115, a participant must receive an orientation that Includes explanation of the following upon their arrival at a shelter:

- Their confidentiality rights;
- Their responsibility to maintain the confidentiality of other participants;
- The services that are available;
- The program's hours and activities;
- The program's medication policy;
- Rules governing their conduct;
- Infractions that can result in disciplinary action or discharge from services;
- Grievance procedures;
- The requirement for nonviolent behavior by all youth and adults while in the shelter; and
- The shelter's policies on the storage of firearms and other dangerous weapons.

In certain situations, it may be most appropriate to delay the sharing of some or all of the orientation information until the participant is in a state of mind to take part. Program staff should use their judgment to determine whether such a delay would be in the best interest of the participant and their ability to receive that information.

A program might delay sharing all orientation information because a participant is traumatized, it's late at night, they need to accommodate their children, or they don't have energy for it right now. We want to share information when someone can receive it.

At the same time, it's imperative we get some information immediately. You may have a one-page intake to provide basic information - What brings them to your agency right now? Do they consider their situation an emergency? Do they need immediate medical attention (physical/behavioral health issues)? Identify who/how many children, along with their ages and needs (allergies, medical).

What we require is that we provide information re: medical emergencies, confidentiality, and civil rights notice. And schedule an appointment for the following day (or later the same day) for their Safety Meeting (safety planning with an advocate).

Do participants have to engage in services in order to stay in shelter?

Federal guidelines and regulation 13 AAC 90.140 (d) stipulate that services offered to participants in shelter must be voluntary in nature, meaning the participant gets to choose whether or not to engage in those services. Along with meeting these guidelines, we are practicing survivor-centered, empowerment-oriented, trauma-informed care and supporting participants' autonomy, dignity, and self-determination when we encourage them to choose the services they want to be involved in.

Importantly, this does not mean there is zero program structure and participants can do what they want, when they want. Rather, it is an opportunity for program staff to begin building a working relationship with a survivor that is rooted in the program's philosophy toward providing services. The way that program services are presented can determine whether a participant will or will not engage in those services. Consider these two ways of inviting a new participant to a daily support group:

1. *Support group is every day at 10.30am in the group room. You're expected to be there as part of being here at the shelter. And please make sure you're on time! It's so hard for us when people are late.*
2. *We have a support group every day for all the survivors staying here. Group is a chance for you to hear from others what they're going through and what has been helpful for them, and you can share your own story if you want to. Sometimes we do activities too, like healing art projects. Most of the people who come say they feel better about things afterward. Do you think you'd like to join us tomorrow? We meet at 10.30am in the group room. Do you know where that is?*

Programs may find success with an approach that outlines the available services and typical practice within the program (i.e., attending groups), describes their potential benefit (i.e., opportunity to share, feeling better after attending), and offers to help connect the participant with that service in the moment (i.e., inviting to join). Such an approach can also be taken for other aspects of shelter living, such as helping to keep the shelter clean by doing chores. For example:

With this many people living under one roof, it can be hard to keep everything clean and tidy. We encourage everyone to contribute to the good of the shelter by helping out where they can. We use a chart to keep track of who's volunteered to help with what during the week. It looks like these are still open - would you like to help out with either of these for the next few days?

Even when we take a survivor-centered, empowerment-oriented, trauma-informed approach to engaging participants in services, there are times when a survivor will choose not to engage in services or help support other aspects of shelter living, like doing chores. In these times, it is important to remember the foundational philosophy and values of the program. Participants who choose not to engage should not be asked or made to leave shelter. Even those who go the entire duration of their stay without accessing specific services are living in a safe space - which is itself a service.

It's important to set expectations when new participants first come to your program. You might say, "Now that we've completed your initial intake, let's schedule a time for your Safety Meeting with an advocate. We need to schedule this for later today or tomorrow, and Safety Meetings are necessary for all people who are staying here."

After determining why someone is staying with you and what they're looking for, use that information to support them and your program. You might say something like, "We're an emergency safe shelter and we're also a program. To help you better understand your situation and community resources, you're invited to come to support groups on Tuesday at 6 pm and Thursdays at noon."

"As you know, staying here means you're living with other families as well. Community living can be very difficult. Please know we are here for you, and in order to make things run as smoothly as possible, we ask everyone to come to a weekly house meeting. At that meeting, we choose house chores as a way to support ourselves and each other, and be responsible to the larger community as well." If someone is not doing their chore, it's important to talk with them about it: "Is there a reason why you're not doing your chore?" If time permits and you're able to do a chore WITH a participant, this can be extremely helpful- it's just more FUN that way and can be a way to engage someone who is resistant. "How about I help and we do your chore together right now?"

Do not take responses personally or be offended if someone says, "I refuse to do these dishes. People here make huge messes and it's not my mess!!" There's no 3 strikes rule. The reality is that someone has to do the dishes- whether it's a participant, you, other paid staff, or a volunteer. You do not need to make things harder on yourself. You can say, for example, "You're scheduled for doing the dishes. If you don't do them, I will have to do them, which means I'll be late picking up my kids. Can you please do the dishes?" This honest approach is real and true and may be something a participant can relate to.

When a participant won't engage at all, it's important to speak with them to try to understand why they won't engage. They may need time to feel safe or may be depressed. It's often best to ask them, "I'm concerned about you. Is there a reason you're having difficulty checking in with an advocate?" or "I'm concerned that you're not getting what you need. How can we be helpful to you?" The heart of this work is to engage with ourselves and with participants. Remember, our participants are coming from relationships where power and control have been used against them; we do not want to replicate this dynamic.

Do participants have to be sober in order to stay in shelter or receive services?

The use of alcohol and other substances by participants can present a challenging situation for programs. In general, an individual's use of alcohol or other substances is not something that can be used to "screen out" someone who is seeking services. In other words, an individual may not be denied services or have their services ended prematurely due to their alcohol or substance use. This is not to say that shelters must provide immediate services to any highly intoxicated individual seeking them. It may be that the individual would be better served spending time in a hospital or detox facility prior to entering shelter. Similarly, while an individual's alcohol or substance use in shelter cannot be the sole reason for discontinuing their services, if that individual was acting out violently, the program could consider termination of services at that point. Safety of those in shelter, including the individual who is drinking or using, is always a first priority. Approaching survivors' alcohol or substance use in this way is consistent with a trauma-informed approach and allows programs an opportunity to meet survivors where they are at.

As advocates, we know that negative actions and judgments by those who are supposed to help can perpetuate victim shaming and blaming. As advocates, we often become frustrated with how survivors are treated and judged by others in the helping profession. In fact, we spend a lot of time trying to educate people on this issue, but we too are at fault. For example, during SART callouts there are times the survivor is under the influence – what would happen if we refused to provide advocacy during a SART call out because the survivor had been drinking or using? It's inconceivable to think we'd ever do that, yet don't we do that very thing when we refuse to let a survivor into shelter because they're under the influence? If our number one priority is to provide a safe place for survivors, we should never be able to pick and choose who's worthy of a bed based on sobriety. Survivors who are using substances or have mental health issues are often at higher risk of being physically or sexually assaulted. Yet we deny services or ask that they leave shelter because of substance use or mental health challenges. Some survivors are not able to remain sober while in shelter. Think of how stressful shelter living can be, and then we expect someone who uses drugs or alcohol to cope with stress and trauma to automatically stop once in the shelter? We know relapse is a common occurrence in the process of someone trying to gain sobriety. Yet we say to survivors over and over, you may not come in, you may not do that, you have to leave… these barriers are often insurmountable.

When advocates are worried about or focused on whether or not someone is using alcohol or drugs in shelter, they can't advocate effectively. What typically happens is that all the attention goes to that one survivor and what they may or may not be doing while others in the shelter get less and less time with the advocate. And the one who is being "watched' feels judged, under pressure, and increasingly stressed. That's not advocating – at the very least, it's monitoring another's behavior and looking for perceived faults. It's important to keep in mind what the advocate's role is.

Screening in doesn't mean giving blanket permission to use while in shelter – it just means we eliminate barriers to service provision and welcome all who need safety. Survivors seeking shelter are allowed in regardless of if they are actively using or not. If a survivor coming to the shelter to intake is so intoxicated their health is at risk, they may need medical attention first. They would still be welcomed in after that. Using while in shelter is not an automatic discharge from the program either. Even though we have a policy that states use of alcohol or drugs is not allowed on property we certainly understand it is not as black and white as what it seems. We advocate in a trauma informed approach and work with survivors where they're at in their healing process – this takes time and energy and often, it might be something we do over and over again. There are no "second or third chances" – rather, these are opportunities to help make a difference.

What kind of services should be provided to participants with hearing impairments? What about participants who do not speak the primary language spoken by program staff?

Per regulation 13 AAC 95.115 (e-f), shelters must provide services in a manner that allows for participants with hearing impairments to engage in them. This may involve using TTY (teletypewriter) devices or the newer RTT (real-time text) option. TTY is used with landline telephones, whereas RTT operates over Wi-Fi. Other relay services may be available for use by the shelter as well. When working with participants who have limited proficiency in the primary language spoken by program staff, programs are encouraged to utilize interpreter services as needed.

Can participants smoke while staying in shelter?

Per regulation 13 AAC 95.125 (a), programs must provide a smoke-free environment inside their facilities, though smoking is permitted outside of those facilities. Some jurisdictions have established regulations regarding how far from entrance doors an individual must be when smoking outside a building. In some cases, the required distance from the entrance of the building per regulation may jeopardize the safety of participants; programs are encouraged to consider this when establishing smoking areas outside the facility and ensure that participant safety is maintained as a top priority.

Are animals allowed in shelter?

When deciding whether to allow animals in shelter, one of the first questions that needs to be answered is: What is the animal's role in the survivor's life? It is important to differentiate between service animals, emotional support animals, and pets.

- Service animals are working animals that serve a specific function for their owner, such as a dog that guides their owner who has visual impairments, alerts their owner who has a compromised immune system to others' infections, helps to steady their owner who has difficulty walking, or alerts their owner who has diabetes when their blood sugar levels are especially high or low. These animals have received special training to do work or perform tasks for their owner who has a disability.
- Emotional support animals are animals who serve as a source of comfort and emotional support for their owner who may be experiencing anxiety, depression, post-traumatic stress disorder, or another physical or behavioral health condition. These animals may or may not have received any training.
- Pets are animals who are companions and part of their owner's family, but do not serve a specific role outside of this. These animals may or may not have received any training.

Once the animal's role has been determined, you can make a more informed decision as to whether that animal is allowed in shelter. Per the Americans with Disabilities Act (ADA), shelters are generally required to allow service animals. If a survivor identifies their animal as a service animal, the ADA permits you to ask two questions: (1) is the animal a service animal required because of a disability? and (2) what work or task has the animal been trained to perform? You may not ask for the animal's documentation, to see the animal demonstrate its task, or about the nature of the individual's disability. Emotional support animals and pets are not protected by law in this way and their allowance in shelter is at the program's discretion. You may ask to see documentation related to an animal's status as an emotional support animal, though understand that a survivor fleeing a dangerous situation likely would not have brought such documentation. Other considerations for emotional support animals and pets should emphasize the safety and security of other survivors and staff in the shelter. Programs may wish to connect with local animal rescue groups to assist with lodging for the animal/s if unable to accommodate them in shelter. Victims who would otherwise flee their situation may remain for fear of leaving their animal companions.

Participant Records and Service Documentation

What are the requirements for documenting services and maintaining participant records?

Documentation is an important component of ethical, responsible service provision. The information contained in participant records is confidential and may only be disclosed according to the exceptions to confidentiality described in the How are ROIs to be handled? section. At the same time, participant safety is a top priority; for this reason, program records should only maintain documentation that is necessary for ongoing service provision or required by the Council.

Prior to documenting any information, it is important to make sure that survivors understand their confidentiality rights, including the exceptions to confidentiality and agency policies related to the retention and destruction of their records. Once this has taken place, programs should document all

service provision that takes place. Participant records should be maintained using a standardized system that includes the following information:

- A unique record identifier (i.e., file number, what staff see and look up) that does not include any of the participant's personally identifying information;
- Identifying information within the file, including the participant's name, age, ethnicity, an individual who can be contacted in case of an emergency, and other relevant information;
- An intake that clearly documents the participant's service needs and whether they can be met by the program;
- Documentation of any services that were provided to the participant; and
- Copies of required releases and participant notices.

How should records of a survivor and their dependent child(ren) be handled?

Survivors and their dependent children must have separate files. When their files are combined, it can make administrative tasks and overall data tracking very difficult. More importantly, if a perpetrator requests their child's file, there is a good chance they will be awarded access to it. Parental rights to information and decision-making about children generally remain intact regardless of who the custodial parent is. In some cases, this may be a tactic on the perpetrator's part to get access to the survivor's information, rather than the child(ren)'s. Ensuring that the survivor's and child(ren)'s information are stored separately from each other makes this significantly less likely to occur. It may be appropriate to notate the survivor's unique, non-identifying record identifier in the child(ren)'s file(s), to clearly indicate that the files are linked.

What are the requirements for destroying participant records / documentation?

Per regulation 13 AAC 90.080 (h), grantees must periodically review current participant records for completeness and appropriateness. Grantees should destroy all documents except those necessary for ongoing service provision, or those that are required by the Council to be retained. This review of current records should take place at least once every six months. Documents that are considered necessary for ongoing service provision include:

- An intake that clearly documents the participant’s service needs and whether they can be met by the program;
- Documentation of any services that have been provided to the participant; and
- Copies of required releases and participant notices.

Documents required by the Council to be retained in current participant records include:

- A statement of the participant’s problem(s) and need(s);
- A plan for resolution of those problems and needs;
- A personal contact in case of an emergency; and
- Any known medical concerns.

Over the course of a participant's time in the program, documents will likely end up in their file that are not necessary for ongoing service provision or required by the Council to be retained in current participant records. Some of these documents, such as substance use treatment records, could even be harmful if a participant's records were to be subpoenaed. Consistent with the practice of keeping the minimum necessary documentation in participant records, these documents can and should be

destroyed at the periodic review point. Documents that would not be considered necessary for ongoing service provision or required by the Council to be retained in current participant records, and could therefore be destroyed at the periodic review point, include:

- Court paperwork (e.g., long-term protection order)
- Behavioral health records

In addition to regularly reviewing current, active participants' records, it is recommended that grantees destroy inactive participants' records once three years have passed since the last date of service. This is consistent with the best practices outlined in the Model Confidentiality Policy. Inactive participant records may be retained for longer than three years if:

- Such retention is specifically requested by the participant; or
- The information (i.e., the participant's name and unique record identifier) is required by the Council to be kept on file.

Grantees should also have written policies and procedures that describe how records will be destroyed. The most important part of this is that the records must be securely destroyed. For paper-based records, this means shredding the documents. For electronic records, this may mean securely deleting a participant's file from an electronic health record system or a computer's hard drive. It's important to know that deleting a file on your computer (even if you also delete it from the recycle bin) does not necessarily mean that the file is completely erased.

Additional Best Practice Considerations

Strengthening Positive Community Relations

In order to improve the services, and access to those services, that are provided to survivors and their dependent children, grantees can engage in activities intended to strengthen community support and acceptance of the program. These activities may include:

- Advocating for the program to community representatives and groups;
- Building trust and supporting wellness within the community;
- Collaborating with other community agencies and systems; and
- Establishing the program as a local expert related to domestic violence, dating violence, sexual assault, and stalking issues.

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