Service Standards

Domestic Violence Services

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Definition

Domestic Violence Services provide a range of supportive services appropriate to the needs and preferences of individuals who have been subjected to abuse by a current or former partner, or by another person with whom they have a close relationship. Abuse may be physical, psychological, sexual, and/or economic in nature. Services offered typically include crisis assistance, safety planning, advocacy, case management, material assistance, counseling, peer support, and/or housing. Some organizations may also offer these services to survivors who have experienced other types of abuse, such as sexual assault or human trafficking.

Note: *These standards apply to programs both with and without a housing component (i.e. shelters and safe homes).*

Organizations that provide only crisis call services will be reviewed under Crisis Response and Information Services (CRI), not Domestic Violence Services (DV).

Note: *Please see DV Reference List for the research that informed the development of these standards.*

Note: *For information about changes made in the 2020 Edition, please see the DV Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Domestic Violence Services

DV 1: Person-Centered Logic Model

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

• See program description completed during intake	

* • Program logic model that includes a list of outcomes being measured	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel	

DV 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risk assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

DV 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Examples: *Rather than focusing only on outcomes related to victimization (e.g., ending the abuse and protecting survivors from future harm), logic models can also identify positive factors that promote survivors' overall well-being. For example, an organization might track outcomes related to: (1) financial security; (2) housing stability; (3) access to resources; (4) social supports; (5) coping skills; and/or (6) sense of self-efficacy.*

Domestic Violence Services

DV 2: Personnel

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Program personnel have the competency and support needed to provide services and meet the needs of survivors.
Interpretation: *Competency can be demonstrated through education, training, or experience, including both work and life experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

* • Table of contents of training curricula	
* • Procedures or other documentation relevant to continuity of care and case assignment	

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

* • Procedures for accessing supervisory support, if applicable	

Site Visit Evidence

* • Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Coverage schedules for providing supervisory support for the past six months, if applicable • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

DV 2.01

Direct service personnel are qualified by a bachelor's degree in social work or a comparable human service field and/or appropriate training and experience.
Interpretation: *Personnel degree qualifications should be appropriate to the services being provided.*

DV 2.02

The program director has a bachelor's degree and a minimum of two years' experience working with survivors.

DV 2.03

The individual who has administrative responsibility for shelter operations has:

a. at least a bachelor's degree or equivalent and two years' experience in human services; or
b. substantial experience in human services, including at least two years' experience in shelter services.

NA: The organization does not provide shelter services.

DV 2.04

All direct service personnel are trained on, or demonstrate competency in:

a. understanding the different types of abuse and exploitation survivors may have been subjected to, including physical, psychological, sexual, and economic abuse;
b. empowering and supporting survivors;
c. assessing needs, risks, and safety;
d. developing safety plans;
e. recognizing and addressing barriers to escaping abuse or accessing services;
f. recognizing and responding to both crisis situations and the ongoing needs that survivors may experience, including those related to physical health, mental health, substance use, finances, housing, and legal issues; and
g. establishing appropriate boundaries with survivors.

Interpretation: *Personnel should be aware of the steps necessary to obtain a protective order in all applicable jurisdictions, including on military installations, should the survivor wish to do so.*

Interpretation: *When the organization serves military or veteran populations, it is essential that staff have the competencies needed to effectively support and assist service members, veterans, and their families, including sufficient knowledge regarding: military culture, values, policies, structure, terminology, unique barriers to service, traumas and signature injuries, co-occurring conditions, effective and evidence-based interventions, applicable regulations, benefits, and other relevant issues. When personnel possess the requisite military competency, they are capable of supporting improved communication and more effective care. Signature injuries and co-occurring conditions include post-traumatic stress disorder (PTSD), depression, traumatic brain injury (TBI), and substance use.*

DV 2.05

Personnel providing services in a group setting are trained on, or demonstrate competency in:

a. establishing a supportive, nonjudgmental environment that promotes respectful interactions;
b. engaging and motivating group members;
c. helping participants develop skills and/or understanding relevant to the group's area of focus;
d. understanding group dynamics;
e. leading discussions; and
f. facilitating group activities.

NA: The organization does not provide services in a group setting.

DV 2.06

Personnel who work directly with children, or with survivors who have children, are trained on, or demonstrate competency in:

a. child development;
b. possible effects of witnessing abuse;
c. collaborating with child protective services; and
d. alternatives to corporal punishment.

NA: The organization does not serve survivors who have children.

DV 2.07 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

NA: The organization does not provide shelter services.

DV 2.08

When the organization provides shelter and/or hotline services, supervisors or other designated personnel are available or on call 24 hours a day.

NA: The organization does not provide shelter and/or hotline services.

Interpretation: *This standard may be implemented through on-call consultation or a formal arrangement with another entity if organizational personnel are not available or on call 24 hours a day.*

DV 2.09

The organization minimizes the number of workers assigned to survivors over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

DV 2.10

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of survivors.*

DV 2.11

The organization counteracts the development of compassion fatigue by:

a. helping personnel understand how they can be impacted by stress, distress, and trauma;
b. helping personnel develop the skills and behaviors needed to manage and cope with work-related stressors;
c. encouraging respectful collaboration and support among co-workers;
d. examining how the organization's culture and policies can prevent the development of compassion fatigue; and
e. informing personnel about treatment services, as needed.

Examples: *Regarding element (b), organizations can help personnel develop the skills and behaviors that will enable them to: (1) engage in positive thinking; (2) increase their self-awareness; (3) know their limits and needs; (4) practice self-compassion; (5) establish healthy boundaries; (6) effectively communicate about unrealistic and unspoken expectations; (7) identify and manage emotional triggers; (8) have difficult conversations with co-workers and supervisors; (9) practice brain-aware activities to stay regulated; and (10) take time for self-care.*

Regarding element (d), areas to consider include, but are not limited to: (1) supervision; (2) caseload assignment; (3) scheduling; (4) training; (5) crisis response; (6) psychological safety; and (7) healthy and realistic staff expectations and boundaries.

Domestic Violence Services

DV 3: Intake and Assessment

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The organization ensures that survivors receive prompt and responsive access to appropriate services.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound, but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm, and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized; or
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source, and there is no evidence that relevant information has been received and/or used by the organization.

4

Implementation of the standard is minimal, or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	
*	• Procedures for protecting the safety of survivors when perpetrators are involved in services, if applicable	

Site Visit Evidence

*	• Outreach and informational materials • 24-hour staff coverage schedule for past six months (or evidence of collaboration with a community telephone network or emergency response center) • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Survivors • Review case records

DV 3.01

The organization provides community education and outreach to:

a. inform the public about how to access the organization's services; and
b. address and challenge norms, beliefs, and stigmas that may discourage survivors from seeking help.

Examples: *Education and outreach can target both survivors and those who may know or encounter survivors. Organizations can reach out to the community as a whole through, for example: posters, pamphlets, public service announcements, social media posts, and appearances at community events. More targeted education and outreach can be provided to those more likely to encounter survivors and those who hold sway in the community, such as: law enforcement; legal services; child protective services; health care providers; mental health care providers; substance use disorder service providers; community-based organizations serving immigrants and/or other marginalized populations; cultural and religious leaders and institutions; and community leaders.*

Examples: *For military families, fear of career consequences may be a major disincentive to seeking or obtaining services, particularly if there is an actual, or perceived, lack of complete confidentiality.*

Note: *Other factors that may discourage survivors from seeking services can be addressed through the organization's approach to service provision. For example, organizations can minimize barriers to service by: (1) establishing nonrestrictive eligibility criteria, as addressed in DV 3.04; (2) providing culturally and linguistically competent services, as addressed in DV 6.01, CR 1.03, and ASE 3.03; (3) meeting the needs of survivors with dependent children, as addressed in DV 7; and (4) avoiding overly intrusive rules, as addressed in DV 9.01.*

DV 3.02 (FP)

The organization provides 24-hour access to services either:

a. directly (e.g., through phone, text, and/or chat); or
b. through a community telephone network or emergency response center.

Interpretation: *A community telephone network or emergency response center must:*

1. *employ trained individuals;*
2. *respond to survivors within a 15-minute timeframe; and*
3. *have procedures that address how to respond to survivors without increasing risk.*

DV 3.03

Survivors seeking services are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

NA: Another organization is responsible for screening, as defined in a contract.

DV 3.04 (FP)

Prompt, responsive intake practices:

a. facilitate a timely initial assessment of survivors' immediate needs;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Interpretation: *Although the organization should ideally conduct an initial assessment within 24 hours or the first working day after initiation of services, timeframes may vary based on both survivors' preferences and the nature of services provided. For example, when the organization provides non-residential services, survivors may not wish to return to the organization right away to participate in this assessment. Organizations providing residential services can typically conduct the initial assessment more quickly, but even then survivors may be overwhelmed and exhausted upon arrival, and may want to rest before engaging in the initial assessment.*

Examples: *In an effort to ensure services are available to those who need them, some organizations strive to avoid overly restrictive eligibility criteria that might cause an individual seeking service to be turned away (e.g., criteria excluding survivors who have dependent children, mental health conditions, or substance use disorders).*

DV 3.05 (FP)

Survivors participate in an initial assessment to evaluate:

a. immediate needs, including medical and dental care, legal assistance, food, shelter, and clothing;
b. immediate safety concerns and related risk factors, including risk of serious violence; and
c. the risks and needs of their children, when applicable.

Note: *Before disclosing any information, survivors should be informed about the organization's policy regarding the reporting of child abuse, as addressed in CR 2.02.*

DV 3.06

Survivors participate in a comprehensive, individualized, culturally and linguistically responsive assessment that:

a. is completed within established timeframes;
b. is updated as needed based on the needs of persons served;
c. is focused on information pertinent for meeting service requests and objectives;
d. includes a description of the presenting problem and survivors' experiences of abuse, including any related risks and safety concerns; and
e. evaluates the impact of the problem on children, as applicable, and their need for assistance.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

DV 3.07 (FP)

Survivors who wish to include or involve perpetrators in services are helped to:

a. explore their motivation and intent for involving the perpetrator; and
b. evaluate the risks involved.

Interpretation: *This standard does not require organizations to involve perpetrators in services. If an organization does involve perpetrators in services it must: (1) have procedures to protect the safety and well-being of survivors and their children; and (2) ensure survivors' safety plans address issues specific to perpetrator involvement. COA Accreditation cautions against engaging survivors and perpetrators in services requiring cooperative participation (e.g., couples counseling) due to the potential for danger, as well as the power disparities between perpetrators and survivors.*

Domestic Violence Services

DV 4: Safety Planning

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Safety planning helps survivors identify strategies they can use to address immediate risks and safety concerns and protect themselves from harm.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1

All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound, but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal, or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

* • Procedures for developing and updating safety plans	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Survivors
- Review case records

DV 4.01 (FP)

Safety planning is tailored to individual goals, priorities, and circumstances and helps survivors:

a. address immediate risk and safety needs;
b. identify concrete, specific strategies for promoting safety that utilize available and realistic options and resources;
c. prepare to promote safety in various places and situations, including preparing for immediate escape when necessary; and
d. respond to the needs of children, when applicable.

Interpretation: *Survivors should be viewed as experts in their own safety, but personnel can help them evaluate options and make informed decisions. Safety planning must be conducted regardless of whether the survivor has left the perpetrator, is in the process of leaving the perpetrator, or will remain involved with the perpetrator.*

Interpretation: *For military families, safety planning should also address concerns related to deployments, duty assignments, or permanent change of station orders.*

DV 4.02 (FP)

Survivors and personnel regularly re-evaluate and update safety plans to ensure that they continue to address the immediate risks and needs survivors face.

Interpretation: *Although safety planning is focused on managing immediate risk and safety concerns, the “immediate" risks and needs survivors face may also change over time. Accordingly, while safety plans will at first focus on the issues identified in the initial assessment, they may also evolve over time to address new risks and concerns.*

Domestic Violence Services

DV 5: Service Planning and Monitoring

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Each survivor participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some persons served is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Evidence of appropriate family involvement is not present; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- Interviews may include:
  1. Program director
  2. Relevant personnel
  3. Survivors
- Review case records

DV 5.01

An assessment-based service plan is developed in a timely manner with the full participation of the survivor, and other non-offending family members as appropriate and with the consent of the survivor, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. documentation of the survivor's participation in service planning.

Interpretation: *Although personnel should help identify available services and evaluate options, survivors should be the primary planners of their goals and objectives, and have the right to make their own decisions and decline services.*

DV 5.02

The organization works in active partnership with survivors to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible;
d. mediate barriers to services within the service delivery system; and
e. prepare community providers to meet survivors' needs.

Interpretation: *For service members, veterans, and their families, community providers may include military or Veterans Affairs providers. The service plan should clearly outline which services will be provided on the installation or Veterans Affairs facility, when appropriate to the needs and wishes of the survivor. This population is often unsure of the services to which they are entitled and how to navigate military care systems. The worker should take an active role in navigating these care systems when possible.*

DV 5.03

The worker and a supervisor, or a clinical, service, or peer team, review the case bi-weekly when providing residential services and quarterly when providing non-residential services, or more frequently depending on the needs of survivors, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of planned services and agreed upon service goals.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

DV 5.04

The worker and survivor:

a. review progress toward achievement of agreed-upon service goals; and
b. document revisions to service goals and plans.

Domestic Violence Services

DV 6: Advocacy and Support Services

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Survivors receive a range of supportive services that reflect their needs and preferences and enable them to heal, access resources, develop connections, and build skills.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*		

	• Procedures for involving survivors in making decisions about service delivery	
*	• Table of contents of program curricula	
*	• Procedures for referring survivors to services	

Site Visit Evidence

*	• Documentation of survivors providing input on program policies and practices • Informational materials provided to survivors • Program curricula • Community resource and referral list • Group schedule for the previous 12 months, if applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Survivors • Review case records

DV 6.01

The program's overall approach to service prioritizes:

a. partnering with survivors to establish respectful, trust-based relationships;
b. supporting survivors in making their own decisions and regaining their sense of power and control;
c. providing survivors with meaningful opportunities to provide input on program policies and practices; and
d. ensuring services and activities are sensitive and responsive to the needs and characteristics of the individuals and populations served.

Interpretation: *Regarding element (d), needs and characteristics to take into account include age, developmental level, language, ability, gender and gender identity, culture, race, ethnicity, religion, immigration status, socioeconomic status, and sexual orientation.*

Examples: *Personnel can strive to develop respectful, trust-based relationships with survivors by: (1) treating them with empathy and understanding; (2) recognizing their strengths; (3) offering supportive encouragement; and (4) making an effort to truly get to know them.*

DV 6.02

Survivors are offered support and/or information that helps them:

a. understand the dynamics and possible effects of abuse;
b. understand trauma and common responses to trauma;
c. identify how abuse has impacted them;
d. recognize that they are not responsible for their victimization or alone in their experience; and
e. develop skills, strategies, and perspectives that facilitate healing, self-efficacy, hopefulness, and well-being.

Interpretation: *This support and/or information may be provided through individual services, group services, and/or informal interactions with personnel.*

Examples: *Survivors may work on developing skills and strategies related to areas such as coping, self-care, self-regulation, communication, problem-solving, and accessing resources.*

Allowing survivors to connect and process experiences with other survivors, as addressed in DV 6.03, is one way of helping survivors realize that they are not alone in their experiences.

DV 6.03

Survivors have opportunities to connect with other survivors to:

a. share and process their experiences; and
b. form supportive relationships.

Examples: *These opportunities may occur through support groups, peer mentoring, informal interactions with other program participants, and/or linkage to peer support services offered by other organizations.*

Note: *When survivors connect through support groups, implementation of this standard will overlap with DV 6.10.*

DV 6.04 (FP)

Survivors who wish to report domestic violence, sexual assault, or child maltreatment are provided with the resources and support they need to do so.

DV 6.05 (FP)

Survivors are linked to any health and behavioral health services needed to address the effects of abuse and promote ongoing wellness, including, as appropriate:

a. medical and dental services, including both emergency and routine care;
b. mental health services; and
c. substance use services.

Interpretation: *Survivors who are pregnant or have recently given birth should be linked to prenatal and postpartum health services, including information, screening, and treatment for prenatal and postpartum depression.*

DV 6.06

Survivors looking to achieve housing stability receive assistance with the following, as appropriate:

a. addressing crisis housing needs;
b. finding a long-term safe and stable living arrangement; and
c. developing the knowledge and skills they need to obtain and maintain housing.

Examples: *Regarding element (c), survivors may work on developing knowledge and skills related to household management and tenant rights/responsibilities.*

DV 6.07

Survivors looking to address financial concerns and achieve economic independence receive assistance with the following, as appropriate:

a. accessing all available financial assistance and in-kind supports;
b. finding and applying for jobs, including writing resumes, completing applications, and preparing for interviews;
c. obtaining child care and transportation;
d. obtaining the education and/or training that can improve long-term economic prospects; and
e. developing the knowledge, skills, and strategies they need to manage money and promote financial well-being.

Examples: *Regarding element (a), financial assistance and in-kind supports may include, for example: (1) cash assistance; (2) food and nutrition assistance; (3) child care subsidies; (4) transportation assistance; (5) housing vouchers; (6) temporary rental assistance; and (7) utility assistance.*

Regarding element (e), survivors may work on developing knowledge, skills, and strategies that will support their ability to: (1) save for short and long-term needs; (2) budget; (3) build or repair credit; and (4) manage debt. It may also be appropriate to connect some survivors with credit or debt counseling services.

DV 6.08

The organization offers to help survivors manage any legal needs they may have by:

a. connecting them to appropriate legal resources;
b. ensuring they are informed about their legal rights and options; and
c. providing appropriate support as they navigate the legal system.

Interpretation: *The organization should be careful to ensure that the help it provides would not be classified as "legal advice" unless the personnel providing services are qualified legal professionals.*

Examples: *Legal needs may be related to: (1) obtaining protective orders; (2) divorce; (3) custody and visitation; (4) child support collection; (5) landlord/tenant disputes; (6) immigration; (7) public benefits appeals; (8) personal injury suits; (9) credit disputes; and/or (10) crime victim's compensation.*

DV 6.09

Survivors are provided with opportunities to develop and expand their social support networks.

Examples: *Survivors can develop connections with: (1) family and extended family; (2) friends and neighbors; (3) co-workers; (4) community institutions; and (5) other survivors, as addressed in DV 6.03. Social support networks can reduce isolation and promote safety by providing emotional support, practical advice, and concrete assistance (e.g., material resources or a place to stay).*

DV 6.10

When services are provided in a group setting, the organization:

a. involves participants in establishing agreed-upon guidelines and expectations, including expectations for confidentiality, at the outset;
b. provides opportunities for participants to ask questions, share their thoughts and experiences, and learn from the thoughts and experiences of others;
c. enables participants to build connections and develop relationships with others in the group;

d. responds flexibly to the changing needs of group members; and
e. schedules services with participants' time commitments in mind, to the extent possible and appropriate.

NA: The organization does not provide services in a group setting.

Examples: *Guidelines and expectations can be designed to foster a non-judgmental environment that promotes trust, respect, and group cohesion.*

Domestic Violence Services

DV 7: Promoting the Well-Being of Children and Youth

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The organization works with survivors and their children to support and promote the well-being of children and youth.

NA: The organization does not serve survivors who have children.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Procedures for referring children to services	
*	• Policy prohibiting corporal punishment	
*	• Procedures for evaluating educational needs and collaborating with schools, if applicable	
*	• Procedures for obtaining clearance to participate in athletic activities, if applicable	
*	• Procedures for collaborating with child protective services, if applicable	

Site Visit Evidence

*	• Curricula or other materials related to helping survivors meet their children's needs • Curricula or other materials related to services for children, if applicable • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Survivors, and their children if appropriate • Review case records

DV 7.01

The organization empowers survivors to meet their children's needs by:

a. helping them understand how witnessing abuse may impact a child's or youth's development, behavior, and relationships;
b. helping them develop positive parenting skills, including strategies for appropriately managing behavior;
c. creating opportunities for them to bond and strengthen their relationships with their children; and
d. supporting their efforts to care for and nurture their children.

Examples: *Regarding element (d), the organization can support survivors' efforts to care for and nurture their children by, for example: (1) offering encouragement; (2) taking care not to undermine survivors' authority in front of their children; (3) establishing guidelines and expectations that recognize and respect the role of a parent in a child's life; (4) respecting survivors' parenting decisions, to the extent possible and appropriate; and (5) providing or arranging child care so survivors can participate in the organization's programming, with the recognition that survivors will be better able to care for their children once their own needs are met. When personnel share power and develop strong relationships with survivors, as addressed in DV 6.01, it can help survivors view the assistance offered as "support" rather than "surveillance."*

DV 7.02 (FP)

To promote positive parenting practices, organizations providing shelter or safe home services:

a. establish a policy that prohibits corporal punishment of children by parents and other survivors in the program; and

b. ensure all survivors are informed of this policy.

NA: The organization does not provide shelter or safe home services.

DV 7.03

Children and youth are provided with, or linked to, developmentally appropriate support that helps them:

a. process their experiences and feelings;
b. understand that they are not responsible for the abuse;
c. understand that violence and coercion are not the appropriate way to resolve conflict; and
d. develop skills and strategies for coping, communication, social and emotional regulation, and problem solving.

Note: *Children and youth should also be helped to devise strategies for staying safe, as referenced in DV 4.01.*

DV 7.04

Children and youth are linked with services and supports offered by other community providers, including, as needed:

a. educational services and supports;
b. medical and dental services, including well-child visits and immunizations;
c. mental health services;
d. specialized services and supports for children and youth with special needs;
e. legal services; and
f. social and recreational services and supports.

Interpretation: *When an organization provides shelter services to survivors' children, it should also offer age-appropriate social and recreational activities at the shelter to help keep children and youth occupied and engaged.*

DV 7.05

Organizations providing shelter or safe home services evaluate the educational status and needs of school-age children and youth and:

a. inform survivors of their children's educational rights;
b. help survivors coordinate educational services with relevant school districts; and
c. assist children and youth to stay current with the curricula.

NA: The organization does not provide shelter or safe home services.

DV 7.06 (FP)

The organization evaluates children and youth for their ability to participate in athletic activities and obtains:

a. a written, signed permission slip from their parents or legal guardians;
b. a medical records release; and/or
c. a signed document from a qualified medical professional stating that the child or youth is physically capable of participating.

NA: The organization does not offer athletic activities.

DV 7.07

When a survivor's children are involved with child protective services, and with the survivor's permission, the organization collaborates with the child protective services agency to:

a. provide needed education about the dynamics of abusive or exploitative relationships;

b. ensure that family problems are addressed in a cohesive and comprehensive manner; and
c. promote the best interests of both survivors and their children.

NA: The organization does not serve survivors whose children are involved with child protective services.

Domestic Violence Services

DV 8: Crisis Hotline

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

Crisis hotlines provide immediate telephonic crisis intervention services to all callers via phone, text, and/or chat capabilities and coordinate connections to additional support and resources based on survivors' needs and preferences.

NA: The organization does not provide crisis hotline services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Crisis hotline operating procedures	

Site Visit Evidence

*

- Coverage schedules for the previous six months
- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

- Observe hotline operations including back up answering, dispatch, and documentation systems

DV 8.01 (FP)

The hotline operates with:

a. trained crisis intervention personnel 24 hours a day, seven days a week, 365 days a year; and
b. a live back-up answering service, or equivalent mechanism, when all incoming lines are busy.

DV 8.02 (FP)

Crisis intervention personnel respond immediately and:

a. determine if the individual is in a safe place to talk, text, or chat;
b. assess each individual's specific situation, including whether an immediate intervention is required to address a medical need or dangerous situation;
c. provide support, information, intervention, and stabilization, as necessary and appropriate; and
d. refer or connect individuals to appropriate resources.

DV 8.03

To ensure survivors have rapid and efficient access to needed services, the organization establishes procedures for working with:

a. emergency responders, including law enforcement, fire departments, hospital emergency rooms, and mental and physical health crisis teams; and
b. local social service, medical, and mental health resources.

DV 8.04 (FP)

When individuals are in need of emergency response services, the organization:

a. requests emergency response services without disconnecting callers;
b. takes steps to ensure contact was made; and
c. has procedures outlining what to do when emergency services are unable to contact the individual, and how to document when personnel are unable to confirm if contact was made.

Examples: *Steps to ensure contact was made may include: (1) remaining on the line with the individual until help arrives; or (2) contacting emergency service providers.*

DV 8.05

The organization maintains, or has access to, a comprehensive and up-to-date list of community resources that includes:

a. name, location, and telephone number;
b. contact person;
c. services offered;
d. languages in which services are offered;
e. fee structure; and
f. eligibility requirements.

Interpretation: *The organization should ensure the community resource list remains up-to-date by evaluating referral resources on an ongoing basis to assess the safety, quality, and availability of services provided.*

Domestic Violence Services

DV 9: Rights of Shelter and Safe Home Residents

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The organization respects survivors' rights, dignity, and values.

NA: The organization does not provide shelter or safe home services.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Shelter or safe home guidelines and expectations	
*	• Involuntary exit policy	
*	• Involuntary exit procedures	

Site Visit Evidence

*	• Documentation demonstrating that guidelines and expectations are periodically reviewed

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Survivors • Review case records

DV 9.01

Shelter or safe home guidelines and expectations are:

a. designed to promote safety, facilitate communal living, and support comfort and healing without infringing upon the autonomy of individuals, to the extent possible and appropriate; and
b. periodically reviewed to determine whether they are functioning as intended.

Interpretation: *Although guidelines and expectations can help to maintain safety and facilitate communal living, they can also be restrictive and coercive and therefore re-create the controlling dynamics of an abusive relationship. Accordingly, the organization should make an effort to ensure that guidelines and expectations do not unnecessarily impede survivors' ability to: (1) make choices; (2) participate in normal daily activities; (3) access their social support networks; (4) find and hold jobs; (5) parent their children; and (6) follow their routines and rituals to the greatest extent possible.*

DV 9.02 (FP)

Policies and procedures regarding involuntary exit:

a. are explained and provided at admission;
b. define specific behaviors, conditions, or circumstances that may result in involuntary exit, and limit involuntary exit to extreme situations;
c. are clear and simple, avoiding overly rigid and bureaucratic language and requirements;
d. include timely due process provisions;
e. describe the conditions or process for re-admission; and
f. require all reasonable efforts be made to provide an appropriate referral.

Domestic Violence Services

DV 10: Shelter and Safe Home Facilities

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The shelter or safe home provides a safe, clean, non-institutional setting that meets residents' immediate needs.
NA: The organization does not provide shelter or safe home services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Procedures for facility safety and security	
*	• Procedures for evaluating and monitoring safe homes, if applicable	
*	• Table of contents of safe home provider training curricula, if applicable	

Site Visit Evidence

*

- Criteria for making group assignments
- Documentation of safe home evaluation and monitoring, if applicable
- Safe home provider training curricula, if applicable
- Documentation of safe home provider training, if applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Survivors
- Observe facility

DV 10.01 (FP)

Shelters and safe homes keep people safe by:

a. establishing systems and procedures for managing threats to safety; and
b. ensuring residents, personnel, and safe home providers are aware of potential risks and familiar with all aspects of the security system and procedures.

DV 10.02

Accommodations include:

a. single rooms, rooms for two to four individuals, rooms for families with children, or accommodations for larger groups, if appropriate;
b. adequately and attractively furnished rooms with a separate bed for each individual, including a clean, comfortable, covered mattress, pillow, sufficient linens, and blankets;
c. a non-stacking crib for each infant and toddler that is 24 months or younger that meets safety guidelines, as applicable;
d. safe, private bathroom and shower facilities; and
e. a safe place such as a locker to keep personal belongings and valuables.

Interpretation: *Safe and private bathroom and shower facilities may be separate lockable rooms or lockable stalls. When serving families with young children, bathrooms must be appropriate and safe for the care of infants and toddlers (e.g., providing tubs and baby changing areas).*

Examples: *The Consumer Product Safety Commission (CPSC) provides standards to ensure safety for full-size and non-full size cribs.*

DV 10.03

Shelters and safe homes meet basic needs by providing:

a. nutritious food that addresses any unique dietary needs or restrictions to the extent possible and appropriate;
b. clothing;
c. personal hygiene supplies; and
d. access to a phone, computer, and the internet.

DV 10.04

Shelters and safe homes provide:

a. sufficient space, supplies, and equipment to meet the needs of survivors;
b. sufficient age-appropriate space, supplies, and equipment to meet the needs of survivors' children, if applicable;
c. rooms for the provision of on-site services, if applicable;
d. accommodations for informal gatherings of residents, including during inclement weather;
e. adequate space, supplies, and equipment for food preparation, housekeeping, laundry, maintenance, storage, and administrative support functions;
f. at least one room suitably furnished for the use of on-duty personnel, if applicable; and
g. private sleeping accommodations for personnel who sleep at the facility, if applicable.

Examples: *Regarding element (a), survivors may need space that allows them to: (1) spend time alone; (2) spend private family time with their children; (3) engage in physical activity; and (4) access the outdoors. Regarding element (b), children and youth may need: (1) indoor and outdoor areas for play and recreation; and (2) supplies and equipment (e.g., toys, books, and furniture) appropriate to their age and developmental level.*

DV 10.05

The organization considers the unique characteristics, needs, and preferences of survivors when grouping people together.

Interpretation: *Characteristics and needs that should be considered can include age, necessary accommodations, ability to adjust to a group, gender, gender identity, and gender expression. Transgender and gender non-conforming individuals should be given access to sleeping quarters, bathroom facilities, and services based on their preferences and in accordance with applicable federal and state laws.*

Examples: *Examples of ways that organizations can meet the grouping needs of transgender and gender non-conforming individuals can include, but are not limited to: (1) respecting the individual's name and pronouns; (2) providing gender neutral restrooms where facility structure allows; (3) having individuals use restrooms one at a time; (4) allowing for single bedroom models; or (5) providing LGBTQ+ specific units.*

DV 10.06

Shelters and safe homes house families as a unit.

NA: The shelter or safe home does not serve families, or housing families as a unit is prohibited by law.

DV 10.07 (FP)

The organization ensures that safe homes meet the needs of survivors by:

a. evaluating each safe home prior to use;
b. providing safe home providers with orientation prior to housing survivors, and ongoing training and supervision on topics relevant to supporting survivors and their children or other family members, including the importance of protecting confidentiality; and
c. monitoring safe homes on an ongoing basis.

NA: The organization does not provide safe home services.

Domestic Violence Services

DV 11: Case Closing and Aftercare

Purpose

Domestic Violence Services help survivors stabilize, heal, gain a sense of empowerment, improve their social and emotional well-being, and increase their ability to live safely and independently.

The organization works with survivors to:

a. plan for case closing; and
b. develop aftercare plans, when possible and with the permission of the survivor.

Interpretation: *As noted in PRG 1, documentation in DV case records will typically be limited to essential information. Peer reviewers should take this into account when reviewing DV records, and may rely more heavily on other evidence (e.g., policies, procedures, and/or interviews) when assigning standards ratings.*

Note: *COA Accreditation uses the term "aftercare" to describe the transition-oriented assistance designed to help survivors adjust to life after the program. The standards addressing aftercare (DV 11.04 and DV 11.05) can accommodate organizations providing different levels of preparation and follow-up. Please see the Glossary definition of Aftercare for additional guidance.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Participation of persons served is inconsistent.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Evidence of practice implementation is routinely lacking and/or missing entirely.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Survivors • Review case records

DV 11.01
Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, the survivor, and others, as appropriate to the needs and wishes of the survivor.

DV 11.02
Upon case closing, the organization notifies any collaborating service providers, as appropriate.

DV 11.03
If a survivor has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the survivor with appropriate services.

DV 11.04
When appropriate, and with the permission of the survivor, the organization works with survivors to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short-and long-term needs and goals, facilitates the initiation or continuation of needed supports and services, and identifies sources of informal and social support; or
b. conduct a formal case closing evaluation, including an assessment of unmet need, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

DV 11.05
The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of the survivor.
NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.