

GOVERNOR’S CRIME COMMISSION

FUNDAMENTAL SERVICE ELEMENTS

The Fundamental Service Elements (FSEs) are the minimum standards to which all domestic violence and sexual assault programs shall adhere in order to provide quality services for victims of domestic violence and sexual assault. In order to be eligible for Basic Services Funding from the Governor’s Crime Commission, programs should be in compliance with all FSEs – OR should use funding to bring themselves into compliance.

All programs are encouraged to continually evaluate and improve their services. The North Carolina Coalition Against Domestic Violence (NCCADV) Best Practices Manual, North Carolina Coalition Against Sexual Assault (NCCASA) Protocol for Assisting Sexual Assault Victims, NCCASA’s Introduction to Sexual Assault Victim Advocacy for Professional Advocates in North Carolina, Consensus Practices in the Provision of Services to Survivors of Domestic Violence and Sexual Assault, and the Guide to Achieving the Fundamental Elements of Accessibility reflect service delivery practices that programs should strive to provide. In order to provide the best services possible for victims, programs are also encouraged to use NCCADV, NCCASA, for training and technical assistance. The NC Council for Women (CFW) provides technical assistance and training relative to the CFW state appropriated grant funding.

Overall Criteria

Programs shall ensure that all survivors are served with respect, dignity and compassion. Empoweringⁱ survivors and promoting survivor safety shall be the primary focus of all program services. By NC General Statute, programs shall offer a hotline, transportation services, community education programs, daytime services, and call forwarding during the night¹. Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA) formula funding do not support community education services. However, community outreach, where the purpose is to identify victims, is allowable.

Governor’s Crime Commission supported research² shows that there are six (6) core domestic violence and sexual assault services, which are vital for helping victims:

1. 24-hour crisis telephone lines
2. Court and legal advocacyⁱⁱ
3. Medical and emergency room advocacy
4. Counseling
5. Support Group
6. Shelter

¹ NC G.S. §50B-9(2), NC G.S. §143B-394.21(a) (2)

² Consensus Practices in the Provision of Services to Survivors of Domestic Violence and Sexual Assault, A Reference for North Carolina Service Providers. Rebecca J. Macy and Dania M. Ermentrout

Programs shall strive to provide the most effective services possible to persons from diverse populationsⁱⁱⁱ, varied cultures, abilities, and backgrounds. Cultural competence is the process of responding respectfully and effectively to all people of diverse populations. When a program lacks specific skill, knowledge or experience with a particular population, the premise of non-judgment will guide services; and clients shall also be offered the closest possible appropriate referral for culturally-specific services. Programs shall provide services in the language appropriate, including sign language, to the victim, which may involve the use of interpreters. Staff shall be trained in how to interact with sign language interpreters serving people with disabilities. Services cannot be denied based on a client's immigration status³, mental or physical disability⁴, age⁵, gender identity or expression, race, creed, sexual and/or religious orientation or national origin^{6,iv}.

Confidentiality is imperative for effective victim assistance. Victim service providers must ensure confidentiality to build and maintain trust of victims. Victim service providers should not share information concerning the identity of the victim (i.e., keep the victim's identity confidential). Therefore, it is essential that victim service providers understand and abide by Federal and State laws⁷ related to persons accessing services and have written policies in place that govern the storage and maintaining of records, the disclosing of information, including the duty to report⁸ to various entities, and exceptions to confidentiality. In addition, victims shall be informed of the program's confidentiality policy. Board members, volunteers, subcontractors, grantors, and staff shall sign a confidentiality statement affirming that they will keep all information about persons accessing services confidential.

Fees

Programs shall provide emergency services, such as crisis intervention, shelter, court advocacy and hotline, free of charge. Disability related assistance or accommodations shall be provided free of charge.⁹ In compliance with Governor's Crime Commission Federal Funding, programs are prohibited from charging for funded services.

Community Outreach

Programs shall provide culturally competent outreach to the community regarding domestic violence and/or sexual assault, including the distribution of appropriate written materials.

Training

³ Fact Sheet: Access to HHS-Funded Services for Immigrant Survivors for Domestic Violence, Dep't of Health and Human Services, Washington, D.C., Jan. 19, 2001

⁴ Americans with Disabilities Act

⁵ Fair Housing Act

⁶ Title VI of the 1964 Civil Rights Act

⁷ NC G.S. 8-53.12, VAWA Section 3, 42 USC §13925(b)(2)(2008)

⁸ The Duty to Report Abuse & Violence in North Carolina, Legal Program, Center for Child and Family Health

⁹ Guide to Achieving the Fundamental Elements of Accessibility

Programs shall adequately train all staff and volunteers appropriate to their role in the agency. This may be determined by the level of contact staff and volunteers have with persons accessing services. Programs that offer both domestic violence and sexual assault services shall cross train program services staff/volunteers to enable them to respond to an emergency situation regarding either issue. Program services staff/volunteers in domestic violence programs shall be trained on sexual abuse and assault. Program services staff/volunteers in sexual assault programs shall be trained in domestic violence.

Direct Services

Programs shall assure access and provide advocacy to all services to both sheltered and non-sheltered victims with disability, if needed, and when appropriate, their children.

- **A Hotline**

Programs shall have a confidential, 24-hours-a-day, 7-days-a-week, 365-days-a-year hotline, answered live by an individual trained to handle the call. Hotline services must include information regarding the issue, local resources, support, and crisis intervention. Trained program services staff^v and volunteers must be available 24 hours to provide immediate response to crisis calls within one hour, maximum. It is required that trained program services staff/volunteers answer the hotline during business hours (e.g. weekdays during an 8-hour work day) and recommended that trained program services staff/volunteers answer the hotline at other times. However, if no other option is available during other hours, e.g. weekends and after hours, programs may use an answering service. The person answering the phone must clearly identify themselves as a representative of the victim service provider. Answering service workers shall be provided with information regarding how to respond to the call. Greetings that leave a question in the caller's mind as to whom they have reached, such as "211" or "911", generally are not acceptable. However, if a victim service provider determines that a system such as "211" best serves the community, approval of this practice may be requested with written justification.¹⁰ Programs shall provide services to persons with limited English proficiency and to persons with disabilities. Resources for providing these services include the Language Line (-1-877-886-3885) and Relay NC.¹¹ Program services staff/volunteers must be trained to use systems for victims who have hearing or speech impairments and persons with limited English proficiency.

- **Transportation**

Programs shall provide or network with local resources, such as law enforcement, to develop and implement a plan for emergency transportation of victims and, when appropriate, their children.

- **Advocacy/Support**

Programs shall provide individual advocacy, support services, and information and referral, which shall include information on the dynamics of domestic violence and/or sexual assault, safety planning, legal options, medical options and program and

¹⁰ General Guidance: A System Response to Answering a Crisis Line During Non-Business Hours

¹¹ Guide to Achieving the Fundamental Elements of Accessibility

community resources. Community resource referrals shall include physical health, mental health, and substance abuse treatment as necessary. Community physical health, mental health and substance abuse resource referrals shall be made to providers who offer trauma-informed services whenever possible and available. Clinical counseling shall be provided by credentialed program staff or by making an appropriate referral. For victims with children, community resource referrals may include Early Intervention (Children's Developmental Services Agencies and Child Service Coordination Programs), Department of Social Services/Child Welfare, Local Management Entities, Child Advocacy Centers, Child & Family Support Teams/Schools and Child Care Resource and Referrals when possible and available.

- **Court Advocacy**

Court advocacy is provided to improve the safety of survivors and their family members, help hold perpetrators responsible for the violence, and help assure that the justice system responds properly and with sensitivity to survivors.¹² Programs shall provide or assure the availability of services¹³ including information about the reporting of crimes and the functions of the civil and criminal justice systems; support, including accompaniment to criminal and/or civil proceedings; referrals for legal representation; assistance with filing victim compensation claims¹⁴, when requested and assistance with obtaining and understanding forms for protective orders, when requested.

- **Support Groups**

Support groups provide victims with an avenue to share experiences, offer mutual support and receive education and information in a non-judgmental environment. Programs shall provide or coordinate support group services. In order to provide the fullest access to supportive services as possible, programs shall schedule support groups, whether open or closed, and advertise the groups widely within the community. At a maximum, persons shall not be asked to wait longer than 12 weeks to enroll in a support group. Programs shall have trained facilitators who can address a range of issues, including sexual abuse, childhood sexual abuse, and domestic violence to lead support groups. For best practice suggestions concerning the provision of support group services, especially in rural and/or under-resourced areas, contact NCCADV or NCCASA. NCCASA has an assistive listening system, to loan to any agency providing a support group that includes someone with hearing loss.

- **Medical Advocacy–Sexual Assault Programs**

Sexual assault programs shall provide in-person support and information to sexual assault victims at medical facilities when requested. Medical advocacy for victims includes, assisting in understanding options and making informed decisions about medical care, including forensic exams; information and resources regarding victim's rights and options regarding follow-up services. Programs shall be available within a reasonable amount of time following an assault or for follow-up exams. If a program does not have a hospital within the county it serves or if victims are usually taken to an out-of-county

¹² North Carolina Coalition Against Domestic Violence Best Practices Manual

¹³US DOJ Civil Rights Division, August 16, 2010 Letter to Chief Justices/State Court Administrators

¹⁴Victims of Crime Act requirement

hospital for forensic exams, the program shall implement an agreement with the program serving the hospital to refer clients back to their home program for follow-up support services.

- **Shelter —Domestic Violence Programs**

Domestic Violence programs shall provide emergency shelter or coordinate emergency shelter with other agencies. Every reasonable effort shall be made to provide or coordinate shelter with other agencies, recognizing that shelter may not always be available or appropriate.

If programs provide emergency shelter:

- Admission to emergency shelter shall be available on a 24-hour basis
- Admission to emergency shelter will be inclusive of the caller's male and female children
- Priority should be given to families in danger^{vi}
- Programs shall have a written intake process
- Conducting criminal background and drug and alcohol testing should never be a universal practice by programs to screen someone out or deny services. However, given the incidence of substance abuse and mental health challenges among victims of domestic violence, agencies may refer victims with substance abuse issues and mental or physical health challenges, to a health care provider. A referral to an appropriate substance abuse/mental health service provider may result in the development of a treatment plan inclusive of substance abuse services. Positive testing of drugs and alcohol does not necessitate discharge from services/shelter.
- Basic needs, including food and hygiene supplies, shall be provided free of charge.
- Staff or volunteers shall be on-site for safety and support when the shelter is occupied.
- Shelter shall have adequate security, including developing and implementing a security plan.
- Shelter shall be accessible or have an alternate accessible location for victims with disabilities.

If programs do not provide emergency shelter but coordinate emergency shelter with other agencies, written agreements shall be made that include referral procedures, transportation arrangements and coordination of services.

ⁱ Empowering - a process of helping people to assert control over factors which affect their lives. Gibson CH. "A concept analysis of empowerment" *Journal of Advanced Nursing* Vol.16:354-361, 1991.

ⁱⁱ Advocacy – speaking and acting for change or justice on behalf of oneself or another person or cause.

ⁱⁱⁱ Diverse populations – people of any age, marital status, gender, education, sexual identity and orientation, cultures, race and ethnic backgrounds, religion or spiritual belief, socio-economic status, disabilities (physical, mental or emotional), residency, citizenship or immigration status, and with limited English proficiency.

^{iv} Note: Although some protected classes are specifically cited with the applicable federal statute, the statute may also apply to all of the classes listed. In addition, this does not constitute an exhaustive listing of federal, state and local requirements.

^v Program Services Staff - staff that is providing direct services to victims and their families as distinguished from other staff including, for example, administrative support staff. Program Services Staff is expected to receive higher levels of training on service provision to victims and their families than non-Program Services Staff. Job titles for Program Services Staff can differ from program to program and may include such titles as advocates, case managers, therapists, counselors, group facilitators, prevention educators, and crisis phone counselors.

^{vi} Danger –risk of serious mental or physical health consequences or harm.

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