Arizona Service Standards for Sexual Violence Service Providers

Acknowledgments

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Anti-oppression Framework

In order to effectively prevent and respond to sexual violence, service providers and programs should have a strong understanding of oppression and anti-oppression work. Sexual violence is a form of oppression rooted in power and entitlement and supported by social structures and institutions that reinforce power imbalances. It is upheld by the intersection of multiple forms of oppression, including but not limited to sexism, racism, colonialism, classism, heterosexism, cissexism, and ableism. A person’s different experiences with oppression impact their experience with sexual violence. Sexual violence service providers should use an anti-oppression framework when responding to sexual violence so that survivors receive the services they deserve and need in order to heal.  

The following are recommendations for sexual violence service providers and programs for implementing an anti-oppression framework:

a. Learn the meaning of oppression (which can take the form of racism, sexism, colonialism, classism, heterosexism, cissexism, ableism, and more) and recognize that oppression is at the root of sexual violence and needs to be addressed to comprehensively work toward ending sexual and domestic violence.

b. Understand the concept of intersectionality (how different forms of oppression intersect, impact, and reinforce an individual or community’s experience of oppression). Many forms of oppression intersect and impact the way a person experiences the world; it is vital to recognize and understand these identities when providing services. It is also important to recognize your own intersecting identities and experiences with oppression, how they influence your personal experiences and responses to survivors, and how the identities you hold impact a survivor’s experience with you.

c. Acknowledge the long historical context of oppression and violence in the United States (such as the enslavement of Africans and the genocide of indigenous people), which continues to impact individuals, communities, and generations of people at the individual, interpersonal, institutional, and ideological levels.

d. Recognize and consciously work to change how implicit and explicit biases, stereotypes, and victim blaming show up in sexual and domestic violence prevention and response, yourself, and the community. Actively identify and seek education on how these attitudes, behaviors, practices, and policies show up in service provision and programs, and change attitudes and behaviors to improve experiences for oppressed individuals seeking services.

Healing-centered Framework

A healing-centered framework builds upon trauma-informed care. Sexual violence service providers and programs should provide services with a healing-centered framework. A healing-centered framework recognizes the survivor as a whole person who may seek various ways to

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1 Resource Sharing Project
heal throughout their life, rather than a survivor in need of a specific service or services. It acknowledges healing as a nonlinear process, where sexual violence services may be used throughout the lifespan of a survivor. A healing-centered framework seeks to provide not only immediate crisis services, but also long-term holistic healing services.

The following are recommendations for sexual violence service providers and programs to follow, at a minimum, to implement a healing-centered framework:

a. Recognize that survivors of sexual violence may be harmed physically, socially, emotionally, spiritually, and sexually, and thus may need healing services in all of these areas of life;
b. Understand the survivor as a whole person who is an expert in their own experiences;
c. Learn how oppression and historical trauma impact a survivor’s experience with healing;
d. Cultivate a trauma-informed environment that empowers survivors to navigate healing at a pace that feels safe for them;
e. Provide culturally-specific healing opportunities that honor a survivor’s unique experience with their own culture;
f. Understand the way a survivor-centered advocacy approach ensures the healing process is led by the survivor. Being survivor-centered means presenting survivors with options to regain autonomy to navigate what healing looks like for them;
g. Provide accessible education to survivors on the healing process and remind survivors that healing is not a linear process and everyone’s experience with healing will look and feel differently.

Note on Language

Throughout these standards words such as client, participant, victim and survivor are used interchangeably to refer to the person who has experienced sexual violence. This is because different victim service providers use different language to refer to the people they serve; the laws that govern victim services use different terminology; and individuals who have experienced sexual violence may identify as a victim, a survivor, or neither. Additionally, gender-neutral language has been used throughout these standards and to refer to survivors. This is because sexual violence happens to people of all genders, and not all people identify with gendered terms or the gender binary.
Organizational Standards

For the Board of Directors

The primary purpose of a board of directors is to govern the organization. The board for a sexual violence organization or an organization that includes a sexual violence program does not oversee day-to-day operations, unless the program is in a “start-up” or “transition” phase. A “start-up” program may be defined as, but is not limited to, one that has recently acquired paid staff, secured consistent funding, been operating or providing a new service for less than two years, or has undergone restructuring or reorganization.

1. The board of directors for a sexual violence organization, or for one that includes a sexual violence program, must abide by Arizona laws: Arizona Revised Statutes (A.R.S.) Title 10: Corporations and Associations, Chapters 24-39. This includes, but is not limited to:
   a. A requirement the organization have current bylaws, which provide the governance structure for the organization and its elected board. Bylaws must include the following elements:
      i. Mission and purpose of the organization;
      ii. Board member requirements;
      iii. Quorum requirements;
      iv. Requirements regarding notice of meetings, agendas and relevant materials in a timely manner;
      v. Attendance requirements;
      vi. Process for holding meetings or votes in person;
      vii. Process for holding meetings or votes that are not conducted in person, for example by conference call or electronic methods;
      viii. Conflict of Interest policy;
      ix. Term limits for board and executive committee/officers;
      x. Process for removing board members;
      xi. Process for committee creation.
   b. Both the Arizona Secretary of State and Arizona Corporation Commission require nonprofit organizations to report on the board of directors and organization, including a mandatory annual report that reflects maintenance or changes to the organization.
   c. Boards should maintain board and committee meeting minutes and have clear policies for when a public board meeting needs to move to a closed-session meeting. Reasons for a closed-session meeting may include, but are not limited to:
      i. Personnel issues;
      ii. Annual evaluation of the Executive Director/Chief Executive Officer (CEO).


3 This standard only applies to non-governmental organizations and does not need to be followed by programs owned and operated by local or state government.
d. Minutes of board, committee and workgroups meetings should be maintained by the board secretary, kept at the program’s administrative office and be available upon request. Closed-session meeting minutes should only include actions taken by the board.

2. Boards should consider the following best practices in their organization:
   a. Periodically create and review a strategic plan in conjunction with staff, which includes a process to review the organization’s mission and vision, and setting the goals and objectives for the organization;
   b. Provide clear expectations about a board member’s time and financial contributions to the organization; in addition, clear expectations of legal and financial responsibility should be provided;
   c. Include members who represent the racial, ethnic, sexual orientations, genders, abilities, and socioeconomic diversity of the community to be served, including at least one former consumer of services; the board should also be comprised of individuals from diverse professions and backgrounds whose experience includes a wide range of skills and expertise;
   d. Offer orientation and training to new board members about their roles and responsibilities, program financial statements and procedures, program history and services provided.

3. A board of directors should participate in fundraising and be the main fundraising body of the organization. This can include special events, but should also include soliciting individual donors. The board should attempt to find sustainable funding for the organization.

4. A board of directors should consider making board meetings open to all staff, apart from executive sessions.

5. A board of directors is responsible for the organization’s resources and should annually approve the organizational budget. The board should read and receive regular financial reports and ensure the organization receives an annual audit.

6. A board of directors is responsible for hiring and evaluating only one position in the organization, the Executive Director/CEO. The board should support and assist the Executive Director’s/CEO’s leadership role. Only the Executive Director/CEO should be responsible to the board; all other staff are the management responsibility of the Executive Director/CEO.

7. A board of directors’ personnel/governance or executive committee is responsible for annually evaluating the performance of the Executive Director/CEO and issuing a report to the board.

8. A board of directors is responsible for ensuring the legal and ethical integrity of the organization. The board should ensure the organization is in compliance with all laws and
For Rights of Individuals Receiving Services

1. A sexual violence program should have written policies concerning the rights of individuals receiving services, including but not limited to:
   a. Individuals have a right to receive services in a professional manner, including to be treated with fairness, respect and dignity;
   b. Individuals have a right to receive services free of discrimination, exploitation, oppression and abuse;
   c. Individuals have a right to receive services that are confidential, and to be informed of limits to confidentiality;
   d. Individuals have a right to receive services in the language identified as most appropriate for them;
      i. Materials provided to clients should be written in plain language and be readily available in alternative formats (e.g., large print)
   e. Individuals have a right to receive services on a voluntary basis;
   f. Individuals have a right to be informed of the program’s grievance procedure, including how to file a complaint/grievance, method of resolution notification in a timely manner, and appeals process; and
   g. Individuals have a right to determine what information will be shared when collaborating on services with another agency, and the right to withdraw consent at any time.

For Non-Discrimination

1. In compliance with the Violence Against Women Act of 1994, Reauthorization Act of 2013, no person in the U.S. shall, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity (34 U.S.C. § 12291 (b)(13)(A)).

2. If gender segregation or gender-specific programming is necessary to the essential operation of a program, providers must extend comparable services to individuals who cannot be provided the gender-segregated or gender-specific programming (34 U.S.C 12291 § (b)(13)(B)). This includes having a clear, written policy addressing the placement of transgender and nonbinary clients, providing the maximum amount of choice to clients about gender-segregated services as possible.

3. When determining comparable services, a program should consider:
   a. The nature, quality and duration of the service;

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4 For tips on how to write in plain language, see “Creating Accessible Materials” from the Vera Institute.
b. The relative benefits of different therapeutic modalities; and
c. The geographic location.

4. When determining if gender segregation or gender-specific programming is necessary for the essential operation of a program, a provider must:
   a. Evaluate each service separately – if one service is gender-segregated, it is not automatic that another service should be;
   b. Consider the consequences to all participants of making a service gender-segregated or gender-specific;
   c. Consider the literature on efficacy of service;
   d. Permit a transgender or nonbinary client to choose the appropriate gender-segregated or gender-specific programming based upon their own gender identity; and
   e. Protect transgender and nonbinary clients from other clients’ complaints and harassment. A person cannot be removed from services because of their gender identity or perceived gender identity.

5. A victim’s immigration status cannot be a condition of eligibility for direct services in accordance with federal regulations (28 C.F.R. § 90.4 (c)).

6. Title II of the Americans with Disabilities Act (ADA) applies to state and local government sexual violence programs and Title III of the ADA applies to public sexual violence programs. The purpose of Titles II and III is to ensure that agencies do not discriminate against people with disabilities “in the full and equal enjoyment of goods, services and facilities.” Clients must be able to participate in the full range of services that are offered to others, in the most integrated setting possible, where other people receive services. Agencies shall take the necessary steps to ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals because of the absence of auxiliary aids and services. Agencies must also make reasonable modifications to policies, practices and procedures when necessary to provide equal opportunity to qualified individuals with disabilities, including applicants, participants, members of the public, and companions, unless making the modification would fundamentally alter the nature of the program, service, or activity. Beyond the requirement to modify or make services accessible, ADA requires respect for the rights of clients to keep their disability status confidential. The ADA requires the bare minimum in services, but it is strongly recommended programs go beyond this when providing services to sexual violence victims. Programs are strongly encouraged to conduct an accessibility audit.²

7. A program should have clear written policies related to involuntary termination of services that are communicated to participants. Policies should be consistent with a trauma-informed approach to providing services. Policies should include that cultural and

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² For measuring your organizational capacity to serve survivors with disabilities, see “Measuring Capacity to Serve Domestic Violence Survivors with Disabilities: Non-residential Domestic Violence Programs” and “Measuring Capacity to Serve Domestic Violence Survivors with Disabilities: Residential Domestic Violence Programs” from the Vera Institute.
identity factors (e.g., a participant being Muslim, LGBTQ+, having a disability) are never grounds for involuntary termination of services. Clients with marginalized identities should be protected from involuntary termination due to other clients’ complaints or harassment and/or staff’s unconscious or conscious bias.

For Serving Minors and Adults with a Legal Guardian

1. Services should be provided to all victims of sexual violence. Programs who serve minors and adults with a legal guardian, under full or limited guardianship, should adopt policies specifying how minors and adults with a legal guardian can access their services.
   a. State law does not address whether unemancipated minors can or cannot consent to services without parental or legal guardian permission; therefore, programs should consult with an attorney to develop their own policies related to minors’ consent to services.
   b. Similarly, state law does not address whether adults with a legal guardian can or cannot consent to services. Arizona Revised Statutes (A.R.S.) § 14-5312(A) states "a guardian of an incapacitated person has the same powers, rights and duties respecting the guardian's ward that a parent has respecting the parent's unemancipated minor child” indicating a program’s policy for serving adults with a legal guardian should be similar to their policy for serving unemancipated minors. Programs should consult with an attorney to develop their own policies related to the ability of adults with a legal guardian to consent to services under the terms of the applicable guardianship and in line with the program’s mission.

2. Programs shall be aware and comply with additional background checks/screening requirements of funders, as well as local, state and federal laws. This includes A.R.S. § 46-141 (Criminal record information checks; fingerprinting employees and applicants; definition) requiring employees and volunteers who provide services directly to juveniles or vulnerable adults to possess a fingerprint clearance card.

3. A program should develop policies ensuring that staff disclose personally identifiable information only when legally mandated to do so or if they have a signed and dated Release of Information. Advocates are legally mandated to report child abuse and neglect per A.R.S. § 13-3620 (Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions).

4. For adult victims with dependent children, a best practice is to include access to childcare options. Situations in which childcare options should be provided include but are not limited to:
   a. During the victim’s intake;
   b. During a group attended by the victim;
   c. During periods when the victim seeks housing, employment, or educational opportunities;
d. During medical appointments where medical advocacy/accompaniment is provided;
e. During counseling or therapy attended by the victim;
f. During court proceedings and meetings with lawyers;
g. During all appointments/meetings during which having to care for the child could be disruptive, or when the child might overhear the victim talking about the violence experienced.

For Confidentiality

The standard for confidentiality policies and procedures for sexual violence programs, and the interconnected standards for documentation, are based upon state and federal law. These include A.R.S. Title 12, Chapter 13 and Title 13, Chapter 40 and federal law: Violence Against Women Act (VAWA) Universal Grant Conditions: Nondisclosure of Confidential or Private Information (34 U.S.C. § 12291 and 28 C.F.R § 90.4), VAWA 2005 amended McKinney-Vento Homeless Assistance Act, Section 605 (42 U.S.C. § 11363), Victims of Crime Act (VOCA) (28 C.F.R. § 94.115), and Family Violence Prevention and Services Act (FVPSA) (42 U.S.C. § 10406(c)(5) and 45 C.F.R. § 1370.4).

In addition, 34 U.S.C. § 12291(b)(2) prohibits sharing personally identifying information about victims without “reasonably time-limited” written and informed consent: “Personally identifying information” or “personal information” means individually identifying information for or about an individual, including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, regardless of whether the information is encoded, encrypted, hashed, or otherwise protected.

Policies must also include how sexual violence program staff, volunteers and board members will respond to summonses, subpoenas, warrants, and other court orders in consultation with legal counsel. Policies should, whenever possible, provide details allowing for service of these court orders at a location other than that of the program.

The following are requirements and recommendations regarding confidentiality.

1. A sexual violence program must have policies and procedures ensuring the confidentiality of any information potentially identifying individuals seeking, receiving or denied services. These policies should include, but are not limited to:
   a. Interagency communications;
   b. Storage and access to records and service documentation;
   c. Response to data breaches;
   d. Information systems and computers, including cell phones, containing personally identifying information; and
   e. Information contained in an individual’s service records or other verbal or written communications identifying individuals served by the program.
2. In accordance with federal and state laws and grant conditions, a sexual violence program must have policies and procedures in place to respond to an actual or imminent data breach. This includes if the program “uses or operates a Federal information system or creates, collects, uses, processes, stores, maintains, disseminates, discloses, or disposes of personally identifiable information within the scope of a Federal award” (U.S. Department of Justice, Office of Violence Against Women, Special Condition 6). This policy must include but is not limited to:  
   a. Notifying people impacted by the breach. This process requires careful consideration of how to safely notify victims without disclosing to others whether the victim received services. Arizona law requires programs who own data that was breached to notify the client within 45 days of determining a breach occurred. Programs maintaining data that was breached must notify the owner of the data as soon as practicable. This notification must include: (1) the approximate date of the breach; (2) a brief description of the personal information included in the breach; (3) the toll-free numbers and addresses for the three largest nationwide consumer reporting agencies; and (4) the toll-free number, address and website address for the Federal Trade Commission or any federal agency that assists consumers with identity theft matters. The notification may be a written notice, an email notice, or a telephonic notice, but not a pre-recorded message (A.R.S. § 18-552).
   b. Notifying the federal or state agency or project manager, as applicable, no later than 24 hours after the occurrence of an actual breach or the detection of an imminent breach.

3. Sexual violence programs must have policies and procedures including the following provisions:
   a. Protect the confidentiality and privacy of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families. Individual client information cannot be revealed without the informed, written and reasonably time-limited consent of the person about whom information is sought.
   b. Information about when an unemancipated minor victim or an adult with a legal guardian can consent to release their own information. Provisions in federal code 34 U.S.C. § 12291(b)(2) state that if a minor or an adult with a legal guardian can legally consent to receive services, they can consent to release their information without additional parent or legal guardian consent. State law does not address, and therefore does not prohibit, services being offered to unemancipated minors or adults with a legal guardian. Programs should develop a policy regarding the ability of unemancipated minors and adults with a legal guardian to consent to release of information in accordance with their policy regarding when unemancipated minors and/or adults with a legal guardian can consent to services without parental or legal guardian permission.
   c. Maintaining the confidentiality of information released to the parent or legal guardian of an unemancipated minor, to the legal guardian of a person, or

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6 For a sample data breach policy, see Appendix “Model Data Breach Response Policy.”
7 Violence Against Women Act of 2013, 34 U.S.C. § 12291(b)(2)
pursuant to statutory or court mandate (federal law prohibits consent for release to be given by the abuser of the minor, the abuser of the other parent of the minor, or the abuser of a person with a legal guardian).

d. The process by which the program will make reasonable attempts to provide notice to victims affected by court or statutorily mandated disclosure of personal information and how they will protect the privacy and safety of the persons affected by the disclosure of information.

e. Maintaining compliance with confidentiality provisions in federal law 42 U.S.C. §11363 and 34 U.S.C § 12291 (b)(2) that prohibit the disclosure of personally identifying victim information to any third-party-shared data system, including the Homeless Management Information System (HMIS). Personally identifying information is defined in 42 U.S.C. §11360(16) and 34 U.S.C § 12291(a)(20) to include:

i. A first and last name;

ii. A home or other physical address;

iii. Contact information (including a postal, e-mail or internet protocol address, or a telephone or facsimile number);

iv. A Social Security Number, driver’s license number, passport number, or student identification number; and

v. Any other information, including date of birth, racial or ethnic background or religious affiliation that, in combination with any other non-personally identifying information, would serve to identify an individual.

4. A sexual violence program that is part of an organization, agency or government that provides more than victim services (e.g. educational institution, family advocacy center, behavioral health program, etc.) must have policies and procedures in compliance with the VAWA Code of Federal Regulations (28 C.F.R. § 90.4(b)(2)) confidentiality requirements, including not disclosing information from the victim services division or components of an organization, agency or government to other non-victim service divisions of the organization, agency or government nor to the leadership of the organization, agency or government.

5. A sexual violence program must have policies and procedures in place to ensure records of services sought by or provided to individuals will be kept confidential in order to comply with A.R.S. § 12-2240 (Sexual assault victim advocate; privilege; training; exception; definition), A.R.S. § 13-4430 Consultation between crime victim advocate and victim; privileged information; exception, and A.R.S. § 8-409 Consultation between crime victim advocate and victim; privileged information; exception.

6. A sexual violence program must have policies detailing the distinctions among procedures for release of records, in compliance with federal law, tribal law, state law, state court rulings and contract requirements. Contractual requirements cannot be in violation of federal law. The program must also have policies setting forth requirements for the informed, written, and time-limited consent for release of information by individuals seeking or receiving services or who have received or been denied services from the program.
7. A sexual violence program must have policies ensuring all release of information consent forms are signed by the person whose information is to be released. Under VAWA (2013), the release process must at a minimum include the following: “Discuss with the victim why the information might be shared, who would have access to the information, and what information could be shared under the release; reach agreement with the victim about what information would be shared and with whom; and record the agreement about the scope of the release. A release must specify the duration for which information may be shared. The reasonableness of this time period will depend on the specific situation” (28 C.F.R. § 90.4 (b)(3)(ii)(A)). The release of information forms must specifically state:\(^8\)

a. The specific information a person who is receiving services, who has received services, or who has been denied services agrees can be released;

b. The person or entity to whom the information is to be released;

c. The date on which the form was signed;

d. Clear time limits for the consent of the release of information, which includes the date and time when the consent terminates; and

e. Language that clearly indicates the consent may be revoked at any time either orally or in writing.

8. A sexual violence program must ensure that board members, staff, and volunteers sign a statement agreeing to maintain the confidentiality of all information pertaining to those who have sought, received, or been denied services through the program, in accordance with confidentiality requirements of state law, contracts for funding with state and/or federal agencies, and federal law and regulations.

9. A sexual violence program must comply with all state and federal law governing confidentiality when working with any entity monitoring contracts or conducting audits or site visits. All personal information, including case files, pertaining to those who have sought, received, or been denied services through the program cannot be released to auditors without a signed release of information from the victim.

10. Organizations should have policies and safeguards in place to prevent unauthorized access to information. A program must maintain all records, paper and/or electronic, which contain personally identifying information in a secure manner (e.g., locked storage and data encryption).

11. While traveling, mobile programs must keep a locked box, backpack, or tote of any necessary files. Electronic files must be encrypted to be transported by flash drive, tablet, laptop, or another mobile device. Records should be on the staff person at all times and must not be left in vehicles unattended by staff at any time. Mobile advocates should be provided with an agency device to best maintain confidentiality and should not use personal devices for their work.

\(^8\) For an annotated sample Release of Information form in plain language, see Appendix “Release of Information – Model Form in Plain Language”
12. A program must have policies allowing staff and volunteers access to records only as necessary to provide or supervise services, perform contract or audit reporting duties, respond to court orders subject to state law and court decisions, or when they have a Release of Information. In confidentiality policies, programs may identify which specific staff members, as identified by job responsibility and title, will have access to confidential information, records, and information systems.

13. A program should have a policy requiring individuals receiving services to maintain the confidentiality of staff and others who are involved in the program.

14. A program must have policies and procedures requiring that staff and volunteers’ communications regarding services provided to individuals will occur in private locations and only to further meet the needs of victims. This includes any interagency communications when an appropriate release of information is in place.

15. A program must develop policies ensuring staff and volunteers only disclose personally identifiable information when legally mandated to do so or when they have a release of information. Advocates are legally mandated to report child abuse and neglect per A.R.S. § 13-3620 (Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions).

16. A sexual violence program’s duty to warn policy should only include mental health providers and not victim advocates, as there is no Arizona law requiring advocates to report imminent serious physical harm or death. A sexual violence program that provides mental health services must have policies and procedures for reporting the personally identifying information required when a client communicates “an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such threat” to the mental health provider (A.R.S. § 36-517.02). The mental health provider must:
   a. Communicate the threat to all identifiable victims when possible;
   b. Notify a law enforcement agency in the vicinity where the patient or any potential victim resides;
   c. Take reasonable steps to initiate proceedings for voluntary or involuntary hospitalization, if appropriate; and
   d. Take any other precautions that a reasonable and prudent mental health provider would take under the circumstances.

17. A sexual violence program should have policies and procedures preventing staff and volunteers from taking on a role both internally and externally that would compromise federal and state requirements for victim confidentiality and privileged communication. Roles that can compromise confidentiality and privilege include but are not limited to:
   a. Providing interpretation services for a victim with an external agency or non-victim services division of the organization (e.g., law enforcement interviews, conversations with prosecutors);
b. Holding a position that has different privilege or confidentiality obligations. A helpful guideline is if the other role or position would typically require a signed release of information for someone in that position to know the information an employee or volunteer of a sexual violence program would know, then the program employee or volunteer cannot take on that role and/or become an employee or volunteer while maintaining the other role (e.g., a law enforcement officer cannot volunteer as a victim advocate when off-duty because the information learned as a victim advocate would waive advocate privilege statutes and law enforcement discovery obligations).

18. A sexual violence program must have policies ensuring information about a client’s identities, including but not limited to being LGBTQ+, being a person living with HIV, disability status, immigration status, race, ethnicity, and/or religion, is kept confidential. This information must not be shared with other clients, service providers, parents/guardians, or community partners without a signed release of information.

For Voluntary Services

Voluntary services refers to an individual’s right to choose whether to participate in services, rather than being required to do so. It acknowledges each individual’s personal circumstances.

1. Use of program services by any individual must be on a voluntary basis (42 U.S. Code § 10408 (c)(1)). Individuals shall not be coerced into participating in services or making changes in their lives that are not acceptable to them.

2. Which the exception of initial intake, individuals must not be required to participate in one service in order to be eligible for other services.

For Trauma-Informed Services

1. A sexual violence program should use a trauma-informed lens to avoid re-traumatization. The components of trauma-informed care include, but are not limited to:⁹
   a. Safety: ensuring physical and emotional safety. This includes creating a safe and supportive physical environment, clearly communicating information about services to survivors, and ensuring staff safety.
   b. Trust: maximizing trustworthiness. Trust includes having open and transparent communication with survivors, maintaining clear and appropriate boundaries, prioritizing informed consent, and informing clients about mandatory reporting obligations.

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⁹ Adapted from the Sexual Assault Demonstration Initiative’s Building Cultures of Care: A Guide for Sexual Assault Services Programs: https://www.nsvrc.org/sites/default/files/2017-10/publications_nsvrc_building-cultures-of-care.pdf
c. Choice: prioritizing survivors’ choice and control over decisions and healing journeys. Consider incorporating opportunities for survivors to make small choices into all interactions (e.g., drink preference, where they would like to sit) and survivors having choice over how they receive services.

d. Collaboration: sharing power with survivors. Collaboration includes involving survivors in program planning and evaluation and creating a culture of working “with” and not “for” survivors.

e. Empowerment: identifying and focusing on strengths, building skills promoting healing and growth. Empowerment includes validating and affirming survivors and working with survivors to reach their goals.

f. Cultural humility: ensuring cultural applicability of services and sensitivity to the role of culture in survivors’ lived experiences and decision making. Cultural humility includes representation of diverse cultures in materials and ensuring access to services regardless of a client’s background or identity.

2. Programs should strive to create a trauma-informed environment in which victims feel comfortable disclosing their needs and concerns pertaining to stigmatized issues, such as mental health, addiction, sex work and/or trafficking history, HIV+ status, gender and/or sexual identities, and other stigmatized identities or behaviors. A victim may or may not need services when they disclose a stigmatized issue or identity. If a victim identifies a need for services, the program should facilitate appropriate service delivery and referrals, and encourage the victim’s ongoing communication with the providers of additional services that may include, but are not limited to:

   a. Alcohol and substance abuse evaluation and education;
   b. Alcohol or substance abuse treatment;
   c. Mental health services;
   d. Healthcare services;
   e. Trafficking victim services (sex workers and/or sex trafficking survivors should not be forced to receive trafficking services if they do not wish to receive them);
   f. LGBTQ+ support groups and other supportive services (LGBTQ+ victims should not be referred to conversion therapy).

For Cultural Humility

1. A sexual violence program should provide effective and equitable services to all survivors that are appropriate to their unique cultural beliefs, practices, and lived-experiences. Cultural differences may include but are not limited to religion, race and/or ethnicity, gender identity, sexual orientation, ability, Deaf or hard of hearing status, geographic location, class, body type, and age. A program should be able to serve all survivors regardless of culture or background.

2. Cultural humility is an active process where programs and staff work to recognize and fix power imbalances and develop partnerships from a stance of humility and curiosity. Cultural humility includes cultural awareness, cultural sensitivity, cultural responsiveness, and cultural relevance:
a. Cultural awareness is becoming aware of cultural values, beliefs and perceptions different from one’s own.

b. Cultural sensitivity is being aware that cultural differences and similarities exist without assigning them a value.

c. Cultural responsiveness is the ability to use information learned, heard, and observed about different cultures to guide services.

d. Cultural relevance is making long-lasting, foundational, and ongoing changes to services so they are based in different cultural knowledge, experiences and frames of reference.

3. A program should cultivate respect and knowledge of how cultural beliefs and differences and oppression impact a survivor’s experience of, response to, and healing from sexual violence.\(^\text{10}\)

4. A program should accommodate all cultural and identity needs, to the extent possible. Needs may include but are not limited to:

   a. Culturally or religiously appropriate food as needed, including a means to prepare kosher and halal meals or to meet specialized dietary requirements such as vegan or vegetarian;

   b. Cultural, religious, and/or gender affirming clothing, grooming, and personal hygiene items (e.g., head scarves/coverings, binders\(^\text{11}\), wigs, hair care for different textures);

   c. Culturally-specific healing modalities (e.g., sweat lodges, sage, acupuncture sanación de brujería).

5. A program should incorporate culturally responsive and respectful language of all people in materials and practices.

6. A program should create policies and practices to protect survivors from bias and harm from other survivors who do not understand or are disrespectful of their culture or identity. This can include but is not limited to:

   a. Making clear the non-discrimination policy applies to all survivors and discriminatory behavior will not be tolerated;

   b. Educating survivors who are engaging in harmful behavior toward other survivors about why this behavior is harmful;

   c. Prioritizing access to services for the survivor being harmed if the survivors need to be separated and/or cannot engage in services at the same time due to one survivor’s harmful behavior (e.g., if there is only one support group provided by the program, the survivor causing harm should be referred to a different, external support group).

7. A program should engage in outreach activities that consider all community members within their service area. This can include specific outreach to LGBTQ+ communities,

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\(^{10}\) See appendix “Cultivating Respect and Knowledge of Cultures” and “Cultivating Responsive and Respectful Language” for more information.

\(^{11}\) Compression undergarment to compress breast/chest tissue
communities of color, religious communities, and disability communities, among others. Community education about sexual violence done as part of outreach and/or community engagement should also consider cultural humility and the impact of systemic oppression.

8. A program should connect with various communities and populations in their service coverage area and build trust with these communities. A program may do this by outreaching to community leaders and/or groups, participating in community events, and supporting community activities.

9. A program should develop relationships with culturally-specific service providers across different cultures and healing options, when available.

10. A program should require staff to be trained on cultural humility and oppression and how culture, identity, and systemic oppression impact a sexual violence survivor’s experience and healing.

For Staff Well-Being

1. Providing sexual violence services can be difficult and potentially traumatizing for staff. Many people working in sectors addressing sexual violence experience burnout and/or secondary trauma at some point in their career. It is important for sexual violence programs to prioritize staff well-being to ensure the safety and quality of services, and keep staff safe and healthy. Individualized self-care is important, but it cannot be maintained without appropriate organizational support.12

2. Sexual violence programs should provide trauma-informed supervision to all staff. Trauma-informed supervision recognizes the impact of trauma in the lives of staff as well as their performance in the workplace. Trauma-informed supervision can include, but is not limited to:
   a. Providing regular supervision on cases and opportunities to debrief difficult cases;
   b. Providing clear and accurate job descriptions, including roles and responsibilities;
   c. Offering flexible workloads so direct service staff can pause from providing direct services when experiencing secondary trauma; and
   d. Holding regular team and staff meetings; and
   e. Encouraging staff to take breaks and paid time off.

3. Sexual violence programs should have a policy detailing program capacity and individual staff caseload capacity so staff know when to refer survivors to other staff or sexual violence programs. Individual staff capacity may vary based on role, modality, and type of services provided.

4. Programs should provide staff professional development opportunities, including regular trainings, additional responsibilities as appropriate, and leadership opportunities.

12 For more ways to promote staff well-being in sexual violence programs, see Building Cultures of Care: A Guide for Sexual Assault Services Programs
5. Programs should offer fair and competitive salaries and benefits to all staff.

6. All program staff should be trained on self-care and all program leadership should be trained on trauma-informed supervision.

For Activities that Threaten Victim Safety

1. A sexual violence program should refrain from activities that threaten the safety of victims. These include, but are not limited to:
   a. Procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling and other assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, gender expression, physical and/or mental disability, criminal record, work in the sex industry, or relationship to the perpetrator; or the age and/or gender of their children;
   b. Procedures or policies that compromise the confidentiality of information and privacy of persons receiving services;
   c. Requiring mediation or counseling for couples as a systemic response to domestic violence or sexual assault, or in situations in which child sexual abuse is alleged;
   d. Requiring LGBTQ+ victims to receive conversion therapy or religion-based therapy;
   e. Requiring victims to report sexual assault, stalking, or domestic violence crimes to law enforcement, or forcing victims to participate in criminal proceedings;
   f. Supporting policies or engaging in practices that impose conditions on a victim, such as drug testing, in order for them to receive services.

For the Documentation of Service Provision

This standard for programs’ documentation of policies and procedures, and interconnected standards for confidentiality, are based upon state and federal law. These include A.R.S. Title 12, Chapter 13 and Title 13, Chapter 40 and federal law 34 U.S.C. § 12291(b)(2), 42 U.S.C. §11363 and 10406(c)(5), 28 C.F.R § 90.4, and 45 C.F.R. § 1370.4, 28 C.F.R. § 94.115.

1. A sexual violence program must have written policies and procedures to ensure all services provided are documented in written and/or electronic form and these records are maintained in a manner protecting the confidentiality and privacy rights of individuals, groups and/or families receiving services. These policies may include but are not limited to:
   a. Defining documentation of victim services to only include the type(s) of services provided (e.g., lay legal advocacy, information and referrals, medical advocacy), without specific details of services (e.g., safety plan details, specific legal options provided);
b. Guidance for documentation of mental health services, if provided. A licensed mental health professional should follow the professional guidelines and standards required of their licensing body and applicable state or federal laws;

c. Requiring all staff to be trained in the program’s documentation policies.

2. A program must have policies allowing access to records only by victim services staff and volunteers as necessary to provide or supervise services, respond to a ROI, and respond to court orders subject to state, federal, and tribal law and court decisions. Programs may enact policies identifying which staff members, as specified by job responsibility and title, will have access to confidential information, records, and information systems.

3. A program should have written policies and procedures to respond to court orders and subpoenas. These policies and procedures should be written or reviewed by an attorney. This policy should include but is not limited to:

   a. Immediate notification of the executive director or appropriate member of leadership regarding the subpoena;
   b. Consultation with an attorney;
   c. Designation of one staff member, usually the executive director, as the “keeper of the records” whose responsibility is to maintain all program and client records and to formally respond to subpoenas;
   d. How the program will communicate with the person whose information is being requested. This should include:
      i. Identifying if the person is currently or has formerly been a client;
      ii. Determining if there is a safe and confidential way to contact the person whose information is being requested, whether they are a current or former client or have never been a client;
      iii. Designating a staff member to contact the person;
      iv. Informing the person of the subpoena, the information requested, all possible options and consequences, and referring for legal advice, if needed;
      v. Informing the person they are legally obligated to disclose the requested information, if the program is required to do so.
   e. How informed consent will be obtained from the person regarding how the program will respond to the subpoena. Clients should be fully informed of all the response options and the potential consequences of disclosing the requested information;
      i. If the person whose information is being requested cannot be contacted, consider challenging the subpoena.

4. Organizations must have policies and safeguards in place preventing unauthorized access to information. A program must maintain all records containing personally identifying information, paper and/or electronic, in a secure manner (i.e., locked storage and data encryption).

13 Learn more about responding to subpoenas here: https://www.techsafety.org/how-to-respond-to-a-subpoena
5. While traveling, mobile programs should keep a locked box, backpack, or tote of any necessary files. Electronic files must be encrypted to be transported by flash drive, tablet or laptop. Records must be on the staff person at all times and must not be left in vehicles by staff at any time. Mobile advocates should be provided with an agency device to best maintain confidentiality and should not use personal devices for their work.

6. Programs must enact a policy on record retention that includes how long specific forms are kept, destruction of paper files, and destruction of electronic files. Program administrators should consider the needs of the program and contract requirements when setting the length of time documents are to be kept. When there is no guidance from funders on records retention, it is recommended that case files be destroyed one year or less after a victim is no longer receiving services and files for grant reporting be destroyed after 7 years.14

7. Written and/or electronic records documenting services provided in individual, group and/or family settings must be signed and dated by the staff member or volunteer providing the service.

8. Service recipients must be informed of their rights and allowed to exercise their rights to inspect their personal records and/or files, request changes or additions to the content of those records, submit rebuttal data or memoranda to their files, and/or file a grievance according to the program’s policies if objections are made to the content of those records or files.

9. A program should develop or utilize a data-collection and record-keeping system allowing for the safe and efficient retrieval of data needed to measure the sexual violence program’s performance in relation to its stated goals and objectives and the funding received for services. Personal identifying information must not be shared outside of the victim services program without a release of information.

For Training

1. An initial 30-hour training is required for all program staff who need to meet the requirements of the sexual violence victim advocate privileged communication statute (A.R.S. § 12-2240), including specific training on mandatory reporting of child abuse per A.R.S. § 13-3620. Per A.R.S. § 12-2240, the training may be provided by the sexual violence program or service provider or by an outside agency that issues a certificate of completion. The records custodian of the sexual violence program or service provider must maintain the training documents. A program may accomplish the initial training through a combination of internal and external resources such as:
   a. Attending the 40-hour Sexual Violence Core Advocacy Training (SVCAT) facilitated by the Arizona Coalition to End Sexual and Domestic Violence or an equivalent organization;

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14 For a sample records retention policy, visit: https://www.techsafety.org/confidentiality-templates
b. One-on-one instruction and discussion with a fully trained, experienced advocate or supervisor;
c. Shadowing a fully trained, experienced advocate performing job duties, such as hotline coverage and intake procedures;
d. A practicum – defined as a supervised activity meant to develop or enhance the trainee’s ability to provide direct services. This is to be followed by a minimum of 8 hours of ongoing training annually. Sexual violence programs should document these training hours appropriately (e.g., maintaining certificates, attendance records).

2. Employees and volunteers should be provided a training manual. Training topics should include, at minimum:
   a. A framework for understanding the nature and dynamics of sexual violence including but not limited to:
      i. Types and prevalence of sexual violence;
      ii. Characteristics of people who commit sexual harm and societal influences on this behavior;
      iii. Neurobiology of sexual violence;
      iv. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
      v. The role of society in perpetuating gender-based violence and social changes necessary to end it, including eliminating discrimination based on ethnicity, race, gender identity, gender expression, age, sexual orientation, disability, substance abuse, economic or educational status, religion, HIV+ or health status, or national origin.
   b. Sexual violence advocacy:
      i. The role of the advocate;
      ii. Hospital/medical advocacy;
      iii. Lay legal advocacy;
      iv. General advocacy;
      v. Helpline advocacy;
      vi. Secondary survivor advocacy;
      vii. Systems coordination, including the definition and role of a Sexual Assault Response Team (SART);
      viii. Considerations of cultural humility which may include serving: people with disabilities, LGBTQ+ individuals, immigrants, Black, Indigenous and People of Color (BIPOC), older individuals, men, and more.
   c. Advocacy and empowerment for victims, including but not limited to:
      i. Victim-defined advocacy;
      ii. Trauma-informed care;
      iii. Healing-centered care;
      iv. Trauma-informed intake;
      v. Safety planning that includes emotional, sexual, and physical short- and long-term safety strategies;
      vi. Healthy sexuality for victims;
      vii. Healing modalities, including support groups, therapy, and more;
viii. Confidentiality and ethical service provision;
x. Working with victims in crisis;
xi. Medical options for victims, including the medical forensic exam and other healthcare;
xii. Criminal and civil legal options for victims, including Victim Rights;
xiii. Documentation of services;
xiv. Maintaining appropriate boundaries;
xv. Appropriate resource and referral information.
d. Related topics including, but not limited to:
i. The organization’s history and mission statement;
ii. History of the anti-sexual violence movement;
iii. Volunteer opportunities;
iv. Specific program policies and procedures;
v. Suicide risk assessment;
vi. Strangulation assessment;
vii. Traumatic brain injury assessment;
viii. Secondary/vicarious trauma and burnout;
ix. Self-care.

3. Recommended continuing education and additional training topics include but are not limited to:
a. Serving LGBTQ+ Survivors of Sexual Violence
b. Serving Survivors Living with HIV
c. Responding to Sexual Assault Survivors with Disabilities
d. Serving Black Survivors of Sexual Violence
e. Serving People of Color who are Survivors of Sexual Violence
f. Serving Latinx Survivors of Sexual Violence
g. Serving Older Sexual Assault Survivors
h. Responding to Survivors of Intimate Partner Sexual Violence
i. Responding to Male Sexual Assault Survivors
j. Serving Immigrant Survivors of Sexual Violence
k. Advanced Emotional and Sexual Safety Planning
l. Rape Culture
m. Serving Indigenous & Native Survivors of Sexual Violence
n. Serving Adult Survivors of Childhood Sexual Violence
o. Serving Child Survivors of Sexual Violence
p. Serving Survivors of Human Trafficking
q. Adverse Childhood Experiences (ACEs)
r. Financial Empowerment

4. Programs shall be aware of and comply with additional training requirements of funders, local, state, and federal laws and accreditation and professional bodies.
For the Use of Volunteers

1. A sexual violence program may use unpaid volunteers to augment the program’s services.
   a. A program must have written policies and procedures regarding the recruitment, screening, training, recognition, supervision and dismissal of volunteers who provide services. Such policies will clarify volunteers’ roles and responsibilities, with specific details concerning professional boundaries; disclosure; and how, when, where, and at what frequency volunteers will be used.
   b. A program should not use volunteers whose external occupation has different privilege or confidentiality obligations than those of the program or the role for which they are volunteering.

2. A program must have a written job description for each volunteer position that follows the format of job descriptions for staff members. Job descriptions are to be provided to volunteers upon acceptance in the program, unless requested beforehand.

3. Per A.R.S. § 12-2240: Sexual assault victim advocate; privilege; exception; training; supervision; definition: “a sexual assault victim advocate who is a volunteer shall perform all activities under qualified supervision.” The volunteer must also meet the training requirements set forth in the Training Section.

4. A program shall maintain a confidential file for each volunteer, including but not limited to the volunteer’s application, fingerprint clearance card with the Arizona Department of Public Safety as applicable, criminal background check as applicable, licensures and certifications as applicable, reference checks, a signed confidentiality statement, and a record of all trainings completed by the volunteer.

5. Programs shall be aware of and comply with additional background check/screening requirements of funders as well as local, state and federal laws that apply to volunteers. Per A.R.S. § 46-141 (Criminal Record Information checks; fingerprinting employees and applicants; definition), volunteers who provide services directly to juveniles or vulnerable adults must possess a fingerprint clearance card, unless they are under the direct visual supervision of a trained staff member. Volunteers who provide services to juveniles or vulnerable adults in a shelter setting must possess a fingerprint clearance card regardless of direct supervision.

6. A program will use a volunteer training manual that is supplemental to the volunteer training.

7. Volunteers may be used in the provision of direct services to victims, based upon the training and qualifications of the volunteer, including but not limited to:
   a. Facility coverage, hotline coverage, crisis intervention, case management, medical advocacy, court advocacy, support group facilitation for adults and/or children, professional therapy intake or assessment of service needs, and development or implementation of service plans;
b. Transportation or accompaniment;
c. Recreational activities for adults and/or children; and
d. Services related to educational achievement, job readiness, job training and/or other assistance in obtaining employment.

8. Volunteers may be used in the provision of non-direct services, including but not limited to:
   a. Administrative duties;
   b. Fundraising or other activities for obtaining donations to the program;
   c. Event organizing;
   d. Outreach;
   e. Public speaking upon completion of sexual violence training and supervision;
   f. Maintenance or other activities related to the upkeep and improvement of program facilities.

9. Evaluations of both the volunteer program and the volunteers should be conducted to ensure quality of services.
By Service Modality

Definitions

Services can be provided in a variety of settings:

- **Community-based:** Community-based services are those offered within the community by a non-governmental entity, typically a non-profit service provider. For example, a sexual violence program might have an advocate stationed at an Outreach Office, Medical Facility, or Community Health Center, or one of these entities might directly employ an advocate. This includes services embedded in a community or grassroots program, as well as mobile advocacy.

- **Systems-based:** Systems-based victim services are services provided by advocates employed by a law enforcement agency, prosecutor’s office, court or other entity within the city, county, state, or federal government. These services assist victims as they proceed through legal systems. Systems-based victim services enhance victims’ access to the criminal justice system, empower victims to have a voice in the system, ensure victim rights are upheld under state law, and coordinate services to promote victims’ safety and well-being. An advocate providing systems-based victim services acts as a liaison between victims and legal systems. It should be noted that prosecutors’ goals can vary from those of victims, and advocates should assist victims in navigating that conflict.

- **Family Advocacy Center:** Family advocacy centers (FACs) are centers where representatives from multiple disciplines, including victim advocates, forensic examiners, law enforcement, and child protection professionals, among others, work together to respond to survivors of sexual and domestic violence. FACs may be referred to as “one-stop shops” for survivors, as they are designed to minimize the number of times a survivor must share their victimization experience with multiple responders or travel to different agencies to receive care and/or report a crime. Most FACs serve adult and child victims. FACs are an expansion of the child advocacy center (CAC) model. CACs only serve children. FACs may be community-based or systems-based programs, as they may be nonprofits or government owned and operated.

- **Mobile advocacy:** Mobile advocacy is provided in a location that is best suited to the victim seeking the service. This could include the victim’s home, a park, restaurant, library, a government facility, a crime scene, or a workplace, among many potential locations. Efforts should be made to ensure confidentiality is maintained when meeting in public spaces, and victims should know the risks associated with different meeting locations. Mobile advocates will maintain materials and records on their persons.

- **Campus-based:** Campus-based services are those offered at college and university campuses, including community colleges and trade schools. Campus-based services are specifically designed to serve a student population and are physically located on or near
the school. Campus-based services may be owned and operated by the school or may be a partnership between a community-based program and a school.

- Virtual and digital advocacy: Virtual and digital advocacy includes services occurring via telephone, video call, online chat, video conference, text messaging, and other modalities that are not in-person. Services provided in this manner are critical to expanding the geographic reach of programs and increasing accessibility for survivors, particularly those with disabilities and/or without access to transportation.

- Shelter and housing interventions: Shelter is temporary emergency housing and related supportive services provided in a safe, protective environment for individuals and their children who have experienced domestic or sexual violence. Shelter services can include an on-site emergency shelter or a hotel/motel. Survivors may also need other housing interventions, such as transitional housing or rapid re-housing, with support services accompanying the housing intervention.
For Community-based Advocacy

1. A sexual violence community-based program should:
   a. Participate in a screening process that ensures victims who report they are victims of sexual violence are properly screened and not turned away;
   b. Publish days and hours of operation in which services will be accessible;
   c. Provide services to individuals on a voluntary basis and not require victims to participate in any services;
   d. Not require a victim to report to law enforcement to receive services;
   e. Follow state mandated reporting laws (i.e., child abuse);
   f. Not require criminal background checks on program participants;
   g. Ensure victims have access to an advocate, as desired, including partnering with other service providers when needed; and
   h. Not require participation in religious groups or use religious materials.

2. A community-based program should provide education and information to victims about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Emotional, sexual, and physical safety planning;
   e. Medical options following sexual violence;
   f. Civil and criminal legal options including Victim Rights;
   g. Healing modalities and options; and
   h. Referrals to medical forensic exam facilities, medical and mental health resources, basic needs, culturally-specific services, and other services as needed.

3. If the program is at capacity, staff should assist individuals requesting services with referrals to other sexual violence programs and provide notice of the victim’s right to call back for additional assistance.

4. A program should have clear written policies related to involuntary termination of services that are clearly communicated to the participants. Policies should be consistent with a trauma-informed approach to providing services.
For Systems-based Victim Services

1. Systems-based victim advocates should be trained to provide the following services:
   a. Education about sexual violence dynamics and traumatic impacts;
   b. Education regarding victim rights, including assisting the victim in asserting their rights throughout criminal justice process;
   c. Education about the criminal justice process and options;
   d. Education about civil legal processes and options;
   e. Education about and assistance with victim compensation and other economic recovery options;
   f. Court accompaniment;
   g. Assistance with a victim impact statement;
   h. Assistance with obtaining orders of protection or injunctions against harassment;
   i. Assistance with safety planning;
   j. Considerations of cultural humility, which may include serving: people with disabilities, LGBTQ+ individuals, Black, Indigenous, and people of color (BIPOC), immigrants, older individuals, men, and more;
   k. Referrals to community-based programs that address other victim needs; and
   l. Follow up contact as needed after case disposition.

2. Advocates providing systems-based victim services are not attorneys and cannot provide legal advice, which must be made clear to the victim at the start of services.

3. Systems-based victim services may also be mobile. Systems-based victims services providing mobile advocacy should have clear, written policies regarding:
   a. The use of technology, including the use of passwords, keeping software up-to-date, appropriate security settings, and not sharing devices. It is strongly recommended that mobile advocates be provided with agency devices and never use personal devices to deliver services due to confidentiality risks;
   b. How to determine meeting locations, prioritizing the safety of the victim and the advocate; and
   c. The transport of confidential files.

4. Advocates providing systems-based services should adhere to standards of crisis intervention, general advocacy, medical advocacy, lay legal advocacy, and information and referrals, as appropriate.
For Family Advocacy Centers

1. A family advocacy center should:
   a. Participate in a screening process that ensures victims who report they are victims of sexual violence are properly screened and not turned away;
   b. Publish days and hours of operation in which services will be accessible;
   c. Provide services to individuals on a voluntary basis and not require victims to participate in any services;
   d. Not require a victim to report to law enforcement to receive advocacy or a forensic exam;
   e. Follow state mandated reporting laws (i.e., child abuse);
   f. Not require criminal background checks on program participants;
   g. Ensure victims have access to an advocate, as desired, including partnering with other service providers when needed; and
   h. Not require participation in religious groups or use religious materials.

2. A family advocacy center should provide education and information to victims about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Emotional, sexual, and physical safety planning;
   e. Medical options following sexual violence;
   f. Civil and criminal legal options, including Victim Rights;
   g. Healing modalities and options; and
   h. Referrals to community-based advocacy programs, medical and mental health resources, basic needs, culturally-specific services, and other services as needed.

3. If the family advocacy center is at capacity, staff should assist individuals requesting services with referrals to other sexual violence programs and provide notice of the victim’s right to call back for additional assistance.

4. Family advocacy centers that serve minors should be in good standing with and accredited by the National Children’s Alliance.
For Mobile Advocacy

1. A sexual violence mobile advocacy program should:
   a. Participate in a screening process that ensures victims who report they are victims of sexual violence are properly screened and not turned away if appropriate for the program;
   b. Publish days and hours of operation in which services will be accessible, as well as the service area of the program;
   c. Provide services to individuals on a voluntary basis and not require victims to participate in any services;
   d. Not require a victim to report to law enforcement to receive services;
   e. Follow state-mandated reporting laws (i.e., child abuse);
   f. Not require criminal background checks on program participants;
   g. Ensure victims have access to an advocate, as desired, including partnering with other service providers when needed; and
   h. Not require participation in religious groups or use religious materials.

2. A mobile advocacy program should provide education and information to victims about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Emotional, sexual, and physical safety planning;
   e. Medical options following sexual violence;
   f. Civil and criminal legal options, including Victim Rights;
   g. Healing modalities and options; and
   h. Referrals to medical forensic exam facilities, medical and mental health resources, basic needs, culturally-specific services, and other services as needed.

3. A mobile advocacy program should have clear, written policies regarding:
   a. The use of technology, including using passcodes, keeping software up-to-date, appropriate security settings, and not sharing devices among staff. It is strongly recommended that mobile advocates be provided with agency devices (e.g., mobile phones, laptops, tablets) and never use personal devices to deliver services due to confidentiality risks;
   b. How to determine meeting locations, prioritizing the safety of the victim and the advocate; and
   c. The transport of confidential files.

4. If the program is at capacity, staff should assist individuals requesting services with referrals to other sexual violence programs and provide notice of the victim’s right to call back for additional assistance.

5. It is recommended that programs provide staff conducting mobile advocacy with an unmarked, agency vehicle for increased staff safety when possible.
6. A program should have clear written policies related to involuntary termination of services that are clearly communicated to the participants. Policies should be consistent with a trauma-informed approach to providing services.
For Campus-based Advocacy

1. A sexual violence campus-based program should:
   a. Participate in a screening process that ensures victims who report they are victims of sexual violence are properly screened and not turned away;
   b. Publish days and hours of operation in which services will be accessible;
   c. Provide services to individuals on a voluntary basis and not require victims to participate in any services;
   d. Not require a victim to report to law enforcement to receive services;
   e. Follow state mandated reporting laws (i.e., child abuse);
   f. Not require criminal background checks on program participants;
   g. Ensure victims have access to an advocate, as desired, including partnering with other service providers when needed; and
   h. Not require participation in religious groups or use religious materials.

2. A campus-based program should provide education and information to victims about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Emotional, sexual, and physical safety planning;
   e. Medical options following sexual violence;
   f. Civil and criminal legal options, including Victim Rights;
   g. Title IX and Clery Act options and accommodations;
   h. Healing modalities and options; and
   i. Referrals to medical forensic exam facilities, medical and mental health resources, basic needs, culturally-specific services, and other services as needed.

3. A campus-based sexual violence program that is owned and operated by an educational institution should have clear, written policies in line with their professional and funding-related requirements incorporating the following:
   a. Confidentiality must align with federal, Arizona, and tribal laws. Many educational institutions designate certain school employees and faculty as mandated reporters of sexual violence to school officials. Employees and volunteers of a campus-based sexual violence program should not be designated as mandated reporters by the educational institution beyond requirements under federal, state, or tribal law. Employees and volunteers of a campus-based program should only be mandatory reporters when statutorily designated (i.e., in instances of reported child abuse) and cannot report personally identifying information of sexual violence victims to the school. Campus-based programs may report aggregated data to the school related to demographics and total number of victims served so long as it is not personally identifying information.
   b. When the educational institution or an employee of the educational institution is a defendant in a sexual violence or sexual harassment civil or criminal case, the educational institution, including the campus-based sexual violence program, must have policies and procedures in compliance with the VAWA Code of Federal Regulations (28 C.F.R. 90.4(b)(2)(iii)) confidentiality requirements. This
includes not disclosing information from the victim services division or components of an organization, agency or government to other non-victim service divisions of the organization, agency or government, nor to the leadership of the organization, agency or government. Campus-based programs may still be subjected to case depositions and subpoenas. A campus program owned and operated by an educational institution should also explain the potential confidentiality risks associated with being owned and operated by the institution and be prepared to refer victims to a local, non-campus-based sexual violence program, if needed.

4. A campus-based program that is not owned and operated by the educational institution (e.g., a community-based program with a satellite office on campus, a program that contracts with the educational institution) should have clear, written policies regarding:
   a. Confidentiality, in line with federal, Arizona, and tribal laws. The campus-based program cannot share personally identifying information with the educational institution without a signed release of information, except in situations when legally mandated to do so. Contractual obligations with the educational institution cannot supersede federal, Arizona or tribal confidentiality laws.

5. If the program is at capacity, staff should assist individuals requesting services with referrals to other sexual violence programs and provide notice of the victim’s right to call back for additional assistance.
For Virtual and Digital Advocacy

1. A sexual violence virtual advocacy program should:
   a. Participate in a screening process that ensures victims who report they are victims of sexual violence are properly screened and not turned away if appropriate for the program;
   b. Publish days and hours of operation in which services will be accessible, as well as the service area of the program;
   c. Provide services to individuals on a voluntary basis and not require victims to participate in any services;
   d. Not require a victim to report to law enforcement to receive services;
   e. Follow state mandated reporting laws (i.e., child abuse);
   f. Not require criminal background checks on program participants;
   g. Ensure victims have access to an advocate, as desired, including partnering with other service providers when needed; and
   h. Not require participation in religious groups or use religious materials, if utilizing government contracts to provide services.

2. A virtual advocacy program should provide education and information to victims about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Emotional, sexual, and physical safety planning;
   e. Medical options following sexual violence;
   f. Civil and criminal legal options;
   g. Healing modalities and options; and
   h. Referrals to medical forensic exam facilities, medical and mental health resources, basic needs, culturally-specific services, and other services as needed.

3. A virtual advocacy program should have adequate technological safety measures in place. This includes, but is not limited to:
   a. Procedures clearly indicating which digital platforms (e.g., Zoom, Skype) and forms of communication (e.g., text messages, video chat) are allowable for service provision and the types of services that may be conducted virtually (e.g., general advocacy, support groups);
   b. Policies that minimize data collection (e.g., caller ID, IP address, contact information) that a digital vendor may require to use the service. Policies should include how this information will be destroyed if it is necessary to use the service and/or how settings should be adjusted on the virtual platforms so that minimal

15 For more information on digital services best practices and policies see: https://www.techsafety.org/best-practice-principles
16 For more information on agency technology safety see: https://www.techsafety.org/resources-agencyuse/techsafety-for-programs-considerations
information is collected and saved instead of the default (e.g., disabling the saving of the chat transcript);

 c. Selecting a vendor that only collects necessary data to conduct the service and does not retain this data after the service has ended;¹⁷

d. Policies regarding when it is safe to leave voicemails and how to call survivors back safely;

e. Policies that cover the frequency of deleting chat and text histories. Many platforms store entire conversation histories. Best practice is to delete the chat history following every conversation and inform the survivor how to delete the chat or text history on their end. Consider using a vendor that automatically deletes conversation history at the end of each conversation;

f. Informing survivors of potential risks of virtual services (e.g., interception, data privacy) and how to safety plan to mitigate risks;

g. Having strong passwords on agency devices (e.g., computers, tablets, phones);

h. Using agency devices, rather than personal devices, to conduct services; and

i. Developing clear organizational policies related to privacy, safety, and confidentiality when providing virtual services, and providing and explaining these policies to survivors in plain language.

4. To minimize miscommunication that can occur with digital communication, staff and volunteers should receive training on active listening and online communication styles.

5. Survivors should be supported to make informed decisions about the use of technology and the services they receive. The following best practices are strongly encouraged:
   a. Safety plans should include issues arising from the use of platforms being used for services;
   b. Creating opportunities for survivors to learn and increase comfortability around technology as part of case management;
   c. The survivor should always have the liberty to refuse the use of digital services, or make changes within the scope of the agency’s services as necessary; and
   d. Satisfaction with digital services should be included in program evaluations.

6. If the program is at capacity, staff should assist individuals requesting services with referrals to other sexual violence programs and provide notice of the victim’s right to call back for additional assistance. When determining capacity, it is important to note that provision of virtual services may require more staff time than traditional in-person services given the nature of online chat and text conversations.

7. Virtual advocacy programs providing specific services (e.g., virtual support groups, virtual helpline) should follow the appropriate standard by service type.

¹⁷ For more information on how to choose a digital services vendor see: https://www.techsafety.org/choosing-a-vendor
For Shelter, Hotel/Motel, and Housing Interventions

1. A sexual violence program that is part of a dual domestic and sexual violence program providing shelter, hotel/motel, and/or housing intervention services to domestic violence victims must be in compliance with the Arizona Service Standards for Domestic Violence Service Providers.

2. A sexual violence program offering shelter should provide sexual violence services in at least one other service modality (e.g., community-based advocacy, mobile advocacy, virtual or digital advocacy) to increase accessibility for survivors who are not in shelter.

3. A sexual violence program may partner with a domestic violence program to provide sexual violence services within the domestic violence program’s shelter.
For Service Type

For General Advocacy

1. General advocacy describes the experience of providing a broad range of support services to a person impacted by sexual violence in any of its forms. It includes but is not limited to ensuring survivors’ needs are met, choices provided, survivors’ opinions heard and honored, and rights protected from a survivor-centered framework.

2. Case management describes the collaborative experience of assessing a survivor’s short-term and long-term needs and can include but is not limited to:
   a. Assisting a survivor in meeting their basic and immediate needs;
   b. Ensuring multiple options for services are presented to a survivor;
   c. Allowing survivors to make their own decisions;
   d. Providing emotional support through active listening and validation; and
   e. Developing a plan for safety and healing.

3. Short-term general advocacy may include but is not limited to:
   a. Crisis intervention;
   b. Case management;
   c. Safety planning (emotional, physical, and sexual);
   d. Providing information, including education on the impact of trauma;
   e. Centering the survivor as the expert on their experience and presenting options consistent with a survivor’s self-identified needs; and
   f. Ensuring vetted resource referrals are provided.

4. Long-term general advocacy may include but is not limited to:
   a. Assisting a survivor in navigating systems;
   b. Ongoing case management;
   c. Aiding in the development of a safety plan to address coping skills and trigger plans;
   d. Supporting survivors in navigating healing services, including culturally-rooted healing;
   e. Reviewing survivor’s rights;
   f. Affirming a survivor’s sources of support; and
   g. Ensuring vetted resource referrals are provided.

5. General advocacy services should be provided by a staff member or volunteer who has sexual violence advocacy training.

6. General advocacy may take place in a variety of settings including community-, systems-, mobile-, virtual-, and campus-based programs and family/child advocacy centers, as long as safety and confidentiality requirements are met.
For Medical Advocacy

1. Medical advocacy provides support to survivors seeking medical services immediately following an experience of sexual violence or at any time following the sexual violence, including years later.

2. Short-term medical advocacy may include but is not limited to:
   a. Providing education about medical options and navigating medical systems, including medical forensic exams and other healthcare options following sexual violence;
   b. Accompanying survivors to medical forensic exams and other emergency healthcare options; and
   c. Educating survivors on the link between health and trauma.

3. Long-term medical advocacy may include but is not limited to:
   a. Educating survivors on the link between health and trauma;
   b. Providing medical accompaniment to non-emergency medical services that may be re-traumatizing (e.g., OBGYN appointments, physicals, dental exams);
   c. Assisting survivors in determining new medical providers and/or how to change providers;
   d. Supporting survivors with navigating conversations about disclosing sexual violence experience(s) with medical providers (e.g., role playing scenarios, deciding if, when, and how to disclose survivorship);\(^{18}\)
   e. Educating medical providers in the community about sexual violence trauma.

4. Programs providing medical advocacy should maintain current lists and build relationships with providers that include, but are not limited to:
   a. Locations survivors can receive a medical forensic exam;
   b. Locations survivors can receive trauma-informed emergency healthcare (e.g., emergency rooms, urgent care);
   c. Locations survivors can receive trauma-informed reproductive healthcare and birthing services (e.g., general/family healthcare providers, OBGYNs, midwives, doulas);
   d. Locations survivors can receive trauma-informed dental care;
   e. Locations transgender survivors can receive gender-affirming medical care.

5. If no or few trauma-informed healthcare locations exist in a community, programs providing medical advocacy should reach out to local healthcare providers and offer education, support, and connections to improve survivors’ experience with healthcare providers.

6. Programs providing medical advocacy should keep in mind certain populations, including transgender survivors, survivors with disabilities, and survivors with chronic illnesses, may have unique medical needs and may desire additional support. This may include:

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\(^{18}\) See Medical Trigger Disclosure Cards in the Appendix.
a. Understanding how gender dysphoria may impact a transgender individual’s relationship with their body and genitalia, and what this may mean for medical forensic exams and other medical care (e.g., mirroring language, respecting names and pronouns);
b. Recognizing survivors may have medical trauma, including institutional oppression within the medical field (e.g., medical racism, ableism, fatphobia), prior to or as part of their experience of sexual violence;
c. Advocating for survivors’ ability to do medical exams in ways that accommodate their disability (e.g., not using stirrups for anogenital exams, following the survivors’ lead on positions they can or cannot receive care in, asking the medical provider to describe the exam in plain language).

7. Medical advocacy may take place at hospitals, family and child advocacy centers, community health centers, urgent care, doctors’ offices, and more. Advocates providing medical advocacy may be in community-, systems-, virtual-, mobile-, or campus-based programs, or family/child advocacy centers.

For Lay Legal Advocacy

1. Lay legal advocacy includes supporting survivors of sexual violence during their involvement in criminal and/or civil legal processes. This advocacy can take many forms and should be tailored to the unique needs of each survivor. Lay legal advocacy may extend beyond the immediate sexual violence case and can include indirect legal needs such as tenant rights and legal name changes.

2. A program providing lay legal advocacy services should:
   a. Provide information about legal options, without providing legal advice, so victims can identify needed interventions and actions from civil and/or criminal justice systems;
   b. Have a working knowledge of current state, federal and applicable tribal law pertaining to sexual violence, as well as the local justice system’s response to sexual violence, including local court rules and practices, in each county where services are provided;
   c. Establish working relationships fostering victim safety with relevant justice system members;
   d. Ensure appropriate staff members and volunteers can identify an individual’s legal options (without giving legal advice) as part of a service and safety plan, which should evolve in line with the recipient’s needs.

3. A program providing lay legal advocacy services should maintain current lists, including but not limited to:
   a. Local criminal justice agencies and contact persons in each jurisdiction in which services are provided;
b. Local, state, tribal, and national resources for certain specific legal issues, such as immigration;
c. Local legal services, including pro bono or low-cost attorneys (if available), who are sensitive to and familiar with sexual violence legal issues and protective orders, to whom referrals can be made for representation and/or consultation in civil and criminal cases in each jurisdiction in which services are provided.

4. A program providing lay legal advocacy services should develop and/or participate in a Sexual Assault Response Team (SART) in the program’s service area. The SART should include advocates and governmental and organizational allies with whom victims of sexual violence interact. The focus of these efforts should be on improving community, criminal and civil justice systems’ responses to victims and harm-doers.

5. Lay legal advocacy services should include but are not limited to:
   a. Providing education and options such as:
      i. The nature and dynamics of sexual violence;
      ii. The criminal and/or civil legal process;
      iii. Safety planning related to legal options the survivor is seeking;
      iv. The advocate’s mandatory reporting duties;
      v. Arizona victims’ rights;
   b. Accompanying and supporting a victim during law enforcement and prosecution;
   c. Accompanying and supporting a victim through civil options and court cases. Civil options for survivors may include but are not limited to:
      i. Orders of protection and injunctions against harassment;
      ii. Terminating a rental lease;
      iii. Immigration options, such as U-Visa, T-Visa, and VAWA Self-Petition;
      iv. Victim’s rights violations;
      v. Child custody and other family law;
      vi. Civil lawsuits/torts;
      vii. Legal transition options for transgender clients; and
      viii. Civil rights violations (e.g., Americans with Disabilities Act, Family and Medical Leave Act);
   d. Accompanying and supporting a victim through campus adjudication and Title IX processes;
   e. Providing education and options for legal-adjacent options. This can include but is not limited to:
      i. Arizona’s Crime Victim Compensation Program;
      ii. Arizona’s Address Confidentiality Program;
      iii. Equal Employment Opportunity Commission filings;
      iv. Filing grievance reports to employment/licensing agencies.

6. Lay legal advocacy services can be provided in community-, systems-, mobile-, virtual-, and campus-based programs and family/child advocacy centers by properly trained advocates.
Unauthorized practice of law

1. On January 15, 2003, the Arizona Supreme Court instituted new rules regarding the regulation of the practice of law. The most recent amendment went into effect January 1, 2021. Rule 31(b) defines “practice of law” to mean “providing legal advice or services to or for another” by:
   a. preparing or expressing legal opinions to or for another person or entity;
   b. representing a person or entity in a judicial, quasi-judicial, or administrative proceeding, or other formal dispute resolution process such as arbitration or mediation;
   c. preparing a document, in any medium, on behalf of a specific person or entity for filing in any court, administrative agency, or tribunal;
   d. negotiating legal rights or responsibilities on behalf of a specific person or entity; or
   e. preparing a document, in any medium, intended to affect or secure a specific person’s or entity's legal rights.

2. Rule 31.2 goes on to describe “unauthorized practice of law” as:
   a. engage in the practice of law or provide legal services in Arizona; or
   b. use the designations “lawyer,” “attorney at law,” “counselor at law,” “law,” “law office,” “J.D.,” “Esq.,” “alternative business structure (ABS),” or other equivalent words that are reasonably likely to induce others to believe that the person or entity is authorized to engage in the practice of law or provide legal services in Arizona.

3. Exceptions to Rule 31.2 contains key exceptions that may be relevant to some advocates. This rule states: “Notwithstanding Rule 31.2, a person or entity may engage in the practice of law in a limited manner as authorized in Rule 31.3(b) through (e), but the person or entity who engages in such an activity is subject to the Arizona Supreme Court's jurisdiction concerning that activity.”
   a. Under Rule 31.3(3)(4), advocates who are certified as Legal Document Preparers “may perform services in compliance with the Arizona Code of Judicial Administration.”

4. An advocate who is not certified as a Legal Document Preparer can help complete prepared forms by transcribing information from the victim, because this is something victims could do themselves and does not require legal training.

5. Mediating between the victim and the court can potentially fall into the category of “practicing law” if the advocate is making arguments on behalf of the victim. The advocate may ask if they can sit in the courtroom as support, but the court has to agree. The advocate must advise the victim they are not a lawyer and therefore the victim

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19 For the most recent language of the rule please see: https://govt.westlaw.com/azrules/Document/NBCE259300189111EB86B0F57A06562D82?viewType=FullText&originContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)
20 Rule 31.3(a)(1)
cannot rely upon anything the advocate says as legal advice. The advocate cannot accept any compensation or payment in exchange for giving assistance, including food items, gifts, and gift cards.

Limitations on the role of the lay legal advocate

1. As of July 1, 2003, a lay legal advocate in Arizona is able to do the following:
   a. Tell someone how to get an order of protection or an injunction against harassment, where to get the forms, and how to use and access AZPOINT;
   b. Provide information about court procedures;
   c. Accompany a victim to court;
   d. Represent the victim/act as an agent in proceedings before the Department of Economic Security (DES), the Department of Health Services (DHS), or the Arizona Health Care Cost Containment System (AHCCCS); and
   e. Tell a victim how and where to obtain divorce and/or other legal forms.

2. Advocates can provide victims with information about the law and court procedures, facilitate their critical thinking about safety planning and legal options, and empower them to speak and advocate for themselves in legal proceedings in which they seek relief. Advocates cannot make decisions for, act on behalf of, speak for, or otherwise represent victims.

3. As of July 1, 2003, a lay legal advocate who is not trained as a Legal Document Preparer may not do the following:
   a. Prepare any document to affect or secure legal rights;
   b. Negotiate on behalf of the victim;
   c. Prepare any legal document for filing in court or an administrative agency.
      (Note: To avoid giving legal advice, do not answer victims’ “should” questions [e.g., Should I ask for sole custody of my children? Should I call my 13-year-old son as a witness?] Giving advice is strictly prohibited.)

4. Violations and Sanctions
   a. Arizona Supreme Court Rule 75(a) gives the court jurisdiction over any person engaged in the unauthorized practice of law, as defined by Rule 31(b) discussed above. The following sanctions listed in Rule 76(b) may be imposed on someone found to be in violation of Rule 31 (i.e., an act found to constitute the unauthorized practice of law):
      i. Agreement to Cease and Desist: Respondent and unauthorized practice of law counsel may enter into a “Consent to Cease and Desist Agreement” prior to formal proceedings, stating respondent agrees to cease and desist from engaging in acts found to be unauthorized practice of law, to refund fees collected, to pay costs and expenses, and to make any other restitution.
      ii. Cease and Desist Order: The superior court may enter an order for a respondent to immediately cease and desist from conduct that constitutes engaging in the unauthorized practice of law. After entry of a cease and
desist order or judgment, and service thereof upon the respondent, respondent shall:

1. notify existing customers, opposing counsel or opposing parties, if not represented by counsel, of such sanctions;
2. return to all customers in pending matters any documents or other property to which they are entitled, including their files; and
3. cease use of any reference to titles or descriptions prohibited in the order or judgment on all advertising, business cards, and letterhead.

iii. Injunction: The superior court, at any stage in an unauthorized practice of law proceeding, may enjoin a respondent from engaging in the unauthorized practice of law and order a respondent immediately to cease and desist such conduct. An injunction or order to cease and desist may be issued without proof of actual damages to any person.

iv. Civil Contempt: The superior court may issue a civil contempt citation and determine if the respondent is guilty of contempt and, by order, prescribe the sanction, including assessment of costs, expenses, and reasonable attorney fees.

v. Restitution: In the event actual damages are shown, restitution may be ordered to any individual for money, property, or other items of value received and retained by a respondent.

vi. Civil Penalty: The superior court may order a civil penalty up to $25,000 against every respondent upon whom another sanction is imposed. Civil penalties against an alternative business structure shall be deposited in the Alternative Business Structure Fund. Civil fines against a legal paraprofessional shall be deposited in the fund established by the Arizona Supreme Court for that program.

vii. Costs and Expenses: Costs, expenses, and attorney fees relating to the proceedings shall be assessed against every respondent upon whom another sanction is imposed. Assessment shall be included in the order or judgment.

b. Implementation of Cease and Desist Sanction: Orders or judgments of the superior court imposing cease and desist sanctions shall be effective thirty days after entry, unless another date is specified. 21

For Crisis Intervention

1. Crisis intervention consists of emergency support to survivors and secondary survivors. This may occur immediately after experiencing sexual violence or at any point in a survivor's lifetime.

a. Frequent access of services may not be used as a disqualifier from crisis intervention services. Survivors should have continuous access to trauma-informed services no matter how frequently they use the service.
b. Programs should have in-house crisis intervention services that are distinct from but collaborate with other emergency and crisis services within their service area.

2. Crisis intervention services can be performed by telephone, virtually, or in-person.
a. Programs should have ongoing face-to-face support options available that are distinct from their therapy services.
b. In places where in-person advocacy may be difficult or inaccessible (e.g., due to geographic distance or other accessibility challenges), telephonic and virtual advocacy can be used to bridge the gaps in services.

3. Crisis intervention services should be available 24-hours-a-day and seven-days-a-week.
a. If this is not possible, programs should develop policies and procedures to maximize consistent coverage between business hours, including partnering with other sexual violence organizations.

4. Crisis intervention services should be provided by a sexual violence program staff member or volunteer who has been trained on how to assist sexual violence survivors in reducing trauma.
a. This includes topics such as:
   i. verbal de-escalation techniques;
   ii. healthy communication;
   iii. empathetic and active listening;
   iv. developing trigger plans;
   v. establishing and reestablishing emotional, physical, sexual, and social boundaries;
   vi. emotional regulation;
   vii. various long-term healing modalities;
   viii. confidentiality, informed consent, and mandated reporting.

5. Crisis intervention services should be provided with a primary focus of providing safety planning information, advocacy, validating feelings, reinforce coping skills and empowerment to reinforce the individual’s autonomy and self-determination.

6. Crisis intervention services should include, but not be limited to:
a. Assessing safety concerns;
b. Assessing immediate and long-term needs;
c. Listening to and validating victims’ experiences;
d. Assisting with emotional, sexual, and physical safety planning;
e. Providing information and referral to community resources including but not limited to:
   i. Basic needs (e.g., food, shelter, clothing);
   ii. Employment;
   iii. Legal options;
iv. Medical options (e.g., medical forensic exams, general care);

v. Mental health options; and

vi. Culturally responsive healing and grounding resources.

7. Crisis intervention services may take place at community-, systems-, mobile-, virtual-, and campus-based programs and family/child advocacy centers, as long as safety and confidentiality requirements are met.

For Helpline

1. A crisis line, hotline, or a helpline is a phone- or computer-based response, operated by a sexual violence program. Helplines provide a way for survivors, secondary survivors, and community members who have difficulty accessing in-person resources to connect with services. They also allow survivors to access support while maintaining some level of anonymity. To ensure effectiveness and a trauma-informed response, Helplines should include the following elements:
   
a. A helpline number and other relevant contact information (e.g., phone number, online chat link, and text line number, if different than the phone helpline) that is widely disseminated and available through a variety of media. It is recommended that hours of operation and functions of the helpline be included in the information shared. Additionally, programs should clearly state services are free of charge and available in other languages and Text Telephone (TTY) (when applicable).

b. The use of caller-identification equipment or services should be used with discretion and in the spirit of anonymity. If caller-ID (or other personal identifying information) is used, the log should be cleared at the end of each shift or business day. Ideally, a caller-ID system will be disabled on the platform being used.

c. If chat or mobile applications such as text are being used to communicate with a survivor, all logs and data should be purged regularly or set to delete automatically by default.

d. It should also be clear within the program’s internal processes and outreach that the helpline is open to survivors, their loved ones, and other community members.

e. To reach survivors across the life-span and survivors who have varying access to technology and transportation, helpline advocacy should be offered through different mediums and platforms to connect with survivors include phone, e-mail, the agency’s official social media accounts, virtual chat, and text.
   
i. Should the initial contact with a survivor be on a less secure platform (i.e., e-mail or social media accounts) it is suggested the staff member inform the survivor about the less secure nature of the platform and move all

22 RSP Rural Helplines:
further communication to more secure platforms (helpline, online chat, and text).

2. The helpline should be answered by a program staff member or volunteer who has sexual violence advocacy training. In addition to this training, advocates should be trained on:
   a. Ways to provide empathetic and nonjudgmental support on the helpline through multiple platforms;
   b. The unique needs of sexual violence survivors outside of a domestic violence relationship;
   c. Medical, legal, and other resources and options;
   d. Ways to self-regulate in terms of tone, pacing, and volume as applicable;
   e. The program’s phone intake and data collection policies and procedures;
   f. The program’s additional policies and procedures regarding helpline advocacy.

3. Best practice is that helpline services should be available 24-hours-a-day and seven-days-a-week.
   a. If this is not possible, programs should develop policies and procedures to maximize consistent coverage between business hours, including partnering with other sexual violence, domestic violence, and/or multi-service organizations.

4. To provide helpline services, programs should at a minimum engage in the following activities:
   a. Assess the caller’s critical needs;
   b. Listen to and validate the caller’s experience and choices;
   c. Provide emotional support;
   d. Support safety planning (emotional, physical, and sexual);
   e. Provide information and referrals to available agency and community resources.

5. Helplines should also be structured in ways that:
   a. Are adequately staffed to allow staff to give sole and immediate attention to survivors needing support;
   b. Allow advocates to respond to the helpline (e.g., calls, text, chat) in a confidential location, as not to be overheard by non-staff or volunteers;
   c. Are responsive to survivors of all genders:
      i. Staff should not assume someone’s gender over the crisis line. This includes judging the caller’s voice or tone in association with a certain gender.
      ii. It is recommended staff introduce themselves with their names and pronouns when responding to callers on the helpline and then ask the caller for their name and pronouns.
      iii. When providing crisis line services, advocates should take care to mirror and repeat the terms survivors use to identify themselves, their identities, and experiences as appropriate.
      iv. Advocates should speak in plain language when providing crisis line services.
d. Are flexible to the needs of sexual violence survivors. There should be no time limits on calls and/or restrictions on the number of times a survivor can access helpline services. Helpline services should be available to all survivors despite the frequency or infrequency of its use by a particular person.
e. Recognize active listening may be the only service requested or needed.
f. Acknowledge procedures may vary for culturally- and linguistically-specific services and specific populations of survivors.

6. Victims of sexual violence who are D(d)eaf or hard of hearing, or otherwise have a disability affecting their ability to communicate, must have equal access to the sexual violence helpline or other communication using an assisted listening or visual device or other form of electronic communication.
   a. TTY-based Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone or other device to call persons with or without such disabilities. Survivors who are D(d)eaf or hard of hearing may accesses a helpline by dialing 711, the national relay service number. It is recommended programs use this service when reaching out to communicate with survivors who are D(d)eaf or hard of hearing. For more information about the TTY-based Telecommunications Relay Services in Arizona, please visit the Arizona Commission for the Deaf and Hard of Hearing 711 Information webpage.23

7. A program should have written procedures on how advocates will respond to non-English speaking persons. Use of an over-the-phone interpretation services is recommended.

8. A program should have written policies and procedures on how staff will respond to survivors’ active suicidal ideation while on the helpline. The policy should include but is not limited to:
   a. Volunteer considerations and guidance on how volunteers should respond to these calls. It is recommended volunteers direct these calls to a staff member. The transfer from the volunteer to the staff member should be done in way that is trauma-informed and empathic, and that affirms the caller’s decision-making abilities.
   b. An outline of next steps for how those on the crisis line should respond if a survivor discloses suicidal ideation, including referrals and resources (e.g., statewide crisis lines or other mental health providers). It is recommended staff prioritize helping the survivor through their trauma by utilizing grounding and de-escalation tools and techniques, engaging in active listening, and employing other skills learned in trainings on suicide.
   c. Training requirements on providing services to those experiencing mental health crises, suicidal ideation, suicide risk assessment, and suicide prevention.
   d. Duty to warn for mental health providers when reporting personally identifying information required when a patient communicates “an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or

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victims, and the patient has the apparent intent and ability to carry out such threat” to the mental health provider (A.R.S. 36-517.02). A sexual violence program’s duty to warn policy should only include mental health providers and not victim advocates, as there is no Arizona law requiring advocates to report imminent serious physical harm or death.

9. Helpline services may take place at in a variety of settings including community-, mobile-, virtual-, and campus-based programs, and family/child advocacy centers, as long as safety and confidentiality requirements are met.

For Secondary Survivor Advocacy

1. Sexual violence affects the entire community. Secondary survivor advocacy describes the provision of advocacy and services to anyone in the community impacted by sexual violence. This could include family, friends, and other loved ones of a survivor of sexual violence, the support system of someone who has caused sexual harm, and others.

2. Advocacy for secondary survivors should include the provision of education and information about:
   a. The nature and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   d. Supporting a loved one who has experienced sexual violence;
   e. Redirection of victim blaming and rape myths;
   f. Active listening and validation skills.

3. Sexual violence programs may provide various types of services to secondary survivors, such as general advocacy, helpline, crisis intervention, support groups, therapy, other healing modalities, and information and referrals.

4. Secondary survivor services may take place at community-, systems-, mobile-, virtual-, and campus-based programs and family/child advocacy centers.

For Support Groups

1. Support groups are a healing modality where survivors can share experiences, coping skills, and learn from and support each other. Support groups provide a valuable opportunity to decrease feelings of isolation and stigma for survivors and potentially build an ongoing network of support among participants. Support groups may be based in education, discussion, art, movement, crafts, culturally-rooted practices and more.
2. It is increasingly understood the traditional support group model is no longer the only method for providing group intervention, and other formats might elicit greater participation from culturally-specific communities and communities of color (e.g., “coffee/tea chats” or groups promoted as “parenting classes” with a domestic violence component). Programs should consider developing and providing alternative support group formats with input from culturally-specific organizations and survivors.

3. Attendance at groups must be voluntary, and it should be clear to survivors that program services are still available to them if they do not engage in group services.

4. A program that provides support groups may provide:
   a. Open groups, that should be held regularly and accept new members at any time;
   b. Closed groups, that do not add new members for a specified period of time, and are scheduled based on times determined by those attending the session;
   c. Topic-oriented groups (setting healthy boundaries, re-establishing relationships);
   d. Informational or educational groups (typically accompanied by a curriculum or workbook); and/or
   e. Non-traditional gatherings promoting healing and community building (e.g., gardening, biking, book clubs, yoga).

5. A program must discuss confidentiality and mandatory reporting policies, and group agreements with participants. This includes addressing actions affecting virtual settings such as screenshots or abuse of online forums or chats.

6. It is recommended programs provide childcare or a children’s group during the adults’ group.

7. Support groups may include the provision of education and information about:24
   a. The nature and dynamics of sexual violence;
   b. Safety planning (emotional, physical, and sexual);
   c. The neurobiology of sexual violence;
   d. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   e. Coping skills and grounding techniques, including managing triggers and flashbacks;
   f. Exploring feelings and problem-solving techniques, including fear, shame, and anger;
   g. Mind/body relationship, including yoga and meditation;
   h. Body image;
   i. Healthy sexuality and relationships;
   j. Establishing boundaries; and
   k. Social change necessary to end sexual and domestic violence, including the elimination of discrimination based on ethnicity, color, gender identity, sexual

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24 For further information on developing and facilitating a sexual violence support group see Circle of Hope: https://www.wcsap.org/sites/default/files/uploads/working_with_survivors/support_groups/Circle_of_Hope_2014.pdf
orientation, marital or partner status, age, disability including substance abuse, 
economic or educational status, religion, HIV/AIDS or other physical health 
status, mental health status, national origin or immigration status.

8. It is best practice to have sexual violence specific support groups when possible, rather 
than a general support group for various types of violence.

9. A program providing support groups for minors must ensure staff members or volunteers 
facilitating groups provide age-appropriate programming.

10. It is best practice to have transportation options available to survivors when holding in-
person support groups.

11. When possible, it is best practice to provide multiple support group options, including 
gender-specific and mixed-gender groups. Support groups should be available to people 
of all genders, including men, transgender and/or nonbinary individuals. Facilitators 
should be trained on serving male, transgender and/or nonbinary survivors. If a program 
has gender-specific groups that do not include male, transgender and/or nonbinary 
clients, an equal and similar service must be provided in accordance with VAWA for 
those who are excluded (34 U.S.C 12291 § (b)(13)(B)).

12. Support groups may be provided based on identity and/or experiences of different 
survivors, including but not limited to:
   a. Adult survivors of childhood sexual abuse
   b. Incest survivors
   c. LGBTQ+ survivors
   d. Black survivors
   e. Native survivors
   f. Latinx survivors
   g. Immigrant and refugee survivors
   h. Survivors with disabilities
   i. Male survivors
   j. Secondary survivors (e.g., parents, siblings, partners, friends of survivors)

13. A sexual violence program providing virtual support groups should have adequate 
technology safety measures in place, in line with the Standards by Service Modality for 
virtual and digital services. Efforts should be made to protect clients’ data and create a 
safe virtual space, free from “Zoom-bombing” or other harmful violations of the virtual 

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25 See the Appendix “LGBTQ+ Inclusive Domestic and Sexual Violence Services” to learn more.
26 “Zoom-bombing” occurs when a malicious actor joins a video call or meeting to disrupt, mock, threaten, or 
otherwise harm participants in the call.
27 See NNEDV’s How to Prevent “Zoom-Bombing”: A Guide: https://nnedv.org/wp-
content/uploads/2020/04/Library_TechSafety_NNEDV_How_to_prevent_Zoom_Bombing.pdf
14. A support group may be facilitated by a staff member or volunteer advocate. A sexual violence program providing group services should ensure that the facilitator has sufficient training, education or experience in sexual violence, facilitation, and group dynamics.
   a. When possible, it is suggested that at least two facilitators (made up of program staff and volunteers) are available to facilitate each support group. This allows for the facilitators to demonstrate healthy communication and collaboration, model activities for the group, and provide individual support to survivors privately while the group is in session.

15. Support groups may be in-person or virtual, and may take place at community-, virtual-, and campus-based programs and family/child advocacy centers, as long as safety and confidentiality requirements are met.

16. A support group may be facilitated by a licensed clinical mental health provider, which would be considered group counseling or therapy. This type of group must follow the Standard by Service Type for Therapy in addition to the Standard by Service Type for Support Groups.

For Holistic Healing

1. Holistic healing is recognizing the various ways sexual violence impacts a survivor and all of the many ways a survivor can heal. Sexual violence can impact a survivor’s emotional, sexual, physical, and spiritual health and programs can provide creative opportunities for survivors to heal in all the ways they are impacted.

2. Holistic healing services may include:
   a. Artistic and creative expression (e.g., art therapy, crafting, music therapy, woodworking)
   b. Physical activities that engage the mind and body (e.g., yoga, Ta’i Chi, sports, qigong, equine therapy)
   c. Nature-based activities (e.g., gardening, hiking)
   d. Culturally-rooted healing (e.g., sweat lodges, sage, acupuncture, sanación de brujería)
   e. Survivor activism (e.g., Speak Outs, volunteer opportunities, program advisory boards, community events)

3. Holistic healing services can be provided in community-, mobile-, virtual-, and campus-based programs and family/child advocacy centers, as long as safety and confidentiality requirements are met.

4. Holistic healing services may be offered in partnership with other service providers, such as a trauma-sensitive yoga instructor providing yoga classes in partnership with a sexual violence program. Sexual violence programs that are unable to provide holistic healing
services should maintain a list of appropriate referrals for survivors interested in holistic healing services.

For Therapy and Mental Health Services

1. Therapy and mental health services are types of sexual violence programming provided by a trained and licensed mental health professional. This may include the fields of psychology, counseling, marriage and family therapy, and social work.

2. A trained and licensed mental health professional may provide:
   a. Education and information about the impacts of sexual violence and trauma;
   b. Planned interventions and goals;
   c. Clinically-based interventions;
   d. A safety plan to address coping skills and trigger plans;
   e. Evidence-based trauma therapy modalities, such as Eye Movement Desensitization and Reprocessing Therapy (EMDR), Internal Family Systems Model (IFS), Traumatic Incident Reduction Therapy (TIR), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Cognitive-Processing Therapy (CPT), and Dialectical Behavioral Therapy (DBT);
   f. Group therapy; and
   g. Evaluation of therapy delivery and outcomes.

3. Staff providing clinical mental health services should be trained in:
   a. Types and dynamics of sexual violence;
   b. The neurobiology of sexual violence;
   c. Common rape myths and victim blaming;
   d. The traumatic impact of sexual violence, including social, physical, sexual, and psychological impacts;
   e. Considerations of cultural humility which may include serving: people with disabilities, LGBTQ+ individuals, Black, Indigenous and people of color (BIPOC), older individuals, men, and more; and
   f. Trauma therapy modalities.

4. A sexual violence program must ensure individuals providing therapy and mental health services are in compliance with state and federal laws, state licensure rules and regulations and national professional ethical standards.  

5. A sexual violence program providing mental health services must have policies and procedures for reporting personally identifying information required when a client communicates “an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and

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28 To learn more about state licensing of behavioral health providers see the Arizona State Board of Behavioral Health Examiners: https://www.azbbhe.us/
ability to carry out such threat” to the mental health provider (A.R.S. 36-517.02). The mental health provider must:

a. Communicate when possible the threat to all identifiable victims;
b. Notify a law enforcement agency in the vicinity where the patient or any potential victim resides;
c. Take reasonable steps to initiate proceedings for voluntary or involuntary hospitalization, if appropriate; and
d. Take any other precautions that a reasonable and prudent mental health provider would take under the circumstances.

6. A sexual violence program’s duty to warn policy should only include mental health providers and not victim advocates, as there is no Arizona law requiring advocates to report imminent serious physical harm or death.

7. A sexual violence program providing mental health services must have a policy to obtain written informed consent authorizing treatment of the client in accordance with state licensing requirements.

8. Mental health screening and/or treatment of an unemancipated minor or adult with a legal guardian must have written or oral consent of the parental or legal guardian (A.R.S. 36-2272).

9. Therapy and mental health services can be provided in a community-, virtual-, campus-based, or family/child advocacy center setting by licensed and trained mental health providers.

For Community Awareness

1. Community awareness aims to raise knowledge and understanding of sexual violence, its impacts, and services for survivors in the community. Part of community awareness for a sexual violence program includes outreach to promote services.

2. Community awareness activities may include:
   a. Organizing or participating in community events about sexual violence (e.g., Take Back the Night, Denim Day);
   b. Organizing and participating in Sexual Assault Awareness Month;
   c. Organizing or participating in townhalls and survivor speak outs;
   d. Hosting community education events;
   e. Promoting or creating public service announcements, advertisements, social media, and more to share information, campaigns, and services;
   f. Providing education in schools (K-12), colleges, universities, and other higher education entities;
   g. Participating in community events;
   h. Fundraising activities; and
i. Writing statements, press releases, and op-eds.

3. It is recommended sexual violence programs have an outreach strategy to promote their services. This outreach strategy should consider:
   a. Demographics of the program’s coverage area;
   b. Outreach goals;
   c. Target audience of the outreach (e.g., survivors, underserved communities);
   d. Methods to reach the target audience (e.g., community events, relationship building with community leaders);
   e. Where to conduct outreach (e.g., physical locations, virtual locations);
   f. How the program is reaching underserved and/or oppressed communities (e.g., LGBTQ+, Black, Indigenous, and other people of color (BIPOC), men, older survivors, survivors with disabilities, incarcerated survivors, unsheltered survivors).

4. Community awareness may be done in tandem with prevention work, however the goal of community awareness is focused on raising attention of the issue and the organization and the goal of prevention is social and behavioral change.

5. Community awareness can be done by community-, systems-, mobile-, virtual-, and campus-based programs and family/child advocacy centers.

**For Prevention**

1. Prevention is focused on creating long-term, social norm change to prevent and end sexual violence. Prevention work is best done with multiple interventions targeting changes at the individual, relationship, community, and societal levels.²⁹

2. Sexual violence programs should be engaging in sexual violence prevention work across the individual, relationship, community, and societal levels. Some prevention work may address multiple levels, whereas others may target specific levels.
   a. Individual: Individual level prevention aims to change individual beliefs and behaviors, and may include evidence-based education such as Safe Dates or Second Step: Student Success through Prevention.
   b. Relationship: Relationship level prevention aims to decrease the risk of experiencing or perpetrating sexual violence through targeting an individual’s close relationships, and may include mentorship, peer, and bystander programs.
   c. Community: Community level prevention aims to support community settings, such as schools and workplaces, to prevent sexual violence. Prevention work at the community level may include building community relationships, organizational policy development, and marketing campaigns.

²⁹ Learn more about sexual violence prevention with the Centers for Disease Control’s STOP SV Technical Package: [https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html](https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html)
d. Societal: Societal level prevention focuses on creating a culture where sexual violence is strongly discouraged. This kind of prevention work can include changing social norms and promoting laws and policies related to health, economics and education that create conditions for healthy children, families and cultural groups, and address the social root causes of sexual violence.30

3. Sexual violence programs may engage in prevention work in a variety of ways including but not limited to:
   a. Promoting social norms change about sexual violence;
   b. Educating about the root causes of sexual violence;
   c. Teaching youth about healthy sexuality and consent;
   d. Teaching youth about healthy relationship skills;
   e. Developing mentorship and/or peer-based programs;
   f. Creating opportunities for youth-based organizing, activism, and leadership;
   g. Providing economic opportunities to marginalized populations;
   h. Providing bystander intervention education;
   i. Educating schools and workplaces to improve safety;
   j. Supporting workplaces and schools with establishing strong sexual violence and harassment prevention, disclosure, and response policies;
   k. Advocating for legislative and policy change supporting prevention; and
   l. Developing programs to provide interventions for people who cause sexual harm or working with organizations who provide those interventions to prevent further acts of harm.

4. Sexual violence programs should evaluate the effectiveness of their prevention work on a regular basis.31

5. Prevention work can be provided in a community-, mobile-, virtual-, systems- and campus-based programs and family/child advocacy centers.

For Information and Referrals

1. Sexual violence programs provide information and referrals to various types of services to meet sexual violence survivors’ needs. Survivors all have unique needs, and programs should be prepared to provide or find referrals that are culturally-responsive and accessible.

2. Sexual violence programs should maintain lists of referrals on topics and services including but not limited to:
   a. Legal services;

30 Learn more about conducting prevention work at the individual, relationship, community and societal levels at Prevent Connect: http://wiki.preventconnect.org/socio-ecological-model/
31 Learn more about prevention evaluation with the National Sexual Violence Resource Center’s Prevention Evaluation Toolkit: https://www.nsvrc.org/prevention/evaluation-toolkit
b. Social services;
c. Housing assistance;
d. Employment assistance;
e. Financial empowerment;
f. Healthcare services (e.g., primary care physicians, OBGYNs, dentists, midwives and doulas);
g. Mental health services (e.g., therapists, psychiatrists);
h. Faith and/or spiritual services and support; and
i. Culturally-rooted healing services.

3. Sexual violence programs should regularly screen their list of referrals. This screening can include but is not limited to:
   a. Assessing knowledge of sexual violence dynamics and impacts;
   b. Assessing knowledge of trauma and the traumatic impacts of sexual violence;
   c. Training or experience working with sexual violence survivors;
   d. Training or experience on trauma-informed care;
   e. Training or experience working with underserved communities (e.g., LGBTQ+, Black, Indigenous and other people of color (BIPOC), people with disabilities);
   f. Any fees required;
   g. Asking survivors about their experience with the referral.

4. Sexual violence program staff should develop strong relationships with service providers to be able to provide education and training related to sexual violence and warm handoff referrals.

5. Sexual violence program staff should also develop strong relationships with other community resources (e.g., businesses, population-specific groups and organizations) to assist with meeting the needs of sexual violence survivors, particularly those related to healing.

6. Information and referrals should be provided by community-, mobile-, virtual-, systems- and campus-based programs and family/child advocacy centers.

For Systems Coordination and Collaboration

1. Systems coordination and collaboration refers to sexual violence programs advocating with different systems (e.g., criminal justice, civil legal, healthcare, child welfare) on behalf of an individual survivor or all survivors of sexual violence. The goal of systems coordination and collaboration is for all survivors to be treated with dignity and respect by systems, reduce traumatization, and create long-term change.

2. Sexual violence programs may coordinate and collaborate with systems such as, but not limited to:
   a. Law enforcement;
b. Healthcare providers;
c. Educational institutions;
d. Correctional facilities;
e. Prosecutors and county attorney’s offices;
f. Probation (adult and juvenile);
g. Supportive services for people with disabilities;
h. Supportive services for older adults;
i. Tribal governments;
j. Faith-based institutions;
k. Social services (e.g., TANF, WIC).

3. Providing systems coordination and collaboration on behalf of individual survivors includes working collaboratively with other service providers to provide case management, referrals, and follow-up on behalf of the survivor.

4. Providing systems coordination and collaboration on behalf of all survivors focuses on improving coordination and systems’ response to survivors as a whole. Sexual violence programs should:
   a. Participate in or develop a sexual assault response team (SART) or similar coordinated community response;\(^{32}\)
   b. Collaboratively create protocols to respond to survivors of sexual violence in the community;
   c. Build relationships with medical, criminal and civil legal organizations and systems;
   d. Provide education and training to professionals working in the variety of systems about sexual violence dynamics and impacts;
   e. Advocate for legislative change that supports survivors.

7. All sexual violence programs should engage in systems coordination and collaboration, including community-, mobile-, virtual-, systems- and campus-based programs and family/child advocacy centers.

**For Program Evaluation**

1. A sexual violence program should have policies and procedures in place to conduct regular program evaluations in order to strengthen and improve programs, service delivery, and survivor satisfaction and outcomes.

2. Program evaluations should regularly include both a process evaluation to assess the development or implementation of a program or service type and an outcome evaluation to assess the effectiveness of the program or service type.

3. A process evaluation focused on program development or implementation may include an assessment of:
   a. Whether the program is reaching the people who need the service;
   b. The efficiency of the service delivery;
   c. Why some people chose this program and not another;
   d. Unintended or unexpected consequences from the service delivery (e.g., inadvertently excluding survivors, causing harm).

4. An outcome evaluation focused on service effectiveness may include an assessment of:
   a. Whether the program is reaching the stated outcomes (e.g., outreach activities have increased client population by “x” percent, a support group successfully increased survivors’ coping skills);
   b. Survivor satisfaction;
   c. Program results and impacts.

5. Program evaluations may use the following methods to assess the program:
   a. Anonymous surveys;
   b. Focus groups;
   c. Interviews;
   d. Community assessments;
   e. Observational data;
   f. Existing data from routine data collection.

6. When appropriate, programs should include survivors, staff and volunteers, other service providers, and community members in the various program evaluations.
Appendix

Sample Forms

Below is a collection of forms that can be used as a guide for your programs. These forms may need to be adapted to your program and grant reporting requirements. When adapting forms, ensure they are in line with the “For the Documentation of Service Provision” standard on page 18. It is best practice to collect as little personally identifying information as possible to protect confidentiality.

**Do not keep extensive notes regarding clients served – only collect information needed for the case file and grant reporting purposes.** Remember clients can ask to review their case file at any time and the information therein belongs to the client.

Sample forms include:

- Helpline Form
- Intake Form (Non-residential)
- Aggregate Data Form
- Service Documentation Form
- Client Needs Assessment
- Release of Information – Model Form in Plain Language
Helpline Form

Instructions for Programs: A helpline call should be anonymous. A name is not required, but it is often helpful to ask the survivor by which name they would prefer to be called. A helpline call should be conversational. At no time should the caller feel like you are asking questions in order to fill out a form. This form should never be used to document the specifics of a call or case and should only be used to document information needed for grant reporting purposes.

VICTIM/SURVIVOR INFORMATION
Are you safe right now? _____Yes _____No
(If not, how can I assist you? Do you want me to help arrange transportation to a safe place or hang up so you can do so? Have you considered calling 9-1-1?)
Reasons for seeking assistance (What prompted your call today? Check all that apply.)
- Domestic violence/Dating violence
- Sexual violence
- Stalking
- Someone I know has experienced or been affected by sexual violence, domestic violence, and/or stalking
- Human trafficking (Sex)
- Human trafficking (Labor)

First name (What can I call you?) _________________________________
Pronouns (What pronouns can I use to refer to you, for example, mine are [share your pronouns]) _________________________________
Services provided (What can I help you with? – Note, this should only be used to document the type of service provided but nothing specific about services or referrals. For example, if a caller asks about orders of protection, you would write “lay legal advocacy provided.” If a referral is provided to a specific therapist, you would write “referral provided to therapist,” without naming the therapist or organization.)

____________________________________________________________________________
____________________________________________________________________________

PROGRAM INFORMATION
First name of person taking call________________________________________
Date____________________
Beginning time_______________ Ending time__________________

33Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook
Intake Form (Non-residential)\textsuperscript{34}

All information is confidential. This form will be kept in your case file and will be destroyed one year after you are no longer receiving services.

**VICTIM/SURVIVOR INFORMATION**

Name (What can I call you? Note, this not does not need to be someone’s legal name)

\begin{tabular}{l}
\hline
Pronouns (What pronouns can I use to refer to you? For example, mine are [share your pronouns]) \\
\hline
Communication needs (Do you have any communication needs that we should be aware of? For example, some people need interpreters or assistance with filling out forms.)
\end{tabular}

**Reasons for seeking assistance** (What has brought you here today? Check all that apply)

- Domestic violence/Dating violence
- Sexual violence
- Stalking
- Someone I know has experienced or been affected by sexual and/or domestic violence or stalking
- Human trafficking (Sex)
- Human trafficking (Labor)

Contact information (What is a safe way to contact you?)

**CHILDREN**

(If services related to children are not requested, this section can be omitted)

\begin{tabular}{ll}
\hline
Name & Age \\
\hline
\end{tabular}

**IMMEDIATE NEEDS**

Immediate Needs (What can I help you with? What brought you in today? Are there any immediate concerns we can help you with? – Note, this should only be used to document the type of service provided but nothing specific about services or referrals. For example, if a client asks about orders of protection, you would write “laid legal advocacy provided.” If a referral is provided to a specific therapist, you would write “referral provided to a therapist” without naming the therapist or organization.)

\begin{tabular}{l}
\hline
\end{tabular}

\textsuperscript{34}Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook
PROGRAM INFORMATION
First name(s) of advocate(s) working with the victim/survivor

Date of initial contact ___________________________
Date of last contact ___________________________
Aggregate Data Form

Instructions for Programs: Programs should adapt this form in line with their grant reporting requirements. This form should only contain required grant reporting information. This form should be filed with the grant reporting files and NOT filed with the case files. Grants do not always ask for information in a culturally appropriate or trauma-informed way. Efforts should be made to adapt the questions and answers accordingly. For example, a grant may require your program to report the number of men, women, and transgender individuals served, however these categories are not mutually exclusive. You can revise the question to prompt respondents to “check all that apply,” to ensure sensitivity and inclusivity regarding gender identity.

This form helps us at [Your Organization Name] to complete our grant reports so we can continue to provide services to anyone who needs them. We can go through the form together or you can go through it on your own. The options listed on this form are collected to fulfill grant reporting requirements. If you do not identify as any of the listed options, please select “not specified” or “unknown”. Some questions might seem obvious, but we do not want to make assumptions. This form is anonymous. It will not be connected to you or stored in your file. You do not have to answer any of the questions below if you do not want to. You will still receive services if you do not wish to answer these questions.

What age range do you fit into?

- Age 0-6
- Age 7-12
- Age 13-17
- Age 18-24
- Age 25-59
- Age 60 and older
- Prefer not to share

How do you identify your gender? Please check all that apply.

- Male
- Female
- Nonbinary and/or gender nonconforming
- Transgender
- Prefer not to share

How do you identify your race and/or ethnic background? Please check all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or other Pacific Islander
- White (Non-Latino/a/x)
- An other race, ethnicity or origin
- Prefer not to share
Do you identify with any of the following groups of people? Please check all that apply.

- [ ] Deaf/Hard of Hearing
- [ ] Immigrant/Refugee/Asylum Seeker
- [ ] LGBTQ+
- [ ] Veteran
- [ ] Person who is experiencing homelessness
- [ ] Person with a disability
  - [ ] Please identify the type of disability: __________________________
- [ ] Person with Limited English Proficiency
- [ ] Person who lives in a rural area
- [ ] Person who is in a correctional setting (e.g., prison, jail, immigration detention)
- [ ] I do not identify as part of any of these groups
- [ ] Prefer not to share

What is your relationship to the person who harmed you?

- [ ] Current or former spouse/intimate partner
- [ ] Other family or household member (child, step-child, sibling, etc.)
- [ ] Dating relationship
- [ ] Acquaintance (neighbor, employee, co-worker, student, schoolmate, etc.)
- [ ] Stranger
- [ ] Relationship unknown
- [ ] Prefer not to share
  - [ ] Other: __________________________

What has brought you here today seeking services? Please check all that apply.

- [ ] Domestic violence/Dating violence
- [ ] Sexual violence
- [ ] Stalking
- [ ] Someone I know has experienced or been affected by sexual and/or domestic violence or stalking
- [ ] Human trafficking (Sex)
- [ ] Human trafficking (Labor)
Service Documentation Form

Instructions for Programs: This form is used to document services provided to a survivor and should be kept in the survivor’s case file. The only information that should be documented under “Service(s) Provided” is the service type you must track for your grant requirements, such as “Crisis intervention,” “Victim/survivor advocacy,” “Medical accompaniment,” “Referral,” etc. Details about the specific case, services, or referrals should not be included in this document.

<table>
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<th>Date</th>
<th>Service(s) Provided</th>
<th>Name of Staff Providing Service</th>
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Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook
Client Needs Assessment

Instructions: This form is meant to be used as tool for advocates to determine desired services. This should be used to guide an organic conversation and should not be used as a checklist. Survivors may need services beyond this list. After completing the Client Needs Assessment, the advocate should ask the client if they would like to keep the form or if they would like the advocate to destroy it. This form should NEVER be saved or kept in the client’s file and should always be destroyed if the survivor does not wish to retain it. Only the Service Documentation Form should record the services provided.

CURRENT NEEDS

Needs (What do you need right now? What are you worried about?)
______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Medical needs (Do you have any medical needs right now? Do you want or need assistance in finding a healthcare provider or a medical forensic exam location?)
______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Financial needs (Do you have any financial needs? Are you struggling to pay for anything as a result of what happened [medical fees, legal fees, counseling fees, etc.]? Do you want or need assistance in finding a job or improving your job skills?)
______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Legal needs (Do you have any legal needs or do you need assistance with any civil or criminal matters? This could include an injunction against harassment, breaking a lease, filing a civil suit, reporting the crime to police, filing for divorce, and more.)
______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

TRIGGER PLANNING/SAFETY PLANNING

Physical safety (What do you need in order to feel safe? What does safety look like or feel like to you?)
______________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

36 Adapted from the Missouri Coalition Against Domestic and Sexual Violence Thoughtful Documentation handbook
**Emotional safety** (What makes you feel unsafe? What triggers you? What helps you feel calm? What helps you feel like yourself?)

______________________________________________________________________________

______________________________________________________________________________

**Sexual safety** (Do you sometimes feel triggered during intimate or sexual interactions? If you are triggered during sex, what are some ways you can return to yourself? What do you want to happen? Do you want your partner(s) involved in that process? Do you need support with preparing for those conversations?)

______________________________________________________________________________

______________________________________________________________________________

**Social safety** (What helps you feel safe during interactions with unfamiliar people, in public places, or in an unfamiliar environment?)

______________________________________________________________________________

______________________________________________________________________________

**HEALING SERVICES**

**Support groups** (Would you be interested in connecting with other survivors through a support group?)

______________________________________________________________________________

______________________________________________________________________________

**Counseling services** (Have you thought about whether you might be interested in counseling services?)

______________________________________________________________________________

______________________________________________________________________________

**Culturally specific** (Is there anything in your culture that may help you heal? Is there anything you would like me to know about your culture?)

______________________________________________________________________________

______________________________________________________________________________

**Holistic healing** (Would you be interested in doing activities that engage your body and mind, like Yoga or Martial Arts? Are there things you enjoy doing in nature, like hiking or gardening?)

______________________________________________________________________________

______________________________________________________________________________
Spiritual healing (What might help you feel connected to your spirituality or faith?)
Release of Information – Model Form in Plain Language

Sharing My Information
I, ________________, have talked with ________________ [Victim Service Provider Staff/Volunteer’s Name] who works at [Agency/Program Name] about why I want some of my information shared. We talked about what can happen if my information is shared. **It is okay with me if [Agency/Program Name] shares the information below:**

The information that is okay to share is:

<table>
<thead>
<tr>
<th>The information that is okay to share is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Diagram showing the information to share]</td>
</tr>
</tbody>
</table>

**Who** I let this information be shared with:
- Name:
- Where they work/their position:
- Phone number:

**How** my information can be shared:
- Check the box(es):
  - [ ] In Person
  - [ ] By Phone (Phone Number: __________________)
  - [ ] By Email (Email Address: ________________)
  - [ ] By Mail (Address: ______________________)

I understand that:
- [ ] [Agency/Program Name] will work with me even if I do not sign this form.
- [ ] Someone might be able to find out where I am and/or where I live if this information is shared.
- [ ] By sharing this information, some or all of it may no longer be privileged.
  - [ ] I talked with someone from [Agency/Program Name] about what “privilege” means and I understand it.
  - [ ] I talked with someone from [Agency/Program Name] about what “waiver” means and I understand it.
- [ ] I know I can always talk to ________________ [Victim Service Staff/Volunteer’s Name] when I have any questions about “privilege,” “waiver,” or anything else in this release.

---

Adapted with permission from the Victim Rights Law Center.
I can change my mind about sharing this information. If I do not want this information shared, I will tell someone at [Agency/Program Name] in person, on the phone, or in writing that I changed my mind and I do not want this information shared. I know that I cannot take back information that [Agency/Program Name] shared before I changed my mind. (For best practice, the amount of time should not go past fourteen days. Any longer and confidentiality could become a risk as information is passed between shared interests. Expiration should meet the needs of the victim, which is typically no more than 3-14 days, but may be shorter or longer.)

This release starts ___ / _____ / ______ and ends ____ / ___ / _____.

Today’s Date End Date

Signature: _______________________________
Date: ________________________________

Parent/Guardian Signature (if needed): ________________________________
Date: ________________________________

I want this release to last longer. This release will now end on ____ / ____ / ______.

Signature: _______________________________
Date: ________________________________

New End Date

---

Note that per federal law (34 U.S.C. § 12291(b)(2)), if an unemancipated minor or person with a legal guardian consents to receive services, they can consent to release their information without additional parent or legal guardian consent.
Sample Policies

Model Data Breach Response Policy

[Your Organization] has a responsibility to protect the personally identifying information of clients, technical assistance recipients, and employees of the organization. While [Your Organization] takes great care to secure this data (e.g., using locked file cabinets, contractor confidentiality agreements, data encryption, controlled authorized users, mandatory passwords for electronic devices and electronic file access, and enhanced privacy policies) breaches can occur. This Data Breach Response Policy outlines immediate and ongoing responses [Your Organization] will undertake in the event of an actual, suspected, or imminent breach of personally identifying information. This policy and the procedures set out below comply with both the federal grant conditions and the A.R.S. 18-552 Notification of security system breaches; requirements; enforcement; civil penalty; preemption; exceptions.

This policy does not include information on preventing breaches and protecting privacy proactively; rather it dictates the steps that [Your Organization] will take when breaches are suspected or occur. Those interested in policies for the prevention of breaches should reference [Your Organization]’s Privacy Policy.

1. What is a breach?
A breach is the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, or any similar occurrence where: (1) a person other than an authorized user accesses or potentially accesses personally identifying information (PII) or (2) an authorized user accesses, or potentially accesses, PII for an unauthorized purpose.

A breach is not limited to electronic “hacking” occurrences, but can also include the loss of control over, or theft of, physical documents or electronic devices that contain PII (such as client files, smart phones, and laptops). Some common examples of a breach include:

- A laptop or portable storage device storing PII is lost or stolen;
- An email containing PII is inadvertently sent to the wrong person;
- A box of documents with PII is lost or stolen during shipping;
- An unauthorized third party overhears [Your Organization] employees discussing PII about an individual;
- A user with authorized access to PII sells it for personal gain or disseminates it to embarrass an individual;
- An IT system that maintains PII is accessed by a malicious actor; or
- PII that should not be widely disseminated is posted inadvertently on a public website.

2. What information is this policy protecting?

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39 This policy was adapted for Arizona with permission from the Victim Rights Law Center.
41 The purpose of this policy is to allow both [Your Organization] and its grant funders to take steps to mitigate harm in the event of a breach. The required steps are intended to assist in protecting PII and consumers/clients of [Your Organization].
42 See [https://www.azleg.gov/ars/18/00552.htm](https://www.azleg.gov/ars/18/00552.htm)
43 See OMB M-17-12.
This policy protects both “personally identifying information” as defined in federal regulations and “personal information” as defined in Arizona law. PII is defined in 2 C.F.R. § 200.144 as information that can be used to distinguish or trace an individual's identity, either alone or when combined with other personal or identifying information that is linked or linkable to a specific individual. The definition of PII is not anchored to any single category of information or technology. Rather, it requires a case-by-case assessment of the specific risk that an individual can be identified. Non-PII can become PII whenever additional information is made publicly available, in any medium and from any source, that when combined with other available information could be used to identify an individual.

In Arizona, “personal information” is defined in A.R.S. 18-551(7) as:

- An individual's first name or first initial and last name in combination with one or more specified data elements.
- An individual's user name or e-mail address, in combination with a password or security question and answer, that allows access to an online account.
- Does not include publicly available information that is lawfully made available to the general public from federal, state or local government records or widely distributed media.

Notably, all personal information (as defined under Arizona law) does not meet the federal definition of PII. [Your Organization] follows the federal definition of PII.

3. What must [Your Organization] employees do if a breach of PII is suspected or confirmed?

If a breach is discovered or detected by an employee, the employee shall notify their supervisor immediately. The supervisor shall notify the appropriate state and/or federal grant manager. If the employee’s supervisor is not available, the employee shall notify [Names of Staff/Positions to Be Contacted listed].

Reports of imminent, suspected, or actual breaches, whether electronic or analog, shall include (if known):

- Reasons for suspecting breach;
- Type of information breached;
- Date or time period breach occurred; and
- Any other relevant, known information.45

4. What steps shall [Your Organization] take if a breach or suspected breach of PII is reported?

[Your Organization] will report any actual or imminent breach of PII to the appropriate federal and/or state grant manager no later than 24 hours after an actual breach or the detection of an imminent breach.46 [Your Organization] will document all steps taken under this policy.

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44 According to the FY 2019 Special Conditions for VAWA Grantees, all grant recipients and sub-recipients at any tier must have written procedures in place to respond to actual or imminent breach (defined in OMB M-17-12) of PII as defined in 2 C.F.R. § 200.1. This is different from, although compatible with, the definition of PII given by 34 U.S.C. §12291(a)(20), which VAWA grantees are likely more familiar with.

45 See OMB M-17-12

46 FY 2019 Special Conditions for VAWA Grantees.
Reports of imminent, suspected, or actual breaches, whether electronic or analog, shall include (if known):

- Reasons for suspecting breach;
- Type of information breached;
- Date or time period breach occurred; and
- Any other relevant, known information.  

5. What happens after someone reports a breach or suspected breach?
Upon receiving a report, [Your Organization] will investigate the incident to determine whether an actual breach occurred and, if it did, what kind of PII was exposed or accessed. (This investigation will not extend the time required to report to the appropriate grant manager(s).) If the PII exposed or accessed included personal information under Arizona law (see question 2-above), [Your Organization] will notify consumers as required by A.R.S. 18-522 (see question 6 below).
If the PII breached belonged to someone who came to [Your Organization] for victim services, [Your Organization] will also make “reasonable attempts to provide notice to victims affected by the disclosure of information” and take “steps necessary to protect the privacy and safety of the persons affected by the release of the information” as described in VAWA Regulations found at 28 C.F.R. Subpart A § 90.4(b)(3)(iii).

6. What does Arizona law require [Your Organization] to do if the breach involved personal information?
Arizona law requires a program who maintains the data that was breached to notify the owner of the data as soon as practicable. This notification must include: (1) the approximate date of the breach, (2) a brief description of the personal information included in the breach, (3) the toll-free numbers and addresses for the three largest nationwide consumer reporting agencies, (4) the toll-free number, address and website address for the federal trade commission or any federal agency that assists consumers with identity theft matters. The notification may be a written notice, an email notice, or a telephonic notice but not a pre-recorded message (A.R.S. 18-0552).
While telephonic notice is permissible under Arizona law, [Your Organization] staff should not call or leave a message asking a current or former client to contact us regarding a breach unless they are confident that the phone number is the client’s current number and the client has let us know it is a safe number. Similar care should be taken when sending notice to a current or former client.
Notice shall comply with all the requirements laid out in A.R.S. 18-552.

Annual Review
[Your Organization] will review this policy at least annually and will update it whenever the information is no longer accurate.

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47 See OMB M-17-12.
48 These agencies are Equifax, Experian and TransUnion
Screening for Sexual Violence

Screening for sexual violence services for sexual violence programs

Sexual violence programs should provide services to anyone who has experienced any type of sexual violence, identifies as a victim or survivor of sexual violence, or is a secondary survivor of sexual violence. This includes people who have caused sexual harm and have been victimized themselves. A sexual violence program should have a policy addressing their screening process for all clients and potential clients. This policy should include but is not limited to:

a. How the program defines sexual violence. Sexual violence programs should have a broad definition of sexual violence to ensure they are serving all types of sexual violence survivors. Generally speaking, sexual violence is any sexual activity that occurs without the consent of everyone involved. This includes sexual activities involving physical contact and non-physical contact, sexual harassment, and sexual coercion.

b. What to do if someone is screened out of the program. Sexual violence programs should have a process in place for when someone is denied services due to not having experienced sexual violence. Careful consideration should be made before denying someone services, as disclosing sexual violence may be very difficult and rapport may need to be established before the person feels safe to disclose. In the event that a person is denied services, a program should provide trauma-inform referrals to other community services, if necessary.

When a potential client comes to a program for services they may be unsure about whether their experience qualifies as sexual violence. It is not the program’s or advocate’s role to define the experience for the client or potential client, but it is their role to understand sexual violence. If this experience is sexualized in nature, the person should be screen into the program.

When a potential client comes to a program for services and they do not disclose experiencing sexual violence, the program may need to ask additional screening questions. Rapport should be built with the potential client before asking these questions and staff may want provide the potential client with an overview of the services they can provide. Remember that oftentimes survivors of sexual violence don’t always use the word “rape” or “sexual assault” and may use other words to describe non-consensual sexual activities. If someone is seeking services and they do not disclose they are a victim or survivor of sexual violence, staff can let them know they may need to ask some follow up questions to determine if they are eligible for services.

Some questions that may be helpful to ask may include:

- What made you reach out today?
- What do you need? How can I help you today?
- Have you ever felt forced or pressured into doing something sexual when you didn’t want to?
- Have you ever felt you had to “give in” to a sexual encounter to stay safe?
- Have you ever been touched in a sexual way that made you feel uncomfortable?
- Has anyone ever said something to you or about you that was sexual and that made you uncomfortable?

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• Has anyone ever made a sexual gesture at you that made you feel uncomfortable?
• Has anyone ever taken or distributed sexually explicit pictures or videos of you without your permission?
• Have you ever had sex when you didn’t want to?

If a potential client discloses sexual violence, they should be accepted into the program and the program should not continue to press for information or details, unless the client offers them.

**Screening tool for intimate partner sexual violence for domestic violence programs**

Domestic violence programs should always screen program participants for sexual violence, as sexual violence is a common tactic of domestic violence. This tool can be used to help programs implement screening for sexual violence.

• Before screening for intimate partner sexual violence, rapport should be built with the victim.
• Questions should use specific language when referring to sexual violence experiences. Words such as hurt, threatened, or forced should be clarified by the screener (i.e. did they hurt you vs. did they hit or push you).
• Due to rape myths, some victims of intimate partner sexual violence may not consider their experience to be a type of sexual violence. They may not use the word “rape.” Screening questions should use words such as sex, sexual activity, intimate experience, and so forth. It can be helpful to mirror the language of the victim and ask clarifying questions when needed.
• Questions should be open-ended and designed to facilitate disclosure.
• Persons asking questions about sexual activities should first receive training in how to discuss sexual histories and experiences in a non-threatening, non-judgmental manner.
• Before asking the questions, the screener should decide what they will do if the victim provides information that indicates sexual violence. Before asking the victim such questions, the interviewer must know the answers to the following questions:
  o What kind of answers would lead you to believe that an intervention is warranted?
  o What kind of intervention are you prepared to make?
  o What further questions would you need to ask?
  o What resources and/or information do you have to offer?

**Possible Screening Questions:**
These questions are designed to facilitate disclosure from the victim so that appropriate services can be provided. They are not intended for verbatim use; the screener should make necessary revisions to fit specific assessment situations. Remember the purpose of screening is to make sure you are able to provide appropriate services to the victim, not to force the victim to disclose experiences of sexual violence.

• Have you ever been intimate with your partner when you didn't want to?

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50 Adapted from the Washington Coalition of Sexual Assault Programs’ Intimate Partner Sexual Violence screening tool: [https://www.wcsap.org/advocacy/focus-areas/ipsv/screening-questions](https://www.wcsap.org/advocacy/focus-areas/ipsv/screening-questions)
• Does your partner ever force you to be intimate? How often does this happen and when did it happen last?
• Have you ever been intimate with your partner because you were afraid of them?
• Are there times when sex between you or your partner is unpleasant for either one of you? What happens to make it unpleasant?
• Do you and your partner ever have disagreements about sex: for example, when and how often to have sex? How do you resolve those disagreements?
• Do you think you and your partner enjoy your sexual relationship equally?
• Has your partner ever made you have a sexual experience when you had too much alcohol to drink or when you've taken something (for example: drugs) that made you unable to consent?
• Has your partner ever forced or pressured you into doing things that you weren't comfortable with? What were they?
• Has your partner ever forced you to have a sexual experience by using a weapon, or by physically hurting you?
• Has your partner ever forced you to have a sexual experience by kidnapping you, or by breaking into your home, office, car or other property?
• Have you ever had sex with your partner because they have threatened, pressured, forced, or hurt you? What happened?
• Has your partner ever had sex with you when you were physically or mentally unable to say yes or agree to the activity?
• Have you ever "given in" to a sexual encounter with your partner to avoid fighting or being hurt?
• Have you ever had a sexual encounter because you felt overwhelmed by your partner's continual arguing and / or pressure?
• Has your partner ever touched you in a sexual way that has made you feel uncomfortable?
• Has your partner ever said or done sexually degrading things to you?

Follow-up Questions:
These follow-up questions have been designed to help the screener ask for information if needed after the victim discloses sexual violence. These questions can be helpful when the initial screening question is closed-ended and the victim has given a positive response to that question.

• Have you ever told anyone or received help?
• Who did you tell or what type of help did you receive?
• How has the sexual abuse in your relationship impacted you?
• Have you noticed any physical or medical changes with your body?
• What has been the emotional or psychological affects you've experienced as a result of the sexual abuse?
• How can I help you?
Cultivating respect and knowledge of cultures

Culture\textsuperscript{51} is a key part of a person's identity and thus should be a crucial consideration when providing sexual violence services and support. It is essential to know that while some cultures might share certain aspects (e.g., languages, ties, ancestral homelands, traditions), each culture is complex, unique, and vibrant. It is important for sexual violence service providers to know how to cultivate respect and knowledge of different cultures, which includes understanding and honoring the way survivors interact with and experience their own culture. There are some critical steps to practice cultural humility while providing sexual violence services. One does not master cultural humility; programs should cultivate respect and knowledge of different cultures daily and as a continuous practice. These steps involve an analysis of cultural groups on the societal, institutional, interpersonal, and individual levels.

- **Proactively research the culturally-specific group.** Programs should remember it is not a cultural group's responsibility to explain preliminary information about their culture to service providers. Advocates should access readily available information about the specific cultural group and the impact of sexual violence in the community. Research should also include historical context of the group/community within the larger society so the advocate can identify historical/general traumas that will influence sexual violence services and response. This research can stem from books, reports, articles, documentaries, novels, works of art, media, and first-hand accounts.
  - While doing this research, reflect on how sexual violence and oppression may have impacted the cultural groups' experience.
  - Programs should uplift and center the community’s values, triumphs, and strengths. Programs should take time to celebrate these things and be mindful not to further exploit a group’s trauma.

- **Begin to contextualize the experience of the cultural group in the present as it relates to different systems and policies and other societal factors.** This should come from research within books and other media. It can also include analyzing current news, social media, and other representations of the cultural group in your environment.
  - Think about how rape culture has influenced these depictions (e.g., stereotypes). Many cultural groups have a multi-layered experience regarding domestic and sexual violence, rape culture, gender roles, disclosing domestic and/or sexual violence, healing, and the legal system.
    - Consider how your services may impact these experiences and think about how they can assist them in healing from those experiences instead of exacerbating them.

- **Actively listen, and start dialoguing with the cultural group.** Active listening may be the most crucial step in the process, and it should be reciprocal, consistent, and ongoing. Individuals, programs and advocates should come from a position of curiosity when interacting with different communities and cultures. Programs should:
  - Have meaningful relationships with members of the cultural group in their community to provide services reflective of the community as a whole.
  - Adjust services, policies, outreach, and other approaches after having conversations with the community. These conversations should be:

\textsuperscript{51} Culture can be described as a set of characteristics, ideas, beliefs, and social norms shared by a particular group of people. Examples of culture include Latinx culture, Black culture, LGBTQ+ culture, and Deaf culture.
Reflective of how the community communicates and shares information, and should be led in conjunction with community members and community support.

A mix of both individual (informal talks, personal conversations, sharing a meal) and community-wide conversations (town halls, community meetings, group discussions). Before discussing sexual violence and/or sexual violence services, consider how to approach these topics with various audiences and in different settings.

- Compensate community members for their input when possible.
- Build connections by:
  - Making a genuine effort to cultivate trust and relationships with community members and also seek to deepen these connections.
  - Being transparent and open about intentions and goals with the community, and be available to answer questions.
  - Acknowledging and taking accountability for past harms and unresolved issues, and work to repair those harms before the collaboration moves forward.

Support the community in the ways asked. This could be providing funding or materials, physically showing up and supporting events and community gatherings, amplifying community messages and struggles, and working to dismantle systems of injustice that directly impact this community.

- When offering support, programs should do so in a sincere way and follow the direction of the community.
- It is also essential to follow through when offering or requesting support of any kind and be proactive when it comes to communication.

Intentionally build and expand culturally-inclusive services. Consistent and equitable time, money, effort, and resources need to be allotted to creating, implementing, maintaining, updating, and evaluating services as appropriate in collaboration with key stakeholders (i.e., those from that cultural group). When services are culturally-inclusive from the beginning, they are more effective for survivors. Culturally-inclusive programs should:

- Update current policies, procedures, and materials to be inclusive of different groups' cultural needs.
- Have agency documents and outreach materials available in multiple languages.
- Reflect and accommodate different cultural needs within a program's services, policies, and outreach. These accommodations also extend to the program's physical environment. Some cultural differences to consider include:
  - Grooming products and clothing
  - Music, art, and drama
  - Relationship to personal space, displays of affection, and time
  - Food
  - Language
  - Holidays
  - Religions
  - Traditions and customs
- Discussing sexual violence (especially to someone outside of their culture and in group settings)

- Reflect on your own identity, actions, beliefs, and biases. Everyone's perception is framed by their own identity, culture, and prejudices, which influence the program's identity.
  - Sexual violence advocates should be aware of how their own identities, actions, and beliefs can impact:
    - What privileges they hold and oppressions they face.
    - What they see as "normal" or standard behaviors, practices, and beliefs.
    - The services they provide.
    - How other survivors and staff members may perceive and interact with them based on their own experiences and identities.
  - Advocates should also be mindful not to let their privileges, biases, or worldview dictate their actions and behavior in a way that contradicts the principles of trauma-informed care.
Cultivating responsive and respectful language

A part of cultural humility is cultural responsiveness and cultural relevance. Cultural responsiveness uses *cultural knowledge, prior experiences, frames of reference, and performance styles to make learning encounters more relevant and effective*\(^{52}\). Cultural relevance is *the ability to apply what you’ve learned, heard, and observed to guide your services*\(^{53}\). Sexual violence programs should work to be culturally responsive and relevant in their programs and specifically with the language and materials they use. Similar to the section above, cultivating responsive and respectful language relies on a combination of researching available information, seeking out community input, and honoring survivors’ individual experiences.

1. Research different terms and concepts pertaining to the culture, including but not limited to:
   a. The context (both historical and present) of the dynamics and prevalence of sexual violence.
   b. How other culturally-specific organizations discuss sexual and domestic violence, perpetration, and healing (e.g., Alianza Latina en contra la Agresión Sexual, Black Women's Blueprint, Southwest Indigenous Women's Coalition, Hopi-Tewa Women’s Coalition to End Abuse; Tahirih Justice Center, FORGE, Red Canary Song, INCITE!, 1in6, VERA, Coalition to Stop Violence Against Native Women, Just Detention, National Organization of Asians and Pacific Islanders Ending Sexual Violence)
   c. How people from that culture:
      i. Refer to and identify themselves, loved ones, and their larger community
      ii. Speak in formal and informal environments
      iii. Share and receive information
      iv. Honor their traditions, customs, and holidays
      v. Have been impacted by different systems (e.g., criminal legal, medical, child welfare, welfare, housing)

2. Proactively invite members from that community to review, critique, revamp, and evaluate your agency’s materials.
   a. This review could include, but is not limited to:
      i. Ensuring the language used to discuss sexual violence on agency materials and documents is easily understood and accessible to that cultural group
      ii. Accuracy and relevance of translation and interpretation services
      iii. Accessibility to that specific community
      iv. Effectiveness of outreach, including:
         1. Design and information presented on agency outreach materials (e.g., fact sheets and handouts, program website, and social media)

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2. Methods and locations of previous and current outreach efforts
   b. Programs should repeat this process periodically to keep up with societal, political, internal policy, and cultural changes.

3. Ask survivors about their specific experiences with their identity and culture. Advocates should remember:
   a. While people may be from the same cultural group, each will have a different experience within their cultural group and other intersecting identities.
   b. Questions should be based in curiosity and asked to understand, not make judgments or validate biases. Some sample questions to ask when inquiring about a survivor's cultural background are:
      i. "What is your cultural background? How would you define your cultural identity?"
      ii. “What cultures are you a part of?”
      iii. "How do you want me to refer to your culture?"
      iv. "Can you tell me what it was like for you growing up?"
      v. "Are there things about your culture that are important for me to know?"
      vi. "I heard you say (repeat the term they used). Can you explain to me what that means?"
   c. Actively listen to the answer given by the survivor. Advocates should also ensure the subsequent actions, services, and referrals are guided by the answers given by that survivor and the survivor has the opportunity to evaluate the services and referrals provided.
## Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AFAB and AMAB</td>
<td>Acronyms meaning “assigned female at birth” and “assigned male at birth.” No one, whether cisgender or transgender, gets to choose what sex they are assigned at birth. The terms “AFAB/AMAB” are preferred to “biological male/female,” “male/female bodied,” “natal male/female,” and “born male/female,” which are inaccurate.</td>
</tr>
<tr>
<td>Agender</td>
<td>An umbrella term encompassing many different genders of people who commonly do not have a gender and/or have a gender that they describe as neutral. Many agender people are transgender. As a new and quickly-evolving term, it is best you ask how someone defines agender for themselves.</td>
</tr>
<tr>
<td>Aromantic</td>
<td>The lack of romantic attraction, and one identifying with this orientation. This may be used as an umbrella term for other emotional attractions such as demiromantic.</td>
</tr>
<tr>
<td>Asexual</td>
<td>The lack of sexual attraction, and one identifying with this orientation. This may be used as an umbrella term for other sexual attractions such as demisexual.</td>
</tr>
<tr>
<td>Bisexual</td>
<td>A term for people who experience sexual and/or emotional attraction to more than one gender.</td>
</tr>
<tr>
<td>Bisexual+ Or Bi+</td>
<td>An umbrella term for people who experience sexual and/or emotional attraction to two or more genders. See also: pansexual, fluid, omnisexual, and queer.</td>
</tr>
<tr>
<td>Cisgender/Cis</td>
<td>Adjective that means, “identifies as their sex assigned at birth,” derived from the Latin word meaning “on the same side.” A cisgender/cis person is not transgender. The term cisgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. In discussions regarding trans issues, one would differentiate between women who are trans and women who are not by saying trans women and cis women. Note that cisgender does not have an “ed” at the end and should be used as an adjective. Cisgender can be shortened to &quot;cis.&quot;</td>
</tr>
<tr>
<td>Cissexism</td>
<td>Refers to a system where sex is assigned at birth and binary genders that align with the sex assigned at birth are favored within the system or society or given greater rights or value. Being cisgender is the presumed norm.</td>
</tr>
<tr>
<td>Dyadic People</td>
<td>Refers to someone who is not intersex.</td>
</tr>
</tbody>
</table>

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54 Adapted from the Trans Student Educational Resource’s glossary
55 Note, LGBTQ+ terminology is frequently evolving.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Affirming</td>
<td>When some engages in behaviors or physical or structural changes to validate or uplift their gender or that of someone else</td>
</tr>
<tr>
<td>Gender Affirming Surgery</td>
<td>Surgery a trans or nonbinary person may have to affirm their gender identity. These surgeries may be only one aspect of a trans person’s transition and not all trans people chose to have surgery. If the surgery is related to their chest, it may be called “top surgery.” If the surgery is related to their genitals, it may be called “bottom surgery.” Trans people may have other surgeries to affirm their gender beyond top or bottom surgery. The following terms are inaccurate, or may be considered offensive or outdated: sex change operation, gender reassignment/realignment surgery, gender confirmation/confirming surgery, and sex reassignment/realignment surgery.</td>
</tr>
<tr>
<td>Gender Dysphoria</td>
<td>Anxiety and/or discomfort regarding one’s sex assigned at birth. This term replaced Gender Identity Disorder in the DSM-5.</td>
</tr>
<tr>
<td>Gender Euphoria</td>
<td>The feeling of satisfaction, joy, or intoxication, with the congruence, or rightness, between one’s internal and external gender-related reality (sex and gender, internal experience and outside expression).</td>
</tr>
<tr>
<td>Gender Expression</td>
<td>The physical manifestation of one’s gender identity through clothing, hairstyle, voice, body shape, and more (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender-nonconforming gender expression may or may not be transgender.</td>
</tr>
<tr>
<td>Gender Fluid</td>
<td>A changing (“fluid”) gender identity and/or presentation.</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>One’s internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity. For transgender people, their sex assigned at birth and their gender identity are not necessarily the same.</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>An identity commonly used by people who do not identify or express their gender within the gender binary. Those who identify as genderqueer may identify as neither male nor female, may see themselves as outside of or in-between the binary gender boxes, or may simply feel restricted by gender labels. Not everyone who identifies as genderqueer identifies as trans.</td>
</tr>
<tr>
<td>Heterosexism</td>
<td>Refers to a system where “opposite” (typically conceptualized as male/female) gender relationships and sexuality are favored and valued over other types of gender relationships, and heterosexuality is the presumed norm.</td>
</tr>
<tr>
<td>Intersex</td>
<td>Describing a person with a less common combination of hormones, chromosomes, and anatomy that are used to assign sex at birth. There are many examples such as Klinefelter Syndrome, Androgen Insensitivity Syndrome, and Congenital Adrenal Hyperplasia. Parents and medical professionals usually assign intersex infants a sex and have, in the past, been medically permitted to perform surgical operations to conform the infant’s genitalia to that assignment. This practice has become increasingly controversial as intersex adults speak out against the practice. The term intersex is not interchangeable with or a synonym for transgender (although some intersex people do identify as transgender).</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>LGBTQ+</td>
<td>A collection of identities short for lesbian, gay, bisexual, trans, queer, and more. Sometimes this acronym is replaced with “queer.”</td>
</tr>
<tr>
<td>Mis-gendering</td>
<td>When someone uses inaccurate pronouns or other inaccurate language to identify an individual's gender (e.g., using he/him pronouns for someone who identifies as a woman and uses she/her pronouns). Mis-gendering can be harmful and is often traumatic for trans and nonbinary individuals.</td>
</tr>
<tr>
<td>Nonbinary</td>
<td>Preferred umbrella term for all genders other than female/male or woman/man, used as an adjective (e.g., Jesse is a nonbinary person). Not all nonbinary people identify as trans and not all trans people identify as nonbinary. There are many different nonbinary identities and nonbinary is not a “third gender.”</td>
</tr>
<tr>
<td>Pansexual</td>
<td>Refers to someone who is attracted to all genders or is attracted to someone regardless of gender.</td>
</tr>
<tr>
<td>Queer</td>
<td>Umbrella term for gender and sexual minorities who are not cisgender and/or heterosexual. There is a lot of overlap between queer and trans identities, but not all queer people are trans and not all trans people are queer. The word queer is still sometimes used as a hateful slur, so although it has mostly been reclaimed, be careful with its use.</td>
</tr>
<tr>
<td>Sex Assigned at Birth</td>
<td>The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>A person’s physical, romantic, emotional, aesthetic, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, or queer. For example, a trans woman who is exclusively attracted to other women may identify as lesbian.</td>
</tr>
<tr>
<td>The Gender Binary</td>
<td>A system of viewing gender as consisting solely of two opposite categories, termed “male and female,” in which no other possibilities for gender or anatomy are believed to exist. This system is oppressive to anyone who defies their sex assigned at birth, but particularly those who are gender nonconforming or do not fit neatly into one of the two standard categories.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Trans Woman / Trans Man</td>
<td>Trans woman generally describes someone assigned male at birth who identifies as a woman. This individual may or may not actively identify as trans. It is grammatically and definitionally correct to include a space between trans and woman. The same concept applies to trans men. Often it is most appropriate to simply use the term woman or man. Sometimes trans women identify as male-to-female (also MTF, M2F, or trans feminine) and sometimes trans men identify as female-to-male (also FTM, F2M, or trans masculine). Please ask before identifying someone. Use the term and pronouns preferred by the individual.</td>
</tr>
<tr>
<td>Transgender/Trans</td>
<td>An umbrella term for people whose gender identity differs from the sex they were assigned at birth. The term transgender is not indicative of gender expression, sexual orientation, hormonal makeup, physical anatomy, or how one is perceived in daily life. Note that transgender does not have an “ed” at the end and should be used as an adjective. Transgender can be shortened to “trans”.</td>
</tr>
<tr>
<td>Transition</td>
<td>A person’s process of developing and assuming a gender expression to match their gender identity. Transition can include: coming out to one’s family, friends, and/or co-workers; changing one’s name and/or sex on legal documents; hormone therapy; and possibly (though not always) some form of surgery. Not all trans people transition. It is best not to assume how one transitions as it is different for everyone.</td>
</tr>
<tr>
<td>Transmisogyny</td>
<td>Originally coined by the author Julia Serano, this term recognizes the intersections of transphobia and misogyny and how they are often experienced as a unique form of oppression against trans women.</td>
</tr>
<tr>
<td>Transphobia</td>
<td>Systemic discrimination or violence against trans people, associated with attitudes such as fear, discomfort, distrust, or disdain. This word is used similarly to homophobia, xenophobia, or misogyny.</td>
</tr>
<tr>
<td>Two Spirit</td>
<td>An umbrella term referring to various indigenous gender identities in North America. This term is not used by all Native American Tribes or individuals and should not be used simply because someone identifies as Native American/indigenous.</td>
</tr>
</tbody>
</table>
## Inclusive Language Guidelines

- Programs should prioritize the use of gender inclusive language in all forms of written communication (e.g., intake forms, informational materials, handouts), in addition to ensuring verbal communication between staff and participants is gender inclusive. See below for a gender inclusive language resource chart.
- Consistent mis-gendering, or habitually using a person’s incorrect pronouns, should not be tolerated. Similar to the way in which program staff must be diligent in using a colleague or participant’s correct name, using a person’s correct pronouns both in their presence and when referring to them when not in their presence must be intentionally prioritized. Mirroring language, or using the same terms a participant uses when describing a situation or experience, should be implemented -- especially when communicating with a participant who uses language in reference to their gender identity or sexual orientation that staff with which staff may be unfamiliar.
- Questions specific to a participant’s gender identity or sexual orientation should only be asked to better serve the participant or for grant reporting purposes. If these questions are required by funders, participants should have the option to decline to answer. Generally, the only information a program needs is a person’s name and pronouns.
- Trans and non-binary participants may have a different legal name than their chosen name. Program staff should be transparent with participants who may be required to record their legal name that the use of their legal name is only for legal purposes and their chosen name will be used and respected in all other settings. This includes explaining the specific context in which their legal name may need to be documented and maintaining their privacy and confidentiality in regards to the use of their legal name.

<table>
<thead>
<tr>
<th>Inclusive Language Dos and Don’ts</th>
<th>DO say</th>
<th>DO NOT say</th>
</tr>
</thead>
<tbody>
<tr>
<td>trans/transgender</td>
<td></td>
<td>transvestite, transsexual, transgenders</td>
</tr>
<tr>
<td>gender affirming surgery</td>
<td></td>
<td>sex reassignment surgery, sex change</td>
</tr>
<tr>
<td>cis or cisgender man/cisgender woman</td>
<td></td>
<td>biological man/biological woman</td>
</tr>
<tr>
<td>she/her</td>
<td></td>
<td>feminine/female pronouns</td>
</tr>
<tr>
<td>he/him</td>
<td></td>
<td>masculine/male pronouns</td>
</tr>
<tr>
<td>pronouns/personal pronouns</td>
<td></td>
<td>preferred pronouns</td>
</tr>
<tr>
<td>lesbian or gay</td>
<td></td>
<td>homosexual</td>
</tr>
<tr>
<td>orientation/identity</td>
<td></td>
<td>preference/lifestyle</td>
</tr>
<tr>
<td>intersex</td>
<td></td>
<td>hermaphrodite</td>
</tr>
<tr>
<td>dead name/legal name</td>
<td></td>
<td>real name</td>
</tr>
<tr>
<td>name</td>
<td></td>
<td>preferred name</td>
</tr>
</tbody>
</table>

### Inclusive Language: Making the Shift

<table>
<thead>
<tr>
<th>Gender-inclusive language</th>
<th>Binary assumptive language (to avoid)</th>
</tr>
</thead>
<tbody>
<tr>
<td>everyone/all/folks/folxs</td>
<td>ladies and gentlemen / guys and gals</td>
</tr>
<tr>
<td>young people / youth / kids / children</td>
<td>boys and girls</td>
</tr>
<tr>
<td>siblings</td>
<td>brothers and sisters</td>
</tr>
<tr>
<td>they</td>
<td>he or she</td>
</tr>
<tr>
<td>all genders</td>
<td>both genders</td>
</tr>
<tr>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>partner/significant other/spouse</td>
<td>boyfriend and girlfriend/husband/wife (do not assume)</td>
</tr>
</tbody>
</table>

### Quick fixes + long-term language inclusivity practices

<table>
<thead>
<tr>
<th>Quick fixes</th>
<th>Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include your pronouns in your email signature</td>
<td>Revisit your organization’s name + mission</td>
</tr>
<tr>
<td>Include your pronouns in your Zoom name</td>
<td>Implement program policies specific to mis-gendering</td>
</tr>
<tr>
<td>Share your pronouns when introducing yourself</td>
<td>Update intake forms to include a pronoun fill-in option</td>
</tr>
<tr>
<td></td>
<td>Update written materials with gender-inclusive language</td>
</tr>
<tr>
<td></td>
<td>Update related forms to include the setting in which a participant’s name or pronouns are safe to be used</td>
</tr>
<tr>
<td></td>
<td>Require LGBTQ+ training as part of the onboarding training process for new employees</td>
</tr>
</tbody>
</table>
Non-discrimination Policy

It is the policy of [Your Organization Name], in accord with federal, state, and local laws, to prohibit all forms of harassment and discrimination of or by clients, employees, visitors, and volunteers, on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity, based on an individual’s association with a person or group with one or more of these actual or perceived characteristics. Retaliation against an individual who files a complaint of harassment or discrimination against [Your Organization Name] employees, visitors, volunteers, or other clients, or who participates in an investigation of such a complaint, is strictly prohibited. [Your Organization Name] shall ensure that all clients, employees, visitors, and volunteers receive notice of this policy.

**TRANSGENDER AND GENDER NONCONFORMING INCLUSIVE INTAKE AND SHELTER PRACTICES**

Establishing Gender Identity of Client

The self-identified gender identity of each person shall be respected and is sufficient for the purposes of determining gender-appropriate shelter. A person’s gender does not depend on whether or not they have had surgery or other medical treatments or whether or not they are perceived to “pass” as the gender with which they identify. Simply put, a person is the gender they say they are. Staff may not inquire into the medical or surgical status of a transgender client’s transition outside of what is asked of all clients (e.g., specific physical and mental health needs being addressed by the program).

Confidentiality and Privacy

A person’s transgender status is confidential and private and shall be treated like all other confidential personal and medical information. Staff must never disclose a client’s transgender status to other clients or staff, unless such disclosure is specifically necessary for service provision, or authorized with express permission by the client.

Physical Accommodations

[Your Organization Name] will make gender-appropriate bathroom and bedroom facilities as well as changing areas available to transgender and gender nonconforming (TGNC) clients. People who identify as women and who feel safer housed with women rather than with men are to be housed with the women and use the women’s showers and bathrooms. Transgender women shall have the same access to bathrooms, showers, changing areas, and bedrooms as persons assigned female at birth. People who identify as men and who feel safer housed with men rather than women are to be housed with the men and use the men’s showers and bathrooms. Transgender men shall have the same access to bathrooms, showers, changing areas, and bedrooms as persons assigned male at birth. People who do not feel safe in the shelter that matches their gender identity, or who identify as neither male or female, are to be housed in and use the bathrooms and showers in the section in which they feel safest. TGNC clients should be

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56 Model adapted from the Transgender Law Center
57 For additional information see “Is Your “T” Written in Disappearing Ink? A Checklist for Transgender Inclusion” from FORGE
subject to the same rules about appropriate behavior in bathrooms and showers as all clients. No additional rules are required.

**Safety and Privacy of Physical Accommodations**
Reasonable accommodations may be made for any individual, transgender or not, who has expressed safety or privacy needs. Reasonable accommodations are made according to each individual’s needs and the ability of the agency to provide such accommodations. Under no circumstances will a TGNC person be required to use alternative facilities—including as an “accommodation” for another person’s discomfort. Reasonable accommodations may include:

- Doors on bathroom stalls that can be latched or locked
- Curtains or other devices in bathrooms or showers that provide the client with privacy
- Alternate times to use the bathrooms or showers, if requested
- Monitoring of showers or bathrooms to control entrance and exiting
- Alternate housing arrangements for unique situations
- Set-aside sleeping, such as rooms or beds that are separate from others, if requested
- Segregated sleeping where one wing is set aside
- Availability of beds close to night staff

**Eligibility for Services**
Gender identity and gender expression will not be used to deny services to any individual.

**Provision of Services**
TGNC clients who are approved for services shall be provided with the same range of services available to other similarly situated clients.

**Pronoun Use**
Staff shall only refer to clients using the client’s preferred gender pronoun (generally speaking, common pronouns include she/her, he/him, they/them. Some people use multiple pronouns, such as she/they. Some people use neo pronouns, such as ze/zir). This includes all verbal or written communications with the client, as well as those communications about or in reference to the client with other staff or clients, and in all reports or other documents relating to the client’s case. If staff members are unsure of what pronoun to use with a client they should privately ask that person what pronoun they prefer. If there is no immediate opportunity to speak with the client, in the interim the client’s name should be used to substitute the pronoun (for example: Alex told me that Alex was feeling depressed and would like to participate in the support group), or staff can use a gender-neutral pronoun (e.g., they/them) until they have a chance to confirm the client’s preferred gender pronoun.

**Dress Code**
No additional dress code restrictions shall be placed on transgender clients outside of what is asked of all clients. If a dress code is deemed necessary by the Agency/Organization, it should be gender neutral. If there are gendered dress codes, transgender clients should be asked to comply with the dress code associated with their gender identity; gender nonconforming clients should be allowed to choose the dress code with which they feel most comfortable.
**Harassment**
Harassment of all kinds is prohibited. Discriminatory and prejudice-motivated comments or other behavior that creates a hostile environment will not be tolerated whether from staff, volunteers, or other clients. If clients, staff, or volunteers are harassing any person, including a TGNC person (or someone perceived to be TGNC), staff must intervene and ensure that the harassment stops. Any staff person’s or volunteer’s refusal to work with a TGNC client should result in disciplinary action.

**Guidance for Addressing Concerns of Other Clients**
If clients approach either shelter staff or transgender or gender nonconforming clients with concerns, fears, or objections to the presence of a TGNC client, staff should immediately intervene to explain the program’s nondiscrimination policy. When approached by clients who are concerned about sharing accommodations with TGNC clients, staff should patiently explain to those clients that the TGNC person is not a threat to them and they should be respectful of everyone’s right to access the shelter, including people whom they perceive to be or who identify as transgender or gender nonconforming. Clients need to understand that the shelter is a community where everyone is to be welcomed and respected. Staff can address these situations the same way they would deal when a client does not want to sleep near a person with a disability or a person of a different religion.

**Posting and Distribution of Policies**
Anti-discrimination policies shall be publicly posted and distributed to staff, volunteers, and clients. Written copies of these policies shall be made available to anyone who requests them or who might benefit from familiarizing or re-familiarizing themselves with them.

**Training**
In furtherance of these policies, training curricula and educational materials shall be developed for clients, staff, and volunteers. The training curricula and educational materials developed under this policy should: (1) inform clients, staff, and volunteers about the policy, (2) increase cultural competency about transgender and gender nonconforming identities, and (3) inform clients, staff, and volunteers how to comply with the policy and the legal right of all people to be free from discrimination on the basis of gender identity or gender expression.
Gender-Segregated Services Policies

It is best practice to have gender-inclusive domestic and sexual violence services; however, if gender-segregation or gender-specific programming is necessary to the essential operation of a program, providers must extend comparable services to individuals who cannot be provided the gender-segregated or gender-specific programming (34 U.S.C § 12291 (b)(13)(B)). This includes having a clear, written policy addressing the placement of transgender and nonbinary clients, providing the maximum amount of choice to clients about gender-segregated services as possible. Transgender and nonbinary placement policy criteria for gender-segregated or gender-specific services:

- Policy is written
- It is clear to clients and staff who can be admitted to or included in programming, shelter, and services
- Policy explicitly addresses how placement of trans and nonbinary clients into services will be determined
- Policy explicitly addresses room, roommate placement, if applicable
- Client allowed maximum self-determination
- Placement decisions are explicitly protected from other clients’ complaints (e.g., a trans person won’t be removed or re-assigned due to another client’s gender-based complaint)
- Equal access to services is guaranteed (this can refer to adherence to funder/federal guidance or internal policies that note that all clients entering a program/service will have equal access to services as other clients allowed entrance)

Sample gender-segregated policy for shelter placement

Due to the limited number of beds and rooms, [Your Organization Name] provides gender-segregated shelter services. All survivors in need of shelter services will be offered shelter or a motel/hotel placement unless we have reached capacity.

A. Shelter placement: The shelter is available to women only. Men in need of shelter are to be placed in a hotel. Those who identify outside of the gender binary are to be given a choice of placement. Participants who identify as women and who feel safer housed with women rather than with men are to be housed with the women and use the women’s showers and bathrooms. Transgender women shall have the same access to bathrooms, showers, changing areas, and bedrooms as persons assigned female at birth. Participants who identify as men and who feel safer housed with men rather than women are to be placed in a hotel. Transgender men shall have the same access to bathrooms, showers, changing areas, and bedrooms as persons assigned male at birth. Participants who do not feel safe in the shelter or hotel that matches their gender identity, or who identify outside of the gender binary (e.g., nonbinary, genderqueer, agender) are to be given a choice of placement in the shelter or hotel, wherever they feel safest. Some transgender participants may not disclose their trans status and should not be forced to disclose their status to receive shelter services. During intake, all participants will be asked their gender and placement will be determined based on the response to that question (e.g., a participant

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58 Adapted from FORGE checklist
identifies as a woman and will be placed in shelter). Placement decisions will not be made based on perceived gender or gender expression. In the case where a participant does not wish to disclose their gender, the client will be given a choice of shelter or hotel placement.

B. **Room sharing/Roommates:** Depending on shelter and hotel capacity, single participants may need to share a room with other participants. Single participants who disclose they identify as transgender will be ensured that their identity will be protected as much as they wish it to be. If a trans participant expresses discomfort or is harmed by their roommate (harm including but not limited discrimination, microaggressions, verbal and/or physical abuse), efforts will be made to change rooms of the person causing harm depending on space capacity and shelter staff will work with the person causing harm to remind them of the non-discrimination policy and educate them about transgender issues.

C. **Protection from transphobia:** Shelter staff will ensure all transgender and nonbinary clients are protected from transphobia from other residents. In the event staff are made aware of a transphobic act (e.g., a resident informs staff, staff witness the act), staff will take measures to separate the person who caused harm from the trans client. Staff will remind the person causing harm about the shelter’s non-discrimination policy and provide education about transgender issues. Depending on the severity of the transphobic act (e.g., violence occurring, recurring transphobic behaviors after staff intervention), the person causing harm may be removed from services in accordance with the termination of services policy.

D. **Equal access to services:** The shelter will guarantee equal access to services for all participants placed in the hotel. A number of services take place specifically at the shelter, such as support groups. All participants in the hotel will be informed as to what services are taking place and how to access them. Transportation will be provided to and from the hotel and shelter for hotel participants who want to participate in these services.

E. **Children:** Trans, nonbinary, and gender nonconforming children who accompany a parent will not be discriminated against and will be placed with the parent in the shelter or hotel depending on the parent’s gender identity. Children’s identity shall not determine where the family is placed or be a reason to deny services. Children shall not be forced or encouraged to act or behave in ways that conform to the gender binary or to their sex assigned at birth.
Vetting Referrals for LGBTQ+ Clients

When giving LGBTQ+ clients referrals it is imperative to vet these resources to ensure that are truly LGBTQ+ inclusive. LGBTQ+ clients face considerable barriers accessing inclusive services, and receiving a referral to an organization that is discriminatory or uninformed on LGBTQ+ considerations may further discourage that individual from accessing services and impact their trust of you and your organization.

Consult with LGBTQ+ movement leaders and organizations in your community. Identify LGBTQ+ specific organizations and learn what services and programs they provide. Take time to meet them and learn about the work they do, and share information about your program. This can be a way to verify the work they do, build a connection, and identify additional community resources. When you discover resources online, read reviews and participant experiences on social media and call or tour organizations learn about their work. Pay attention to how they talk about LGBTQ+ clients and ask them specific questions to ensure the services they provide are LGBTQ+ inclusive.

Do not refer to LGBTQ+ conversion therapy.
Conversion therapy is a dangerous and ineffective practice and clients should never be referred to these practitioners. Youth are often targeted for conversion therapy, and it increases risk of depression, anxiety, substance abuse, homelessness and suicide.

Tools on Vetting:

Take note of language: from employees, the company website or materials onsite:

- Are services unnecessarily gendered for who they serve, LGBTQ+-friendly providers should be using words like “person who menstruates,” “pregnant person,” instead of labeling all of these as “women’s” services.
- Are employees using gendered language, including assuming pronouns and sexuality
- Do they have resources and services specifically for LGBTQ+ clients mentioned or listed on their website or social media
- Do a google search to see if they provide donations to LGBTQ+ or allied organizations and search their litigation history

Questions to ask. Keep note of answers, as well as response time, tone, and general reaction to the question.

- Do you regularly work with LGBTQ+ clients or would someone coming here be one of the first?
  - Note, it is important to also ask about specific identities, especially trans and bisexual+ identities. Being competent in serving one identity does not mean an organization is competent to serve all LGBTQ+ identities.
- How long have you been serving LGBTQ+ clients?
- Does your facility have gender-inclusive bathrooms?
- Do you have a nondiscrimination policy? How are LGBTQ+ individuals included in this policy?
- Does your program have any LGBTQ+ employees on staff?
- Does your organization require any LGBTQ+ competency trainings?
- Does your program regularly ask pronouns upon intake?
- How do you ensure names and pronouns of clients are respected?
- Ask to see copies of any intake/client/patient forms: look at language and whether it aligns with *Inclusive Language Guidelines* above.
Outreaching to the LGBTQ+ Community

Providing gender-inclusive services begins with an agency’s outreach efforts. How do members of the LGBTQ+ community identify an agency as inclusive and safe? Are LGBTQ+ survivors given equal space and representation in outreach efforts? The following recommendations aim at providing inclusive messaging and imagery in various common forms of outreach:

**Website and Social Media**

- Language in all forms of written communication used for promoting services online (website, agency social media profiles) should prioritize the use of gender-inclusive language. See *LGBTQ+ inclusive Language Chart*.
- Acknowledge the barriers LGBTQ+ survivors face in disclosing, accessing services, and healing.
- Remember a picture tells a thousand words. Visual content such as photos of LGBTQ+ individuals should be used throughout all media, not only as part of LGBTQ+ specific segments or posts. Images should show a range of relationships, everyday situations, and empowering imagery. Ensure imagery is respectful and appropriate for the intended communication.
- Be inclusive with titles. If you have a contact form or chat option, allow the selection of gender-inclusive titles (e.g., Mx.).
- If the webpage includes a resource page, include LGBTQ+ resources at both a local and national level.
- If chat services with program staff are available on the agency website, ensure the staff member uses gender-inclusive language and mirrors language used by the survivor if they are unsure of the meaning.
- If posting on social media platforms as a part of awareness related activity (Domestic Violence Awareness Month, Teen Dating Violence Awareness Month, Sexual Assault Awareness Month, Pride Month/June), include information and resources for LGBTQ+ audience members.
- LGBTQ+ outreach and awareness activities should be done year-round and not only during June/Pride Month.

**Promotional Material**

- As with language on webpages and social media, any informational material about the agency should prioritize the use of gender-inclusive language.
- If the agency is providing a written list of local and national resources, include LGBTQ+ specific agencies, and ensure the resources cover all age ranges (youth, adult, elder).
- If the agency posts material in community spaces, visual content should be representative of all communities receiving services, including LGBTQ+ survivors.

**Building Relationships with the LGBTQ+ Community**

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59 Gender-inclusive stock photos: [https://genderphotos.vice.com/](https://genderphotos.vice.com/)
To increase support for the survivor and knowledge of staff in the agency, connections with agencies offering support in multiple capacities to LGBTQ+ individuals is essential. Collaboration increases the number of safe places for survivors and identifies allies throughout the survivor’s local community.

- Relationships should be pursued with agencies both at a local and state level. Familiarity with established national organizations is also encouraged.
- Reach out to LGBTQ+ movements in the communities the agency is servicing, to establish a relationship and learn what services they offer, as well as other agencies with which they have relationships.
- Seek input from the LGBTQ+ community regarding programming and outreach initiatives.
Tips for programs on what it means to be gender-affirming

Gender-affirming
Gender affirmation is a framework that recognizes and honors a trans and/or nonbinary person’s experience with their own gender identity. Programs can practice gender affirmation through the language they use (for example, name and pronouns), the gender-affirming products they provide (chest binders and gaffs), the education they provide on accessing gender-affirming medical care if desired (such as hormone replacement therapy or gender-affirming surgeries), and ultimately by understanding that gender affirmation is unique to each person and is not a one-size-fits-all approach. Gender affirmation is similar to a survivor-centered framework in that it recognizes the importance of supporting a survivor’s bodily autonomy and decision-making abilities, and providing participants with choices for what gender affirmation looks and feels like for them. Much of the gender affirmation process is based on what is personally affirming to a trans and/or nonbinary person, what feels safe to pursue, and what is available and accessible.

Resources for gender-affirming medical care
One element of gender affirmation is medical transition. Medical transition is an optional form of medical care for trans and/or nonbinary folks and its purpose is to allow trans and/or nonbinary people the autonomy to make decisions regarding their bodies in order to feel more congruent with their gender identity and comfortable within their bodies. While transition-related medical care is critical and even life-saving for many trans people, it is not a requirement of being a trans person and is an element of transition that many trans and/or nonbinary people may choose not to pursue.

Medical transition-related care looks different for each trans and/or nonbinary person. When providing medical transition-related referrals, it is important for programs to vet the medical care providers as the process of receiving any form of medical care as a trans and/or nonbinary person can be traumatizing and/or triggering and transphobia is a pervasive issue in the medical field. Gender-affirming medical procedures can include:

- hair growth or removal treatments
- hormone replacement therapy
- various gender affirming surgeries to make one's face, chest, and/or anatomy more in line with one's gender identity

Resources for gender-affirming legal needs
Some trans and/or nonbinary people may choose to change their legal name and/or gender marker. This requires trans and/or nonbinary people to navigate the costly process of changing their legal documents, including but not limited to a person’s:

- birth certificate;
- passport;
- social security card;
- driver’s license;
- banking information;
- bills;
- paychecks and other employment related documents; and
- academic records, diplomas, and certifications.
Programs can provide gender-affirming support to trans and/or nonbinary participants by supporting participants in navigating legal name and gender marker changes. Programs should consider providing flexible financial assistance to trans and/or nonbinary participants interested in making these gender-affirming legal changes. Programs should also consider building community partnerships with legal aid organizations who can provide these services to trans and/or nonbinary participants at low- or no-cost.

When a person is transitioning while in a program

Gender transition looks different for every person. Coming out as trans and/or nonbinary is a brave and bold decision in a world where transphobia and violence against trans people is normalized. Supporting a person in the beginning stages of their transition journey, whatever that journey looks like for that particular individual, includes providing much of the same validation, support, and advocacy that victim service providers are already trained and accustomed to providing. An especially important and supportive role victim service providers can play in practicing gender affirmation with trans and/or nonbinary participants is by asking how they can support that person’s transition process. A few additional tangible ways service providers can help include:

- Being supportive
- Listening
- Removing judgment
- Asking about pronouns (for example, she/he/they/ze) and their name at the same time (refer to the inclusive language charts)
- Updating their name and pronouns in agency documents
- Safety planning around the changes that may occur with medical care, legal documents, and with friends and loved ones
- Informing staff in a way that is supportive of the person transitioning

Additionally, programs can provide gender-affirming supplies and request gender-affirming supplies during donation drives. Gender-affirming supplies might include:

- Chest binders (compression undergarment to compress breast/chest tissue) in a variety of shades and sizes
- Tuck kits/gaff (tucking hides external genitals by providing a smooth appearance)
- Shapewear in different shades and sizes
- Packer/packer straps (packing is wearing padding or a phallic object in the front of the pants or underwear to give the appearance of having a penis)
- Breast forms
- Clothing in extended sizes, up to and including 6XL
- Shoe size inclusivity
  - Have diverse shoes styles in extended sizes, up to and including size 15
- Wigs of varied shapes, lengths, styles, textures and colors
- Gender neutral personal hygiene products
  - Look for items in a range of colors and patterns. If choices are limited, select the most gender-inclusive (or gender neutral) option.
    - Menstruation products
    - Soaps/body wash
- Shampoo and conditioners
- Shaving items and creams
- Hair clippers
- Make-up and nail polish
Medical Trigger Disclosure Cards

**Please be patient with me:** medical settings and procedures can be triggering for me.
1. Please thoroughly explain what you'll be doing before you start and continue to explain with each new step.
2. Please check in before changing the positions of your hands/equipment/etc. and give me time to truly answer.
3. The best way to help me if I am triggered is to:

   [Blank space for answers]

**ACESDy**