

Four Shelter Rules



The primary goal of the trauma-informed, rules reduction model of shelter service is to create a less restrictive and more empowerment-focused shelter environment. However, this model does not mean that absolutely no rules exist within shelter. On the contrary, the framework forces shelters and other victim services agencies to consider what rules actually serve the safety and security of clients, residents, and staff.

The following ‘Big 4’ rules have been identified as the core rules that govern shelter life. These are also the only rules that, under a trauma-informed model, service providers should consider as grounds for giving a client a sometimes immediate, unscheduled exit from shelter.



Based on this guidance, as well as the core concept of creating a physically and emotionally safe space for survivors, the ‘Big 4’ shelter rules all agencies are required to address are:

- 1) Confidentiality (Explanation on page 157, model policy on page 161)
- 2) Prohibition of Weapons in Shelter (Explanation on page 169, model policy on page 170)
- 3) Prohibition of Violence in Shelter (Explanation on page 169, model policy on page 170)
- 4) Substance Use on Shelter Property (Explanation on page 171, model policy on page 172)

These rules are also addressed in the *Rules of the Department of Finance and Administration, Chapter 0620-3-6, Family Violence Shelter Standards*:

0620-3-6-.04 MINIMUM STANDARDS FOR FAMILY VIOLENCE SHELTERS

- (1) ...Shelter facilities must have confidential locations and be located in separate facilities that exclusively serve family violence victims and their dependents...
- (2) (j) A shelter program must prohibit possession and use of weapons, alcohol or illegal drugs on its premises.
- (3) (e) A shelter program must have a written policy which provides for security and confidentiality of residents’ location. This policy must include procedures regarding intruders or trespassers, contact with law enforcement, and access to staff or the designated person 24 hours a day.



‘Big 4’ Rule #1- Confidentiality

HIPAA, VOCA, VAWA, & FVPSA – What Covers You?

HIPAA is the acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996.

HIPAA regulations apply to "covered entities" which are health plans, health care clearinghouses, and health care providers. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of healthcare information, and help the healthcare industry control administrative costs.

HIPAA makes the assumption that information will be shared and gives medical staff some discretion about when and where that will be shared.

The HIPAA privacy rule creates a minimum standard for protection of private, protected health information, regardless of how that information is maintained (i.e., on paper or electronically), and describes permitted uses and disclosures, and **when consent for disclosure is and is not required**.

For example, HIPAA allows the sharing of personal information under many circumstances including-

- Treatment Collaboration
- Payment & Billing
- Sharing with Affiliated Entities
- Medical Research

At its core, HIPAA assumes that personal information needs to be shared in order to facilitate the best treatment for an individual, and medical professionals are considered experts on when and what to share, and with whom. *Sharing can and is done without the knowledge or consent of the patient in many cases*, HIPAA simply establishes rules around that sharing.

HIPAA was created to “assure that individuals’ health information is properly protected while allowing the flow of health information – to provide and promote high quality health care – to protect the public’s health and well being.” (www.hhs.gov)

Is your agency covered by HIPAA? ONLY if you provide licensed medical services, such as operating a sexual assault exam clinic.

The vast majority of domestic violence programs are in no way covered by, or associated with, HIPAA.

VAWA Nondisclosure of Confidential or Private Information Sec. 40002 Violence Against Women Act of 1994

“In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence,

sexual assault, or stalking, and their families, grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services.” –VAWA

VAWA grantees and subgrantees are prohibited from disclosing any personally identifying information without a release of information form signed by their client or client’s guardian unless compelled by statute or court mandate. These mandates are the only exceptions to the VAWA confidentiality provision, and the statute or court order must specifically address confidentiality in order to constitute an exception. In the case of court mandate, grantees need to limit the information released to the minimum required to fulfill their legal obligation, take steps to protect the privacy and safety of those impacted by the disclosure, and attempt to notify the victim of the disclosure.

Best practice is to ask the court to quash (invalidate) any subpoena that asks for a program’s records. Responding to subpoenas can raise unique questions. For help in responding to subpoenas, programs should contact a local attorney with knowledge about U.S. federal VAWA and state laws regarding confidentiality. Programs may also contact The Tennessee Coalition to End Domestic and Sexual Violence (TCEDSV) and NNEDV’s Safety Net Project for resources to address subpoenas.

Is your agency covered by VAWA? Any agency that receives state or federal funding to operate any portion of their program is beholden to VAWA requirements.

VOCA Victims of Crime Act Regulations on Confidentiality Applying to Grantees- 28 CFR §94.115

Sub-recipients of VOCA funds must protect the confidentiality and privacy of persons receiving services. VOCA sub-recipients must not disclose, reveal, or release any personally identifying information collected in connection with VOCA-funded services regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected.

VOCA requires informed, written, and reasonably time limited consent of the client or client’s guardian to release any personally identifying information at anytime, except with regards to a court mandate (as in VAWA). Aggregate data (such as that used for grant reports) is acceptable, as it doesn’t contain identifying information.

VOCA also states that:

- *In no circumstances may a crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services*
- *In no circumstances may any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program. This is why all personally identifying information MUST be redacted from requested files during site visits by agency funders.*

- Nothing in VOCA prohibits compliance with legally mandated reporting of abuse or neglect. When making a good faith report of abuse or neglect as a mandated reporter, you are not seen as violating any confidentiality guidelines.

Is your agency covered by VOCA? If your agency receives VOCA funding for any part of your work, yes.

FVPSA The Family Violence Prevention and Services Act

First authorized in 1984, the Family Violence Prevention and Services Act (FVPSA) is the only U.S. federal funding source dedicated directly to domestic violence shelters and services. Administered by the U.S. Department of Health and Human Services, FVPSA was reauthorized as part of the U.S. Child Abuse Prevention and Treatment Act (CAPTA) through fiscal year 2015 and was signed into law on December 20, 2010. 6.

With the 2010 amendment, the U.S. federal FVPSA confidentiality obligations (42 USC §10402) specifically parallel those of VAWA.

“Confidentiality: The address or location of any shelter facility receiving FVPSA funds that otherwise maintains a confidential location shall not be made public, except with written authorization of the person or persons responsible for the operation of the shelter program.”
(Tennessee Office of Criminal Justice Programs)

Is your agency covered by FVPSA? If your agency receives FVPSA funding for any part of your work, yes.

Tennessee Shelter Performance Standards

Any shelter agency receiving funding of any kind from the Tennessee Office of Criminal Justice Programs (OCJP) or The Coalition (TCEDSV) must abide by these standards.

Program policy regarding confidentiality must require:

- (a) The shelter program to have a written policy regarding the disclosure of information about any program participant.

This policy will specify procedure regarding release of client information to include who may release information, what types of information may be released, to what resources the information may be released, and under what conditions information may be released.

- (b) Prior written consent of the program participant to release any information is required except under four conditions:
 - (a) disclosure for medical emergency;

- (b) disclosure to legal guardian of a program participant who has been legally declared incompetent;
- (c) disclosure for reporting of child abuse or adult abuse; and
- (d) disclosure required by subpoena or for monitoring and auditing purposes (during monitoring and auditing personal identifying information must be redacted).

Tennessee State Law

Any shelter agency operating in Tennessee, regardless of funding source, must abide by these standards.

T.C.A. 36-3-623. Confidentiality of records of centers.

The records of domestic violence shelters and rape crisis centers shall be treated as confidential by the records custodian of such shelters or centers, unless:

- (1) The individual to whom the records pertain authorizes their release; OR
- (2) A court approves a subpoena for the records, subject to such restrictions as the court may impose, including in camera review.

T.C.A. 71-6-208. Shelter locations privileged -- Service of papers or process.

No person can be compelled to provide testimony or documentary evidence in a criminal, civil or administrative proceeding that would identify the address or location of a shelter.

- (c) In any proceeding involving a shelter or a person staying at a shelter, the sheriff, constable or other person serving any legal papers or process shall serve any such legal papers or process by contacting the shelter by telephone and making arrangements for service of the papers or process on the shelter or the person staying at the shelter.

“Remember: it’s the survivor’s information. The survivor retains the right to choose when, how and what personal information will be shared, or not shared, and with whom. Agencies and advocates are responsible for respecting and honoring the victim’s wishes and safeguarding any of the survivor’s information that they collect or hold.”

(Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations, The Confidentiality Institute and NNEDV, 2010)

Putting It All Together

Best Practice: Advocacy programs should follow the **most protective** confidentiality law that applies to them.

- If you are a covered medical entity, you must follow the HIPAA Privacy rule.
- If you are a VAWA/FVPSA/VOCA Grantee or Subgrantee? You must follow VAWA/FVPSA/VOCA privacy rules.
- If you are BOTH, you must **follow the most protective rules, which are the VAWA/FVPSA/VOCA Guidelines.**
- **All agencies must follow state law.**

Model Policy on Confidentiality

[NAME OF ORGANIZATION]

Effective Date:

Confidentiality Policy

Purpose: To inform all staff and volunteers of [ORGANIZATION] their requirements regarding confidentiality of clients and services.

Additional Authority: Violence Against Women Act of 1994; Victims of Crime Act; Family Violence Prevention & Services Act; Tennessee Family Violence Shelter Performance Standards; Tennessee State Law

Scope: All [ORGANIZATION] staff, contractors, and volunteers.

Responsible Party: [ORGANIZATION EXECUTIVE DIRECTOR]

Signature of Executive Director: _____

POLICY

- I. It is the policy of [ORGANIZATION] that all client information will be kept confidential and not shared with other parties. The disclosure of any confidential communication regarding past or present clients of [ORGANIZATION] to any individual or organization who is not a staff member of [ORGANIZATION] is prohibited.
- II. Confidential communications include any verbal or written communications between a client and staff member and all records kept by staff in the course of providing services.

PROCEDURES

- I. **[ORGANIZATION] staff must provide the following information to all clients:**
 - a. Staff is required to maintain each client's confidentiality
 - b. Information about a client's interactions with [ORGANIZATION] can be released only if written consent is given or it is mandated by law (e.g. child abuse reporting or medical emergency)
 - c. Clients, like staff, are expected to keep the location of the shelter and other client's identities confidential. Failure to do so can result in removal from the program.
- II. **Information can be released in the following circumstances:**
 - a. **To the client directly.**
 - i. Before staff release a client's file to the client, staff should:
 1. Sit with the client and let them review the file so they are aware of its contents

2. Make it clear to the client that they have the right to choose to disclose or not disclose information about their involvement with [ORGANIZATION] to others outside the program.
3. Discuss the potential advantages and problems that may result in releasing information.
4. Make it clear that once the client releases information [ORGANIZATION] cannot be responsible for how that information is used.
5. Discuss with the client the option of releasing a summary letter of the client's involvement in services rather than the entire file.

b. By written agreement from the client.

- i. [ORGANIZATION] must obtain informed and voluntary consent from the client for the disclosure of any information. Staff must use a Release of Information Form to document this consent in writing, verbal consent is not acceptable. The Form must be completed before any information can be shared.
- ii. The Release of Information Form must be filled out completely, in writing, and signed by the client.
- iii. The client must be informed of exactly what information is being released. Staff should only release information when it will aid the client in obtaining their goals or moving forward in their healing process.
- iv. Even after the client has exited the program new written releases are required for each instance of information sharing. Verbal or telephone requests are not acceptable.
- v. The survivor has the right to revoke their consent at any time. Any verbal or written withdrawal of consent must be documented on the Release of Information Form and information sharing must cease immediately.
- vi. Releases must be stored in the client's file.
- vii. [ORGANIZATION] shall not use blank release forms or require that a client sign a form or release any information as a condition of receiving services.

c. Under the following legal circumstance client consent is not required:

- i. Medical or other emergency situations.
 1. Staff shall provide the emergency operator enough information to respond (e.g. location of the program and the general nature of the emergency) without giving out personally identifying information about a client. For example, the program can say "there is a middle-aged woman having chest pains", or, "there is an abuser attempting to enter the shelter."
 2. The conscious survivor can choose what information they will share with the medical or police responders when they arrive. What the survivor

chooses to share with the responders is their choice; it is not the program's right or obligation to "fill in the blanks."

3. If the survivor is unconscious, this does not negate confidentiality between [ORGANIZATION] and the survivor. Staff should report the facts that led them to request an emergency response without revealing personally identifying information about the client (e.g., "She came into the room about 15 minutes ago; her skin color went gray, and she passed out.")
 - ii. A Release of Information is not required in instances of mandated reporting in regards to child or elder abuse. Information related to child or elder abuse situations will be reported to appropriate authorities in accordance with [ORGANIZATION]'s reporting policy and Tennessee state law.
 - iii. In cases where a client is a minor or has been declared incompetent, information shall be shared with the client's legal guardian. The client's legal guardian will be required to consent to any release of the clients information
 - iv. Subpoenas. If any subpoena for a client's file is received, there must be immediate notification to [ORGANIZATION] executive director and staff attorney.
 1. [ORGANIZATION]'s standard response to subpoenas is to file a Motion to Quash and protect a client's records from release.

III. Special Considerations

a. Staff

- i. All staff, volunteers, and contractors must sign a confidentiality agreement.
 1. Confidentiality must be maintained even after the employment/affiliation relationship ends.
- ii. Staff will not remove client files from the office unless a Release of Information Form has been signed and they are transporting them for a purpose related to that Release.
- iii. Staff shall not use any names or identifying information when discussing clients with any individual or organization outside of [ORGANIZATION].
- iv. When out in public staff will not acknowledge past or present clients unless the client initiates contact.

b. Telephone

- i. Staff or volunteers answering phone lines shall not disclose or confirm that any individual is receiving services to any caller, even if the caller identifies as a loved one of the client or a partner organization, unless a Release of Information form has been signed and the caller can be identified.

c. Visitors

- i. All visitors to [ORGANIZATION] must sign the confidentiality agreement. Staff will inform visitors of the importance of maintaining confidentiality.

- ii. Staff will give clients advanced notice of any visitors to the shelter site, and give them the options to stay in their rooms or leave the facility if they do not wish to be seen by the visitors.
 - iii. Staff will escort any visitors during their entire visit.
 - iv. Any individuals visiting clients must sign a confidentiality agreement, and follow the procedure outlined in the Visitor Guidelines Form.
 - d. Disclosure of Location
 - i. The location of a shelter is privileged by law in Tennessee. Under no circumstances should anyone, including a client, employee, or volunteer of the shelter, be compelled to provide testimony or documentary evidence in a criminal, civil, or administrative proceeding that would identify the address or location of a shelter.
 - ii. Everyone associated with the shelter should be informed of the “location privilege,” and understand its importance to the safety and well-being of residents, employees and volunteers. Anyone entering a [ORGANIZATION] shelter shall sign a statement agreeing to keep the location secret.
 - e. Service of Process
 - i. For the purpose of serving legal papers or process on residents of the shelter, or the shelter itself, Tennessee law obligates sheriffs to contact the shelter by telephone and make arrangements for service.

Model Confidentiality Notice for Clients

Confidentiality Notice for [ORGANIZATION] Clients

Staff and volunteers at [ORGANIZATION] will keep confidential all information communicated to them by [ORGANIZATION] clients. This means that:

1. We will not share with any person or organization whether we have had contact with you or provided services to you, including whether or not you are residing in our shelter.
2. We will not share any information that you have told, or materials that you have given to, us with anyone outside of [ORGANIZATION].
3. We will oppose any subpoena or other legal effort to obtain this information from us, when you have not authorized the release of this information.
4. Anytime information needs to be shared, you will have the option to decide whether or not it will be shared and who it will be shared with.

If you do not agree to sharing information, [ORGANIZATION] will not share it unless there is an emergency. Emergencies where information might be shared are:

1. We learn or have reason to suspect that a minor child or vulnerable elderly person is being abused or neglected. In such a case, we will need to contact Protective Services.
2. We witness a violent assault that you are involved in. In this case, we may contact law enforcement for assistance.
3. There is a medical emergency where an ambulance needs to be called on your behalf.

If you give us written permission to release information to others, you will have the right to revoke that permission at any time.

As a participant in [ORGANIZATION]'s program, you must agree to maintain the confidentiality of the shelter location, other program participants, and [ORGANIZATION] staff and volunteers. This means:

1. You will not share the address or location of the shelter to anyone for any reason now or in the future.
 - a. If you wish to have a trusted visitor come to the shelter, you must talk to staff and they will facilitate this visit in a way that doesn't break confidentiality.
2. You will not disclose personal or identifying information about other program participants or [ORGANIZATION] staff and volunteers to anyone for any reason now or in the future.

If you breach this confidentiality agreement it may result in immediate dismissal from [ORGANIZATION]'s shelter program due to safety concerns for you as well as the confidentiality and safety of other residents, staff, and volunteers.

Client Signature: _____ Date: _____
Staff Signature: _____

Model Client Visitor Policy

[ORGANIZATION] recognizes that clients staying in shelter may need or want to receive trusted visitors during the course of their shelter stay for transportation, help or companionship. All visitors MUST complete each step in this policy, as well as signing a confidentiality agreement, in order to be allowed to visit clients at shelter.

Visitors Must:

1. Be referred by the [ORGANIZATION] client they wish to visit to contact [ORGANIZATION] staff.
 - a. Clients must not give out the location of the shelter to any visitors at any time. Visitors who meet these visitation requirements will be given location information by staff only.
 - b. Clients must sign a Release of Information Form before staff can communicate with the potential visitor, stating that the client is requesting the visit.
2. Go to the [ORGANIZATION] main office to sign a confidentiality agreement, sign a copy of this form, and provide a picture ID to be photocopied.
3. Understand that any and all information pertaining to ANY client of [ORGANIZATION] is confidential and must never be revealed to any person at any time.
4. Agree to never reveal the exact address OR the general location of the shelter to anyone for any reason at any time, even if you are no longer visiting your loved one. To reveal this information would place many people in danger.
5. Enter the house ONLY when all residents that reside in the shelter are in agreement, and then they may visit ONLY in the common areas of the house. Keep visits SHORT; it is not a place to “hang out”. Visitors may take the resident off property for visits if it is safe for the resident. Approved Visitors may transport clients to and from work or other appointments as needed without entering the shelter.
6. Abide by the 4 non-negotiable shelter rules- they must maintain confidentiality, must not bring weapons, drugs or alcohol onto shelter property, and must not engage in any violence.
7. Call the [ORGANIZATION] office to verify that staff are on premises before visiting. Visitors are not allowed inside the shelter unless staff are on site.

Client being visited: _____

Visitor: _____

Purpose of visit(s): _____

[ORGANIZATION] Staff: _____ Date: _____

Attach the following documents to this form:

- Confidentiality agreement signed by visitor
- Copy of visitor’s photo ID
- Copy of release of information form signed by client pertaining to visitor

Model Release of Information Form

[ORGANIZATION] Limited Release of Information Form

NOTE: Before you decide whether or not to let [ORGANIZATION] share some of your confidential information with another agency or person, an advocate will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [ORGANIZATION] to release some of your confidential information, you will be the one to choose what is shared, how it's shared, with whom, and for how long. You can change your mind about sharing at any time.

I understand that [ORGANIZATION] has an obligation to keep my personal information confidential. I also understand that I can choose to allow [ORGANIZATION] to release some of my personal information to certain individuals or agencies. I understand that [ORGANIZATION] can never force or require me to agree to release any information.

I, _____, authorize [ORGANIZATION] to share the following specific information with:

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:
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The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and may be intercepted and read by other people.

What info about me will be shared:	<i>(List as specifically as possible, for example: name, dates of service, any documents).</i>
Why I want my info shared: (purpose)	<i>(List as specifically as possible, for example: to receive benefits).</i>

I understand:

- That I do not have to sign a release form. I do not have to allow [ORGANIZATION] to share my information. Signing a release form is voluntary. That this release is limited to what I write above. If I would like [ORGANIZATION] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [ORGANIZATION].

- That [ORGANIZATION] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____ **Signed:** _____

Time: _____ **Witness:** _____

This release will remain in effect until :

- 15 days from the date above.
- 30 days from the date above.
- 60 days from the date above.

(60 day releases are to be used only in cases where the release is being used for Law Enforcement or State Attorneys in the course of criminal investigation and prosecution.)

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release for an additional 15 30 60 Days.

Signed: _____ **Date:** _____ **Witness:** _____

- Consent to Release Information has been withdrawn as of Date: _____ this release is no longer valid.

Adapted from Julie Kunce Field, J.D. and NNEDV Release Form Template.

‘Big 4’ Rules #2 & #3- Prohibition of Weapons & Violence in Shelter

Violence. Shelters should model and promote respect and non-violence in all interactions including those between adults and children. Shelters are, by their very nature, a respite safe from violence residents have experienced in their past. To that end, the prohibition of weapons and violence in shelter are two of the most vital rules under the “Big 4”.

While physical and emotional violence cannot be tolerated within shelter, advocates should be aware that it is normal for survivors to be angry about their situations and that sometimes this anger is expressed in unhealthy ways, such as yelling, slamming of doors, and arguments between residents.

These moments of anger are not the same as engaging in violence. In these cases, advocates should be comfortable addressing the conflicts and negative emotions on an individual basis, rather than threatening remove survivors from shelter. Because it is common for these situations to arise, advocates should expect them and not be hesitant to discuss conflict resolution, self care, and emotional safety with residents. For tips on conflict resolution, see page 97.

Weapons. Firearms, especially handguns, are more common in the homes of battered women than in households in the general population. More than half of the time, the weapon used to carry out an “intimate partner” homicide is a gun.

The link between guns and fatal domestic abuse is so strong that research shows simply living in a state with a high rate of firearm ownership increases the risk of being fatally shot in a domestic violence incident. The presence of firearms often increases the lethality of attacks and expands the number of victims. Abusers intent on killing an intimate partner, especially if they use a gun, often also target other people who happen to be on the scene.

For these reasons, along with a general concern for client safety and the safety of children in shelter, firearms are prohibited on shelter property. Advocates should be comfortable discussing this rule with clients upon intake, and have a plan in place for the removal of firearms and other weapons that may be in the possession of clients. This is often done through partnerships with local law enforcement, who pickup and remove any weapons that clients may disclose during intake from the organization’s office.

Just because a client may be in possession of a weapon when they arrive for intake does not mean they should be barred from admittance into shelter. Initial intake should be a time when clients are notified of the ‘Big 4’ rules and given the opportunity to disclose and rid themselves of weapons. If a client discloses weapon possession but chooses not to rid themselves of the weapon in question, advocates should refer them to other community resources, and make it clear that no one in possession of a weapon may stay in shelter.

Model Policy for Clients on Weapons and Violence

[ORGANIZATION] Shelter Policy for Clients- Weapons & Violence in Shelter

It is the policy of [ORGANIZATION] that every resident, including children, has the right to live without threat of violence in any form.

1. Physical, verbal, or emotional violence are not acceptable and will not be tolerated at [ORGANIZATION] shelter.
2. Advocates are available to assist you with non-violent alternatives to conflict and fighting.
3. No weapons are allowed on shelter property, advocates will be able to help you get rid of any weapons at intake.
4. If you are having trouble parenting without the use of physical force or threats, please talk to an advocate. The advocates are here to support your parenting and help you create plans and strategies for parenting that are effective and non-violent.

Any illegal or violent behavior or possession of weapons on shelter property will jeopardize your ability to stay here and may result in immediate dismissal from [ORGANIZATION]'s shelter program due to safety concerns for other residents, staff, and volunteers.

Client Signature: _____ Date: _____
Staff Signature: _____

‘Big 4’ Rule #4- Substance Use in Shelter

While the state of Tennessee requires that shelters prohibit the use of illegal drugs and alcohol on shelter property, shelter staff come face to face with problems stemming from substance use every day. Survivors may turn to drugs and alcohol to cope with the abuse and pain or they may be forced to use by their abuser. According to the CDC between 40-60% of victims of domestic violence and sexual assault who are seeking services report a substance use problem and more than 90% of addicts seeking treatment report being sexually assaulted at some point in their life.

Determining when substance use is problematic can be challenging, especially when considering that the level of use may fluctuate as survivors attempt to cope with the violence they experience. Advocates should ask survivors what they need from the program and focus on meeting survivors’ needs as they identify them. This means being open to discussing substance abuse concerns and identifying community resources that can help clients address those concerns.

Note that substance use is prohibited on shelter property, but survivors who use substances are not. Survivors who struggle with addiction deserve resources and safety as much as any other survivor.



More on substance abuse and use in shelter starts on page 58!

Safety Planning and Harm Reduction with Survivors Who Struggle with Substance Use:

For more on safety planning with survivors who may have substance use concerns, see page 64.

Shelters practice *harm reduction* by providing safe shelter, food and support for survivors who have experienced violence, whether or not they ultimately decide to leave their abuser. **This lets survivors know that they have support no matter what.** Shelters should also assure victims that they will be supported and receive services regardless of past or present substance use.

Harm reduction principles allow survivors to feel safer, which minimizes the risk for increased substance use or relapse. An important piece of safety planning with survivors who have histories of substance use is developing a relapse prevention plan. This includes assuring survivors that they will continue receiving connection and support even after a relapse.

Model Policies & Procedures on Substance Use

Alcohol & Drug Policy for Clients

[ORGANIZATION] Shelter Policy for Clients- Alcohol & Drugs

While illegal drugs and alcohol are not permitted on shelter property, [ORGANIZATION] recognizes the direct link between substance use and domestic violence. We offer a non-judgmental approach that attempts to meet clients “where they are” with their substance use and sobriety.

[ORGANIZATION] does not deny services to survivors who are struggling with sobriety, we try to give opportunities for clients to minimize the harm associated with substance abuse and increase their personal safety.

It is the policy of [ORGANIZATION] that every shelter resident has the right to a healthy, sober, and drug free environment:

1. Alcohol and illegal drugs are not permitted on shelter property
2. Some residents in shelter struggle with substance use. [ORGANIZATION] is here to support them in their recovery while giving them a safe place free from abuse.
3. Residents with histories of substance use can work with [ORGANIZATION] staff to make a plan for remaining sober. Staff will support recovering residents in a respectful, non-judgmental way. Please let us know if you would like support for substance use recovery.
4. Individual lockers are provided for each person to lock up prescribed and over the counter medications. This is for the resident’s privacy as well as safety of other residents and children.

Alcohol & Drug Policies and Procedures for Staff

Adapted from the Stella Project, a project to reduce barriers for women experiencing violence who use substances.

Key Points:

- Substance use often enables survivors to cope with their experiences of violence and with the effects of violence on their levels of mental wellness.
- Not all substance use is problematic
- Any behavior that is offensive or disruptive, whether related to varying levels of mental wellness and/or substance use or not, will be addressed. However, exiting clients from shelter is not the only, or best, way to address substance use.
- Negative language such as “junkie”, “alkie” or “addict” are unacceptable ways to refer to survivors.
- All prescription medications should be safely stored to be accessed only by the individual client, such as in lockers or closet safes.
- The state of Tennessee requires no illegal drugs or alcohol to be present on shelter property. However, a client returning to shelter under the influence is not a violation of this rule.

During Intake:

Important things to remember when talking to survivors about substance use:

1. Ensure privacy. Children should not be present.
2. Let the survivor know why you are asking the questions that you are, what you will do with that information and who will have access to that information. Remember if they have children they may be afraid that information will be used against them by their abuser and/or child protective agencies.
3. Ask questions in a conversational, respectful, non-judgmental manner.
4. Assure the survivor that their level of substance use will not impact their access to [ORGANIZATION] services.
5. Let them know that there are rules and boundaries around substance possession in the house and that these rules apply to all residents.
6. Let the survivor know that substance use often fluctuates as a result of violence.
7. Give clients the opportunity to disclose any illegal substance or alcohol possession, so that the substances may be disposed of. This disclosure is not grounds to refuse services.
8. If clients do not disclose substance possession it is the policy of [ORGANIZATION] to assume the client is not in possession of any illegal substances or alcohol.
9. If the survivor has questions about the program, answer them openly and honestly:
 - a. If the survivor has concerns about living with other people who have varying levels of substance use, explain that changes in these areas are a normal response for individuals who have experienced violence. Let them know that the program staff are there to support them and to help them feel safe.
 - b. Staff are available to talk to and plan how best to support them as they cut back/curb their use of substances. Tell them that survivors often find their levels

of substance use are affected by violence. You may also refer them to local substance use supportive services.

Record Keeping:

Advocates should not record information about a survivor's substance use in their client file. Remember that anything you record may be subpoenaed and the information could negatively impact clients if abusers are able to get hold of it.

Before asking for or recording any information about a survivor, ask yourself:

- What is the purpose of collecting or recording the information? How will it improve your services?
- What will you do with the information?
- Could the information be harmful to the client?
 - Will it have an impact access to services (yours or others)?
 - Could it be used against them in legal settings?
 - How could an unsympathetic third party interpret the information?

Survivors with Children

Many people see individuals with varying levels of substance use as incapable of parenting, let alone parenting well. However, levels of substance use do not make someone a bad parent. Most parents prioritize their children's safety, even over their own. Fear of Child Welfare Agencies can further negatively affect a survivor's level of substance use, and make them less likely to disclose or seek help for substance use.

Advocates and researchers are finding that one of the more effective ways to protect and support children, is to protect and support their non-offending caretakers.

- Provide a safe, open environment where survivors can talk openly about the effects of violence on their life.
- Help them plan for how they can support their children if they are experiencing violence or substance use.
- Find out what you can do to support a survivor in their parenting:
 - How are they feeling about things with their children?
 - What supports does the survivor have in place for their parenting?
 - What might help them with parenting?

*If you genuinely feel that the survivor is unable to care for their children safely, is neglecting, or abusing the children, follow [ORGANIZATION]'s policy for reporting abuse or neglect.

Making Effective Referrals

- What areas of concern are most important to the survivor.
- What supports or services does the survivor think would be helpful right now? What are they not looking for?
- Are they accessing any other supports right now? Are they helpful? How could things improve? If not, what has kept them from accessing support?
- What kinds of supports have they found helpful in the past? And unhelpful?

Substance Use Resources Available for [ORGANIZATION] Clients*:

**Please fill in those resources which are available in your community, and the contact information.*

- Detox or withdrawal management

- Daytox or stabilization groups

- Outpatient treatment

- Intensive non-residential treatment

- Residential treatment

- Supportive recovery services

- Street outreach programs/Needle exchange programs

- Methadone treatment

- Safe, supported housing

- Integrated trauma and substance use treatment programs

(Substance use support services identified by Tessa Parks in Freedom from Violence: Tools for Working with Trauma, Mental Health, and Substance Use.)

Resources:

Rules Reduction Resources:

Thoughtful Documentation, Missouri Coalition, <https://www.mocadsv.org/FileStream.aspx?FileID=10>

NNEDV Templates and Toolkits collection, <https://nnedv.org/transitional-housing-toolkit/>

Arizona Domestic Violence Service Standards, <http://www.azcadv.org/azcadv2014wp/wp-content/uploads/2014/06/Service-Standards.pdf>

Washington State Coalition, <https://wscadv.org/resources/running-a-shelter/>

Trauma-informed, United States Department of Justice, <https://www.justice.gov/ovw/blog/trauma-informed-what-it-means-survivors-domestic-violence-and-sexual-assault-0>

Trauma-informed Services Exploratory Project:

<http://mncasa.org/assets/PDFs/TI%20Project%20Overview.pdf>

<http://mncasa.org/assets/PDFs/TI%20Project%20Exec%20Summary.pdf>

Confidentiality Resources:

Victim Confidentiality Considerations For Domestic Violence and Sexual Assault Programs When Responding to Rare or Emergency Situations, The Confidentiality Institute and National Network to End Domestic Violence, 2010

Confidentiality Institute <http://www.confidentialityinstitute.org/servicespackages.html>

HIPAA, VAWA, & FVPSA: Different Laws, Different Purposes – NNEDV

<http://www.hhs.gov/hipaa/for-professionals/privacy/>

<http://tools.nnedv.org/faq/faq-flc/flc-hippa>

<https://nnedv.org/?mdocs-file=688>

<https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual/redirect-fund-source-chapters/fund-source-chapters/fvpsa.html>

http://www.acf.hhs.gov/sites/default/files/fysb/fvpsa_admin_guide_20121119_0.pdf

Violence and Weapons Resources:

Model Rights & Responsibilities, Washington State Coalition Against Domestic Violence, <http://wscadv.org/wp-content/uploads/2015/06/Model-Policy-on-Shelter-Rules.pdf>

Shelter Standards and Regulations, End VAW, <http://www.endvawnow.org/en/articles/1391-standards-and-regulations.html?next=1392>

12 Facts That Show How Guns Make Domestic Violence Even Deadlier, The Trace, 2016; <https://www.thetrace.org/2016/08/15-facts-that-show-how-guns-make-domestic-violence-even-deadlier/>

Facts Sheets on Guns and Domestic Violence, Futures without Violence, https://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/Guns.pdf

Substance Use Resources:

Power and Control Model for Substance Abuse via NNEDV
<http://www.ncdsv.org/images/WomensSubAbusewheelNOSHADING.pdf>

Perinatal Partnership Against Domestic Violence, Bland, P., Washington State Department of Health, & Washington State Coalition Against Domestic Violence, 2001
Freedom from Violence: Tools for Working with Trauma, Mental Health and Substance Use; Tessa Parks, 2007, <http://endingviolence.org/publications/freedom-from-violence-tools-for-working-with-trauma-mental-health-and-substance-use/>

Substance Use/Abuse in the Context of Domestic Violence, Sexual Assault, and Trauma, Bland & Edmund, 2014, http://nationalcenterdvtraumamh.org/wp-content/uploads/2015/10/NCDVTMH_PatriciaBland_DebiEdmund_SubstanceUseDVSATraumaCurriculum.pdf

The Stella Project, <https://avaproject.org.uk/wp-content/uploads/2016/08/Stella-Project-Toolkit-2007.pdf>

Reducing Barriers to Support for Women Fleeing Violence, Payne & Clifford, <http://endvaw.ca/wp-content/uploads/2016/05/Reducing-Barriers-to-Support-for-Women-Fleeing-Violence-A-Toolkit-for-Supporting-Women-with-Varying-Levels-of-Mental-Wellness-and-Substance-Use-BCSTH-2011.pdf>