



PUBLIC MEETINGS STRATEGIC FUNDING & SERVICES PLAN FOR VICTIM SERVICES

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Funding History

- State Fiscal Year 2013 (July 1, 2012-June 30, 2013):
 - Approximately \$1 million dollars cut in federal and state funds designated for Iowa victim services
 - Deficit recompensed with reserve funds in CVAD is not a sustainable long term solution
- Possible additional funding cuts in SFY2014
 - 8% Sequestration Cut
 - Victims of Crime Act approximately \$321,431
 - Family Violence Prevention & Services Act \$109,680
 - Violence Against Women Act \$128,902
 - \$58,006 specific to DV and SA victim service programs
 - Sexual Abuse Services Program \$21,201
 - Specific to SA victim service programs
 - Violence Against Women Act not Reauthorized
 - Loss of \$1.5 million for Iowa and approx. \$475,063 for victim services

Effects of Funding Cuts in Prior Years

- Victim Service Programs:
 - Struggle to make payroll
 - Have trouble keeping open shelter doors
 - Close outreach offices (8% had already closed outreach offices in their service area in the last couple of years*)
 - Limit their response and services in outlying catchment, or service area
 - Are unable to adequately serve victims of all crime types

*Based on information provided by 25/30 programs.

Potential Impact of Additional Cuts

- Reduction equivalent to 33 full-time, victim service staff across Iowa

Service statistics of 33 FTEs:

- 2,591 crime victims (8% of victims)
 - 2,096 domestic abuse victims (7% of DV victims)
 - 363 sexual assault/abuse (8% of SA victims); and
 - 132 other violent crime victims (3% of other crime victims)
- 24% anticipate having to close outreach offices*
 - 28% anticipate reducing or limiting staff time at outreach offices*

*Based on information provided by 25/30 programs.

Shifting Philosophy in Shelter Services

- 11% of victims served in FY2011 utilized shelter,
- Iowa's shelters saw a 40% decrease in shelter clients in urban areas and a 17% decrease in shelter clients utilizing rural shelters,
- The shelter vacancy rate is 42% and the cost to run a shelter is approximately \$400,000/year,
 - The cost of the vacancy is \$3.36 million dollars, which represents 45% of the total funding for victim service programs
 - Growing body of research shows victims are better able to stay violence-free if they have longer term, or permanent housing

Sexual Violence Victims Not Receiving Services

- A 2009 Iowa study estimated 55,340 individuals experienced sexual violence in Iowa
 - 71% of the Iowans surveyed are females (or about 39,304 of the individuals who experienced SV)
 - Approximately 80% of female victims experienced their first rape before the age of 25 and 42% experienced the first rape before age 18 (30% between 11-17 years old and 12% at or before the age of 10).
- Iowa's Victim Service Programs served 4,637 sexual assault/violence victims in calendar year 2009, or approximately 8% of the 55,340 individuals who experienced sexual violence.

How do we provide services to all crime victims on the funds available?

By creating a Strategic Funding & Services Plan that encourages collaboration and less overhead:

- Utilize available funding that most effectively provides quality services to **all crime victims**
- Equitably distribute the funds across the state
- Proactively ensure crime victims continue to receive services
- Encourage collaborative services with other local Service Providers
- More Victim Advocates to provide services
- Build on the strengths of programs and focus on continued strengthening of services

Input on the Plan

- Experts in the field,
- Iowa Coalition Against Domestic Violence,
- Iowa Coalition Against Sexual Assault,
- Iowa's Domestic Abuse (DA) Directors,
- Iowa's Sexual Abuse (SA) Directors, and
- General Public.

Types of Program Services Outlined in the Plan

1

- Shelter-Based Services

2

- Domestic Abuse Comprehensive Services

3

- Sexual Abuse Comprehensive Services

4

- Culturally Specific Services

Services in Each Area on the Map:

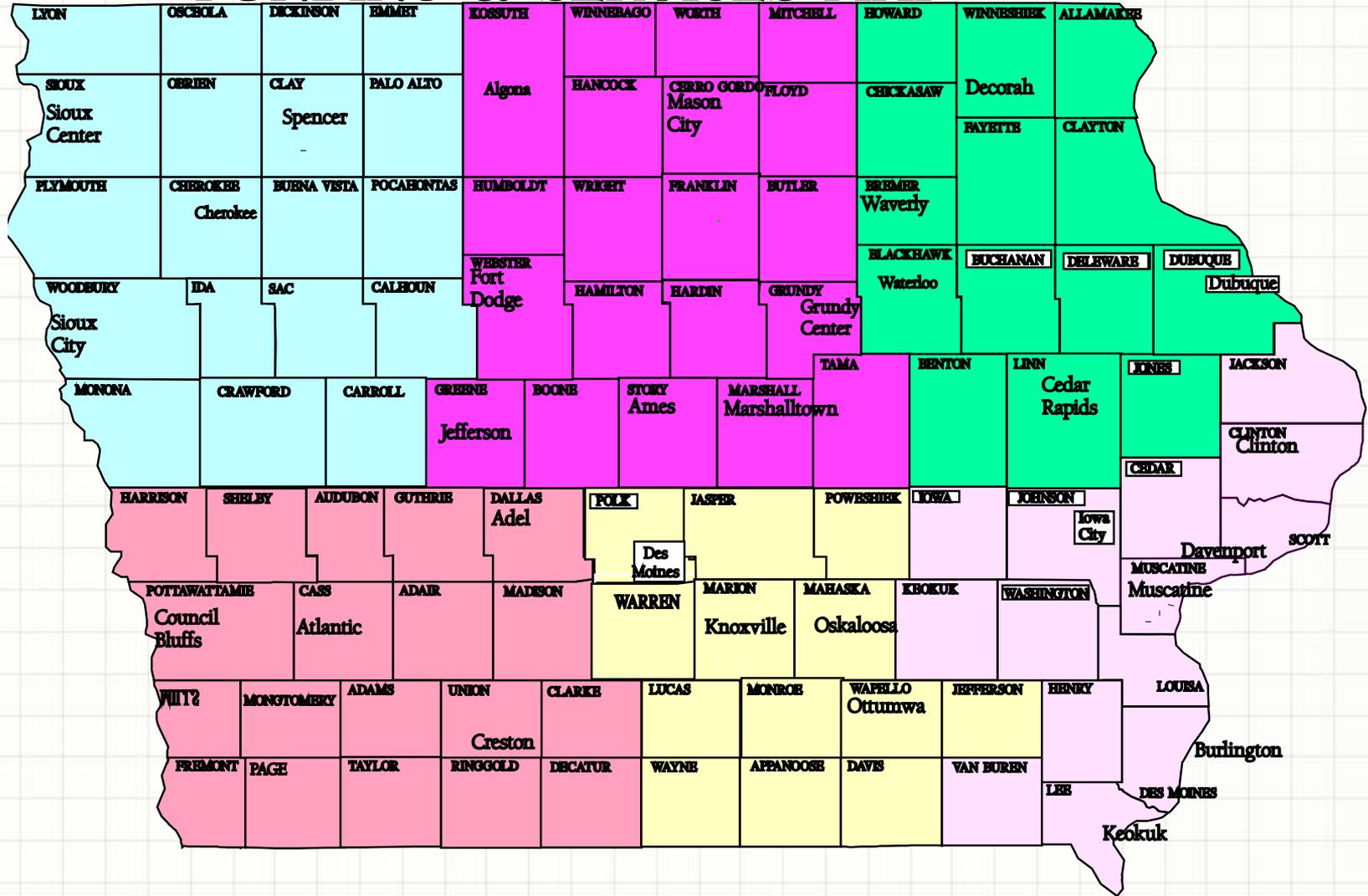
Each area on the map will have a combination of the following services:

- 1-2 Shelter-based programs
- 1-2 Domestic Abuse Comprehensive Programs
- 1-2 Sexual Abuse Comprehensive Programs

*Culturally Specific Programming for the State based on a set aside

*Separate plan for Homicide Survivor Services

IOWA DA & SA FUNDING & SERVICES MAP



How will this affect services in your area?

- Victims will continue to access services
- Victims will continue to receive a timely response
- Hubs or outreach offices throughout service area
- More outreach to victims (advocates vs. buildings)
- Increase in advocates providing services
- Shelter victims in different ways
- Strengthen expertise and training of Advocates and Program

Victim Safety

- Victim safety is always at the forefront of services
- Currently, if a victim needs shelter, he/she:
 - Calls the crisis line
 - Talks to an Advocate
 - Creates a safety plan
 - If shelter is needed the Advocate meets the victim at a safe location and transports to shelter
- Under new Plan, if a victim needs shelter:
 - Calls the crisis line
 - Talks to an Advocate
 - Creates a safety plan
 - If shelter is needed the Advocate meets the victim at a safe location and transports to shelter, hotel/motel, safe home, etc.

What can community members do to assist programs?

- Volunteer
- Monetary assistance
 - Donate items
 - Donate funds
 - Offer free office space
 - Offer space for employees to meet with Advocates
 - Support victims by donating rent and utilities
 - Individually
 - Civil, public or religious organizations/groups,
- Participate/Sponsor events with DV and SA Programs
- Collaborate with local DV and SA Programs



Thank You! Contact Information:

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Strategic Funding & Services Plan for Iowa Domestic Abuse and Sexual Abuse Services

January 15, 2013

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Iowa Department of Justice

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I. Introduction

The Victim Services Support Program (VSS) through the Iowa Attorney General's Crime Victim Assistance Division (CVAD) administers state and federal funds to agencies that provide direct services to Iowa's crime victims.

Over the last few years, victim service programs have sustained federal, state and local cuts. In the last year our state funds appropriated to victim services programs has remained the same, but as we know the expenses to run a program have increased: rent, utilities, gas, health insurances, etc. In fiscal year 2013 (7/1/12-6/30/13), our victim services program received an approximate \$1 million dollar cut in total. Iowa Attorney General Thomas J. Miller allowed the VSS Program to transfer funds from the crime victim compensation reserve (the Fund) to cover the FY2013 cuts; however, this is not a sustainable long-term solution.

There is potential to receive more cuts in FY2014. If we continue to transfer funds at the current level we could bankrupt the Fund in the future. Bankrupting the fund will jeopardize other victim service programming. The Attorney General is open to transferring funds to victim service programs, but at a responsible level after reviewing the Fund annually.

The Iowa Attorney General's Office is proposing changes to how crime victim services are funded in Iowa. The Strategic Funding & Services Plan ("Plan") has been presented to, reviewed by, and input has been provided by the Iowa Coalition Against Domestic Violence (ICADV), Iowa Coalition Against Sexual Assault (IowaCASA), Iowa's Domestic Violence/Abuse (DA) Directors, Iowa's Sexual Assault/Abuse (SA) Directors and experts in the field, such as retired CVAD Director Marti Anderson.

The goal of the Strategic Funding and Services Plan ("Plan") is to propose changes in how to utilize available funding in a manner that most effectively provides quality services to **all crime victims**, which includes equitable distribution of the funds across the state. The proposal/plan is a model to sustain services to crime victims based on the funds available and to be proactive in an effort to ensure that all crime victims continue to receive services even if local programs have to close due to cuts in their funding.

II. Process for Creating Strategic Funding & Services Plan

Below is a summary of the steps that the CVAD Director and VSS Administrator has and will implement.

- **Experts (Timeline: Ongoing)**

In the creation of the plan, the CVAD Director and VSS Administrator incorporated input from various experts including the statewide coalitions (ICADV & IowaCASA), local Program Directors, and experts in the victim service field.

- **DA and SA Directors Membership Meeting (Timeline: July 18, 2012, Completed)**

The CVAD Director and VSS Administrator presented at the July DA and SA Director's Membership meeting the outline of the plan. At this meeting the CVAD Director and VSS Administrator requested input and explained the various times that they could provide input.

- **DA and SA Directors Regional Meetings (Timeline: August 2012, Completed)**
The CVAD Director and VSS Administrator conducted seven meetings with the DA and SA Directors from the various multi-county service areas. The focus of the meetings were another opportunity to both provide and gather information and to answer questions in smaller groups.
- **DA and SA Directors' Membership Meeting (Timeline: September 20, 2012, Completed)**
The CVAD Director and VSS Administrator met with the Directors with a focus of providing more information, gathering input and answering questions.
- **Draft of the Plan (Timeline: November 2012, Completed)**
The CVAD Director and VSS Administrator will sift through all the information and input provided and draft a written plan.
- **Public Meetings (Timeline: October 2012, Completed)**
The CVAD Director and VSS Administrator plan to hold two public meetings in each of the multi-county service areas to provide information and gather feedback from the general public.
- **Input on Written Plan (Timeline: 30 Days for Input, Completed)**
The CVAD Director and VSS Administrator will provide the written draft of the plan to the DA and SA Directors, SOHP Directors, ICADV, IowaCASA for input, and the general public for input.
- **Finalize Plan (Timeline: January 2013, Completed)**
The CVAD Director and VSS Administrator will sift through all the information and input provided on the written draft plan and finalize the Plan.
 - **Present Plan to Attorney General (Timeline: January 2013)**
The CVAD Director and VSS Administrator will present the final plan to the Attorney General for his input and consideration.
- **Plan Presented to Legislators (Timeline: January/February 2013)**
The final Plan will be provided to Legislators.

III. Application/Funding Cycle

Each program (applicant) will have to complete an application for funding by the service type (Emergency Shelter, Domestic Abuse Comprehensive, and Sexual Assault/Abuse Comprehensive). Each applicant will have to provide a complete application in order to be considered for receipt of funding. Each applicant will follow the instructions outlined at the Application Workshops. The application process is a competitive process. Only those applicants meeting the expectations of the application and services as outlined in the application will be considered for funding.

The Application/Funding Cycle for Fiscal Year 2014 will begin January 2013 ending June 2013 with the funding beginning July 1, 2013. Below is a table outlining the Application/Funding Cycle as determined

by the Division and voted on by the Crime Victim Assistance (CVA) Board. The CVA Board provides oversight of the programs administered in the Division. Contracts are subject to the availability of the funds.

Application/Funding Cycle Continued	
Due Date	Description
January 8-11, 2013	<i>Funding Application Workshops:</i> Various locations and various dates and times the week of January 8-11, 2013.
January 11, 2013	<i>Letters of Intent Due:</i> All agencies or programs seeking VSS funding for Fiscal Year 2014 are required to submit a letter of intent to the Crime Victim Assistance Division
February 28, 2013	Applications due by 4:30 pm.
April 16-18, 2013	Application Review Committee and VSS staff reviews applications for funding.
May 3, 2013	Crime Victim Assistance Board votes on award amounts recommended by the Application Review Committee and VSS staff.
May 9, 2013	Denial and award letters are mailed to funding applicants.
May 23, 2013	Appeals or Requests for Reconsideration are due by 4:30 pm on May 23, 2013 in the Crime Victim Assistance Division.
June 14, 2013	Crime Victim Assistance Board will hear appeals or requests for reconsideration for funding applicants.
June 28, 2013 (approximate date)	Contracts are issued to all funded applicants.

Per Administrative Rules, CVAD will establish a grant review committee comprised of representatives from the crime victim assistance board and experts in the fields of victim services, grant administration and management, and criminal justice. CVAD will also conduct an internal review of the applications. The grant review committee will make recommendations for grant awards to the CVAD Director. The CVAD Director shall submit to the board the recommendations of the grant review committee and any alternative recommendations by the program staff.

IV. Types of Services

Because of ongoing funding cuts, victim service programs have strived to keep their doors open and to maintain services to the best of their ability. In reviewing the amount of funds available, the VSS

Program took time to review crime victim services across our state. A few things noticed by the VSS Program Administrator were:

- 11.2% of victims served in FY2011 utilized shelter, which left 88.8% utilizing other outreach services.
- Iowa's shelters saw a 40% decrease in shelter clients in urban areas and a 17% decrease in shelter clients utilizing rural shelters.
- The shelter vacancy rate is 42% which leaves a 58% occupancy rate as shown by the Iowa Point in Time Study. This has been a consistent trend over the past several years per the Iowa Point in Time Study, as well as at the national level.
- It costs approximately \$400,000 to run a shelter (This amount could vary by rural and urban locations) meaning the cost of vacancy is roughly \$3.36 million dollars.
- About 40% of the VSS Program resources designated for DV/SA Programs are going towards maintaining shelters, which only reaches 11.2% of the crime victims served by programs in the State.
- In 2009, the Iowa Department of Public Health's *Cost of Sexual Violence in Iowa* estimated 55,340 Iowans experienced sexual violence. This report estimated that 71% of those individuals were female, which makes up approximately 39,304 of the individuals who experienced SV. The National Intimate Partner & Sexual Violence Survey (NISVS), conducted in 2010 estimates that 30% of females experience their first rape between 11-17 years of age and 12% of females experience their first rape before the age of 10.
- As stated above, Iowa has an estimated 55,340 individuals who have experienced SV, yet only 8% of that (4,637) sought services in Iowa's SA Programs in calendar year 2009. This highlights the need for more staff and funds to be dedicated to SA services, and the need to use those staff and funds to meet individuals where they exist in the community rather than counting on them to walk through the doors of a SA-specific program. Of the 4,637 SA victims served:
 - 51% were adult SA victims (2,314),
 - 24% were teen/adolescent victims (1,128),
 - 17.5% were child sexual abuse victims (806), and
 - 8.5% were incest victims (389).
- In state fiscal year (SFY) 2010 Iowa's SA Programs were able to respond to 4,643 SA victims and 4,773 SA victims in SFY 2011. Of the SA victims served in SFY2010:
 - 51% were adult SA victims (2,352),
 - 24% were teen/adolescent victims (1,114),
 - 17% were child sexual abuse victims (813), and
 - 8% were incest victims (374).
- Of the SA victims served in SFY2011:
 - 51% were adult SA victims (2,422),
 - 24% were teen/adolescent victims (1,121),
 - 17% were child sexual abuse victims (832), and
 - 8% were incest victims (398).

Per the information outlined above and on the previous page, we are seeing that DA shelters are resource intensive, requiring the funds and staff to operate a 24/7 facility. When federal and state funds decrease or remain stable but operating expenses continue to increase, we see DA and SA Programs having to make the decision of responding only, or at least primarily, to victims who have sought services, which

are often times either shelter-based victims or victims requesting emergency services at hospital, law enforcement agencies. This does not allow DA and SA programs the freedom or flexibility to meet the victims who present in other settings, nor to train and support those allied professionals who work with victims in other venues.

There is no single answer to protect victims of domestic abuse which is why it is crucial that we provide survivor driven services. Shelter is one option that is necessary to serve a portion of our victims, however, because shelter is not the answer for all victims we must offer need based or strength-based services.

The proposal/plan provides a comprehensive list of services and changes the distribution of funds to ensure that services to all crime victims will be equitably distributed across the state based on the available funding. Another focus of the plan is to minimize administrative costs in an effort to fund more victim advocates to provide direct services.

As noted in *Section II. Process for Creating a Strategic Funding & Services Plan* of this document: a frame work/presentation was provided to Domestic Abuse and Sexual Abuse Directors in July 2012. At the time, the VSS Program was considering that every multi-county service area would have 1 program providing a specific type of service (Emergency Shelter Services, Domestic Abuse Comprehensive Services, and Sexual Assault Comprehensive Services). After extensive feedback from key stakeholders, the CVAD decided to consider 1 or 2 types of programs in any of the multi-county service areas as long as the program's application for funding explains the reason, need, delivery of services and collaboration with the other agencies within the multi-county area. For example geography, response times, collaborative partnerships and existing services of a multi-county service area could all be possible items to consider when determining if more than one type of program (Shelter-Based, DA Comprehensive, and SA Comprehensive) per multi-county service area is necessary.

The CVAD Director and VSS Administrator requested feedback from the DA and SA Directors across the state on the types of services to assist in determining core services. The outline of the three types of services (Emergency Shelter Services, Domestic Abuse Comprehensive Services, and Sexual Abuse Comprehensive Services) are on the next few pages.

A. Emergency Shelter Services

Each multi-county service area could have 1 or 2 Emergency Shelter Service programs, which are each required to provide the following services:

- 24-Hour Emergency Shelter for Crime Victims (DA, SA, etc.)
 - Includes assistance with food, clothing & medical needs
 - Includes men and boys, victims from marginalized communities, and formerly incarcerated victims/survivors
- Assessing the Needs of Victims at the Emergency Shelter facility
- Advocacy to victims at Emergency Shelter facility (court/legal, housing, economic, medical, housing, personal or general advocacy, etc.) based on each individuals needs
- Case Management for Emergency Shelter Services for shelter-based clients and clients assisted by shelter-based program including victims sheltered at hotels/motels, safe homes, etc.

- Counseling: By Staff or through Collaborative Partnerships, including identification and access to alternative healing modalities for survivors
- Community Education
- Information & Referral
- Programming Specific to Children at Shelter
- Support Group for Shelter Residents
- Transportation of clients
- Volunteer Program

Each Emergency Shelter Services Program will include a line item in their budget for emergency sheltering costs such as transportation, rent, deposits, paying for hotels and motels or costs associated with victim relocation.

This plan advocates a shift from shelter-based services toward a focus on rapid re-housing into safe, permanent, affordable, housing therefore requiring programs to engage in system change advocacy related to housing in their communities.

B. Domestic Abuse (DA) Comprehensive Services

Each multi-county service area could have 1 or 2 Domestic Abuse (DA) Comprehensive Service Programs, which are required to provide the following services:

- 24-Hour Regional Crisis Line for Domestic Abuse Victims
- Assessing the Needs of the Victims
- Advocacy to victims (court/legal, housing, economic, medical, housing, personal or general advocacy, etc.) based on each individual's needs
- Case Management for Victims
 - Strengthen Collaborations with Local Agencies
- Community Education
- Crisis Intervention (24-hour response, contact through regional crisis lines) includes emergency response to hospitals and law enforcement to assist a domestic abuse victim.
- Emergency and long-term Advocacy (court/legal, housing, economic, medical, personal or general advocacy, etc.) based on each individual's needs.
- Information & Referral
- Programming/services available for non-abusive support systems of survivors.
- Programming for the Children (witnesses)
- System Change/Advocacy
- Scheduled outreach & services at set locations (satellite offices)
- Training and support for allied professionals
- Transportation for clients
- Trauma-specific/informed counseling strategies (individual & group)
 - Including alternative/holistic methods of healing from trauma
 - Conducted by DA Program staff and through community collaborative partners with mental health and substance abuse programs/counselors
- Volunteer Program

C. Sexual Abuse (SA) Comprehensive Services

Each multi-county service area could have 1 or 2 Sexual Abuse (SA) Comprehensive Service Programs, which are required to provide the following services:

- 24-Hour Regional Crisis Line for Sexual Abuse Victims
- Assessing the Needs of the Victims
- Case Management for Victims
 - Strengthen Collaborations with Local Agencies
- Community Education
- Crisis Intervention (24-hour response, contact through regional crisis lines) includes emergency response to hospitals and law enforcement to assist a sexual abuse victim.
- Emergency and long-term Advocacy (court/legal, housing, economic, medical, personal or general advocacy, etc.) based on each individual's needs
- Programming for all sexual abuse/assault victims: adult sexual assault victims, teen sexual assault victims, adults molested as children, incest survivors, and child sexual abuse victims
 - Including men and boys, marginalized communities, and incarcerated survivors
- Outreach and Programming/Services available for friends, family and people who support SA victim
- System Change/Advocacy
- Scheduled outreach & services at set locations (satellite offices)
- Transportation for clients
- Training and support for allied professionals
- Trauma-specific/informed counseling strategies (individual & group)
 - Including alternative/holistic methods of healing from trauma
 - Conducted by SA Program staff and through community collaborative partners with mental health and substance abuse programs/counselors
- Volunteer Program

D. Culturally Specific Service Programs

There will be a set aside (10%) for culturally specific services for domestic abuse and sexual abuse victims in Iowa. (See the formula section for more information.) A culturally specific program is defined as a community-based program from a specific culture or underserved population that has expertise and demonstrates capacity to work effectively with the culture or population on DA and SA.

Applications from a DA, SA or Emergency Shelter program based on geography such as rural or urban, does not meet this definition and are ineligible to apply for the "culturally-specific services" set aside. The funds have to identify a specific culture. Any program that meets the definition can apply for the set aside of these funds.

Both the percentage and definition were mirrored after the Federal government's dispersal of funds. Each culturally-specific program will need to apply for either DA Comprehensive services, SA Comprehensive services, or both for their specific culture or community. Each culturally-specific program applying for DA Comprehensive services must provide the services listed in Part B, and each program applying for SA Comprehensive services must provide the services listed Part C of the *Types of Services* section. In the application for funding, a culturally-specific program must discuss how they will input the services

outlined in B and/or C in their potential service area, among other requirements. CVAD Director and VSS Administrator realize that a culturally-specific program may implement services differently based on their culture.

E. Service Delivery

The services under this plan for crime victims should be seamless for individuals accessing services. For example, a victim would call the crisis line seeking shelter or services as they have in the past. The difference, is the number they are calling may be in their county, neighboring county, or a county in a different part of their region. A victim would still receive a timely response from the designated program in their area.

The services outlined in the IV section of this document provide a summary of the services. Recent studies demonstrated that the best opportunity for victims to leave a violent relationship and stay safe long term is to have access to safe, affordable, permanent housing. While Iowa still needs to have emergency shelter available for DA victims who are in need of immediate safety, asking the majority of DA victims to change their lives in 45 days (average shelter stay) is not reasonable or successful. Instead, we need to look at advocating and assisting victims in finding more permanent housing solutions, which can be done in different ways including but not limited to, strengthening collaborative relationships in the community. In other words, we need to make a shift from focusing our funds and our philosophy on “shelter building” and a “come to shelter” philosophy. Instead we need to promote in our communities that emergency shelter can look very different than a shelter building and still be successful. Emergency shelter can also be hotels/motels, safe homes, or transitional housing. For example stable housing may be achieved through rapid re-housing efforts, securing scattered housing site, keeping victims in their homes by replacing locks, window/doors, or assisting women in relocating to an area where they have access to housing, etc. By rethinking how we define emergency shelter we are better able to utilize our limited resources while reaching more victims in ways that are more specific to their needs. In addition, we need to promote that services; counseling, court advocacy, personal advocacy, housing advocacy, economic advocacy, medical advocacy, etc. are essential parts of assisting victims in putting together the pieces of their life stolen from them through the abuse.

As stated in the IV section of this document, the NIPSV study shows that 80% of female Iowans (41,505) who experienced sexual violence, did so before the age of 25. As previously stated, scarce resources due to the large allocation of funds to shelter-services has meant services to SA victims have suffered. CVAD would like to stress that this is through no fault of the current SA Programs in our state, who have done the best they can on the funds and resources available. The restructuring of victim services is needed in order to increase and build capacity in services to SA victims. We cannot continue to expect service providers to “do more with less”. We instead must find a way to work differently, given the available resources. As noted previously, Iowa has an estimated 55,340 individuals who have experienced sexual violence, yet only 8% of that (4,637) sought services in Iowa’s SA Programs in calendar year 2009. Due to lack of SA-specific funding over the years, the response to victims has been focused primarily on those who seek services in a SA-specific program. Studies have shown that in order to serve SA victims successfully, services need to be brought to SA victims, and our Iowa statistics support this focus as well. In other words, we need to meet victims where they are at in their life. This Plan is an effort to create sustainable, effective services, allowing us the opportunity to provide strength-based services to both DA and SA victims more equitably in our state.

The Plan has provided an opportunity for DA and SA Programs to review their areas of strength and areas of opportunity as well as to look at how to deliver services differently; how to meet the victim where they are at in their life as well as to assess individual victim needs. The VSS Administrator is excited to see how some of the DA and SA Directors are building on each other's strengths and working collectively in their multi-county areas to improve services to victims.

V. Other Service Questions

As mentioned in *II. Process for Creating a Strategic Funding & Services Plan* of this document, the CVAD held regional meetings and met with Iowa's local DA and SA Directors in July, August and September. Through those discussions there were specific questions surrounding services that are outlined in more detail in this section of the document.

A. Emergency Response to Hospitals, Law Enforcement and Emergency Shelter After Regular Business Hours (On-Call)

One of the questions that came to the attention of the Division is how to cover on-call responses in the multi-county service area. In some rural areas it can be difficult to respond in a timely manner 24/7/365/year. Considering that best practice would be to respond to a crisis call within one hour, we collected input from the DA and SA Directors, ICADV and IowaCASA on how to best meet the best practice given the reality of multi-county service areas. Below are some ways to meet the goal.

- Programs must have offices/locations and advocates housed throughout the multi-county service area in order to reach victims where they are at instead of having victims come to them for services.
- DA, Emergency Housing, and SA Advocates will receive cross-training in conducting a thorough emergency response to DA and SA victims. The Iowa Coalition Against Domestic Violence (ICADV) and Iowa Coalition Against Sexual Assault (IowaCASA) have agreed to change to a unified "victim counselor" training as part of advocate certification.
 - In some geographic (rural) areas, a Program may choose to contract with, or create an agreement with another Program in their multi-county service area to have their advocates provide an emergency response to a victim. The agreement will include how to make a transition to the correct Program based on the type of victimization. This would only be allowed between the DA, Shelter-based and SA Program(s) in a given multi-county service area.
- Trained volunteers will be allowed to respond throughout the service area to a DA or SA victim(s) as long as they are cross-trained, able to provide a quality response, willing to respond, and have received additional training and supervision by both the DA and SA Programs. Each program will be required to track their volunteers and volunteer hours separately per their funding requirements.

Each Program will have to address their plan for emergency response (on-call) in their service area as part of their application for funding. In practice programs within the same region will create Memorandums of Understanding (MOUs) between one another specifically laying out their plan for such emergency response. This will help ensure cooperation within a multi-county service area to provide the best emergency response possible and also get the multi-county service area as a whole on the same page. The

CVAD Director and VSS Administrator are open to not only the variety of ways above, but other ways as determined by the Program based on their service area and needs of victims.

B. Multi-County Crisis Line by Type of Victimization*

Currently, there are 30 local DA and SA crisis lines, a statewide DA crisis line and a statewide SA crisis line in Iowa. Based on the new multi-county service areas, the CVAD is requiring that each multi-county service area have one domestic abuse crisis line and a separate sexual abuse crisis line. This would bring the number of crisis lines from 30 to 12 plus the 2 statewide crisis lines.

The sexual abuse crisis line will be answered by a trained advocate or volunteer of the SA Comprehensive Program who can provide crisis counseling 24/7. The SA Crisis Line should be operated through the SA Comprehensive Program. During the transition year, the regional SA Crisis Line may be transferred to the Statewide SA Hotline for after hours and on weekends if there is a set procedure on responding to victims in the region. However, this must be agreed upon by the Statewide SA Hotline. If more than one program receives SA comprehensive services, the Application Review process will determine who will operate the crisis line.

The domestic abuse crisis line will be answered by a trained advocate or volunteer by the DA Comprehensive Program for a multi-county service area. The Division is allowing a compromise position allowing the domestic abuse crisis line be answered Monday through Friday during working hours by the DA Comprehensive Program and after hours by the Emergency Shelter Program if it works better for the victims in the multi-county service area. If there is more than one DA Comprehensive Program in a multi-county service area, it will be determined in the Application Review Process who will house the DA crisis line.

Advocates and volunteers answering the domestic abuse crisis line will be responsible for conducting a housing/economic stability needs assessment in order to know what level of service the victim needs or which program to refer too. All advocates will be trained on conducting a housing/economic stability needs assessment in order to know what level of service the victim needs.

There should not be a limit on how many times a victim or survivor can call either the domestic abuse or sexual abuse crisis line or a time limit on the call. In some instances involving repeat callers, a program may negotiate the amount of time available for supportive calls. It is important to remember, however, that a repeat caller may also have needs that require more time than a previously agreed-on plan. A crisis line can be an important ongoing part of a survivor's list of coping strategies.

C. Subcontract of Services

Throughout the discussions with the DA and SA Directors there have been questions about whether or not a Program could subcontract with another program for services. Subcontracting is an allowable expense if it is reasonable and necessary. A few things to consider if you are requesting to subcontract with another program:

- How would the subcontract benefit victims in your service area?
- Is it the most cost effective way to provide quality services to victims?

- The Application Review Committee and VSS staff will consider the cost effectiveness of allowing administrative costs of a subcontracting agency. How does this save fund and put more advocates in the multi-county service area to provide services?
- Will the cost of the subcontract demonstrate the model of having the most advocates available to provide services in the multi-county service area?
- What happens to services if the program you are subcontracting with closes, or reduces services?
- How will you continue to ensure the philosophy and standards of your agency are being practiced in the delivery of services; including the day-to-day operations of the subcontracting party?
- What is your plan if the program you subcontracted with does not perform within the parameters of your funding or philosophy of your program?
- If you are subcontracting with a program that provides dual DA and SA services, how will you ensure that SA services are being provided?

As part of your application for funding you must provide any subcontracts for services to be paid with VSS funds. The CVAD Director, VSS Administrator, and Application Review Committee may award funds with stipulations on subcontracts including not allowing a subcontract or a modification of the subcontract. The VSS Program is considering having each subcontract demonstrate they are providing the most cost effective and quality services through specific reporting for each subcontract in addition to the required reports by each funded agency/program.

D. Volunteer Programming

Each type of program must have Volunteer Programming in order to meet the requirements of federal funding. In discussions with DA and SA Directors, some ways of conducting volunteer programming emerged:

- Each type of program would administer their own Volunteer Programming.
- Volunteer positions will have job descriptions, training and accountability measures in place.
- The DA Comprehensive, Emergency Shelter and SA Comprehensive Program provide joint Volunteer Programming. The Program would count the volunteer hours based on which Program the volunteer chooses.
- In addition, programs in a service area could agree on the volunteer hours tracking forms, volunteer application, and could jointly work on providing volunteer recruitment and training. All volunteers would sign confidentiality agreements with the Program for which they volunteer.

Consolidating volunteer training is one example of how a region can collaborate and benefit from each other's strengths.

E. Fundraising, Foundations, Local and Federal Government Funds

Some of the things that emerged through discussions with DA and SA Directors were how to continue to receive local funding and show how the benefits of local funding are staying in the local area. There are currently several programs that have a four or more county service area. As evidenced by these programs the process is the same for one county service area: funds should be tracked separately by county/local area in order to make sure funds are utilized in the designated county or local area. It will also require collaborating and talking with leaders in communities about how a Program will ensure the funds will stay local, how the Program will provide services, and how the Program will collaborate with other Programs to provide services.

In some multi-county service areas, DA and SA Directors are already talking about how they can partner together to write applications to the federal government, foundations and conduct joint fundraising activities to benefit all victims and all of their Programs (DA Comprehensive, SA Comprehensive and Emergency Shelter). There are discussions about how to jointly talk to United Way and local governments.

ICADV, IowaCASA and CVAD will work with Programs to assist them in making a smooth transition of services and service areas. The CVAD Director has already started talking with United Way on the importance of continuing to fund the Programs to provide services.

VI. Multi-County Service Area

A. Map

The next page is a map which provides a breakdown of the six multi-county service areas. The map will assist the funds in being equitably distributed across the state. There have been changes to the map made based on information provided by the community at the community meetings that had to do with factors of how the counties shared more than DA and SA services, but community-based services.

VII. Formula

The CVAD Director and VSS Administrator requested input from DA and SA Directors on the formula to be utilized in equitably distributing the VSS funds. DA and SA Directors voted on their preference of formulas and votes were equitably distributed between two formulas:

- (1) Formula #1: 10% to Culturally Specific programs, 60% for a base amount and 40% based on the population of the service area.
- (2) Formula #8: 10% to Culturally Specific programs, 60% for a base amount and 40% based on the population of the service area and the funds being distributed by county in each of the service area.

ICADV, IowaCASA and VSS staff also provided input on the formula in order to distribute the funds equitably between services areas and types of victimization. The CVAD Director and VSS Administrator will distribute the funds based on Formula #1.

The reason for Formula #1 is that Formula #8 would put an unrealistic burden on Programs to prove that the funds were distributed and implemented to the penny in each of the counties. Realistically, providing emergency services to victims has to allow for some flexibility in scheduling staff and funds. The CVAD Director and VSS Administrator believe all areas of the State should receive services and based on the Plan, VSS funds will be equitably distributed.

The VSS funds will be dispersed to the six multi-county service areas based on Formula #1.

VIII. Designation as Victim Service Providers

In discussions with DA and SA Directors, it was asked whether or not a DA program, SA program, or shelter-based program for victims, would be recognized as a provider of services if they did not receive VSS funds. In reviewing Iowa Code and the Administrative Rules, a program can apply to the CVAD to be designated as a provider of crime victim services. The CVAD will formulate an application process for receiving this designation by May 1, 2013 including a timeline of when applications will be due in CVAD and when the final determination of designation as a victim service provider will be completed. Programs will have to provide information regarding services to be provided, budget, and security measures and other information deemed pertinent by CVAD. CVAD recognizes the importance of having trained advocates and will require advocates be certified; which will be outlined in the application process.

IX. Transition Plan

The CVAD Director and VSS Administrator in consultation with ICADV and IowaCASA will write a transition plan of services for any program that does not receive VSS funding and to assist Programs receiving funding in a new service area. The plan will include but not be limited by the following:

- transition of outreach services,
- transition of shelter services,
- ensuring client records retention,
- ensuring financial records retention,

- community notifications including making introductions between current collaborative partners and the new Program to provide services,
- mileage to set-up introduction meetings with key community stakeholders in new service areas,
- equipment for advocates to be more mobile,
- consulting fees around dissolving programs,
- staff and volunteer notification, and
- other items as determined by the CVAD.

The CVAD Director and VSS Administrator will continue to gather input from DA and SA Directors to create a plan that can be implemented.

In discussions with ICADV and IowaCASA and in order to make a transition complete, there will be a 3-month transition period (July 1-September 30, 2013) in order to assist programs in making this transition. If a larger appropriation is made available a 9-12 month transition plan will be considered. In order to make this transition as smooth as possible, CVAD will issue one time scope contracts through an application process that will begin in June. The range of funds available to apply for will be determined after the appropriation has been determined. Any of these scope contracts with unspent monies at the end of the contract period, will be reverted to the Fund for future victim service programming.

X. CONCLUSION

This Plan is a basis for strengthening victim services and equitably distribute funding, so victims will receive strength-based services. Over the past ten years Iowa has seen eleven victim service programs close due to funding shortages. State and federal funding reductions have made it impossible to continue providing services at the level we have provided them here in Iowa. Iowa Attorney General Thomas J. Miller has allowed CVAD to utilize funds from our reserve to sustain programs through current reductions; however this is not a sustainable long-term solution. There are victim service programs in our state, in jeopardy of closing their doors, or minimizing services due to decreases in funding, at no fault of their own.

It became apparent the majority of VSS funds were being funneled to shelter services. Through an evaluation of current service provision, shelters in Iowa are only serving roughly 11.2% of the total number of victims being seen by our programs. The remaining 88.8% are receiving other services from our programs, such as advocacy, counseling, safety planning, court accompaniment and other comprehensive services. We recognize that shelter is a critical piece of the puzzle in serving victims of DA and SA however it is not the only piece and we need to expand our definition of what victims need.

Both on the State and National level, we are finding victims are seeking more permanent, stable housing options, rather than traditional emergency sheltering. In Iowa, over the past three years, we have seen a 40% decline in victims seeking shelter in urban areas and a 17% decline in rural shelter usage. We also found our shelter vacancy rate at a point in time study was 42%. This means only 58% of the shelter beds in Iowa were being used at a given time. In addition, an estimated 55,340 Iowans reported experiencing sexual violence (SV) in 2009 and due to the lack of resources and staff, SA Programs were only available to respond to 8% (4,637) of those victims. It is very clear we need to recognize the needs of victims are

changing. This Plan is meant to ensure service provision and the allocation of resources, are always taking into account the currently unmet needs of crime victims.

While we recognize the victim service field is in dire need of additional resources, we have to continue planning based on the current funding levels. If we would have had to pass down the funding cuts we were able to make up for this year (approximately \$1 million), several programs around Iowa would end up closing their doors. The trickle down effects of funding cuts has steadily resulted in the closing of programs throughout Iowa. This Plan is necessary in order to take a proactive approach to restructuring victim services, in order to ensure quality, efficient services in all areas of Iowa, for all crime victims.

APPENDIX A: DEFINITIONS

All services provided by a DA and SA program is voluntary based on choices articulated by the victim/client.

Client Services

Advocacy	<p>Advocacy is active support for a cause, person, or policy. Individual advocacy is based in empowerment and supporting a survivor’s choices. Individual or personal advocacy is a partnership with a client working toward change in which a staff person offers options to help clients make their own choices and decisions about their lives; links survivors to formal and informal supports; provides information, support, practical assistance, and mentoring. Advocacy is providing information and support on various options after violence, facilitating survivors’ access to desired services, and ensuring the survivor is treated with dignity and respect by institutions. Advocates provide services to survivors no matter when the violence occurred.</p> <p>Advocates speak or act on another’s behalf; representing the interests and needs of survivors within systems, agencies, and communities in order to improve the helpfulness of responses to abuse and hold perpetrators accountable and also to promote social change to prevent abuse from occurring and/or a person who engages in these activities.</p>
Legal Advocacy (DA)	<p>The purpose of legal advocacy is to ensure fair treatment and accessibility for victims within formal court systems. Legal advocacy for domestic abuse victims, includes at a minimum: basic information about legal rights, options, and processes regarding criminal cases of abuse, dissolution, and custody; information and assistance in obtaining a restraining order; accompaniment to depositions, and hearings for criminal and civil cases; referrals for legal representation; assistance accessing the legal system (e.g. obtaining translation services; faxing documents to another county, etc.); providing counseling and safety planning that may be required as a condition to remove a criminal no contact order; working collaboratively with the victim witness coordinator to eliminate barriers to participation in a court case. More extensive legal advocacy includes: maintaining a Court Watch program to monitor and impact court responses; advocacy for felony cases; assistance preparing immigration papers; development and participation in DART teams.</p>
Legal Advocacy (SA)	<p>Legal advocacy is helping a survivor navigate the criminal and civil legal systems and ensuring the survivor is treated with respect and dignity, including: accompaniment to all police and court appearances; information on police reporting options; information on prosecution and sentencing options; planning for security, including</p>

	protective orders (if eligible); information and support on civil legal issues, including immigration, housing, school, and employment; referral to knowledgeable and compassionate civil legal attorneys; liaising with Victim/Witness coordinators or systems advocates to facilitate survivor's access to court appointments, etc.; assistance with Victim's Compensation and other procedures related to the violence; and options for criminal, civil, and safety-related—for survivors of long-past sexual violence.
Medical Advocacy (SA)	Medical advocacy is providing information and support related to healthcare after violence, including: accompaniment to <i>emergency</i> medical procedures, such as SANE exams, and <i>ongoing</i> medical care, such as follow-up STI testing or dental exams; information on healthcare options, emergency and ongoing; information on forensic exam options; accurate information on STIs, pregnancy, and other health issues; referral to knowledgeable and compassionate healthcare providers for ongoing medical care healthcare options for survivors of long-past sexual violence; and assistance with billing and Victim's Compensation.
Medical Advocacy (DA)	Hospital/medical advocacy refers to in-person crisis intervention, advocacy, information, and referral for victims of domestic violence/abuse, and non-offending accompanying individuals, provided in a medical facility and/or relating to the survivor's health needs. At a minimum, this includes such services as accompaniment and support during examinations, information about victim rights in regard to reporting injuries to law enforcement, and assistance applying for crime victim compensation to reimburse medical expenses. Expanded medical advocacy would include assisting a client to meet ongoing healthcare needs, (e.g. transporting to University of Iowa Hospitals for care, facilitating access to prescribed medications, hosting a well-child clinic on site, connecting a client to visiting nurses services); building collaborative relationships with family practice , reproductive health care, and non-emergency services providers.
General Advocacy (SA)	General advocacy, or case management, is providing ongoing advocacy to assist sexual assault victims in meeting their additional needs in accessing services not provided by the program, including but not limited to legal services; housing (transitional, temporary, permanent); financial assistance; mental health services; alcohol and other drug treatment and recovery programs; immigration assistance; healthcare; employment; and parenting assistance.
Case Management (DA and SA)	Assisting a client in the development of a plan to meet current and ongoing needs for safety and well-being, and coordinating the implementation of that plan by: facilitating the provision of services provided by agencies and other professionals; linking the client to formal and informal supports; and follow-up. Activities on the plan may include: ongoing and long-term safety planning; medical,

	<p>nutritional and/or health services; law enforcement assistance; legal remedies and services; public assistance services, including job training and support services; short-term, transitional and/or permanent housing; child care services and parenting education; child protection services; alcohol and drug evaluation and education; alcohol or substance abuse treatment services; services for persons with disabilities; transportation assistance; education, continuing education, GED and/or literacy classes; lesbian, gay, bisexual or transgendered support services; employment readiness services and/or job training; interpreter/translation services and/or immigration assistance; financial planning and credit rights information and services; and/or other related services as needed.</p>
Counseling	<p>Counseling supports the survivor's emotional healing through empowerment, validation, psycho-educational skill development, normalizing, encouragement, and listening. It helps survivors sort out their options; to end feelings of isolation; to gain personal empowerment; and to heal the traumatic effects of violence. Counseling is provided by trained Victim Counselors and may occur in individual or group settings. Counseling may include a range of modalities and techniques, including experiential methods specifically for children.</p>
Support groups	<p>Support groups are a safe space for survivors to share information, support, and validation to support each individual's healing and break the sense of isolation many survivors feel. Support groups may be curriculum based and time-limited, and should be segregated as much as possible by type of victimization.</p>
Crisis intervention (including crisis line or hotline services information)	<p>24-hour, fully accessible crisis intervention, including toll-free telephone line (crisis line), staffed by trained staff and/or volunteers of the program to stabilize emotions, clarify issues, provide support, and explore options to meet the individual's immediate needs. A pager system, message machine, answering service, or call-back services are not crisis line/hotline services.</p> <p>Crises may include the current victimization incident, but also emotional crises related to memory, disclosure, traumatic event, or any legal proceeding or involvement. Crisis intervention provides support, listening, help in developing coping skills, education about the violence and the effects of violence, information on advocacy, information on legal options and rights, information on medical options, and short-term crisis counseling to anyone who is coping with the effects of violence. It also includes assessing risk/danger, assessing suicide lethality/homicide lethality, needs assessment, establishing rapport, identifying current problems, safety planning, exploring alternatives, assisting in formulating an action plan, and providing resources for follow-up.</p> <p>If crisis intervention is limited within the program (e.g., limited hours</p>

	or limited training advocates), program staff are to be knowledgeable of providers and contact information for trained 24-hour crisis intervention for sexual violence or domestic violence/abuse survivors.
Children's Programming	<p>A program specifically designed for children who have been victimized and traumatized by abuse they have sustained or by exposure to a domestic/sexual violence perpetrator. Activities might include mother/child interactive playtime, peer support groups, art therapy, child care, and prevention programming. A children's program can provide information to children about domestic abuse, sexual abuse, healing, dealing with conflict, trauma, and devising safety plans. Children's programs may also include components of all of the above activities focused on the needs of older youth, as well as social change and primary prevention efforts. Child services are provided in an appropriate setting, with furniture and equipment for children.</p> <p>A child advocate is a paid or volunteer victim services professional specifically trained to provides specific, competent services to child and teen survivors. Child advocates provide</p> <ul style="list-style-type: none"> • crisis intervention and crisis counseling to children • safety planning • facilitating access to schooling • assistance in the reporting of child abuse • providing information about parenting techniques, children's trauma issues and recovery from trauma, • engaging in secondary and primary prevention efforts • developing and implementing programming for children, • advocating for children within the juvenile, civil, and criminal court systems, • advocating for families engaged with the child welfare system • and strengthening the relationship between non-offending parents/caretakers and children.
Client assistance funds	Small grants made to clients to assist with safety needs when other means are unavailable and where such assistance provides a quick solution to implementing or preventing a barrier to implementing a client's safety plan, such as: buying smoke detectors, making a payment to a utility company to ensure service until other supports become available, buying school supplies, paying for bus tickets.
Economic Justice Advocacy	At a minimum, economic justice advocacy assists individual clients with accessing basic needs such as food, clothing, and housing. Holistic economic justice advocacy and programming includes an array of activities aimed at removing economic inequalities and promoting personal well-being and safety through economic empowerment, such as: offering financial literacy classes; assistance identifying and applying for educational grants; connecting clients to

	programs for adult and returning learners, life-skills training, and job-training; information on landlord tenant issues and rights; assistance applying for welfare, disability, or other benefits; etc.
Rapid Rehousing	Rapid Rehousing provides rental assistance to homeless individuals, families with up to 24 months of rental assistance. The assistance can be short-term (up to 3 months) or medium term (up to 24 months) and there is broad discretion on type length and depth of assistance. As with all our programs, rental assistance programs should be a voluntary option not a required program. In order to qualify as rapid rehousing, the homeless individual or family must have a lease with the landlord.
Safe Homes	Safe homes provide temporary shelter to survivors of domestic abuse within a trained volunteer's home or a motel/hotel. They may be used when: shelter services are not available in the region; shelters are filled to capacity; the distance between the individual or family seeking safe shelter and the shelter facility prohibits immediate access to the facility; the individual or family seeking safe shelter has special needs best served by shelter provision through a motel/hotel placement, including the gender of the individual seeking shelter, wheelchair or other accessibility needs; safety or other circumstances.
Safety Plan	A safety plan is an individualized plan to address the barriers to achieving safety and well-being faced by survivors of abuse. Safety plans may include: medical, nutritional and/or health services; law enforcement assistance; legal remedies and services; public assistance services, including job training and support services; short-term, transitional and/or permanent housing; child care services and parenting education; child protection services; alcohol and drug evaluation and education; alcohol or substance abuse treatment service; mental health services; enhancement of coping skills for trauma; respite care; services for persons with disabilities; transportation assistance; education, continuing education, GED and/or literacy classes; lesbian, gay, bisexual or transgendered support services; employment readiness services and/or job training; interpreter/translation services and/or immigration assistance; financial planning and credit rights information and services; and/or other related services as needed.
Shelter	Shelter is a temporary emergency housing solution that typically involves a communal living space with varying availability of private living space such as bedrooms. Shelter is staffed by advocates twenty-four hours a day who are available to provide information, referral, and support. Shelter also provides for basic food, clothing, telephone, and hygiene needs. Length of stay is typically from a few weeks to a few months until stable housing can be secured. Immediate safety risk, e.g. a victim is awaiting the trial of a perpetrator out of bail who has threatened to harm her, is typically the reason for shelter services.

Transitional Housing	The goal of transitional housing (TH) is to help residents archive self-sufficiency. Best practice aims to move a resident as quickly as possible into market/permanent housing. In Transitional housing programs, the residents do not have a lease. Transitional housing provides up to 24 months of housing for homeless individuals and families. Transitional housing residents may be asked to pay up to 30% of their income into an escrow account or to help support the program.
Transportation Assistance	Transportation means transporting a client directly (staff person drives the person to the necessary location in either a personal or agency vehicle) or indirectly by providing a bus pass, bus or train ticket, paying or arranging for car repair, or assistance in arranging transportation through third parties such as county agencies or the Veterans Administration. At minimum programs should assist with transportation to other victim service agencies and to ensure access to immediate basic needs such as food, clothing, and shelter.

Community Services

Awareness	Awareness activities increase community and allied agency knowledge about forms of victimization, oppression, etc., and the issues that surround them; and ensures that information about a victim service agency's mission and services is well-known, accessible, and ubiquitous. Awareness is not outreach.
Community Organizing	Community organizing is a broad term used to encompass a variety of methods aimed at bringing together the talents, resources and skills of people in the community in order to increase their collective power and create social change. Community organizing must bring together diverse group of stakeholders, as domestic violence/abuse and sexual assault/abuse advocates and programs we cannot succeed in social change work alone.
Community Presence	Programs are an active and visible community presence, clearly identified as the rape crisis center/domestic violence/abuse program. Programs participate in community task forces, Domestic Abuse Response Teams (DARTs), Sexual Abuse Response Teams (SARTs), and other efforts to response to violence. Whenever possible, written protocols and interagency agreements are to be established for coordinated community responses to victimization, such cooperative agreements can be used to further common goals across programs in the community. Programs publicize services on a regular basis, using a mix of marketing strategies. Programs direct particular outreach efforts to marginalized populations in the community.
Information & Referral	Programs make referrals to other community services, and provide general information and resources about healing to survivors and community members. The extent of program involvement in education/outreach will be such that the program is viewed as a vital

	member of the community. The development of education/outreach methods should be guided by and reflect the diversity and character of the community. For example, written and broadcast service information might be made available for non-English speaking populations to match the diversity of the community.
Outreach	Outreach includes learning about communities and engaging its members in discussions of how domestic and sexual violence manifest within that community; how other experiences such as poverty, racism, or isolation impact the issue of violence; traditional ways and resources for communities to deal with social problems; how our programs might be of service to the community; and developing resources and leadership within that community. Outreach is not awareness.
Peer Resource	Programs act as a peer resource, providing advice, assistance, training, and support on a range of organizational and direct service issues for one another. Programs may develop expertise in certain technical assistance areas. Programs will also facilitate access to the coalitions and other resources for training and technical assistance.
Prevention	Prevention is a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of domestic and sexual violence occurring. Prevention programming “seeks to bring about change in individuals, relationships, communities, and society through strategies that: 1) Promote the factors associated with healthy relationships and healthy sexuality, and 2) Counteract the factors associated with the initial perpetration of sexual violence and intimate partner violence. This work values and builds on the strengths of diverse cultures to eliminate the root causes of sexual and intimate partner violence, and create healthier social environments.” (Virginia Sexual & Domestic Violence Action Alliance, 2009). These strategies focus on: stopping conditions that support domestic and sexual violence; promoting conditions that inhibit domestic and sexual violence; and promoting positive behaviors and developing skills that we want others to adopt in order to prevent domestic and sexual violence. In other words, it is focused on decreasing risk factors and increasing protective factors. Examples of primary prevention include, but are not limited to: healthy relationships programming; consent and healthy sexuality work, work that seeks to break down ridged gender stereotypes, and bystander intervention. Awareness is not prevention.
Systems/Institutional Advocacy	Advocating for change in the system responses to all survivors or large clusters of domestic and sexual violence survivors, not individual cases, is an important component of anti-violence work. It is active engagement with agencies and social institutions to change policy, practice, beliefs, and attitudes. Programs shall build relationships with a broad range of service providers in the community, including nontraditional partners. Relationships with

	<p>other victim service programs and other providers outside of direct victim services are crucial to enhancing overall services; these relationships ensure that community service to victims is based on accurate and up-to-date knowledge of services and partnerships. Programs offer training to systems professionals to build the system's capacity for compassionate and competent victim response.</p>
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Organization

Certified Domestic Abuse Advocate	The term Certified Domestic Abuse Advocate describes an advocate who has met the minimum requirements for a victim counselor as well as completed the advanced training, supervision, and client contact requirements outlined in the certification manual and have been approved ICADV's certification committee. They are bound by the Certified Domestic Abuse Advocate Code of Ethics.
Certified Sexual Assault Advocate	The term Certified Sexual Assault Advocate describes an advocate who has met the minimum requirements for a victim counselor as well as completed the advanced training, supervision, and client contact requirements outlined in the certification manual and have been approved IowaCASA's certification committee.
Client	Client refers to all persons, including minors, receiving services from victim service programs and their agents. Clients include persons variously referred to as "victims," "survivors," "residents," "guests," or "the women, men and youth served by DA and SA Programs."
Consultation	Consultation includes: action planning and case management, debriefing of personal reactions to advocacy work, policy or procedure clarification, assistance with resolution of ethical or boundary dilemmas, information and direction on specific issues, and reviewing training received for comprehension and application. Consultation can be face to face or by phone.
Cultural Competence/Anti-Oppression	<p>"Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each" (NASW Standards for Cultural Competence in Social Work Practice, 2001). Demographics of the staff, volunteers, board, and service population should roughly reflect those of the geographic area served, excepting programs specifically targeted toward underserved populations.</p> <p>Programs promote equal service access for all individuals and ensure that training and education are available to the community served. Programs are not to deny service on the basis of race/ethnicity, language, sex/gender, age, sexual orientation, (dis)ability, social class, economic status, education, marital status, religious affiliation, residency, or HIV status. If program service is inappropriate for an</p>

	individual, referrals are to be provided to those persons not served. Program staff should be well-versed in appropriate and acceptable responses to spiritual dimensions of trauma and make appropriate accommodations for culturally specific spiritual practices.
Direct Services	Contact made by an advocate with an individual victim. Direct service activities may include answering crisis calls, shelter monitoring, court or law enforcement accompaniment, responding to clients in health care settings, individual counseling, support groups, supervising children's activities, and other activities that bring advocates and clients in personal contact. Direct service does not include coalition building activities, fund raising, community education, grant writing, personnel management, and similar, necessary, but indirect work.
Domestic Violence/Abuse	Domestic violence/abuse,(also known as <i>domestic abuse</i> or <i>battering</i>), is a pattern of intentional behavior, including coercion, threats, emotional and physical abuse, whose purpose is to gain power and control over a current or former intimate partner.
Domestic Violence/Abuse Program	Includes all projects or programs that are members of the Iowa Coalition Against Domestic Violence providing services to battered women, men and their children.
Indirect Victim/Secondary Victim	A person impacted by a crime who was not the direct victim of the crime, often a friend, family member, or significant other, or member of the victim's community, such as the parent of a homicide victim, the boyfriend of a rape survivor, the ethnic community of a hate crime victim, etc.
Limited English Proficiency (LEP)	<p>"The federal government and those receiving assistance from the federal government must take reasonable steps to ensure that LEP persons have meaningful access to the programs, services, and information those entities provide. This will require agencies to think of creative solutions to address the needs of this ever-growing population of individuals, for whom English is not their primary language.</p> <p>Who is a Limited English Proficient Person? Persons who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English can be limited English proficient, or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter."</p> <p>Excerpt above taken from the http://www.cops.usdoj.gov/pdf/LEP-recipient-factsheet.pdf.</p>
Prison Rape Elimination Act (PREA)	The Prison Rape Elimination Act is the first United States federal law passed dealing with the sexual assault of prisoners and was enacted in 2003.
Rural	There are many ways to define rural, depending on the purpose. Sims

	suggests that “rurality exists more as a state of mind and attitude than as an area on a map or a ratio of persons per square mile” (as quoted by NSVRC, 2003). Rural communities have unique cultural characteristics that influence the way services are provided and accessed (NSVRC, 2003). These unique characteristics born of the geographic, and sometimes social, isolation provide unique strengths and challenges to those providing sexual assault and domestic violence/abuse services and require particular consideration in service structure and mandates.
Sexual Assault/Abuse Program or Rape Crisis Center	Includes all projects or programs that are members of the Iowa Coalition Against Sexual Assault (IowaCASA) providing services to sexual abuse/assault/violence survivors and prevention of sexual violence/abuse.
Sexual Violence	The World Health Organization defines sexual violence as “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” Additionally, WHO emphasizes that a person who commits sexual violence uses coercion, which can include “physical force...psychological intimidation, blackmail or other threats—for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent—for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation” (Jewkes, Sen, and Garcia-Moreno, 2002, p. 149). Programs serve all survivors of sexual violence, no matter when the sexual violence occurred.
Significant Others	Romantic or sexual partner, family member, friend, or others on whom an individual is dependent for meeting part of her or his mental, physical, financial, social, emotional, and spiritual needs and who is indirectly affected by the violence.
Trauma-informed	A trauma- informed approach recognizes that adverse life experiences are common among people seeking services, and how pervasive reactions to trauma are in terms of mental health, physical health, coping skills, help-seeking behaviors, and human relationships. A trauma-informed agency assesses its organization, policies, and service delivery to ensure every step includes a basic understanding of how trauma affects the physical, mental, and emotional well-being of clients, and modifies the agency’s functioning to respect the vulnerabilities of survivors, support recovery, and avoid re-traumatization.
Underserved Communities	Historically, our services have not reached many people who have a need for services. These underserved groups include: people from minority ethnic groups, people with disabilities, LGBTQ people, elder clients, immigrants, people who are or have been trafficked,

	people from marginalized religious/spiritual communities, people living in extreme poverty, incarcerated victims, adult survivors of incest, parents of abused children, sex workers, and people working in prostitution or the pornography industry.
Victim/perpetrators	<p>The member programs of IowaCASA and ICADV retain the right to assess who is the primary physical aggressor and who is a victim eligible to receive services regardless of previous assessments or labeling by the court system, child protective services, etc. Some survivors also perpetrate violence, both sexual and domestic. RCCs sometimes learn of survivors' perpetration from the survivors themselves, sometimes from a report from a victim or law enforcement, and sometimes from staff or shelter guests' eyewitness accounts in shelter. Sending these clients to offender treatment immediately may seem like the simplest or best solution, but it does not meet the needs of the client as a whole person. There are several questions to consider in constructing guidelines for these clients. Programs should consider each individual case, considering these questions:</p> <ul style="list-style-type: none"> • What is the nature of the offense? • How can we keep our program and other clients safe? • What services are we qualified to provide? • How can we act with compassion and ethics?
Victim Counselor	An advocate who has completed the required training as outlined in Iowa Code to provide domestic violence/abuse or sexual assault advocacy who works (paid or volunteer) under the supervision of a member program of either IowaCASA or ICADV.
Volunteers	Programs utilize volunteers from the community in prevention, direct service, fundraising, and other aspects of the program. The program has written policies and procedures regarding the recruitment, screening, training, supervision and/or dismissal of volunteers who provide both direct and in direct services. Such policies will clarify the roles and contributions of volunteers to the program's provision of service, with specific detail addressing how, when, where and the frequency with which volunteers will be used. All paid and unpaid staff and/or volunteers are required to complete the training requirements as outlined by IowaCASA, ICADV, and the Iowa Code. Volunteers and paid staff routinely interact, and paid staff for their contributions should actively recognize volunteers.