

Model Medication Policy for Domestic Violence Shelters

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Goals

- Increased capacity for DV coalitions and programs to create more accessible and trauma-informed shelter programs
- More guidance for staff and advocates designing medication policies to better serve survivors who are experiencing mental health symptoms or living with mental health disabilities, including substance use disorders.

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Model Medication Policy for Domestic Violence Shelters

- Intended to provide guidance on designing medication policies reflecting survivor-centered values
- Designed to help create more accessible and trauma-informed shelter environments

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Model Medication Policy for Domestic Violence Shelters

- Provides guidance on drafting policies compliant with ethical and legal obligations per ADA, FHA, and Section 504 of the Rehabilitation Act.
 - These federal statutes have implications for how DV shelters screen and admit survivors and how they store and handle medications.

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Policy Guidance

- The Model Policy is intended to provide guidance for DV coalitions and programs.
- It is not a substitute for legal counsel.
- DV programs should consult with an attorney to ensure their policies comply with all relevant local, state, and federal laws.

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Shelter Policy on Medications

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Purpose of Medication Policy

- To provide safe, accessible, and trauma-informed environment for survivors of DV and their children
- To ensure ethical and legal obligations to provide services without regard to disability status are met

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Definitions

- **Medication** means any drug legally in the possession of the survivor, her children, or a person seeking admittance to the shelter; this definition includes Rx meds and meds available for legal purchase without a Rx.
- **Dispensing Meds** means distributing or providing meds to a person staying at shelter by opening a locking closet or container and handing the med container or individual dosage to another person.

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More Definitions

- **Mental Health Disability**, as defined by the ADA, means a mental health-related (1) "impairment that substantially limits one or more major life activities," (2) "a record of such an impairment," or (3) "being regarded as having such an impairment."

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Policy Provisions: Advocacy

- Create a welcoming, inclusive environment where all survivors are empowered to identify and access needed supports and resources
- Do not discriminate against or “screen out” survivors based on their or their children’s disability status or use of meds
- Offer advocacy related to mental health, disability, and use of meds in the context of safety planning to ensure all survivors’ needs are addressed

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The ADA and FHA do NOT prohibit us from serving survivors using illegal drugs.

- A survivor would simply not be **protected** under the ADA and FHA on that basis.
- While not considered a disability under the ADA or FHA, use of drugs can be disabling and is often a form of self-medication for the traumatic effects of abuse or mental health conditions.
- Survivors may also be coerced into using alcohol or other drugs by an abusive partner.

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Don’t Make Assumptions

- Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children
- Staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor

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Storage and Dispensation of Medications

- Privacy, autonomy, and a safe shelter environment are critical.
- Do not store, dispense, or monitor access to meds.
- Provide every survivor with an individual locking box, locker, or locking cabinet (“locked space”) for storage of meds and valuables.

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Storage and Dispensation of Medications

- Do not limit or monitor the survivor’s access to their locked space, such as by holding the key in the shelter office.
- If a survivor indicates they need access to refrigerated storage space; provide refrigerated storage space ensuring the greatest possible privacy and autonomy.

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Policy Provisions: Safety

- Medications should be safely secured and an agreement to that effect should be signed.
- Program accommodations can be made unless non-compliance poses a direct threat to the safety of the survivor or to others.

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Program Accommodation

- We recognize survivors come to shelter with many diverse needs. As advocates, we are committed to meeting the individual needs of each survivor.
- Whenever possible, make accommodations to ensure the shelter is accessible to all survivors.

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Providing Access to Information About Medications

- Staff and volunteers will not provide advice about meds unless they are authorized by law **and** the shelter to do so.
- Staff and volunteers may provide Internet access for clients to find out information about medications.

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Nurse and Physician Visits

- Abuse can affect mental health and MH services can be helpful for survivors and their children.
- Everyone has the right to control their own mental health care.
- MHPs are welcome at shelter on a regular basis to answer questions about meds, provide med evals, and/or prescribe meds.
- No one is required to meet with MHPs, participate in MH Tx, or take meds as a condition of shelter or receipt of services.

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Policy Violation

- Reporting
- Reflective Supervision
- Outcomes and/or Consequences

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**Talking About
Mental Health & Medications
with Survivors in Shelter**

Talking Points for Advocates

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Don't ask. Offer.

- Trauma-informed discussions about mental health and meds should take place within the context of DV and safety.
- Offer advocacy and support to everyone.

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Medication Safety Agreement
Key Concepts

- Universal
- Privacy
- Self-Determination
- Rights and Responsibilities
- Questions & Concerns
- Accommodations

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Mini-Safety/Sobriety/Wellness Plan

- Strategize Steps to reduce risk/use/harm
- Develop Options to keep safe/sober/well
- Identify Trusted allies/safe sponsors/strengths
- Plan Means to escape abuser/drugs/unhealthy coping tools
- Discuss Referral resources
- Avoid Danger/persons, places, things/health risks
- Tools HALT/One day at a time/Follow-up

Caution: Written materials, referrals can place IPV victims in danger

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Partnerships for Safety, Sobriety & Wellness

- Address the impact of substance abuse, trauma, and mental health on safety and impact of DV on recovery and wellness.
- Develop integrated tools for screening and referral
 - Provide integrated training on domestic violence, sexual assault, trauma, mental health and substance use, abuse and dependence

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Avoid Revictimizing

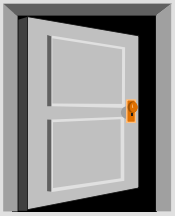
- People do **not** choose to develop psychiatric disabilities or substance use disorders any more than they pick out batterers
- Think before speaking...how would you like to be spoken to?
- Remember to offer respect, not rescue; options, not orders; safe treatment rather than revictimization



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Escaping

- Survivors experiencing co-occurring problems can find safety and recovery options
- People address multiple abuse issues when it is safe to do so
- Offer supportive options for those seeking safety, sobriety and wellness



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“They were right there for me”



“Somebody wanted to show me support, listen to me, not yell at me, not scream at me, just look at some options instead of that. Through them showing love to me, I began to love myself. I didn't deserve the punishment for all that had happened in my life. The continuous bad relationships, continuous abusing the drugs, and shame and the guilt I felt from all that. I deserved better. It was also OK to heal from all that.”

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Forging Partnerships

Integrated Stages of Social Change

- Assessing Substance Abuse & Mental Health in context of DV/SA coercion & safety
- Information and Education
- Advocacy based counseling, consider link with counselor
- 1-1 and Group
- Practical non-judgmental options and support
- Referral and Linkage
- Safety linked with sobriety and wellness
- Social Change Model
- Screening for Domestic and Sexual Violence as barriers to treatment and recovery outcomes
- Information and Education
- Solution Based Counseling, consider link with advocate
- 1-1 and Group
- Practical non-judgmental options and support
- Referral and Linkage
- Sobriety and wellness linked with safety
- Social Change Model

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Community Partners

- Advocates are your local experts
- Refer women to your local Domestic Violence/Sexual Assault program!
- Behavioral Health Providers are your local experts
- Refer women to your local Chemical Dependency or Mental Health Providers!

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