

# **MODEL MEDICATION POLICY FOR DV SHELTERS\***

## **Introduction**

As state domestic violence coalitions and local domestic violence programs across the country work to create more accessible and trauma-informed shelter programs, staff and advocates have sought guidance on designing medication policies that better serve survivors who are experiencing mental health symptoms or living with mental health disabilities.

This Model Medication Policy for Domestic Violence Shelters, developed in response to these requests, is intended to provide coalitions and programs with guidance on designing medication policies that reflect survivor-centered values and to help to create more accessible and trauma-informed shelter environments. It also responds to requests from domestic violence programs for guidance on drafting policies that comply with their ethical and legal obligations under the Americans with Disabilities Act (ADA),<sup>1</sup> the Fair Housing Act (FHA),<sup>2</sup> and Section 504 of the Rehabilitation Act.<sup>3</sup> These three federal statutes have implications for how domestic violence shelters screen and admit survivors and how they store and handle medications.

While this Model Policy is intended to guide domestic violence coalitions and programs as they work to draft medication policies and train staff in ways that support survivors and their children who are experiencing mental health symptoms or living with mental health disabilities, it is not a substitute for legal counsel. Domestic violence programs should consult with an attorney to ensure that their policies comply with all relevant local, state, and federal laws.

For more information or to provide feedback on this Model Policy, please contact the National Center on Domestic Violence, Trauma & Mental Health at 312-726-7020 (P), 312-726-4110 (TTY), or [info@nationalcenterdvtraumamh.org](mailto:info@nationalcenterdvtraumamh.org).

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<sup>1</sup> The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).

<sup>2</sup> The Fair Housing Act (FHA Amendments Act of 1988, 42 U.S.C. §§ 3601 et seq.).

<sup>3</sup> Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794).

## **Shelter Policy on Medications**

### **I. Purpose**

\_\_\_\_\_ (“the shelter”) is committed to providing a safe, accessible, and trauma-informed environment for survivors of domestic violence and their children. In addition, the shelter acknowledges its ethical and legal obligations to serve survivors of domestic violence and their children without regard to disability status. To these ends, the shelter has adopted this medication policy. All staff and volunteers will receive training on and copies of this policy. Staff and volunteers are responsible for complying with the policy and for seeking guidance from a supervisor if they have any questions or concerns about the policy.

### **II. Definitions**

For purposes of this policy, the following definitions will apply:

- 1) **Medication** means any drug that is legally in the possession of the survivor, her children, or a person seeking admittance to the shelter or her children; this definition includes prescription medications and medications available for legal purchase without a prescription.
- 2) **Dispensing** medication means distributing or providing medication to a person staying at the shelter by opening a locking closet or container and handing the medication container or individual dosage to another person.
- 3) **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.”<sup>4</sup>

The World Health Organization International Classification of Functioning, Disability and Health (ICF) defines disability as “the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives.” Thus, disability is not a static state of impairment but “falls on a continuum from enablement to disablement.” Trauma and mental health conditions can precede psychiatric disability but do not always do so. Psychiatric disability occurs when the effects of trauma and/or mental health conditions significantly interfere with the performance of major life activities. Psychiatric disability may come and go, remit, or be more persistent. Safety and support can reduce psychiatric disability.

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<sup>4</sup> The Americans With Disabilities Act (42 U.S.C. §§ 12101 et seq.).

A person who is in recovery from an addiction to illegal drugs or alcohol is considered disabled and protected from discrimination under the ADA. However, disability status is *not* conferred by the *use* of illegal drugs. Current users of illegal drugs and persons convicted for illegal manufacture or distribution of a controlled substance are not considered disabled by virtue of that activity or status.<sup>5</sup>

### III. Policy Provisions

#### A. Advocacy Related to Mental Health and Medications

The shelter seeks to create a welcoming and inclusive environment in which all survivors are empowered to identify and access the support and resources that they need. The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. However, the shelter recognizes that offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

- 1) Staff and volunteers will not ask questions about survivors’ or their children’s mental health status, disability, or use of medications as part of the screening process.
- 2) Staff and volunteers will provide every survivor who is residing at the shelter with a copy of this medication policy and/or an explanation of the policy.
- 3) Staff and volunteers will offer every survivor information and advocacy related to mental health, disability, and medications. Here are some examples of how staff and volunteers can start this conversation:
  - “Experiencing abuse can affect how we feel and respond to other people and the world around us.”

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<sup>5</sup> Neither the ADA nor the FHA prohibits programs from serving survivors who are currently using illegal drugs. The 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 alcohol or other 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. Therefore, while not the focus of this policy, employing strategies to support survivors with regard to alcohol and other drugs is a critical part of ensuring that DV services are accessible and survivor centered.

- “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done in a day.”
  - “I hope that this can feel like a safe space to talk about how you’re feeling.”
  - “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
  - “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
  - “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”
- 4) Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children; instead, staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor.

## **B. Storage and Dispensation of Medications**

The shelter seeks to afford shelter residents with the greatest possible privacy and autonomy, while also providing a safe shelter environment.

- 1) Staff and volunteers will not store or dispense medication or monitor how survivors access medications.
- 2) The shelter will provide every survivor with an individual locking box, locker, or locking cabinet (“locked space”) for storage of medications and valuables.
- 3) The shelter will not limit or monitor the survivor’s access to her locked space, such as by holding the key in the shelter office.
- 4) If a survivor indicates that she needs access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy.

## **C. Safety Agreement**

During a survivor’s stay at shelter, staff and volunteers will ask her to make sure that any medications she has are safety secured.

- 1) The shelter will ask every survivor to sign an agreement that she will store any medications in her individual locking box, locker, or locking cabinet

provided, or if it is one requiring refrigeration, as otherwise provided. The agreement will provide that survivors who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).

- 2) In the event that the survivor has concerns about signing the agreement, staff or volunteers will ask the survivor if an accommodation or change to the policy would allow her to comply. If the staff or volunteer and the survivor cannot find a reasonable accommodation to the policy and non-compliance poses a direct threat to the safety of the survivor or to others, the survivor can be asked to leave shelter.

#### **D. Accommodations**

The shelter recognizes that survivors come to the shelter with many diverse needs. As advocates, we are committed to meeting the individual needs of each survivor. Whenever possible, we will make accommodations to ensure that our shelter is accessible to all survivors.

- 1) Survivors will not be required to take medication as a condition of shelter or receipt of services.
- 2) If a survivor has difficulty following any rule or policy of the shelter because of her mental health condition or use of medication, the shelter staff will work with the survivor to find a reasonable accommodation.<sup>6</sup>
- 3) If a survivor engages in behavior that is related to her mental health condition or use of medication and that poses a direct threat to herself or other people, the shelter will (1) take steps to ensure the immediate safety of all individuals and then (2) work with the survivor to find a reasonable accommodation that is aimed at eliminating future threats.
- 4) A survivor will not be asked to leave shelter unless (1) her behavior or inability to follow a rule or policy poses a direct threat to herself or other people, (2) there is no reasonable accommodation that would eliminate the

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<sup>6</sup> Examples: (1) A client whose medication causes her to experience nausea will not be required to participate in meal preparation. (2) A client whose medication makes it difficult for her to sit through group meetings may be excused when she feels she must leave. (3) A client whose medication makes her very sleepy and/or who needs extra sleep may work out an alternative schedule with staff for her attendance at job training or other required activities.

direct threat, and (3) all possible and appropriate referrals are made to ensure the safety and well-being of the survivor and others.

### **E. Providing Access to Information About Medications**

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

### **F. Nurse and Physician Visits**

The shelter recognizes that abuse can affect a person's mental health and that mental health services can sometimes be a critical component of the services that survivors and their children need to heal from trauma. The shelter also recognizes the right of each person to control her own mental health care.

- 1) The shelter will make every effort to provide access to mental health services including, when possible, arranging for a mental health professional to visit the shelter on a regular basis to answer questions about medications, to provide medication evaluations, and/or to prescribe medication.
- 2) Survivors and their children will not be required to meet with mental health professionals, participate in mental health treatment, or take medication as a condition of shelter or receipt of services.

### **G. Policy Violation**

- 1) If a staff member or volunteer becomes aware of a violation of this policy by another staff or volunteer, she is required to report the violation to her direct supervisor or to the appropriate person as indicated in the employee manual.
- 2) If a supervisor becomes aware of a violation of this policy, the supervisor is responsible for addressing the issue with the staff member or volunteer observed violating the policy or that person's supervisor.
- 3) When addressing a violation of the policy with a staff member or volunteer, the supervisor will employ reflective supervisory practices, including discussion about the individual's understanding of the policy and rationale for violating it, steps to remediate, and plan for follow-up supervision.

- 4) Violation of this policy by a staff member or volunteer can result in verbal warning, written reprimand, temporary suspension, or termination, depending on the nature of the violation.

This policy was adopted on \_\_\_\_\_ (date).

\_\_\_\_\_  
Authorized Signature

## TALKING ABOUT MENTAL HEALTH AND MEDICATIONS WITH SURVIVORS IN SHELTER TALKING POINTS FOR DV ADVOCATES

As advocates, we are committed to making every survivor and child feel welcomed at the shelter. We know that everyone comes to shelter with different needs and we are committing to providing everyone with the support and advocacy that she needs to access safety and heal from trauma.

The shelter does not discriminate against or “screen out” survivors based on their or their children’s disability status or use of medications. At the same time, offering advocacy related to mental health, disability, and use of medication can be a critical component to comprehensive safety planning and to ensuring that all of the survivor’s needs are addressed.

### **Don’t ask. Offer.**

When speaking with a survivor, you should not ask her to reveal information about her or her children’s mental health status, disability, or medications. Instead, you should simply offer the same advocacy related to these issues to every survivor by using conversation starters such as the following:

- “Experiencing abuse can affect how we feel and respond to other people and the world around us.”
- “Many people who have been abused experience strong feelings such as anger, sadness, or hopelessness, or they may have difficulty sleeping, eating, or getting things done.”
- “I hope that this can feel like a safe space for you to talk about how you’re feeling.”
- “At this shelter, we don’t judge people or refuse services to people based on their mental health status.”
- “If you want to, I hope that this can feel like a safe space to talk about any mental health needs you might have.”
- “When people come to shelter, they sometimes have to leave important medications behind. If you need help getting medications that you left behind, you can let us know and we will try to help.”
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\_\_\_\_\_  
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## MEDICATION SAFETY AGREEMENT

Welcome to the shelter. We are committed to providing you with the greatest possible privacy and autonomy during your shelter stay, while also providing a safe shelter environment for everyone.

We recognize that you or your children may have medications with you. If so, you must keep them secured during your stay. We will provide you with an individual locking box, locker, or locking cabinet ("locked space") for storage of these medications. You are responsible for making sure that any medications belonging to you or your children are safety secured in this locking space at all times. You may also use the locked space to store other belongings.

If you have medications that must be taken in the event of a medical emergency, you may carry them on your person (e.g., in a fanny pack). You are responsible for keeping these medications out of the reach of children at all times.

If you have any questions or concerns about this policy, or if you need a change or accommodation to this policy, please alert a staff member before signing. We would be happy to work with you to find a reasonable accommodation.

If you agree to this policy, please sign below.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date