

Core Standards for Rape Crisis Programs in Ohio
Distributed by the Ohio Alliance to End Sexual Violence
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Executive Summary

Defining Sexual Violence

According to the Centers for Disease Control and Prevention, “Sexual violence (SV) is any sexual act that is perpetrated against someone's will. SV encompasses a range of offenses, including a completed nonconsensual sex act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). All types involve victims who do not consent, or who are unable to consent or refuse to allow the act.”¹

Defining Rape Crisis Programs

According to the National Sexual Assault Coalition Resource Sharing Project, “**Rape crisis centers are agencies whose major purpose is providing victim advocacy and support services to sexual violence survivors.** They may be attached to a domestic violence shelter or other social service agency, and they may provide more services than the core, but their focus is on supporting survivors and eradicating sexual violence. RCCs have different names or descriptors (“sexual assault services” as one example)...Services based in law enforcement, courts or hospitals are not included as RCCs as their goals and methods differ considerably from the work of centers.”²

Why Standardized Rape Crisis Services are Important:

- The CDC’s National Intimate Partner and Sexual Violence Survey indicates that nearly 1 in 5 women and 1 in 71 men have been raped in their lifetime.³
- Rape crisis services decrease the negative effects of a sexual assault.
- With more than half of Ohio’s counties lacking rape crisis programs, survivors in all regions of the state are in need of rape crisis services.

Defining Core Rape Crisis Services in Ohio

As defined by the Standards Committee and more than 65 members/member programs of

¹ Basile KC, Saltzman LE. *Sexual violence surveillance: uniform definitions and recommended data elements* version

² Bein, K. National Sexual Assault Coalition Resource Sharing Project, 2010. *Core Services and Characteristics of Rape Crisis Centers: A Review of State Service Standards*, Available from: http://www.resourcesharingproject.org/attachments/349_Core%20Services%20and%20Characteristics%20of%20RCCs.pdf.

³ Centers for Disease Control and Prevention, 2010. *The National Intimate Partner and Sexual Violence Survey*.

OAESV that voted to approve the Standards, rape crisis programs are defined in Ohio as *providing a full continuum of services, including hotlines, victim advocacy, and support services from the onset of the need for services through the completion of healing, to victims of sexual assault*. Rape crisis programs in Ohio provide the following core services:

- 24-hour Crisis Hotline
- Advocacy
 - Hospital/Medical Advocacy
 - Criminal Justice/Legal Advocacy
- Community Awareness/Outreach
- Crisis Intervention
- Information and Referral
- Systems Coordination/Collaboration

Service administration standards include:

- Accessibility
- Cultural Competency
- Ethics & Accountability
- Evaluation
- Staff/Volunteer Training

Ancillary Services offered by some rape crisis programs (but not all, due to limited funding) include:

- Prevention Education
- Professional Counseling/Therapy
- Support Groups

For additional information on rape crisis programs in Ohio, training and technical assistance and with any questions, please contact the Ohio Alliance to End Sexual Violence.

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Statement of Purpose

In many states across the country the characteristics and core services of rape crisis programs are defined by law, by funders, or by state coalitions. Until now, Ohio did not have a specific definition for rape crisis programs. Programs exist in many different forms throughout Ohio, offering varying types of services to survivors. The intent of developing and distributing standards for rape crisis programs is threefold:

1. To ensure that every survivor in the state of Ohio has access to consistent services regardless of personal or demographic characteristics, or location in the state;
2. To provide a formalized framework for identifying and describing specific services and characteristics that define a rape crisis program in Ohio; and
3. To serve as a resource for rape crisis programs in terms of training for staff and volunteers, continuing education, and best practices.

Development of the Standards

In January 2012, the Ohio Alliance to End Sexual Violence (OAESV) formed a Standards Committee, comprised of individuals from OAESV member organizations throughout Ohio. The Committee reviewed numerous documents and made recommendations for updates. These documents included the Ohio Department of Health Rape Prevention Program Standards (2001), *Model for Sexual Assault Community Protocol*, from the Ohio Sexual Assault Task Force (2005), and the *Core Services and Characteristics of Rape Crisis Centers: A Review of State Service Standards*, from the National Sexual Assault Coalition Resource Sharing Project (2010).

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The Standards Committee and the Ohio Alliance to End Sexual Violence acknowledge that the *Core Standards for Rape Crisis Programs in Ohio* will require future revisions as necessitated by emerging best practices, as well as the requirements and expectations of governing institutions and funders. This document is intended to be a thorough starting point from which to define effective rape crisis services in the state of Ohio, in the best interests of survivors.

Document Organization

This document is organized as follows:

- **Core Rape Crisis Direct Service Standards:** These are core components that are considered to be essential to all rape crisis programs. They include basic services that are critical to providing consistent, effective services to survivors of sexual violence.
- **Service Administration Standards:** These include administrative practices necessary to ensure that all survivors have access to rape crisis services, and that agency/program policies exist and are followed.
- **Ancillary Services Standards:** These are services that many rape crisis programs offer, but are not required or possible for all programs due to funding or other restrictions.
- **Program Checklists:** These are step-by-step, detailed checklists that describe each Standard more fully and provide an assessment tool for programs to use.
- **Additional Resources:** These include links to state and national resources that provide additional information of relevance to rape crisis programs.

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Core Rape Crisis Direct Service Standards

24-hour Crisis Hotline	
Definition	A telephone service available on a 24-hour basis to connect survivors/co-survivors of sexual violence with a trained advocate
Goal	To provide the survivor/co-survivor with the appropriate telephone-based crisis intervention, support, information, referrals and options to help effectively address her/his needs
Duration	As needed and as defined by program’s hotline usage policy
Qualifications	<p>At a minimum, a 24-hour Crisis Hotline includes:</p> <ul style="list-style-type: none"> • While crisis lines may serve dual purposes, the service must connect survivors of sexual violence to a trained advocate in a timely manner, within 30 minutes of the call • All crisis lines should be RAINN registered and thus accessible via toll-free number • Advocates answering a hotline should undergo at least 40 hours of training • Crisis line providers are encouraged to have a language line available as well as utilize Sorenson or Relay service or to equip their crisis line with text telephone capacity or assistive technology for clients who may be Deaf or hard of hearing

The Program Checklist for 24-hour Crisis Hotline can be found on page 27.

Advocacy	
Definition	An advocate is a trained individual whose role is to help survivors/co-survivors be aware of their options and support their decisions. Advocates provide emotional support and crisis intervention at any stage in the survivor’s recovery process. Advocates provide information, make suggestions, and help ensure that survivors have the services they need
Goal	To ensure that needed services and adequate support to enhance recovery from sexual violence are available
Duration	Varies depending on individual survivor needs
Qualifications	<p>At a minimum, Advocacy includes:</p> <ul style="list-style-type: none"> • Providing confidential, nonjudgmental, victim-centered support • Providing accurate, timely information regarding unique needs presented by the survivor • Providing specific and appropriate program services to address the survivor’s needs (may include hospital accompaniment, legal advocacy, etc.) • Providing service planning and referrals for follow-up services, as needed and requested by the survivor

There is no Program Checklist for Advocacy, as it is a generalized term, the application of which is inherent in all other Core Standards.

Criminal Justice/Legal Advocacy	
Definition	Acting on behalf of and in support of survivors/co-survivors navigating the legal system by ensuring that the survivor's questions are answered, interests are represented, and rights are upheld
Goal	To ensure that the survivor/co-survivor has the information and support s/he needs to effectively participate in the criminal justice and/or civil legal systems, or to make decisions about participation
Duration	May be long-term and episodic
Qualifications	<p>At a minimum, Criminal Justice/Legal Advocacy includes:</p> <ul style="list-style-type: none"> • Advocating for the rights, needs and wishes of the survivor within the legal system • Providing basic information about the criminal justice and civil legal systems, including victim rights • Providing information and referrals for assistance regarding administrative legal processes that may exist within other contexts, such as academic, immigration, housing, medical, and employment • Connecting survivors to court advocacy services provided in the community (such as Victim/Witness), if court accompaniment is not offered by the Program • Ensuring advocates do not dispense legal advice to survivors, even if they licensed to do so

The Program Checklist for Criminal Justice/Legal Advocacy can be found on page 30.

Hospital/Medical Advocacy	
Definition	Acting on behalf of and in support of survivors/co-survivors navigating the medical/healthcare system by ensuring that the survivor has the appropriate information and resources to make decisions about her/his healthcare needs, and to assist her/him in obtaining the desired care
Goal	To ensure that the survivor has access to competent, victim-centered medical care, treatment and/or evidence-collection, as desired
Duration	Generally short-term
Qualifications	<p>At a minimum, Hospital/Medical Advocacy includes:</p> <ul style="list-style-type: none"> • Providing the survivor/co-survivor with accurate information about the physical impact of sexual violence and about the resources and options available to the survivor to address healthcare needs • Accompanying the survivor, if s/he desires, to a local hospital or healthcare facility for forensic evidence collection, testing, and/or treatment for injury and/or exposure to STIs • Providing service planning and referrals for follow-up care related to medical/healthcare needs as the survivor recovers • Ensuring advocates do not diagnose medical conditions or recommend treatment regimens for survivors/co-survivors, even if they are licensed to do so

The Program Checklist for Hospital/Medical Advocacy can be found on page 31.

Community Awareness/Outreach	
Definition	Providing accurate information about sexual violence, and individual, organizational, and societal strategies that promote the elimination of sexual violence in the community; and ensuring the community is aware of the Program, its services, and how to access those services
Goal	To effectively engage the larger community in efforts to support survivors/co-survivors and to eliminate sexual violence
Duration	As dictated by community need and program capacity
Qualifications	<p>At a minimum, Community Awareness/Outreach includes:</p> <ul style="list-style-type: none"> • Ensuring that the community at large is aware of the Program, the services it provides, and how and when to access the Program; includes disseminating program brochures/cards, as appropriate • Disseminating messages and materials in the community that support survivors and advocate for the elimination of sexual violence • Implementing, hosting and/or participating in awareness activities/events that expose the community to accurate information about sexual violence • Developing/utilizing materials and activities that are culturally and developmentally appropriate for the populations targeted • Being deliberately inclusive of underserved and marginalized populations when planning and implementing awareness/outreach activities (i.e. culturally-specific groups, those with varying abilities, economically disadvantaged, etc.) • Utilizing best practice/research-based curricula or presentation methods, when possible • Conducting evaluation of activities and adjusting approaches to awareness/outreach as needed to best meet the needs of survivors and the community

The Program Checklist for Community Awareness/Outreach can be found on page 32.

Crisis Intervention Services

Definition	An immediately available 24-hour personal response provided by a trained advocate in a variety of settings to an individual presenting a crisis related to sexual violence. The goal is reducing the level of trauma experienced by assisting survivors in strengthening coping skills through an empathic response. May include information about the effects of sexual violence and possible reactions, general information about medical and legal resources, information about other services in the community, survivor options, and referral to the 24-hour Crisis Hotline
Goal	To alleviate acute distress of sexual violence, to begin stabilization, and assist in determining the next steps
Duration	Short-term and may be episodic in nature
Qualifications	<p>At a minimum, Crisis Intervention Services include:</p> <ul style="list-style-type: none"> • Providing confidential, nonjudgmental support, available 24-hours/day via 24-hour Crisis Hotline, and in-person at appropriate times and locations per program or agency policy • Assessing for the unique and core needs of the survivor/co-survivor, and providing an appropriate response to those needs, which may include referrals

The Program Checklist for Crisis Intervention Services can be found on page 34.

Information & Referral	
Definition	Providing timely, relevant contact information to survivors/co-survivors for community resources that address a need or needs of the survivor that the Program is not equipped to effectively address, which may include professional counseling or services indirectly related to sexual violence
Goal	To ensure the survivor/co-survivor has access to relevant and appropriate resources that will meet her/his unique and varying needs
Duration	Generally short-term, but as needed
Qualifications	<p>At a minimum, Information & Referral includes:</p> <ul style="list-style-type: none"> • Assisting the survivor/co-survivor in determining what needs exist and what types of resources would be of help • Providing the survivor/co-survivor with contact information, in writing when possible, for appropriate and relevant resources that can address her/his stated needs • Maintaining up-to-date contact information for all available resources in and surrounding the community, including resources that are not directly related to victimization (i.e. housing, employment assistance, immigration issues, etc.)

There is no Program Checklist for Information & Referral.

Systems Coordination/Collaboration	
Definition	Developing and maintaining professional partnerships with programs, agencies, organizations, and groups in the community that serve or otherwise impact survivors; such partnerships may be formal (such as a Sexual Assault Response Team), or informal
Goal	To promote consistent, comprehensive, victim-centered services for survivors/co-survivors of sexual violence in the community
Duration	Ongoing
Qualifications	<p>At a minimum, Systems Coordination/Collaboration includes:</p> <ul style="list-style-type: none"> • Awareness/understanding of the various organizations in and surrounding the community that serve or otherwise impact survivors • Sharing information and resources, as appropriate, with other programs and organizations in order to provide the most effective services to survivors/co-survivors • Meeting/speaking with collaborative partners on a regular basis to discuss best practices, barriers to service implementation, and strategies for effective collaboration; includes documentation of meetings (i.e. minutes) • When possible, memoranda of understanding should be developed with collaborative partners to formally define each partner's responsibilities in responding to survivors in the community

The Program Checklist for Systems Coordination/Collaboration can be found on page 35.

Service Administration Standards

Accessibility	
Definition	The ability of the program to effectively provide services to all survivors/co-survivors of sexual violence, including survivors that face barriers to access due to physical, mental, economic, limited English proficiency, or other barriers, including individuals who are Deaf or hard of hearing
Goal	To ensure that all program services are equally available to all survivors/co-survivors who seek services
Duration	Ongoing
Qualifications	<p>At a minimum, Accessibility includes:</p> <ul style="list-style-type: none"> • Adherence to all applicable laws and regulations set forth by the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act • Creating a physical environment that is welcoming of all individuals, and that promotes ease of access to, and independence within, the Program's facility • Flexibility of staff members and volunteers in accommodating unique survivor needs, such as utilizing assistive communication methods, allowing for the presence of service animals, etc. • Understanding of, and partnerships with, community resources to meet unique needs of individual survivors that the Program is not equipped to meet (i.e. case management, housing, transportation, psychiatric/medication services, etc.)

The Program Checklist for Accessibility can be found on page 37.

Cultural Competency	
Definition	The ability of the Program to provide effective services within the context of the unique and varying cultural beliefs, attitudes, behaviors, and needs of individual survivors/co-survivors who access services
Goal	To effectively meet the needs of individual survivors/co-survivors in ways that both honor and incorporate their cultural identity and experience
Duration	Ongoing
Qualifications	<p>At a minimum, Cultural Competency includes:</p> <ul style="list-style-type: none"> • Maintaining a service delivery structure that is sensitive and responsive to the diversity of the community in which the Program operates; this may include the utilization of messaging and materials in specific languages • Cultivating respect for all cultural beliefs and customs, and how those beliefs and customs impact the survivor's response to/recovery from violence; this may include training of staff members and volunteers • Accommodating, to every extent possible, the unique needs of the survivor that are hindered by institutional or physical barriers • Empowering the survivor/co-survivor by incorporating her/his specific beliefs and customs into the response process and service delivery • Connecting the survivor to resources in the community that can best meet her/his specific needs, whether directly or indirectly related to sexual violence

The Program Checklist for Cultural Competency can be found on page 38.

Ethics & Accountability	
Definition	The consistent, deliberate application of defined practices and procedures that promote the health and safety of individuals, the institutional integrity and legality of the Program and its services, and transparency of the Program within the community
Goal	To ensure the health and safety of survivors/co-survivors while receiving program services, and to ensure the health, safety, and integrity of staff members, volunteers, and the Program itself
Duration	Ongoing
Qualifications	<p>At a minimum, Ethics & Accountability includes:</p> <ul style="list-style-type: none"> • Adherence to all federal statutes regarding nonprofit organizations (if the Program is its own nonprofit), or adherence to agency policies (if the Program is part of a nonprofit organization) • Adherence to applicable laws and regulations as set forth by the Health Information Portability & Accountability Act (HIPAA), state and federal statutes, and requirements of program funders • Existence of and adherence to a policy regarding confidentiality of services provided to survivors/co-survivors • Adherence to expectations for personal and professional conduct of staff members and volunteers, as dictated by program and agency policy, and authoritative bodies such as licensing agencies (i.e. the Ohio Counselor, Social Worker, Marriage & Family Therapist Board) • Existence of and adherence to policies and statutes related to non-discrimination, sexual harassment, and violence in the workplace • Existence of and adherence to policies regarding financial transparency and accountability for all monies that fund program staffing and services • Existence of and adherence to a defined grievance process for survivors/co-survivors, staff members, and volunteers • To every extent possible, utilizing best practices/evidence-based approaches when providing services to survivors

The Program Checklist for Ethics & Accountability can be found on page 40.

Evaluation	
Definition	The systematic, deliberate assessment of the Program, its services and methods of service delivery
Goal	To assess the extent to which the Program’s services are effectively meeting the needs of survivors/co-survivors and the community, with the purpose of altering or improving those services to become more effective
Duration	Ongoing; specific evaluation methods may be scheduled/activity-specific
Qualifications	<p>At a minimum, Evaluation includes:</p> <ul style="list-style-type: none"> • Consistent, regular documentation and reporting of the number of clients served and type of services provided by the Program • Consistent distribution of client satisfaction surveys, when possible, to all clients receiving face-to-face services • Consistent attempts to gauge client satisfaction from clients receiving telephone-based services • Inclusion of both qualitative and quantitative measures of services provided and clients served • Utilization of research-based evaluation tools, when possible • Surveys (formal or informal) of partner agencies/referral agencies in the community regarding the Program’s effectiveness • A policy defining: <ul style="list-style-type: none"> ○ who conducts evaluation, as well as when and how assessments are conducted; may be service-specific ○ who reviews information obtained from assessments, as well as when and how such reviews are conducted ○ how information obtained from assessments will be utilized to alter/improve program services or service delivery • A policy defining the method and frequency of staff evaluations, and how those evaluations inform personnel decisions • A policy outlining opportunities for program staff to safely express job satisfaction, including questions/concerns and ideas for improvement

There is no Program Checklist for Evaluation; rather, each individual Checklist includes specific recommendations for evaluation.

Staff/Volunteer Training	
Definition	Educating staff and volunteers about the dynamics of sexual violence and equipping them with the skills to provide appropriate, client-centered, empathic support for survivors/co-survivors. Basic training topics include: discussion of myths v. facts; types of sexual violence; crisis intervention; law enforcement/criminal justice system overview; sexual assault exam information; meeting the needs of diverse populations; and supporting survivors with varying abilities
Goal	To equip staff and volunteers with the knowledge and skills necessary to become effective advocates for survivors/co-survivors of sexual violence
Duration	40 hours for volunteers; duration for new staff members may vary
Qualifications	<p>At a minimum, Staff/Volunteer Training includes:</p> <ul style="list-style-type: none"> • Volunteers must receive a minimum of 40 hours of sexual assault/abuse training following the Ohio Standards • Volunteers must complete an application, be interviewed by staff using a standardized list of questions, pass a background check, and possess the necessary auto insurance coverage, as well as other program or agency-specific requirements (e.g., TB test) • The Program must have written guidelines, policies, and procedures for staff and volunteers, including: <ul style="list-style-type: none"> ○ Protocols for documentation of crisis contacts ○ Protocols for when and how volunteers should contact a volunteer coordinator/staff member ○ Protocols for referring clients elsewhere (e.g., suicidal ideation) ○ Protocols for ensuring survivors receive information and referrals (e.g., Victims Compensation, VINE) • The Program should establish record-keeping protocols, including: <ul style="list-style-type: none"> ○ Protocols for how to track the number of client contacts (phone and in-person) and how to dispose of confidential information ○ A roster of all volunteer names/contact information on file ○ Number of volunteer hours and types of assistance provided per volunteer • Volunteers do not need to be licensed mental health providers; if an advocate is a licensed mental health provider, they do not serve in their professional capacity when acting as an advocate <ul style="list-style-type: none"> ○ All staff and volunteers must sign a confidentiality statement and the Program must keep it on file

The Program Checklist for Staff/Volunteer Training can be found on page 42.

Ancillary Services Standards

Prevention Education	
Definition	Culturally appropriate, structured activities/strategies implemented in a variety of settings and to a universal population that promote the primary prevention of sexual violence
Goal	To equip individuals, groups, institutions, and society at large with the knowledge and skills to prevent sexual violence before it occurs
Duration	As dictated by community need and program capacity; ideally, prevention programming should be sustained and expanded to increase exposure of prevention messages over time
Qualifications	<p>At a minimum, Prevention Education includes:</p> <ul style="list-style-type: none"> • Development and utilization of comprehensive, evidence-based strategies through a continuum of activities addressing all levels of the social ecological model or Spectrum of Prevention • Activities are based on promoting protective factors that reduce the likelihood of sexual violence occurring, instead of risk reduction • Activities are culturally appropriate for the selected population(s) • Activities are developmentally appropriate for the selected population(s) • Activities strive to address individuals/populations at various stages throughout the lifespan • Ideally, prevention strategies should include educational sessions/ seminars, professional training, coalition-building within the community, and changing social norms • Development and utilization of comprehensive evaluation methods/ tools that demonstrate knowledge, behavior change, and commitment to quality improvement • Institutional support for prevention programming should be a priority for agencies implementing primary prevention strategies

Developed by the Virginia Sexual and Domestic Violence Action Alliance. The *Guidelines for the Primary Prevention of Sexual and Intimate Partner Violence* can be downloaded from http://vsdvalliance.org/primary_prevention/. Please contact info@vsdvalliance.org for more information.

The Program Checklist for Prevention Education can be found on page 44.

Professional Counseling/Therapy	
Definition	A professional relationship between a qualified, licensed professional and a client (individual, family, or group) that utilizes therapeutic modalities to address one or more issues presented by the client
Goal	To empower the client to accomplish mental health, wellness, interpersonal, relational, educational, and/or vocational goals
Duration	Scheduled appointments for a defined period of time
Qualifications	<p>At a minimum, Professional Counseling/Therapy includes:</p> <ul style="list-style-type: none"> • Assessment, individual service planning, and therapeutic counseling provided by a qualified, licensed professional • Interventions utilizing best practices/evidence-based practices regarding sexual violence and trauma • Incorporation of all elements of a Trauma Sensitive and Trauma Informed Care System • Recognition that coercive interventions cause re-traumatization • All counselors/therapists should be aware and trained in co-occurring disorders such as mental health and substance abuse disorders, eating disorders, self-harming behaviors, and PTSD • Knowledge about the stages of trauma recovery • Knowledge about vicarious traumatization and self-care strategies, including adequate supervision • Knowledge of Ohio’s Core Competencies of Sexual Violence for Helping Professions • Following Legal and Ethical Guidelines according to professional licensure requirements in Ohio

The Program Checklist for Professional Counseling/Therapy can be found on page 47.

Support Groups	
Definition	Survivors/co-survivors meeting in a safe, supportive, non-judgmental environment on a regular, scheduled basis to share information, share techniques for problem-solving, and to explore feelings resulting from sexual victimization and the recovery process
Goal	To foster a sense of empowerment, promote an understanding of the effects of sexual violence, support the recovery process, and assist with finding resolution concerning the sexual victimization
Duration	Periodic, as scheduled
Qualifications	<p>At a minimum, Support Groups include:</p> <ul style="list-style-type: none"> • Support group(s) should be offered by the Program when it determines that support groups are an appropriate peer support strategy in their service area and there are a sufficient number of survivors/co-survivors to form a group • Group facilitators should be trained staff or volunteers. A therapeutic group, which is different from a peer support group, should be facilitated by a master's level professional • Written curricula and guidelines for each type of group offered by the Program (female survivors, male survivors, co-survivors, etc.) • Support group attendees should be provided with access to crisis intervention services after/between meetings

The Program Checklist for Support Groups can be found on page 49.

Program Checklists for Standards

Program Checklist for 24-hour Crisis Hotline

1. Access

- Crisis hotline is available 24 hours/day and is RAINN registered
- Services are free through the use of toll free numbers, acceptance of collect calls from callers within the region, and the RAINN hotline
- Crisis line providers are encouraged to have a language line service available as well as utilize Sorenson or Relay service or text telephone capacity or assistive technology for clients who are Deaf or hard of hearing. If utilized, staff members receive training on the use of any technology or services
- Callers are not required to identify themselves to phone workers

2. Written protocol for the operation of the crisis line

- The Program provides clear guidelines on confidentiality
- The Program has a policy regarding the privacy of callers' phone numbers, and the privacy of advocates' phone numbers, if calling the client from a personal phone (i.e. caller I.D. blocking)
- The Program specifies how phone workers should respond to unique calls, such as:
 - Cases in which the caller appears to present a danger to self or others or appears to present a serious risk to the phone worker
 - Calls which are difficult, complex, or upsetting to the phone worker
- The Program has an established policy for dealing with difficult callers, including training for new phone workers and updating phone workers about current persistent callers
- The Program protocol identifies when phone workers must contact a supervisor and any situations in which law enforcement should be contacted
- The Program outlines a model for responding to calls, including safety assessment, emotional support, problem solving, provision of information/referral, and conclusion/evaluation

3. Referrals

- The Program maintains an updated resource manual or file with financial, medical, mental health, social service, and other referral resources
- The Program updates the manual/file annually to:
 - Confirm that listings are current and accurate
 - Distribute information about the crisis hotline through the dissemination of materials, in accordance with the "Community Awareness/Outreach" standard
 - Provide an opportunity to solicit feedback from the referral agencies regarding the appropriateness of referrals that have been made

4. Staffing

- Phone workers receive a minimum of 40 hours of training, which should ideally include role-plays, observation of experienced workers, and observation of new volunteers answering calls
- If the Program/agency's crisis line serves dual purposes, the service connects survivors of sexual violence to a trained advocate as soon as possible, but within 30 minutes
- If an answering service is used at any time, the Program/agency:
 - Will connect survivors with a trained advocate within 30 minutes at most
 - Has a written protocol for the answering service staff detailing their instructions in responding to a crisis call
 - Has a detailed confidentiality policy
 - Ensures that answering service staff have the appropriate knowledge about sexual violence and victimization to properly assist survivors who call
 - An opportunity for the answering service staff to meet with and ask questions of the crisis line coordinator/staff member at least quarterly
- If calls are forwarded to the phone worker's home, there is a protocol stating:
 - Only the phone worker will respond to calls while calls are forwarded
 - The phone worker must respond to calls in a private area where the conversation will not be overheard by others or interrupted by noise/intrusions
 - Phone systems that would interfere with calls or compromise confidentiality will not be used
- At all times, at least one staff member or volunteer has primary responsibility to answer the crisis line; at least one staff member or volunteer is assigned as back-up
- Phone workers are supervised by a coordinator/staff member with at least one year experience working with survivors
- Phone workers have access to their supervisor or another experienced phone worker for the support they may need while answering calls

5. Other Policies

- All phone workers report to staff the following day with information on the nature of the calls received. The Program has a policy regarding the documentation of referrals, actions recommended by the phone worker, and any caller feedback/evaluation
- All phone workers are made aware of their status as a mandated reporter and follow program/agency guidelines regarding mandated reporting requirements
- The hotline may refuse to provide crisis telephone service to persons who are harassing or offensive. Additionally, the crisis line may be restricted for persons who place repeat calls which impede the availability of the line for other callers. These callers are referred to other appropriate agencies as needed. Calls outside the scope of program/agency services are referred
- Calls for appointments or business matters are referred to the program/agency business line

- If possible, the duration of individual crisis calls are limited to 60 minutes; if a caller requests or appears to be in need of further clinical intervention, referrals are made to licensed counseling staff or to other mental health agencies

6. Evaluation

- The Program tallies the number of calls and hours of service on a regular basis, per program or agency policy
- The Program reviews call reports for accuracy and appropriateness of responses and referrals
- The Program has a protocol for additional evaluation through any combination of the following:
 - Permission for follow-up phone calls to survivors to assist/support the survivor and document their assessment of the value/results the of the original call
 - Supervision of phone workers, such as review of caller responses to specific calls and/or observation by supervisor of phone workers
 - Written evaluation from callers/survivors who later receive other direct services
- Phone workers are surveyed periodically as to training/continuing education needs
- Annual surveys are sent to agencies listed as referrals requesting feedback about appropriateness of referrals made
- The hotline coordinator/staff person gathers information from evaluations and makes/suggests recommended changes as needed

Program Checklist for Criminal Justice/Legal Advocacy

1. Staffing

- If advocacy within the court is not offered by the Program itself, the Program connects survivors to legal advocacy services provided in the community (such as Victim/Witness)
- All legal advocates are supervised by a coordinator/staff member who has at least one year experience working with survivors of sexual assault
- Legal advocates have access to their supervisor or another experienced legal advocate who would be available within a reasonable time period after any call for support or assistance

2. Policies

- Legal advocacy services are provided at no cost
- If the services are advertised as available 24 hours/day, the Program responds to all requests, including those that come through the crisis hotline
- Legal advocates limit their role to support and education, and do not provide legal advice or engage in the practice of law (even if licensed to do so)
- The Program has a protocol documenting specific legal advocacy services provided
- No staff or volunteers are dispatched to the home of a survivor without the specific prior approval of the Program/Agency Director
- Expert witness or case-specific testimony in court proceedings are provided by the Program staff upon written consent for release of information from the client or a court order. Case records are not taken to any court proceedings unless required by the court. Staff members make every attempt possible to review the record with the client prior to its release to the court
- The Program may refuse to provide legal advocacy services to persons who are harassing or offensive. These clients will be referred to other agencies as appropriate

3. Evaluation

- The Program provides a report of the numbers served on a regular basis, per program/agency policy
- Client satisfaction surveys are provided to all clients, when possible
- Advocates document the services provided, including clients' verbal feedback about services. The Program Director/staff member reviews to ensure compliance with the protocol and to review outcomes
- The Program conducts annual request for feedback from other professionals within the legal system regarding the efficacy/quality of the Program's legal advocacy services
- The Program reviews evaluations on a regular basis and makes adjustments as needed

Program Checklist for Hospital/Medical Advocacy

1. Staffing

- Hospital/medical advocates receive supervision from a coordinator/staff member who has at least one year experience working with survivors of sexual assault
- Hospital/medical advocates have access to a staff member or another experienced advocate who is available for any support needed following a hospital visit

2. Policies

- Hospital/medical advocates are available on a 24-hour basis at no cost
- The Program has a protocol for responding to requests for hospital/medical advocacy services, including through the crisis hotline
- The Program has a protocol with local hospitals which specifies when and how to contact the Program and the role of advocates responding to a call
- The Program has a policy forbidding advocates to dispense medical advice or diagnoses, even if the advocate is licensed to do so
- The Program has a policy forbidding advocates from dispensing unsolicited personal opinions about medical care, or coercing survivors into any medical treatment or protocol
- Services provided are documented according to an established protocol
- Staff or volunteers are not dispatched to the home of a survivor without the specific prior approval of the Program/Agency Director
- The Program may refuse to provide medical advocacy services to persons who are harassing or offensive. These clients will be referred to other appropriate agencies as needed

3. Evaluation

- The Program provides a report of the numbers served on a regular basis
- Client satisfaction surveys are provided to all clients, when possible
- Advocates document services provided, including client's verbal feedback about services. A program supervisor reviews documentation to ensure compliance with the protocol and to review outcomes
- The Program Director/coordinator reviews evaluations regularly and makes adjustments as needed
- Annual request for feedback from medical professionals, law enforcement, and other professionals involved in the medical advocacy program is conducted

Program Checklist for Community Awareness/Outreach

1. Staffing/Competencies

- Presenters must have completed the 40 hours of required training for rape crisis advocates, and should have at least one year experience working with survivors
- Presenters are competent in skills related to working with culturally and linguistically diverse communities
- Presenters recognize the differences in adult and pedagogy learning:
 - Problem center vs. subject learning
 - Readiness to learn vs. have to learn
 - Experiences
 - Self-directive vs. dependency

2. Development/Use of Materials

- The Program clearly defines awareness material's intended audience
- Materials have a defined key concept or message – single most important fact for the reader/participant to understand and remember
- Material has defined behavioral objectives – actions the reader/participant is to perform as a result of reading the material
- Materials contain key informational points the reader/participant needs to grasp to be able to achieve the behavioral objective
- The Program considers age, attitudes, beliefs, values, culture, and language of the individuals, groups, and community using the resource
- Materials demonstrate accurate and complete information, including biological, psychological, social and moral value aspects, and different viewpoints of an issue
- Materials convey information free from gender and racial bias, stereotype, and rigid assumptions or labels
- Materials are reviewed for age level and reading level of intended audience, grammar, type and style of print, font, layout, etc.

3. Planning and Implementing Awareness/Outreach Programming

- Presenters assess the audience's needs and goals
- Presenters formulate appropriate, measurable, and written objectives
- Presenters identify a variety of learning activities based on the Program's objectives
- Presenters select strategies best suited for the audience
- Presenters plan sequence of learning building upon and reinforcing mastery of the preceding objectives

4. Policy

- Information delivered is factual, current, and accurate
- Personal opinions and philosophies of presenters are kept to a minimum and if used are identified as such by the presenter
- Presenters only provide information within their level of expertise, experience, and training
- At their request, survivors may be a valued addition to awareness/outreach activities presented by the Program. Whether or not an individual is a survivor is not the determining factor in participation in such activities; rather, her/his appropriateness and comfort level for participation in the activity should be the determining factor
- All curriculum and written materials distributed are prepared and presented in a manner respectful of race, gender, culture, ability, age, and sexual orientation
- Awareness/Outreach curricula may include:
 - Facts about sexual violence based on up-to-date research/data/statistics
 - Legal definitions
 - Continuum of violence/power and control issues
 - Rape culture
 - Oppression
 - Crisis intervention information
 - Non victim-blaming
 - Local referrals
 - Confidentiality and disclosure laws
 - Awareness of issues related to alcohol/drugs
 - Healthy relationships – equality, traditional gender roles
 - Warning signs of abuse
 - Identify options
- The Program may refuse to provide awareness/outreach activities to inappropriate persons, including persons who are harassing or offensive. These clients will be referred to other appropriate agencies as needed

5. Evaluation of Awareness/Outreach Activities

- The Program develops/selects and implements effective evaluation tools to assess achievement of activity's objectives
- When possible, the Program conducts follow-up studies on impact of activities
- The Program reviews evaluation results and adjusts presentations/activities as appropriate
- The Program provides a report of numbers served and types of activities conducted on a regular basis, per program/agency policy

Program Checklist for Crisis Intervention Services

1. Description of Services

- The Program limits face-to-face crisis intervention services to the management of emotional trauma related to sexual violence, or to the management of problems in daily living resulting from the recent sexual violence experience. Services may include problem solving, support, advocacy, or education regarding involvement with the legal or medical systems
- The Program provides appropriate referrals

2. Contacts

- Face-to-face crisis intervention services are available at no cost to survivors and co-survivors of sexual violence
- The Program has a clear and publicized policy regarding whether face-to-face crisis intervention sessions must be pre-scheduled, and the hours for walk-in services
- Referrals are made to an on-going counseling program, as needed

3. Staffing

- Volunteers or new staff members providing face-to-face intervention services have access to a supervisor or experienced crisis intervention provider who is available within a reasonable time period after any intervention, either by phone or in person, for support they may need following the intervention

4. Policy

- Non-licensed crisis workers or those not operating under an agency's confidentiality regulations are notified that they may not be protected by Ohio law from disclosing information that is shared during face-to-face crisis interventions if this information is required by a court order. Survivors are notified of this fact as is appropriate.
- The Program maintains confidential client records containing only the nature of the trauma which precipitated the program contact, any referrals or action recommended, and any client feedback/evaluation comments

5. Evaluation

- Client satisfaction surveys are provided to all clients, when possible
- The Program provides a report of numbers served on a regular basis
- The Program Director/staff member reviews crisis workers' documentation to ensure compliance with the protocol and to review outcomes

Program Checklist for Systems Coordination/Collaboration**1. Staffing**

- Staff member(s) who participate in systems coordination should possess the following:
 - Demonstrated knowledge/expertise in dynamics of sexual victimization, and the needs, concerns, and rights of survivors
 - Extensive knowledge of the Program's mission, structure, and function
 - Extensive knowledge of agencies and entities in the community that provide services to/interact with survivors
 - Authority (bestowed by the Program) to make decisions and recommendations on behalf of the Program
 - Demonstrated ability to work effectively in a group/team setting, including excellent communication skills, meeting facilitation, and professionalism

2. Components of Systems Coordination/Collaboration

- Ideally, the community in which the Program operates should have, or develop, a formal Coordinated Community Response (may be titled Sexual Assault Response Team [SART], Sexual Assault Advisory Committee, etc.), including the following partners:
 - Rape Crisis
 - Law Enforcement
 - Prosecution
 - SANE/SAFE/forensic examiner
 - Social service/mental health providers
 - Campus representative (if applicable)
 - Survivor
 - Other entities, as appropriate for the specific community
- In addition to being representative of the groups listed above, collaborative groups should also reflect the cultural diversity of the community in which the group operates
- If a formal collaborative group has not yet been established in the community, the Program will actively pursue coordination/collaboration with professional partners through meetings or other forms of deliberate and direct communication
- The overarching purpose of collaboration should be to improve the system response to sexual violence survivors in the community; all activities of any collaborative group should work from this basic mission
- Basic tenets/principles of a collaborative group include:
 - Adherence to a shared vision
 - Trust and mutual respect
 - Continuity of membership/personnel
 - Open, honest, and professional communication
 - Commitment to problem-solving and compromise
 - Regular meetings

- Tasks of the collaborative group should ideally include:
 - Meeting regularly to discuss strengths and challenges to survivor response, and strategies for improving response; may include case review
 - Developing/revising protocol and guidelines for a standardized response to sexual violence survivors in the community
 - Providing interdisciplinary training/sharing of knowledge
 - Promoting/facilitating community education regarding sexual violence and the response to it
 - Promoting/facilitating fundraising for response services to survivors
 - Maintaining regular communication among members, including the distribution of meeting minutes and other communications as appropriate

3. Policy

- Memoranda of understanding (MOUs) should be developed and signed by members of the collaborative group, defining the role of each partner
- Protocol outlining the frequency of group meetings, composition and duration of membership, and goals/deliverables of the group
- A confidentiality policy describing the sharing of case information among the group, as appropriate, and the agreement not to share information outside the group
- Protocol for reviewing the work/accomplishments of the group; may include community surveys, focus groups, etc.
- If an individual is hired to coordinate the collaborative group, a protocol exists outlining specific duties and other personnel considerations

4. Evaluation

- The collaborative group maintains meeting minutes accessible to all group members
- The collaborative group seeks feedback from the community about response services for survivors and efficacy of the group through surveys, focus groups, or other methods; results inform future focus and activities of the group
- A report about group activities/deliverables is produced and made available to the public at least annually

Program Checklist for Accessibility

1. Staffing

- All staff members and volunteers receive training (as part of 40 hours of training for volunteers, as needed for staff) on the following:
 - Barriers faced by survivors with varying abilities
 - Barriers faced by survivors who are Deaf or hard of hearing
 - Barriers faced by survivors with limited English proficiency
- The Program has an equal opportunity employment policy that includes non-discriminatory practices regarding the hiring of persons with varying abilities, as well as the inclusion of board members and volunteers with varying abilities

2. Policies

- All program facilities are accessible, including:
 - Handicap-accessible parking
 - Ground-level entrance(s) with ramps (if stairs/steps are present)
 - Elevator access for offices above the ground floor, or full provision of services on the ground floor
 - Restrooms that are wheelchair-accessible
 - Adequate space in waiting areas and offices for wheelchairs, assistive devices, and service animals
 - Signage that clearly indicates emergency exists, restrooms, and other areas
 - Emergency alarm systems that are both visible and audible
- The Program provides interpreters for survivors in need of American Sign Language (ASL) and other language translation services to access program services, including:
 - Existing contracts with ASL interpreters and the Language Line
 - Adequate funding in the Program's budget to pay for interpreters
- The Program advocates for interpreting services paid for by hospitals and courts, when survivors receive services in those locations
- To every extent possible, the Program provides materials that are sensitive to visually impaired survivors, as well as to survivors with cognitive disabilities
- To every extent possible, the Program conducts community awareness/outreach activities and other program-related events in accessible areas/venues
- The Program has established collaborative partnerships with organizations in the community that provide services to individuals with varying abilities

3. Evaluation

- The Program provides a report of the numbers served on a regular basis, per program/agency and funding policy
- Client satisfaction surveys are completed with all clients, when possible
- The Program reviews evaluations on a regular basis and makes adjustments as needed
- The Program regularly assesses its accessibility and makes adjustments as needed; this may be accomplished by consulting with accessibility professionals/organizations

Program Checklist for Cultural Competency

1. Staffing

- As part of the standard 40 hours of training, all staff members and volunteers should receive training on the following (or, in the case of staff members, should be assessed for knowledge of the following):
 - Oppression of and barriers to service faced by individuals based on race, ethnicity, religion, language, socioeconomic status, sex, gender identity and expression, sexual orientation, and varying abilities
 - Strategies for assisting survivors from marginalized groups in overcoming barriers to service
- Staff members and volunteers must demonstrate consistent openness to alternative service modalities that are inclusive of the survivor's culture
- The Program has an equal opportunity employment policy that includes non-discriminatory practices regarding the recruitment, hiring, compensation, and promotion of persons from diverse cultures, as well as the inclusion of board members and volunteers from diverse cultures
- The Program's staffing should reflect, to every extent possible, the demographic and cultural characteristics of the community in which the Program operates

2. Policies

- The Program incorporates cultural competency into its service delivery by:
 - Involving all staff members in service planning and implementation
 - Developing an awareness of organizational and individual biases that may interfere with effective service delivery, and working to overcome those biases
 - Maintaining accurate demographic data about culturally diverse populations in the community served by the Program, and develop a protocol for learning about new/emerging and/or underserved populations in the community
 - Collaborating with individuals and organizations in the community who provide culturally competent services to populations served by the Program
 - Facilitating a training/in-service for staff on a topic related to cultural competency on a regular basis (at least annually)
- The Program provides for interpreting needs of survivors with limited English proficiency, or who are Deaf or hard of hearing
- To every extent possible, the Program provides materials translated into other languages in ways that are reflective of the understanding of/beliefs about how to address sexual violence within unique cultures
- The Program provides services, conducts activities, and utilizes language that does not alienate persons who identify as LGBTQI
- To every extent possible, the Program conducts community awareness/outreach activities and other program-related events in locations that are inclusive of individuals from diverse cultures

- Services provided to immigrant survivors are not denied on the basis of immigration/documentation status; this is regularly communicated to immigrant survivors

3. Evaluation

- The Program provides a report of the numbers served on a regular basis, per program/agency and funding policy, including demographic information as appropriate
- Client satisfaction surveys are provided to all clients, when possible
- The Program reviews evaluations on a regular basis and makes adjustments as needed
- The Program regularly assesses its cultural competency and makes adjustments as needed; this may be accomplished by consulting with outside professionals/organizations

Program Checklist for Ethics & Accountability

1. Staffing

- All staff members must pass a criminal background check prior to having contact with survivors/clients. The Program/its agency has a policy identifying the type(s) of background check(s) utilized, as well as acceptable/unacceptable criminal histories for staff members
- All staff positions should have a clear and concise job description listing core job duties, educational, experiential, and licensure requirements, and hours of work
- The Program/agency has an equal employment opportunity policy
- The Program/agency has a personnel policy manual including the personnel policies listed below, a copy of which is made accessible to each staff member upon hire
- All staff members receive orientation upon hire, which includes an explanation of all policies and procedures
- All staff members agree, in writing, to comply with all program/agency policies and procedures, and demonstrate consistent compliance with policies

2. Policies

- The Program/its agency demonstrates the following organizational components:
 - Appropriate status in good standing, i.e. 501 (c)(3)
 - Approved by-laws governing the structure and function of the Program/agency
 - Board of Directors that is active, engaged, and duly representative of the community and the interests of the Program/agency (i.e. culturally diverse, gender-inclusive, relevant and demonstrated expertise in given field)
 - A mission statement that is reflective of the Program's purpose and the need(s) it fulfills in the community
 - Adherence to applicable laws and regulations, including the Health Information Portability & Accountability Act, the Americans with Disabilities Act, Equal Employment Opportunity Commission, anti-terrorism statutes, and requirements of all applicable federal/state funders (VOCA/SVAA, VAWA, JAG, RPE, etc.)
- The Program/its agency demonstrates adherence to financial policies:
 - General accounting procedures, as dictated by the IRS, the State of Ohio, and funders of the program
 - Clearly delineated budget, including line item income and expense categories
 - Checks and balances system whereby at least two qualified individuals have access to the program/agency's financial information at all times
 - Understanding of all allowable and unallowable activities, as dictated by funders, and the ability to demonstrate adherence to those guidelines
 - Regular reporting procedure for all program/agency finances to the Board of Directors and funders

- Distribution of an annual report that demonstrates income and expenses; accessible to the general public
- Regular program/agency audit, per applicable funding and accreditation bodies
- The Program/agency has a personnel policy manual that includes:
 - Hiring, firing, promotion, compensation, evaluation, grievance, and disciplinary processes
 - Organizational chart listing all staff positions and to whom they report
 - Description of benefits applicable to all program/agency staff, and benefits that are applicable to each specific program and/or staff position
 - Policies regarding non-discrimination, sexual harassment/stalking, and violence in the workplace
 - Detailed policy regarding confidentiality of clients and client information
 - Clearly defined expectations regarding conduct, including professional boundaries with clients, colleagues and volunteers, dress code, etc., as dictated by the Program/agency, funders, and licensing agencies
 - Emergency procedures for the facility

3. Evaluation

- The Program provides a report of the numbers served on a regular basis, per program/agency and funding policy
- Client satisfaction surveys are provided to all clients of all services, when possible
- The Program reviews evaluations on a regular basis and makes adjustments as needed
- The Board of Directors reviews evaluations and grievances on a regular basis, and makes recommendations as appropriate
- Licensure and CEU requirements of staff members are reviewed; staff maintain current licensure (if applicable)
- The Program has a policy regarding the content and frequency of staff evaluations, and how those evaluations inform personnel decisions

Program Checklist for Staff/Volunteer Training

1. About the Training

- All volunteers providing services to survivors will receive a minimum of 40 hours of specialized sexual assault training before being able to have client contact. Verification of the training will be placed in their personnel file
- New staff members will be evaluated on their knowledge/skill base and trained on the number of hours/topics needed prior to having contact with survivors
- Volunteers and staff members must pass a criminal background check prior to having contact with survivors/clients. The Program has a policy identifying the type(s) of background check(s) utilized, as well as acceptable/unacceptable criminal histories for staff members and volunteers

2. Training Content

All topics listed below are addressed to some extent during training. Time spent on each topic may vary depending on time available and local need

- Cultural diversity issues are covered throughout the training as a part of all topics. Time should be spent discussing the impact of racism/other “isms” on survivors, cultural sensitivity, and information about the issue of sexual assault within area communities
- Use a variety of training formats (lecture, discussion, role plays, activities, etc.)
- Topics to be addressed:
 - History of rape crisis, effects of socialization of women on the experience of sexual violence
 - Definition of rape/sexual assault and types of rape/sexual assault: child, marital or partner, acquaintance/stranger, adult male, etc.
 - Rape stereotypes and realities/statistics
 - Hospital/Medical – emergency department protocol, the rape kit, health issues including pregnancy, STI’s, HIV and PEP, drug facilitated rape
 - The Legal System – reporting, relevant laws and definitions, victim rights, police, role of legal advocate, court information including the role of the prosecutor, the grand jury, trial, civil suits, victims of crime compensation, university procedures, other issues
 - Specific Populations – specific religious and ethnic groups, LGBTQI, elderly, children, developmentally disabled, chronically mentally ill, people with varying abilities, incarcerated individuals
 - Drug and alcohol addiction
 - Suicide prevention
 - Crisis intervention skills including listening and empathy skills
 - Prevention and safety skills for staff and volunteers
 - Overview of local agencies and how to make referrals
 - Program/agency procedures including record keeping

- Confidentiality
- Working with co-survivors (family and friends)
- Caring for the caregiver/vicarious trauma/setting appropriate boundaries
- A training manual is provided to all trainees

3. Additional Preparation

- In addition to basic training, all staff and volunteers receive additional supervised training for the service they will provide. This may include role playing, shadowing an experienced worker, and/or providing the service in conjunction with an experienced worker. Specific staff competencies are indicated in the Checklist for each Standard, as applicable, which may require additional training
- The Program has a policy stating the qualifications and requirements for volunteer service, which may include age, ability to travel, and minimum expected hours of service per a defined period of time (i.e. specified hours per month, for a minimum number of months)

4. Evaluation

- The Program indicates numbers/hours of training provided
- The Program provides demographics of those trained
- The Program conducts pre/post-tests to assess knowledge of trainees
- The Program conducts surveys and/or interviews of participants and trainers about the effectiveness and success of the training, including follow up at regular intervals
- The Program conducts surveys and/or interviews of dropouts, if possible, to obtain feedback about training
- The Program uses feedback from evaluation of services and from supervisors to determine if services are implemented effectively after the training
- The volunteer coordinator/staff member regularly monitors volunteers for emotional wellness/ vicarious trauma, and provides support accordingly

Program Checklist for Prevention Education

1. Staffing/Competencies

- Presenters must have demonstrated knowledge and competency in concepts of violence prevention, sexual assault dynamics, and social ecological theory or Spectrum of Prevention; ideally, all presenters will have completed the 40 hours of training for rape crisis advocates, and will have at least one year experience working with survivors
- Presenters are competent in skills related to working with culturally and linguistically diverse communities
- Presenters are committed to ongoing training in best practices related to sexual violence prevention
- Presenters recognize the differences in adult and pedagogy learning:
 - Problem center vs. subject learning
 - Readiness to learn vs. have to learn
 - Experiences
 - Self-directive vs. dependency

2. Development of Program Concepts/Materials

- Program clearly defines the prevention programming's selected audience
- Programming has a defined key concept or message – single most important fact for participant to understand and remember
- Programming has defined behavioral objectives – actions the individual is to perform as a result of participating in the prevention programming
- Programming contains key informational points the participant needs to grasp to be able to achieve the behavioral objective
- Program considers age, attitudes, beliefs, values, culture, and language of the individuals, groups, and community receiving the information
- Programming demonstrates accurate and complete information, including biological, psychological, social and moral value aspects, and different viewpoints of an issue
- Programming conveys information free from gender and racial bias, stereotype, and rigid assumptions or labels
- Programming materials are reviewed for age level and reading level of intended audience, grammar, type and style of print, font, layout, etc.

3. Planning and Implementing Prevention Education Programming

- Presenters assess the audience's needs and goals
- Presenters formulate appropriate, measurable, and written objectives
- Presenters identify a variety of evidence-based learning activities based on the program's objectives
- Presenters plan sequence of learning building upon and reinforcing mastery of the preceding objectives

- At minimum, prevention education methods should:*
 - Promote protective factors
 - Strive to be comprehensive
 - Be concentrated and capable of being sustained and expanded over time
 - Use varying teaching methods to address multiple learning processes
 - Be based on purposeful, logical rationale
 - Be developmentally appropriate
 - Be developed in collaboration with a representative cross-section of community members to incorporate diverse cultural beliefs, practices, and community norms
 - Include a systematic method to determine program effectiveness and promote continuous quality improvement
 - Become incorporated into the Program's overall mission to end sexual violence

4. Policy

- Information delivered is factual, current, and accurate
- Personal opinions and philosophies of presenters are kept to a minimum and if used are identified as such by the presenter
- Presenters only provide information within their level of expertise, experience, and training
- At their request, survivors may be a valued addition to prevention activities presented by the Program. Whether or not an individual is a survivor is not the determining factor in participation in such activities; rather, her/his appropriateness and comfort level for participation in the activity should be the determining factor
- All curriculum and written materials distributed are prepared and presented in a manner respectful of individual culture and self-identification
- The Program may refuse to provide prevention education programming to inappropriate persons, including persons who are harassing or offensive. These individuals will be referred to other appropriate agencies as needed
- Prevention education activities should only be conducted by programs and staff members who are specifically funded to do so; note that prevention education is an unallowable activity under many federal and state funding sources

5. Evaluation of Prevention Education Activities

- The Program develops/selects and implements effective evaluation tools to assess achievement of activity's objectives
- The Program carries out evaluation plans
- When possible, the Program conducts follow-up studies on impact of activities
- The Program reviews evaluation results and adjusts activities as appropriate
- The Program provides a report of numbers served, types of activities conducted, and results of pre- and post-tests on a regular basis, per program's and funders' policies

- The Program provides a summary of prevention activities, when requested, to program/agency Board of Directors, staff members, volunteers, and/or the community

*Developed by the Virginia Sexual and Domestic Violence Action Alliance. The *Guidelines for the Primary Prevention of Sexual and Intimate Partner Violence* can be downloaded from http://vsdvalliance.org/primary_prevention/. Please contact info@vsdvalliance.org for more information.

Program Checklist for Professional Counseling/Therapy

1. Staff Competencies

- Individuals providing professional counseling/therapy services must possess one of the following qualifications:
 - Licensed Professional Counselor (PC, PCC, or PCC-S)
 - Licensed Social Worker (LSW, LISW, or LISW-S)
 - Licensed Marriage & Family Therapist (MFT or IMFT)
 - Counselor or Social Worker Trainee, under the appropriate supervision
- All individuals meeting the above qualifications must complete 30 hours of continuing education every 2-year renewal period, including at least 3 hours in Ethics
- All individuals meeting the above qualifications must maintain licensure in good standing with the Ohio Counselor, Social Worker and Marriage & Family Therapist Board
- All individuals providing professional counseling/therapy must provide copies of licensure to employer
- All individuals providing professional counseling/therapy must maintain professional liability insurance coverage
- Those who do not possess supervisory status/independent licensure must comply with applicable regulations regarding supervision of contact with clients
- All individuals providing professional counseling/therapy to sexual assault survivors should possess knowledge of sexual violence, trauma resulting from sexual violence, co-occurring issues such as mental illness, PTSD and chemical dependency, and training/competency in Trauma Sensitive and Trauma Informed Care

2. Policy

- All professional counseling/therapy services must abide by ethical requirements as mandated by the Ohio Counselor, Social Worker and Marriage & Family Therapist Board and other authoritative bodies, which include:
 - Professional conduct regarding relationships/interactions between counselors/therapists and clients during and outside of sessions
 - Disclosure/informed consent regarding relevant program/agency policies, costs and billing procedures, and client rights/grievance process
 - Confidentiality of client information, in accordance with appropriate regulations as dictated by law and licensure requirements
 - Discontinuation of counseling/therapy services and referral to other agencies if the client is dissatisfied, uncomfortable or not benefitting from services
 - Termination and transfer of services when the clinician leaves the agency
- The Program reasonably accommodates the unique needs of individual clients, including accessibility and cultural needs
- The Program has a policy outlining the safe storage and removal of client files/case notes/documentation
- The Program has a policy regarding clients who miss appointments or show up late

- The Program may refuse to provide counseling/therapy services to clients who are harassing or offensive; instead, referrals to other agencies are made as appropriate
- Clinical group notes are stored properly with no identifiable client information of other survivors in the group listed in other client files (i.e. stored separately)
- Rape Crisis advocates must not coerce survivors/co-survivors into receiving professional counseling/therapy services at the program/agency
- The Program has a policy regarding mandated reporting of child abuse and neglect
- The Program has a policy and protocol regarding response to clients at risk of harming self and/or others, including active risk and involuntary hospitalization
- The Program has a policy regarding the self-care of counselors/therapists, including information about vicarious trauma, and protocol for supervision, time off, and caseload

3. Evaluation

- All counselors/therapists provide a report of the numbers served on a regular basis, per program/agency, funding, and licensing requirements
- Client feedback surveys are provided to clients upon discharge from services; surveys should be anonymous, unless the client chooses to self-identify
- The Counseling/Therapy Supervisor reviews surveys and other client input on a regular basis and provides constructive feedback to individual counselors/therapists
- Case notes/documentation are reviewed by the Counseling/Therapy Supervisor on a regular basis to ensure proper documentation
- The quality/efficacy of counseling/therapy services is evaluated on a regular basis by the Counseling/Therapy Supervisor, and adjustments are made to service structure and delivery as needed and feasible

Program Checklist for Support Groups

1. Staffing

- Support group facilitators must have completed the 40 hours of required training for rape crisis advocates, and should have at least one year experience working with survivors
- Facilitators receive additional training on group facilitation, as needed

2. Policy

- Support groups are limited in focus to the management of emotional trauma related to a recent or past sexual assault, or to the management of problems in daily living resulting from sexual violence. Counseling is not an appropriate component of a support group
- Support groups may be developed for distinct client populations served by the Program, including survivors of recent sexual offenses, adolescent survivors, adult survivors of child sexual abuse, secondary victims of sexual offenses, or others identified by the Program as appropriate
- Support groups may be time-limited or open, based on program discretion
- Group sessions, as a rule, do not exceed 90 minutes
- The Program documents services provided according to an established protocol
- The Program may refuse to provide support group services to persons who are harassing or offensive. These clients will be referred to other appropriate agencies as needed

3. Evaluation

- The Program provides a report of the numbers served on a regular basis, per program policy
- The Program provides data on requests for the group, number who attend the group, numbers who complete the group, and number of groups attended per person
- The Program makes follow up calls to participants who drop out of the group
- The Program collects satisfaction surveys from participants
- The Program logs/documents progress made by group participants
- The Program collects follow-up surveys of participants at a defined interval
- The Program's Director/lead staff person reviews all documentation/evaluations on a regular basis and makes recommendations accordingly

Additional Resources

State Resources

Ohio Alliance to End Sexual Violence	www.oaesv.org
Ohio Resources by County	www.oaesv.org/resources
Ohio Department of Health Sexual Assault Response & Recovery	www.odh.ohio.gov
Ohio Attorney General Victim Services	www.ohioattorneygeneral.gov/victim
Ohio Family Violence Prevention Center	www.fvpc.ohio.gov
Ohio Office of Criminal Justice Services	www.ocjs.ohio.gov
Ohio Domestic Violence Network	www.odvn.org
Action Ohio Coalition for Battered Women	www.actionohio.org
Prevent Child Abuse Ohio	www.preventchildabuse.org/chapters
Justice League of Ohio	www.tjlo.org
Ohio Department of Rehabilitation & Corrections Victim Services	www.drc.ohio.gov/web/victim
Ohio Counselor, Social Worker, and Marriage & Family Therapist Board	www.cswmft.ohio.gov

National Resources

Rape, Abuse & Incest National Network	www.rainn.org
The National Center for Victims of Crime	www.victimsofcrime.org
The National Sexual Violence Resource Center	www.nsvrc.org
The Resource Sharing Project	www.resourcesharingproject.org
MaleSurvivor	www.malesurvivor.org
Dept. of Justice Violence Against Women Office	www.ovw.usdoj.gov
Office for Victims of Crime	www.ojp.usdoj.gov/ovc
National Organization for Victim Assistance	www.trynova.org
Men Stopping Violence	www.menstoppingviolence.org
Sexual Assault Training & Investigations	www.mysati.com
The National Alliance to End Sexual Violence	www.naesv.org
National Coalition Against Domestic Violence	www.ncadv.org
National Network to End Domestic Violence	www.nnedv.org
Voices & Faces Project	www.voicesandfaces.org
The National Crime Victim Law Institute	www.ncvli.org
Victim Rights Law Center	www.victimrights.org
International Association of Forensic Nursing	www.iafn.org
SANE/SART Sexual Assault Resource Service	www.sane-sart.com
U.S. Department of Justice	www.usdoj.gov
Center for Disease Control, Injury Prevention	www.cdc.gov/violenceprevention
National Institute of Justice	www.nij.gov
National Judicial Education Program	www.legalmomentum.org/our-work/vaw/njep
Equitas	www.equitas.org
Office on Crimes Against Children	www.fbi.gov/about-us/investigate/vc_majorthefts/cac
National Center for Missing & Exploited Children	www.ncmec.org
National Center for Prosecution of Child Abuse	www.ndaa.org/ncpca_home.html

National Resources, continued

Coalition to Abolish Slavery and Trafficking	www.castla.org
National Center for Women & Policing	www.womenandpolicing.com
National Center on Domestic and Sexual Violence	www.ncdsv.org
Humantrafficking.org	www.humantrafficking.org
Polaris Project: For a World Without Slavery	www.polarisproject.org
Bureau of Justice Statistics	www.bjs.ojp.usdoj.gov
National Criminal Justice Reference Service	www.ncjrs.gov
National Violence Against Women Prevention Research	www.musc.edu/vawprevention
National Coalition of Anti-Violence Programs	www.ncavp.org
Amnesty International	www.amnestyusa.org
National PREA Resource Center	www.prearesourcecenter.org
Just Detention International	www.justdetention.org
Women of Color Network	www.womenofcolornetwork.org
Immigrant Women Network	www.immigrantwomennetwork.org
PreventConnect	www.preventconnect.org
The Clery Institute for Security on Campus	www.securityoncampus.org
Intermedia, Inc.	www.intermedia-inc.com
Internet Sexuality Information Services, Inc.	www.isis-inc.org
Volcano Press	www.volcanopress.com
Discover Films Video	www.discover-films.com
Cambridge Documentary Films	www.cambridgedocumentaryfilms.org
Asian & Pacific Islander Institute on Domestic Violence	www.apiidv.org
Asian/Pacific Islander Youth Violence Prevention Center	www.apivyvpc.org
Sister Song	www.sistersong.net
End Violence Against Women International	www.evawintl.org
Faith Trust Institute	www.faithtrustinstitute.org
Vera Institute of Justice	www.vera.org
Accessing Safety	www.accessingsafety.org
Office for Victims of Crime Training & Technical Assistance Center	www.ovcttac.gov
Americans with Disabilities Act	www.ada.gov
IRS compliance information for non-profits	www.irs.gov/Charities-&-Non-Profits

For additional resources, please contact info@oaesv.org