Core Standards for Rape Crisis Programs in Ohio
2016 Revised Edition
Distributed by:
Ohio Alliance to End Sexual Violence

Standards Revision Committee:

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Executive Summary

The *Core Standards for Rape Crisis Programs in Ohio, 2016 Revised Edition* was developed by the Ohio Alliance to End Sexual Violence (OAESV) in partnership with a committee of experienced professionals working directly with survivors of sexual violence and providing administration of rape crisis services in Ohio. Building upon the original Core Standards published in 2013, the Revised Standards incorporate updated language, more clearly-defined terms, streamlined Standards, and improvements in the document's ease of use.

The *Core Standards for Rape Crisis Programs in Ohio, 2016 Revised Edition* serves as the authoritative document on the delivery of rape crisis program services in Ohio. OAESV and the Standards Review Committee acknowledge that there are numerous types of programs in Ohio providing services to survivors of sexual violence, including (but not limited to) domestic violence shelters, dual domestic violence-rape crisis programs, prosecutor-based/victim-witness programs, social service organizations, and mental health agencies. While this document defines and outlines the core service standards for *rape crisis programs specifically*, it is the expectation that any organization that is providing any services to survivors of sexual violence will administer those services according to standardized best practices.

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.

Key Updates in the *Core Standards for Rape Crisis Programs, 2016 Revised Edition*:
1. **Gender Inclusive Language:** The Standards have been revised to include gender-inclusive language, primarily by utilizing the pronouns "they, them, their, and theirs"
2. **Removal of four (4) Standards in the original document:**
   - *Advocacy*: this Standard was removed as it is a general term defined in the introduction of this document and inherent in all core services provided by rape crisis programs in Ohio
   - *Crisis Intervention Services*: this Standard was removed because "crisis intervention" is considered a clinical practice engaged in by licensed mental health professionals, not rape crisis advocates; "reduction of distress" and "emotional support" remain part of the practice of victim advocacy

- *Information & Referral*: this Standard was removed because providing information and resources for follow-up care to survivors is inherent in the practice of advocacy
- *Evaluation*: this Standard was removed because the checklists for all Standards includes an evaluative component

3. **Standard for Staff Training:** the Staff/Volunteer Training Standard has been revised to include specific requirements as to the number of training hours rape crisis advocates must obtain and the timeframe in which those hours must be obtained, in addition to requirements regarding the continuing education of rape crisis advocates

4. **Placement of Checklists:** to improve ease of use, for each Standard in the revised document, the corresponding checklist appears immediately after the Standard, rather than in a separate section of the document

Definitions

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 Nationally:

According to the 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. Rape Crisis Centers (RCCs) have different names or descriptors ("sexual assault

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[1] Basile KC, Saltzman LE. *Sexual violence surveillance: uniform definitions and recommended data elements* version 1.0. Atlanta: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2002. Available from:http://www.cdc.gov/ViolencePrevention/pub/SV_surveillance.html

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]

Defining Rape Crisis Programs and Rape Crisis Advocates in Ohio:
Qualified Advocate (for providing rape crisis advocacy): a person who has completed at least 40 hours of training in advocacy for victims of sexual violence; and is an employee or volunteer of a qualified victim services program.

Qualified Victim Services Program (for providing rape crisis advocacy):
1. A non-governmental, nonprofit, community-based program that offers safety planning, counseling, support or advocacy services to victims of sexual violence;
2. Adheres to the standards set forth by the federally recognized state sexual violence (i.e. the Ohio Alliance to End Sexual Violence);
3. A rape crisis program, as defined in section 109.921(A)(1) of the Ohio Revised Code

Defining Confidential Communication:
Any written or oral communication intended for the purpose of furthering the interest of the victim in the course of safety planning, counseling, support, or advocacy services, that is not intended for further disclosure to persons except: Persons present at the time the communication is made who are present to further the interest of the victim in the course of seeking safety planning, counseling, support, or advocacy services; Persons reasonably necessary for the transmission of the communications; or Other persons in the context of group counseling. *For the purposes of this document, all communication with survivors of sexual violence in administering standardized rape crisis services is to be considered confidential.*

Defining Core Rape Crisis Services in Ohio
As defined by the Standards Review Committee and rape crisis centers throughout the state that voted to approve the 2016 Revised 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*.

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[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.

Rape crisis programs in Ohio provide all of the following core direct services in accordance with these **Core Service Standards**:

- 24-hour Crisis Hotline
- Hospital/Medical Advocacy
- Criminal Justice/Legal Advocacy
- Community Awareness/Outreach

Rape crisis programs in Ohio provide their core services in accordance with these **Service Administration Standards**:

- Accessibility
- Cultural Competency
- Ethics & Accountability
- Staff/Volunteer Training
- Systems Coordination/Collaboration

Some (but not all) rape crisis programs in Ohio provide the following services in accordance with these **Ancillary Service Standards**:

- Prevention Education
- Professional Counseling/Therapy
- Support Groups

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

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Document Organization

This document is organized as follows:
- **Standards & Accompanying Checklists:**
  - Core Service Standards
  - Service Administration Standards
  - Ancillary Service Standards
- **Additional Resources**: These include links to state and national resources that provide additional information of relevance to rape crisis programs.

Table of Contents

Core Rape Crisis 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 advocacy, support, information, resources and options to help effectively address their needs
Duration	As needed and as defined by program's hotline usage policy
Qualifications	At a minimum, a 24-hour Crisis Hotline includes: • 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 complete at least 40 hours of training before answering hotline calls • Hotline providers must make the hotline accessible to all survivors, such as having a language line available as well as utilizing video phone or to equip their crisis line with text telephone capacity or assistive technology for clients who may be Deaf or hard of hearing

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 and/or the RAINN hotline
   ☐ Hotline providers must make the hotline accessible to all survivors, such as having a language line available as well as utilizing video phone or to equip their crisis line with text telephone capacity or assistive technology for callers who may be Deaf or hard of hearing
   ☐ 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:

- o 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
- o Calls which are difficult, complex, or upsetting to the phone worker
- ☐ The Program has an established policy for dealing with difficult callers, including specific training and supervision 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/resources, and conclusion/evaluation

3. Resources
- ☐ The Program maintains an updated resource manual or file with financial, healthcare, mental health, social service, and other resources
- ☐ The Program updates the manual/file annually to:
    - o Confirm that listings are current and accurate
    - o Distribute information about the crisis hotline through the dissemination of materials, in accordance with the "Community Awareness/Outreach" standard
    - o Provide an opportunity to solicit feedback from community agencies regarding the appropriateness of connecting survivors with those agencies

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's hotline serves dual purposes (such as domestic violence), 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:
    - o Will connect survivors with a trained advocate within 30 minutes at most
    - o Has a written protocol for the answering service staff detailing their instructions in responding to a hotline call
    - o Has a detailed confidentiality policy
    - o Ensures that phone workers have the required training to properly assist callers
    - o An opportunity for phone workers (paid staff or volunteers) to meet with and ask questions of the hotline coordinator/supervisor at least quarterly
- ☐ If calls are forwarded to the phone worker's home/cell phone, there is a protocol stating:
    - o Only the phone worker will respond to calls while calls are forwarded
    - o 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

- o 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 hotline; 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 resources provided, 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 hotline service to persons who are harassing or offensive. Additionally, the hotline may be restricted for persons who place repeat calls which impede the availability of the line for other callers. These callers are offered resources for other appropriate agencies as needed. Calls outside the scope of program/agency services are offered resources for the appropriate agency/program
- ☐ Calls for appointments or business matters (if applicable) are referred to the program/agency business line
- ☐ If possible, the duration of individual calls are limited to 60 minutes; if a caller requests or appears to be in need of further assistance or clinical intervention, resources are offered for licensed counseling staff or other mental health agencies

6. Evaluation
- ☐ The Program tallies the number of calls and hours of service on a regular basis (recommended monthly), per program or agency policy
- ☐ The Program reviews call reports for accuracy and appropriateness of responses and resources provided
- ☐ The Program has a protocol for additional evaluation through any combination of the following:
  - o Permission for follow-up phone calls to survivors to assist/support the survivor and document their assessment of the value/results of the original call
  - o Supervision of phone workers, such as review of caller responses to specific calls and/or observation by supervisor of phone workers
  - o 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 resources requesting feedback about appropriateness of connecting survivors with those agencies; the Program communicates with these agencies regularly throughout the year to assess service delivery needs

☐ The hotline coordinator/supervisor gathers information from evaluations and makes/suggests recommended changes as needed

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 they need to effectively participate in the criminal justice and/or civil legal systems, or to make decisions about participation
Duration	May be long-term or episodic
Qualifications	At a minimum, Criminal Justice/Legal Advocacy includes: • 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 resources 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 are licensed to do so

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)

   ☐ Legal advocates receive at least 40 hours of rape crisis training and are supervised by a coordinator/staff member who has at least one year experience working with survivors of sexual assault

- ☐ Legal advocates have immediate 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 offered resources for 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/supervisor 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

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 their healthcare needs, and to assist them 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	At a minimum, Hospital/Medical Advocacy includes: • 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 desired, 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 resources 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

Program Checklist for Hospital/Medical Advocacy

1. **Staffing**
   - ☐ Hospital/medical advocates receive at least 40 hours of rape crisis training and are supervised by a coordinator/staff member who has at least one year experience working with survivors of sexual assault
   - ☐ Hospital/medical advocates have immediate access to their supervisor 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 to survivors
   - ☐ 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 hospital/medical advocacy services to persons who are harassing or offensive. These clients will be offered resources for other appropriate agencies as needed

3. Evaluation

- ☐ The Program provides a report of the numbers served on a regular basis (recommended monthly or quarterly)
- ☐ 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 hospital/medical response to survivors is conducted; the Program communicates with these systems/groups throughout the year to ensure quality of service delivery

	Community Awareness/Outreach
Definition	Providing accurate information about sexual violence advocacy and prevention. This includes ensuring the community is aware of the Program, its services, and how to access those services, as well as individual, organizational, and societal strategies that promote the elimination of sexual violence in the community
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	At a minimum, Community Awareness/Outreach includes: • 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 • Disseminating messages and materials in the community that 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.). This includes strategic, targeted efforts to bring awareness/outreach to communities disproportionately affected by sexual violence • 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

Program Checklist for Community Awareness/Outreach

1. **Staffing/Competencies**
   - ☐ Outreach workers and presenters must have completed the 40 hours of required training for rape crisis advocates

- ☐ Outreach workers and presenters should have at least 3 months experience in direct service with survivors of sexual assault
- ☐ Outreach workers and presenters are competent in skills related to working with culturally and linguistically diverse communities
- ☐ Outreach workers and presenters recognize the differences in adult and pedagogy (traditional/academic) learning:
    - o Problem centered vs. subject learning
    - o Readiness to learn vs. have to learn
    - o Experiences
    - o Self-directive vs. dependency

2. **Development/Use of Materials**
- ☐ The Program clearly defines intended audience for all awareness materials utilized
- ☐ 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 consuming 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.
- ☐ When appropriate, materials include consistent messaging/branding with other community and/or larger-scale campaigns to ensure greater saturation of effective messaging and tools

3. **Planning and Implementing Awareness/Outreach Programming**
- ☐ The Program, in conjunction with outreach workers and presenters, assess the audience's needs and goals
- ☐ The Program, in conjunction with outreach workers and presenters formulate appropriate, measurable, and written objectives
- ☐ The Program, in conjunction with outreach workers and presenters identify a variety of learning activities based on the Program's objectives
- ☐ The Program, in conjunction with outreach workers and presenters, select strategies best suited for the audience
- ☐ The Program, in conjunction with outreach workers and presenters plan sequence of learning building upon and reinforcing mastery of the preceding objectives

4. **Policy**
   - ☐ Information delivered is factual, current, accurate, and relevant
   - ☐ Personal opinions and philosophies of outreach workers and presenters are kept to a minimum and if used are identified as such by the outreach worker/presenter
   - ☐ Outreach workers and 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, their 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:
     - o Facts about sexual violence based on up-to-date research/data/statistics
     - o Legal definitions
     - o Continuum of violence/power and control issues
     - o Rape culture
     - o Oppression
     - o Trauma of sexual violence and trauma-informed response
     - o Alternatives to victim-blaming
     - o Local resources
     - o Confidentiality and disclosure laws
     - o Awareness of issues related to alcohol/drugs
     - o Healthy relationships (i.e. equality, gender roles)
     - o Warning signs of abuse
     - o Assist survivors in identifying options
     - o Public policy information impacting survivors
   - ☐ The Program may refuse to provide awareness/outreach activities to inappropriate persons, including persons who are harassing or offensive. These clients will be connected with 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

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, language, and other factors, as well as survivors 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	At a minimum, Accessibility includes: • 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.)

Program Checklist for Accessibility

1. **Staffing**
   - ☐ All staff members and volunteers receive training (as part of required 40 hours of training for volunteers, as needed for staff) on the following:
     - o Barriers faced by survivors with varying abilities
     - o Barriers faced by survivors who are Deaf or hard of hearing
     - o 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:
     - o Handicap-accessible parking
     - o Ground-level entrance(s) with ramps (if stairs/steps are present)

- o Elevator access for offices above or below the ground floor, or full provision of services on the ground floor
- o Restrooms that are wheelchair-accessible
- o Adequate space in waiting areas and offices for wheelchairs, assistive devices, and service animals
- o Signage that clearly indicates emergency exits, restrooms, and other areas
- o Emergency alarm systems that are both visible and audible
- ☐ The Program provides interpreting and translation services for survivors who are Deaf/hard of hearing and survivors who speak a language other than English, including:
  - o Existing contracts with qualified interpreters
  - o Adequate funding in the Program's budget to pay for interpreters and translation services
- ☐ The Program ensures that interpreting services are available to survivors in hospitals and courts (which those entities are legally required to provide free of charge)
- ☐ To every extent possible, the Program provides materials that are sensitive to visually impaired survivors
- ☐ To every extent possible, the Program provides materials that are sensitive to survivors with cognitive disabilities
- ☐ To every extent possible, accessible areas/venues are selected by the Program when conducting community awareness/outreach activities
- ☐ The Program maintains accurate demographic data about accessibility issues in the community served by the Program, and develops a protocol for learning about new/emerging and/or underserved populations with varying abilities in the community
- ☐ The Program has established collaborative partnerships with organizations in the community that provide services to individuals with varying abilities, including but not limited to the following:
  - o Assistive technology and devices
  - o Developmental Disabilities agency
  - o Qualified sign language interpreting services for Deaf/hard of hearing
  - o Qualified interpreting services for languages other than English
  - o Qualified translation services

3. Evaluation

- ☐ The Program provides a report of the number of survivors served requiring accessibility accommodations on a regular basis, per program/agency and funding policy
- ☐ Client satisfaction surveys are completed with all clients, when possible, with adaptations as needed (visually impaired, e.g.)
- ☐ The Program reviews satisfaction surveys on a regular basis (at least quarterly) and makes adjustments as needed
- ☐ The Program regularly assesses its accessibility and makes adjustments as needed (at least annually); this may be accomplished by consulting with accessibility professionals/organizations

Cultural Competency	
Definition	The ability of the Program to provide effective and equitable 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	At a minimum, Cultural Competency includes: • Maintaining a service delivery structure that is culturally relevant 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, cultural languages, and dialects • 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 specific training of staff 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 their specific beliefs and customs into the response process and service delivery • Connecting the survivor to resources in the community that can best meet their specific needs, whether directly or indirectly related to sexual violence

Program Checklist for Cultural Competency

1. **Staffing**
   ☐ As part of the required 40 hours of training, all new staff members and volunteers should receive training on the following (or, in the case of existing staff members or volunteers, they should be assessed for knowledge of the following):
   o Oppression of and barriers to service faced by individuals based on race, color, ethnicity, creed, religion, language, socioeconomic status, national origin, sex, gender identity, gender expression, sexual orientation, age, physical ability, physical health, cognitive disabilities, citizen status, veteran status, marital status, political affiliation, or HIV status
   o Strategies for assisting survivors from marginalized and underserved communities 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 and with diverse characteristics, as well as the recruitment and selection of board members and volunteers from diverse cultures

☐ The Program's staffing and leadership should reflect, to every extent possible, the demographic and cultural characteristics of the community in which the Program operates

☐ The Program consistently utilizes an anti-oppression framework from which to understand, discuss, and consider personal power, privilege, and biases of staff, and how these impact service delivery

2. **Policies**

☐ The Program incorporates cultural competency into its service delivery by:
   o Involving all staff members in service planning and implementation
   o Developing an awareness of organizational and individual biases that may interfere with effective service delivery, and working to overcome those biases
   o 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
   o Collaborating with individuals and organizations in the community who provide culturally competent and culturally specific services to populations that are or should be served by the Program
   o Facilitating a training/in-service for staff on a topic related to cultural competency at least annually

☐ The Program utilizes culturally informed and equitable recruitment and internal support methods for recruiting, sustaining, and offering pathways to leadership for volunteers and staff members from diverse and marginalized communities

☐ 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 languages present in their communities in ways that are reflective of the understanding of/beliefs about how to address sexual violence within those communities

☐ The Program provides services, conducts activities, and utilizes culturally appropriate and specific language that does not alienate persons who identify as LGBTQI

☐ To every extent possible, locations that are inclusive of individuals from diverse cultures are chosen by the Program when conducting outreach and awareness activities

☐ Services provided to immigrant survivors are not denied on the basis of immigration/ documentation status. The availability of services (and non-denial of services) 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 indicated in the Staffing section above

☐ Client satisfaction surveys are provided to all clients, when possible, with adaptations for translation of varying abilities as needed

☐ The Program reviews surveys at least quarterly and makes adjustments as needed

☐ The Program assesses its cultural competency policies and practices annually and makes adjustments as needed; this may be accomplished by consulting with outside professionals/ organizations

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	At a minimum, Ethics & Accountability includes: - 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 or other 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

Program Checklist for Ethics & Accountability

1. **Staffing**
   - ☐ All staff members must pass a criminal background check per agency policy prior to having contact with survivors/clients. The Program/its parent 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 parent agency demonstrates the following organizational components:
     - o Appropriate status in good standing, i.e. 501 (c)(3)
     - o Approved by-laws governing the structure and function of the Program/agency
     - o 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, to the greatest extent possible)
     - o A mission statement that is reflective of the Program's purpose and the need(s) it fulfills in the community
     - o 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.)
     - o An organizational culture that promotes cultural inclusion and self-care
   - ☐ The Program/its agency demonstrates adherence to financial policies:

- o General accounting procedures, as dictated by the IRS, the State of Ohio, and funders of the program
- o Clearly delineated budget, including line item income and expense categories
- o Checks and balances system whereby at least two qualified individuals have access to the program/agency's financial information at all times
- o Understanding of all allowable and unallowable activities, as dictated by funders, and the ability to demonstrate adherence to those guidelines
- o Regular reporting procedure for all program/agency finances to the Board of Directors and funders
- o Distribution of an annual report that demonstrates income and expenses; accessible to the general public
- o Regular program/agency audit, per applicable funding and accreditation bodies
- ☐ The Program/its parent agency has a personnel policy manual that includes:
    - o Hiring, firing, promotion, compensation, evaluation, grievance, and disciplinary processes
    - o Organizational chart listing all staff positions and to whom they report
    - o Description of benefits applicable to all program/agency staff, and benefits that are applicable to each specific program and/or staff position
    - o Policies regarding non-discrimination, sexual harassment/stalking, and violence in the workplace
    - o Detailed policy regarding confidentiality of clients and client information, following the definition of Confidentiality provided in the introduction of this document
    - o 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
    - o Safety procedures for responding to and documenting emergencies that occur within and around the facility, and while providing services outside the facility

3. Evaluation
- ☐ The Program provides a report of numbers of clients/survivors served on a regular basis, in addition to any relevant demographic information, per program/agency and funding policy
- ☐ Client satisfaction surveys are provided to all clients of all services, when possible
- ☐ The Program reviews client satisfaction surveys on a regular basis (at least quarterly) and makes adjustments to service delivery as needed
- ☐ The Board of Directors evaluates the Executive Director's performance at least annually (if applicable based on the Program's structure)
- ☐ Staff members are responsible for maintaining their licensure and CEUs as appropriate
- ☐ The Program has a policy regarding the content and frequency of staff evaluations, and how those evaluations inform personnel decisions; staff evaluations should be completed at least annually and signed by both the staff member and their supervisor

Staff/Volunteer Training

Definition	Educating staff and volunteers about the dynamics and impact of sexual violence and equipping them with the skills to provide appropriate, client-centered, empathic advocacy and support services to survivors and co-survivors of sexual violence based on standardized best practices
Goal	To equip staff and volunteers with the knowledge and skills necessary to be effective advocates for survivors/co-survivors of sexual violence
Duration	40 hours initial training for new staff and volunteers; 30 hours of continuing education every 2 years for existing staff

Qualifications	At a minimum, Staff/Volunteer Training includes:
	• All newly-hired staff members and newly-recruited volunteers must complete at least 40 hours of rape crisis advocacy training that addresses, at a minimum, the following Core Direct Service and Service Administration Standards:
	    o 24-Hour Crisis Hotline
	    o Criminal Justice/Legal Advocacy
	    o Hospital/Medical Advocacy
	    o Community Awareness/Outreach (components applicable to staff/volunteer duties)
	    o Accessibility
	    o Cultural Competency
	    o Ethics & Accountability (components applicable to staff/volunteer duties)
	    o Systems Coordination & Collaboration
	• Training for newly-hired staff members, or staff members who are transferring positions within the Program, should also include training related to Standard(s) specific to their position (for example, Prevention Education, Support Groups, Professional Counseling/Therapy)
	• Training for newly-hired staff members must be completed within six (6) months of hire
	• Training for newly-recruited volunteers must be completed before the volunteers have direct contact with survivors/co-survivors
	• For existing program staff members, those staff members must be able to demonstrate that they have previously completed an equivalent of 40 hours of rape crisis advocacy training
	• The required 40 hours of training for newly-hired staff and newly-recruited volunteers may be obtained from an organization other than the Program itself; however, the training must address all components

of the Standards listed above, and the Program itself must provide training regarding the local community (demographics/populations, resources) and Program policies and procedures for carrying out advocacy duties

- 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:
    o Protocols for documentation of contacts with survivors
    o Protocols for when and how volunteers should contact a staff member/supervisor
    o Protocols for when and how to connect survivors to appropriate resources in the community
    o Protocol for maintaining professional boundaries between staff/volunteers and clients/survivors
- The Program should establish record-keeping protocols, including:
    o Protocols for how to track the number of client contacts (phone and in-person) and how to dispose of confidential information
    o A roster of all volunteer names/contact information on file
    o Number of volunteer hours and types of assistance provided per volunteer
- Neither paid staff members nor volunteers need to be licensed mental health providers to serve in an advocacy capacity; if a staff member or volunteer is a licensed mental health provider, they do not serve in their licensed professional capacity when acting as an advocate
    o All staff and volunteers must sign a confidentiality statement upon hire/the beginning of volunteer service, and the Program must keep it on file

Program Checklist for Staff/Volunteer Training

1. **Training Requirements**
    ☐ All paid staff members and volunteers providing services to survivors will complete a minimum of 40 hours of rape crisis advocacy training, verification of which will be placed in their personnel/volunteer file
        o Newly-hired staff members must complete a minimum of 40 hours of training within six (6) months of hire

- o Existing staff members must be able to demonstrate that they have previously completed an equivalent of 40 hours of rape crisis advocacy training (i.e. documentation/certificates of completion)
- o Newly-recruited volunteers must complete a minimum of 40 hours of training prior to having direct contact with survivors/co-survivors
- o Even if an individual staff member or volunteer will not be providing all core direct services as part of their specific position, they must still complete the 40 hours of training, as concepts are interrelated and knowledge of all topics may be necessary or beneficial when assisting a survivor in any capacity

☐ The 40-hour training must include (but does not need to be limited to) the topics listed in #2 below; training may exceed 40 hours if the Program desires

☐ The 40-hour training may be provided by the Program itself or by another organization, provided that all the required topics are covered and the Program provides training on local community characteristics, needs, and resources, as well as Program policies

☐ All newly-hired staff members and existing staff members must complete a minimum of thirty (30) hours of continuing education/training every two (2) years
- o Continuing education must be relevant to rape crisis advocacy, and ideally should provide more in-depth knowledge/skills that will assist the staff member in being more effective in their role as an advocate
- o Advocacy trainings provided by OAESV (including the Annual Conference, regional trainings, Statewide Advocacy Training, and webinars/online training) may count toward continuing education hours
- o Trainings/workshops/seminars that award CEUs for counselors or social workers may count toward this requirement, provided that the training is relevant to rape crisis advocacy
- o Academic coursework may count toward this requirement, provided that the course is current/active (i.e. not a past course taken) and relevant to rape crisis advocacy
- o In-service trainings provided by the Program may count toward this requirement, provided that the training is new and relevant to advocacy
- o Staff meetings do not count toward this requirement, unless the meeting contains a clearly-defined training component
- o The 40-hour baseline rape crisis advocacy training does not count toward this requirement
- o Documentation of continuing education hours is kept in personnel files (i.e. certificates of completion)
- o While existing volunteers are not required to complete 30 hours of continuing education every 2 years, the Program must provide ongoing education to volunteers to ensure that advocacy services are provided effectively; to every extent possible, volunteers should be included in in-house or local training opportunities that are afforded to paid staff

☐ 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 Structure & Content**
   - ☐ The 40-hour rape crisis advocacy training must adequately prepare staff members and volunteers with knowledge and skills to provide effective advocacy to survivors and co-survivors of sexual violence
   - ☐ The exact structure of the training may vary by Program; specific topics requiring greater emphasis may vary according to the Program and the community
   - ☐ Elements of all of the following Standards must be included in the 40-hour training:
     - o 24-Hour Crisis Hotline
     - o Hospital/Medical Advocacy
     - o Criminal Justice/Legal Advocacy
     - o Community Awareness/Outreach (components applicable to staff/volunteer duties)
     - o Accessibility
     - o Cultural Competency
     - o Ethics & Accountability (components applicable to staff/volunteer duties)
     - o Systems Coordination/Collaboration
   - ☐ 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, activities, etc.)
   - ☐ Utilize presenters/guest speakers with specific topic expertise when possible
   - ☐ Role-plays should be utilized throughout the training program to assess understanding of concepts and their application to work with survivors
   - ☐ The training should incorporate frequent breaks and continual emphasis on monitoring for vicarious trauma and self-care during the training
   - ☐ Topics to be addressed:
     - o History of rape crisis advocacy, including anti-oppression and public health perspectives
     - o Definition of rape/sexual assault and types of rape/sexual assault: child, marital or partner, acquaintance/stranger, adult male, etc.
     - o Rape stereotypes and realities/statistics
     - o Hospital/Medical – emergency department protocol, the forensic exam/rape kit, health issues including STI's, HIV and PEP, drug facilitated sexual assault
     - o 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 to the Program's community/service area

- o Specific Populations – specific religious and ethnic groups, LGBTQI, elderly, children, developmentally disabled, chronically mentally ill, people with varying abilities, incarcerated individuals
- o Drug and alcohol addiction, relationship with sexual violence
- o Suicide prevention
- o Rape crisis advocacy skills, including listening and empathy skills
- o Safety skills and protocol for staff and volunteers
- o Overview of local agencies and when/how to connect survivors with resources
- o Program/agency procedures on responding to survivors and record keeping
- o Confidentiality and mandated reporting requirements
- o Working with co-survivors (family and friends)
- o Setting and maintaining appropriate boundaries with survivors
- o Self-care/vicarious trauma/setting appropriate boundaries
- o Other topics as dictated by Program structure and community need
- ☐ A training manual and certificate of completion is provided to all trainees

3. Additional Preparation

- ☐ In addition to basic training, all newly-hired staff and volunteers should receive additional supervised training for the specific service(s) 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
- ☐ All staff members and volunteers should receive training on all Program policies and procedures (personnel policies, confidentiality, responding to emergencies, documentation of client services provided, documentation of hours served, etc.)

4. Program Policies

- ☐ Position descriptions for paid staff and volunteer positions should include initial training and continuing education training requirements
- ☐ 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)
- ☐ The Program provides services in accordance with applicable federal and state laws, as well as requirements of funders, and staff members/volunteers are aware of these
- ☐ The Program has a policy for documentation of client services, volunteer hours served, and training and continuing education completed by staff and volunteers
- ☐ The Program has a policy clearly outlining confidentiality and mandated reporting requirements of staff members and volunteers
- ☐ The Program has a policy clearly outlining professional conduct and boundaries for staff members and volunteers (i.e. no personal/social relationships with clients, guidelines for social media use, etc.)

☐ The Program has a policy outlining supervisory requirements for staff members and volunteers working directly with survivors (i.e. when and how to seek supervision, who to contact after-hours and in emergency situations, etc.)

☐ The Program has a policy regarding self-care of staff members and volunteers who work directly with survivors/co-survivors (i.e. monitoring vicarious trauma, requesting time off, availability of employee assistance programs, etc.)

5. Evaluation

☐ The Program documents numbers/hours of training provided

☐ The Program documents demographics of those trained

☐ The Program utilizes pre/post-tests, quizzes, role play evaluations, and other formats to assess knowledge of trainees

☐ The Program conducts surveys and/or interviews of participants and trainers about the effectiveness and success of the training

☐ 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/supervisory staff member regularly monitors volunteers for emotional wellness/ vicarious trauma, and provides support accordingly

	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, competent, comprehensive, victim-centered services for survivors/co-survivors of sexual violence in the community
Duration	Ongoing
Qualifications	At a minimum, Systems Coordination/Collaboration includes: - Awareness/understanding of the various organizations in and surrounding the community that serve or otherwise impact all survivors (including those from underserved communities) - 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), if applicable - 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

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; includes completion of all training and continuing education requirements
     - ○ 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:
     - o Rape Crisis
     - o Law Enforcement
     - o Prosecution
     - o SANE/SAFE/forensic examiner
     - o Social service/mental health providers
     - o Campus representative (if applicable)
     - o Survivor
     - o Culturally-specific organizations
     - o 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 Program operates
   - ☐ If a formal collaborative group does not exist in the community, the Program actively and consistently pursues coordination/collaboration with professional partners through meetings, memoranda of understanding, and/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 collaborative partnerships include:
     - o Adherence to a shared vision
     - o Trust and mutual respect
     - o Continuity of active membership/personnel
     - o Open, honest, and professional communication
     - o Commitment to problem-solving and compromise
     - o Regular meetings/communication
   - ☐ Tasks of the collaborative partnerships should ideally include:
     - o Meeting regularly to discuss strengths and challenges to survivor response, and strategies for improving response; may include case review (with appropriate protocol for confidentiality)
     - o Developing/revising protocol and guidelines for a standardized response to sexual violence survivors in the community
     - o Providing interdisciplinary training/sharing of knowledge
     - o Promoting/facilitating community education regarding sexual violence and the response to it
     - o Developing memoranda of understanding, contracts, or other formal agreements regarding the provision of specialized services to survivors
     - o Maintaining regular communication among partners, including the distribution of meeting minutes (if applicable) and other communications as appropriate

3. **Policy**
   - ☐ Memoranda of understanding (MOUs) should be developed and signed by members of the collaborative partnership, defining the role of each partner
   - ☐ Protocol outlining the frequency of collaborative 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 partnership/group maintains meeting minutes accessible to all group members, if applicable
   - ☐ The collaborative partnership/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

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	At a minimum, Prevention Education includes: • 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 predominantly focused on reducing risk factors of perpetration and promoting protective factors of victims and perpetrators so as to not have a disproportionate amount of activities that focus on victim risk reduction • Activities are culturally appropriate for the selected population(s) • Activities are developmentally appropriate for the selected population(s) • 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

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 (traditional/academic) learning:
- o Problem center vs. subject learning
- o Readiness to learn vs. have to learn
- o Experiences
- o 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:*
- o Promote protective factors
- o Strive to be comprehensive
- o Be concentrated and capable of being sustained and expanded over time
- o Use varying teaching methods to address multiple learning processes
- o Be based on purposeful, logical rationale
- o Be developmentally appropriate
- o Be developed in collaboration with a representative cross-section of community members to incorporate diverse cultural beliefs, practices, and community norms
- o Include a systematic method to determine program effectiveness and promote continuous quality improvement

o 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
   - ☐ 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, their 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 consistently
   - ☐ When possible, the Program conducts follow-up studies on impact of activities
   - ☐ The Program implements surveys with educational participants and event organizers to assess the presenter's efficacy according to: projected enthusiasm; clarity of communication; encouragement of discussion amongst participants; demonstration of active listening & connecting with participants; engagement and application of participants' responses; and (if applicable) effective collaboration with co-presenter(s)
   - ☐ 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://www.communitysolutionsva.org/files/Prevention_Guidelines_20092.pdf

This Standard was informed by:

- Resources for Sexual Violence Preventionists, NSVRC
  http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Core-competencies-sexual-violence-prevention-practitioners.pdf
- Sexual Violence and the Spectrum of Prevention, NSVRC
  http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Sexual-Violence-and-the-Spectrum-of-Prevention_Towards-a-Community-Solution_0.pdf

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	At a minimum, Professional Counseling/Therapy includes: • Assessment, individual service planning, therapeutic intervention, and evaluation 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 Rape Crisis Programs that do not offer Professional Counseling/Therapy should seek, when possible, to establish memoranda of understanding, contracts, or other formal partnerships with qualified professionals or organizations in the community that are equipped to provide therapeutic services to survivors of sexual violence.

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 interventions 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 clearly defining and differentiating between the roles of rape crisis advocates and licensed counselors/therapists in interacting with survivors

☐ 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

☐ If Professional Counseling/Therapy is not offered by the Program, the Program should seek, when possible, to establish memoranda of understanding, contracts, or other formal partnerships with qualified professionals or organizations in the community that are equipped to provide therapeutic services to survivors of sexual violence.

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 (in accordance with individualized service plans/goals set with the input of clients, and at least annually) by the Counseling/Therapy Supervisor, and adjustments are made to service structure and delivery as needed and feasible

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, assist with finding resolution concerning the sexual victimization, and foster survivor connections
Duration	Periodic, as scheduled
Qualifications	At a minimum, Support Groups include: • 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 services after/between meetings

Program Checklist for Support Groups

1. **Staffing**
   - ☐ Support group facilitators must have completed the 40 hours of required training for rape crisis advocates, must complete the required continuing education, 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 assaults, 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 directed 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 (at least annually) and makes recommendations accordingly

Additional Resources

State Resources

Action Ohio Coalition for Battered Women	www.actionohio.org
Asian American Community Services	www.aacsohio.org/
Buckeye Region Anti-Violence Organization (BRAVO)	www.bravo-ohio.org
Ohio Alliance to End Sexual Violence	www.oaesv.org
Ohio Attorney General's Office Victim Services	www.ohioattorneygeneral.gov/victim
Ohio Counselor, Social Worker, and Marriage & Family Therapist Board	www.cswmft.ohio.gov
Ohio Crime Victim Justice Center	www.ocvjc.org/
Ohio Department of Health Sexual Assault Response & Recovery	www.odh.ohio.gov
Ohio Department of Rehabilitation & Corrections Victim Services	www.drc.ohio.gov/web/victim
Ohio Domestic Violence Network	www.odvn.org
Ohio Family Violence Prevention Center	www.fvpc.ohio.gov
Ohio Hispanic Coalition	www.ohiohispaniccoalition.org/
Ohio Men's Action Network (OHMAN)	www.mensactionnetwork.com/
Ohio Network of Child Advocacy Centers	www.oncac.org/
Ohio Office of Criminal Justice Services	www.ocjs.ohio.gov
Ohio Resources by County	www.oaesv.org/resources
Ohio Victim Witness Association	www.ovwa.org/
Prevent Child Abuse Ohio	www.preventchildabuse.org/chapters

National Resources

1in6.org (resources for male survivors of child sexual abuse)	www.1in6.org
Accessing Safety	www.accessingsafety.org
Americans with Disabilities Act	www.ada.gov
Amnesty International	www.amnestyusa.org
Asian & Pacific Islander Institute on Domestic Violence	www.apiidv.org
Asian/Pacific Islander Youth Violence Prevention Center	www.apiyvpc.org
Bureau of Justice Statistics	www.bjs.ojp.usdoj.gov
Cambridge Documentary Films	www.cambridgedocumentaryfilms.org
Centers for Disease Control, Injury Prevention	www.cdc.gov/violenceprevention
Clery Institute for Security on Campus	www.securityoncampus.org
Coalition to Abolish Slavery and Trafficking	www.castla.org
Department of Justice Violence Against Women Office	www.ovw.usdoj.gov
Discover Films Video	www.discover-films.com
End Violence Against Women International	www.evawintl.org
Equitas	www.equitas.org
Faith Trust Institute	www.faithtrustinstitute.org
FORGE (LGBTQI resources)	www.forge-forward.org/
Humantrafficking.org	www.humantrafficking.org
Immigrant Women Network	www.immigrantwomennetwork.org
Intermedia, Inc.	www.intermedia-inc.com

International Association of Forensic Nursing	www.iafn.org
Internet Sexuality Information Services, Inc.	www.isis-inc.org
IRS compliance information for non-profits	www.irs.gov/Charities-&-Non-Profits
Just Detention International	www.justdetention.org
MaleSurvivor	www.malesurvivor.org
Men Stopping Violence	www.menstoppingviolence.org
National Alliance to End Sexual Violence	www.naesv.org
National Center for Missing & Exploited Children	www.ncmec.org
National Center for Prosecution of Child Abuse	www.ndaa.org/ncpca_home.html
National Center for Victims of Crime	www.victimsofcrime.org
National Center for Women & Policing	www.womenandpolicing.com
National Coalition Against Domestic Violence	www.ncadv.org
National Coalition of Anti-Violence Programs	www.ncavp.org
National Crime Victim Law Institute	www.ncvli.org
National Criminal Justice Reference Service	www.ncjrs.gov
National Institute of Justice	www.nij.gov
National Judicial Education Program	www.legalmomentum.org/our-work/vaw/njep
National Network to End Domestic Violence	www.nnedv.org
National Organization for Victim Assistance	www.trynova.org
National PREA Resource Center	www.prearesourcecenter.org
National Sexual Violence Resource Center	www.nsvrc.org
National Violence Against Women Prevention Research	www.musc.edu/vawprevention
Not Alone (campus sexual assault)	www.notalone.gov/
Office for Victims of Crime	www.ojp.usdoj.gov/ovc
Office for Victims of Crime Training & Technical Assistance Center	www.ovcttac.gov
Office on Crimes Against Children	www.fbi.gov/about-us/investigate/vc_majorthefts/cac
Polaris Project: For a World Without Slavery	www.polarisproject.org
PreventConnect	www.preventconnect.org
Raliance	www.raliance.org/
Rape, Abuse & Incest National Network	www.rainn.org
Resource Sharing Project	www.resourcesharingproject.org
SANE/SART Sexual Assault Resource Service	www.sane-sart.com
Sexual Assault Training & Investigations	www.mysati.com
Sister Song	www.sistersong.net
Techsoup	www.techsoup.org/
U.S. Department of Justice	www.usdoj.gov
Vera Institute of Justice	www.vera.org
Victim Rights Law Center	www.victimrights.org
Voices & Faces Project	www.voicesandfaces.org
Volcano Press	www.volcanopress.com
Women of Color Network	www.womenofcolornetwork.org

For additional resources, please contact info@oaesv.org.