

CORE STANDARDS FOR QUALIFIED VICTIM SERVICE PROGRAMS PROVIDING RAPE CRISIS ADVOCACY IN OHIO

PREPARED AND DISTRIBUTED BY

OHIO ALLIANCE TO END SEXUAL VIOLENCE
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The Core Standards Review Committee and the Ohio Alliance to End Sexual Violence acknowledge that the Core Standards for Rape Crisis Programs in Ohio, 2022 Revised Edition, will require future revisions as necessitated by emerging best practices and national guidelines, as well as by the requirements and expectations of governing institutions and funders.

EXECUTIVE SUMMARY

The Core Standards for Qualified Victim Services Programs Providing Rape Crisis Advocacy in Ohio, 2022 Revised Edition (the Core Standards), were 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, and on the Revised Standards published in 2016, the 2022 updates incorporate updated language, more clearly defined terms, streamlined Standards, and improvements in the document's ease of use.

The Core Standards serve as the authoritative document on the delivery of rape crisis program services in Ohio. OAESV and the Core 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, culturally specific organizations, community-based programs, prosecutor-based/victim witness programs, social service organizations, and mental health agencies. **While this document defines and outlines the core service standards for Ohio's community-based rape crisis programs that are considered Qualified Victim Services Program, it is the expectation that any organization that is providing any services to survivors of sexual violence will administer those services according to the standardized best practices outlined in this document.**

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INTRODUCTION

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 2022 Core Standards for Rape Crisis Programs, Revised Edition:

- Change in terminology to ‘Cultural Humility’ rather than ‘Cultural Competency’, and updates to the section
- Change from Systems Coordination/Collaboration to Community Coordination & Collaboration, and updates to the section
- Significant updates to Prevention section
- Updates on anti-oppression language and understanding throughout
- Updates on design and readability for easier use by service providers
- Addition of Remote Services/Tele-Advocacy ancillary services
- Addition of Survivor-Centered and Trauma-Informed Services to services administration standards
- Addition of historical context of sexual violence services
- Addition of recognition of impact of COVID-19,
- and more

Historical Context of Sexual Violence Services

Sexual violence has long affected humans; as a function and symptom of oppression, this violence has existed on many different levels. In response, people have been engaging in supportive anti-sexual violence work for centuries. This work has been done in a myriad of ways, and the movement’s various parts have also felt the effects of oppression.

Significant time periods in anti-sexual violence work include the 1700s when social attitudes about women were shifting greatly; the 1800s aligning with the anti-slavery movement; and the 1900s aligning with the women’s suffrage movement in the beginning of the century and with the civil rights movement of the 60s and 70s.

The history of the movement is varied and complicated. One major theme has always been the recognition that sexual violence is about power. The word “rape” is derived from the Latin “rapere”, meaning “to steal, seize, or carry away,” and many have

acknowledged that the power imbalances in sexism have contributed to sexual violence. However, many who claim to care about ending this violence have failed to acknowledge how racism is intertwined and inseparable from sexism as well as other forms of oppression.

We've seen racism's effects on sexual violence as a whole, and on the anti-sexual violence movement itself. In recent decades, there's been acknowledgement of the intersectionality of sexism, racism, and other forms of oppression, especially its impact on sexual violence. But there's also rightful tension within the movement when it comes to racism. Much of the focus has stayed on white women working in the movement, with little acknowledgement, support, or recognition of the work done by Black people, Indigenous people, and other people of color. This is related to how structures are impacted by white supremacy, and sexual violence programs can unfortunately mimic some of those structures.

The effects of oppression don't stop with those working in the movement either; power imbalances that come with oppression have also led to barriers to service for survivors and co-survivors. Anti-oppression and the recognition of intersectional oppressions have become more commonly acknowledged and practiced by sexual violence organizations today. However, there is much more work to be done.

Additional themes in the present-day movement include a recognition of men's involvement in the movement, including as survivors; a move to cultural humility in the place of cultural competency; the recognition, exploration, and offering of various forms of justice and accountability; the acknowledgement of the connection to Missing & Murdered Indigenous People; and more.

The information in this document rests on this history, which illuminates why this work must be done with an anti-oppression approach.

Learn more about the history of the movement at <https://www.wcsap.org/advocacy/program-management/new-directors/history/history-movement>

Impact of COVID-19

This revision comes in the middle of a global health pandemic due to the novel coronavirus (COVID-19). The effects of COVID-19 have been far-reaching, including having a negative impact on sexual violence survivors and services. In the Core Standards for Rape Crisis Programs, 2022 Revised Edition, we've taken into consideration lessons learned during COVID-19, including the impact on survivor needs and concerns. This is just some of the information that should be strongly considered when providing services.

In an effort to provide continuity in victim services during the pandemic, the use of confidential tele-advocacy services is imperative. Please note, programs should only select tele-advocacy platforms that are HIPAA compliant, as well as compliant with funding sources.

During COVID-19, people who have experienced sexual violence have also likely experienced increased isolation and danger caused in part by social distancing measures. Survivors are most frequently abused by someone they know, including coworkers, family members, neighbors, and friends. And as we know, sexual violence thrives on secrecy.

Being a survivor of sexual violence can create more complex needs, and during the increased stress of the pandemic, this can result in severe trauma reactions.

Additionally, as unemployment skyrocketed in this time period, survivors of workplace sexual violence have become increasingly afraid to report sexual violence, in the event they receive a retaliatory termination.

Finally, the FBI, United States Department of Justice, and the Centers for Disease Control and Prevention have reported increasing cyber sexual exploitation and abuse during the COVID-19 pandemic, as students have been spending more time on computers throughout the day. Children and teens are especially vulnerable to increased cyber abuse because they have been removed from their routine, friends, and other supports.

OAESV: Our Role

Every state and territory has a federally designated coalition that:

- Serves as membership associations for local service providers
- Advocates for improvements in laws, services, and resources for survivors of sexual violence and their service providers (rape crisis centers)
- Provides support, advocacy, policy information, and training and technical assistance

We have been lifted up by those who came before us in this work. Social movements continue, due to many of our local centers, as well as college students who have influenced the movement in Ohio. Below are just some of these.

Locally

- 1971 Women’s Action Collective, Columbus
- 1972 Women Against Rape, Columbus
- 1974 Toni Goman Rape Crisis Center, Columbus
- 1980 Columbus Area Rape Program Treatment (CARPT)
- 1992 OhioHealth renamed as SARNCO, Columbus
- 1974 Cleveland Rape Crisis Center (hotline first)
- 1972 Toledo United Against Rape
- 1988 YWCA Rape Crisis of Northwest Ohio
- 1974 The Rape Crisis Center of Medina and Summit Counties

At the state level

- 1978 Ohio Victim Witness Association
- 1979 Ohio DV Law created
- 1981 Ohio Coalition on Sexual Assault
- 1989 Ohio Domestic Violence Network W
- 1991 Ohio Protocol for Sexual Assault Forensic and Medical Examination
- 2002 Ohio Network of Child Advocacy Centers
- 2009 Ohio Alliance to End Sexual Violence

From 2006 to 2009 the Ohio Coalition on Sexual Violence was dissolved, and a new Coalition was restructured: The Ohio Alliance to End Sexual Violence (OAESV). Learn more about OAESV, including mission and objectives, at www.oaesv.org/About

DEFINITIONS

CONFIDENTIAL COMMUNICATION: Any written or oral communication intended for the purpose of furthering the interest of the victim/survivor 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.

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.

QUALIFIED ADVOCATE (for providing rape crisis advocacy): a person who has completed at least 40 hours of training in advocacy for victims/survivors of sexual violence; and is an employee or volunteer of a qualified victim services program.

QUALIFIED VICTIM SERVICES PROGRAM (for providing rape crisis advocacy): a non-governmental, nonprofit, community-based program that offers safety planning, counseling, support, or advocacy services to victims/survivors of sexual violence; that adheres to the standards set forth by the federally recognized state sexual violence coalition (i.e. the Ohio Alliance to End Sexual Violence); and that is a rape crisis program, as defined in section 109.921(A)(1)(c) of the Ohio Revised Code. This includes the state sexual violence coalition itself (the Ohio Alliance to End Sexual Violence). You may also see OAESV refer to these programs as “OAESV-recognized Rape Crisis Centers” (RCCs). These are the programs that are listed on OAESV’s RCC map at www.oaesv.org/map. Services based in law enforcement and courts are not included as qualified victim services programs or RCCs as their goals and methods differ considerably from the work of centers.”¹

RAPE CRISIS PROGRAM, as defined in the ORC: As defined by section 109.921(A)(1)(c) of the Ohio Revised Code (ORC), a rape crisis program is “a program operated by a government-based or nonprofit entity that provides a full continuum of services to victims of sexual assault, including hotlines, victim advocacy, and support services from the onset of the need for services through the completion of healing, that does not provide medical services, and that may refer victims to physicians for medical care but does not engage in or refer for services for which the use of genetic services funds is prohibited by section 3701.511 of the Revised Code.”

RAPE CRISIS CENTER, as defined 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 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

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.”³

Note: The terms ‘agency’ and ‘program’ are used interchangeably throughout this document.

¹Bein, 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.resource-sharingproject.org/attachments/349_Core%20Services%20and%20Characteristics%20of%20RCCs.pdf.

²Bein, 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.resource-sharingproject.org/attachments/349_Core%20Services%20and%20Characteristics%20of%20RCCs.pdf.

³Basile 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

OVERVIEW

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

- Accessibility
- Cultural Humility
- Ethics & Accountability
- Staff & Volunteer Training
- Survivor-Centered Services
- Trauma-Informed Services
- Community Coordination & Collaboration

Rape crisis programs in Ohio must provide direct services in accordance with these required Core Service Standards:

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

Rape crisis programs in Ohio may provide services in accordance with these Ancillary Service Standards, although it is not required:

- Prevention Services
- Professional Counseling & Therapy
- Support Groups
- Remote Services/Tele-Advocacy

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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SERVICE ADMINISTRATION STANDARDS

ACCESSIBILITY

Definition	Effectively and immediately providing services to all survivors and co-survivors of sexual violence, including meeting the needs of people with disabilities and people who are Deaf or hard of hearing, as well as by recognizing and fulfilling various physical, mental, economic, and language needs
Goal	To ensure equitable and accessible service provision to all survivors and co-survivors who seek services, including those with disabilities.
Minimum Qualifications	<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 and autonomy 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, mental health, substance abuse, and medication services, etc.) • Ensuring interpretation services are available • Staff and program leadership are trained every 24 months on: <ul style="list-style-type: none"> ◦ How to provide accessible services to persons with disabilities ◦ The rights of persons with disabilities ◦ Accessibility and what is required of them under the ADA (Physical, Attitudinal, and Programmatic) • Utilizing accessible hiring practices • Following the resources and information provided in the presentations found at www.oaesv.org/AccessibilityfromEquitology

Program Checklist for Accessibility

1. Staffing

- a. All staff members and volunteers receive training and continuing education including, but not limited to, the following:
 - i. Barriers created by lack of access for survivors with disabilities
 - ii. Barriers created by lack of access for survivors who are Deaf or hard of hearing
 - iii. Barriers created by lack of access for survivors with limited English proficiency
 - iv. Ableism and audism as forms of oppression
 - v. The Program has an equal opportunity employment policy that includes nondiscriminatory practices regarding the hiring of people with disabilities, as well as the inclusion of board members and volunteers with disabilities

2. Policies

- a. All program facilities are accessible, including:
 - i. Handicap-accessible parking
 - ii. Ground-level entrance(s) with ramps (if stairs/steps are present)
 - iii. Elevator access for offices above or below the ground floor, or full provision of services on the ground floor
 - iv. Restrooms that are wheelchair-accessible
 - v. Adequate space in waiting areas and offices for wheelchairs, assistive devices, and service animals
 - vi. Signage that clearly indicates emergency exits, restrooms, and other areas of Emergency alarm systems that are both visible and audible
- b. The Program provides interpreting services for all Core Services offered, and for all other interactions to every extent possible for survivors who are Deaf/hard of hearing and survivors who speak a language other than English, including:
 - i. Existing contracts with Qualified Interpreters with experience interpreting in this type of environment
 - ii. Adequate funding in the Program's budget to pay for interpreters and translation services
- c. The Program ensures that interpreting services are available to survivors in hospitals and courts, which are entities that are legally required to provide these services free of charge
- d. The Program provides materials that fulfill the needs of visually impaired survivors and of survivors with cognitive disabilities
- e. The Program selects accessible areas and venues when conducting community awareness and outreach activities

Program Checklist for Accessibility, Continued

- f. The Program maintains accurate demographic data about accessibility needs in the community served and develops a protocol for learning about emerging or underserved populations with disabilities in the community
 - g. The program has an accessibility statement on all publications and its website
 - h. The program notifies clients of its commitment to accessibility through the accessibility statement and asking if clients need accommodations
 - i. The program does not deny services based on disability or accessibility needs, and the availability of services (and non-denial of services) is regularly communicated to survivors with varying abilities
 - j. The Program follows ADA specifications on physical accessibility based on the age of the building in which program services are provided
 - k. Meeting rooms accommodate wheelchairs, service animals, those with sensory disabilities, etc.
 - l. The Program has established collaborative partnerships with organizations in the community that provide services to individuals with disabilities, including but not limited to:
 - i. Assistive technology and device providers
 - ii. Developmental Disabilities agencies
 - iii. Qualified sign language interpreting services for Deaf/hard of hearing
 - iv. Qualified Interpreting services for languages other than English
 - v. Qualified translation services
 - o. The program has policies regarding accessible and equitable employee policies (hiring, PTO, time off, etc.)
3. Evaluation
- a. The Program collects data on and provides a report of the number of survivors served requiring accessibility accommodations on a regular basis, per program and funding policy
 - b. Satisfaction surveys are completed with all people served, when possible, with adaptations as needed (visually impaired, e.g.)
 - c. The Program reviews satisfaction surveys on a regular basis (at least quarterly) and adjusts as needed
 - d. The Program regularly assesses its accessibility and adjusts as needed (at least annually); this may be accomplished by consulting with accessibility professionals

CULTURAL HUMILITY

Definition	Providing effective and equitable services within the context of the unique, varying, and widely diverse cultural beliefs, attitudes, behaviors, and needs of individual survivors and co-survivors and within the context of the systems of oppression that lead to sexual violence and barriers to service
Goal	To effectively meet the needs of individual survivors and co-survivors in ways that both honor and incorporate their cultural identity and experience
Minimum Qualifications	<ul style="list-style-type: none"> • Maintaining a service delivery structure that is culturally relevant and responsive to the diversity of the community in which the Program operates, and that actively addresses power imbalances and inequity • May include the utilization of messaging and materials in specific languages, cultural languages, and dialects • May include a variety of routes to justice, such as transformative justice practices, in addition to system-based services <ul style="list-style-type: none"> ◦ Cultivating cultural intelligence 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, physical, or attitudinal barriers ◦ Empowering the survivor and co-survivors 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 ◦ Developing and nurturing mutually beneficial partnerships and dynamics in the community, and demonstrating institutional accountability

Program Checklist for Cultural Humility

1. Staffing

- a. As part of the required 40 hours of training for new staff members and volunteers and 30 hours of continuing education for existing staff members or volunteers, providers are assessed for knowledge of and continue learning about the following:
 - i. Oppression of 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, HIV status, and more, and the barriers to service that this creates
 - ii. Strategies for advocating for survivors from marginalized and underserved communities in order to assist them in mitigating barriers to service, and the acknowledgement that these barriers are created by, and the responsibility of, the programs and systems that serve survivors, and not of the survivors themselves
- b. Staff members and volunteers demonstrate consistent openness to alternative service modalities that are inclusive of the survivor's culture
- c. The Program has an equal opportunity employment policy that includes nondiscriminatory practices regarding the recruitment, hiring, compensation, and promotion of persons from various cultures and with various characteristics, as well as the recruitment and selection of board members and volunteers from various cultures
- d. The Program works to promote an equitable environment that maintains Black, Indigenous, and people of color staff
- e. The Program's staffing and leadership reflects, to every extent possible, the demographic and cultural characteristics of the community in which the Program operates
- f. 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

- a. The Program incorporates cultural humility into its service delivery by:
 - i. Involving all staff members in service planning and implementation
 - ii. Developing an awareness of organizational and individual biases that may interfere with effective service delivery, and working to overcome those biases
 - iii. Providing all services and information in a format accessible to people with disabilities and to people who speak languages other than English

Program Checklist for Cultural Humility, Continued

- iv. Maintaining accurate demographic data about all populations in the community served by the Program, and developing a protocol for learning about new/emerging and/or underserved populations in the community
 - v. Collaborating with individuals and organizations in the community who provide relevant services to populations that are or should be served by the Program
 - vi. Facilitating a training/in-service for staff on a topic related to cultural humility at least annually
- b. The Program utilizes culturally informed and equitable internal support methods for recruiting, sustaining, and offering pathways to leadership for volunteers and staff members from marginalized communities
 - c. The Program fulfills interpreting needs of survivors with limited English proficiency, as well as those who are Deaf or hard of hearing
 - d. 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
 - e. The Program provides services, conducts activities, and utilizes culturally appropriate and specific language that does not alienate persons who identify as LGBTQI
 - f. To every extent possible, locations that are inclusive of individuals from various cultures are chosen by the Program when conducting outreach and awareness activities
 - g. Services provided to immigrant survivors are not denied on the basis of immigration/ documentation status, and the availability of services (and non-denial of services) is regularly communicated to immigrant survivors
3. Evaluation
- a. The Program collects survivor data in a way that allows for disaggregation based on demographic information so that service biases can be identified and evaluated promptly
 - b. The Program provides a report of the numbers served on a regular basis, per program/agency and funding policy, including disaggregated demographic information indicated in the Staffing section above
 - c. Satisfaction surveys are provided to all who utilize services, when possible, with adaptations for translation and for varying abilities as needed
 - d. The Program reviews surveys at least quarterly and adjusts services as needed to improve outcomes based on cultural needs
 - e. The Program assesses its cultural humility policies and practices annually

and adjusts as needed; this may be accomplished by consulting with outside professionals

ETHICS & ACCOUNTABILITY

Definition	Providing 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 and co-survivors while receiving program services; and to ensure the health, safety, and integrity of staff members, volunteers, and the Program itself
Minimum Qualifications	<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 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 policies regarding: <ul style="list-style-type: none"> ◦ Confidentiality of services provided to survivors and co-survivors, including privacy in the remote setting ◦ Personal and professional conduct of staff members and volunteers, as dictated by program and agency policy and by authoritative bodies such as licensing agencies (i.e. the Ohio Counselor, Social Worker, Marriage & Family Therapist Board) ◦ Nondiscrimination, sexual harassment, and violence in the workplace ◦ Financial transparency and accountability for all monies that fund program staffing and services ◦ A defined grievance process for survivors and co-survivors, staff members, and volunteers ◦ Safe and secure technology practices ◦ Obtaining consent for virtual services from survivors • To every extent possible, utilizing best practices and evidence-based approaches when providing services to survivors

Program Checklist for Ethics & Accountability

1. Staffing

- a. All staff and volunteers pass a criminal background check per agency policy prior to having contact with survivors and co-survivors
 - i. The Program, and its parent agency when applicable, has a policy identifying the type(s) of background check(s) utilized, as well as acceptable and unacceptable criminal histories for staff members
- b. All staff and volunteer positions have a clear and concise job description listing core job duties; educational, experiential, and licensure requirements; and hours of work
- c. All staff and volunteers, including those in prevention and outreach roles, complete the 40-hour mandatory sexual violence training
- d. The Program has an equal employment opportunity policy
- e. The Program has a personnel policy manual including the personnel policies listed below, a copy of which is made accessible to each staff member and volunteer upon hire or onboarding
- f. All staff and volunteers receive orientation upon hire, which includes an explanation of all policies and procedures
- g. All staff and volunteers agree, in writing, to comply with all program policies and procedures, and they demonstrate consistent compliance with policies

2. Policies

- a. The Program, and its parent agency when applicable, demonstrates the following organizational components:
 - i. Appropriate status in good standing, i.e. 501 (c)(3)
 - ii. Approved by-laws governing the structure and function of the Program
 - iii. Board of Directors that is active, engaged, and duly representative of the community and the interests of the Program (i.e. culturally diverse, gender-inclusive, relevant and demonstrated expertise in given field, etc.)
 - iv. A mission statement that is reflective of the Program's purpose and the need(s) it fulfills in the community
 - v. 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 and state funders (VOCA/SVAA, VAWA, JAG, RPE, etc.)
 - vi. An organizational culture that promotes cultural inclusion and self-care

Program Checklist for Ethics & Accountability, Continued

- b. The Program demonstrates adherence to financial policies:
 - i. General accounting procedures, as dictated by the IRS, the State of Ohio, and funders of the program
 - ii. Clearly delineated budget, including line-item income and expense categories of checks-and-balances system whereby at least two qualified individuals have access to the program's financial information at all times
 - iii. Understanding of all allowable and unallowable activities, as dictated by funders, and a demonstrated adherence to those guidelines
 - iv. Regular reporting procedure for all program finances to the Board of Directors and funders
 - v. Distribution of an annual report that demonstrates income and expenses and is accessible to the general public
 - vi. Regular program audit, per applicable funding and accreditation bodies
 - c. The Program has a personnel policy manual that includes:
 - i. Culturally informed and equitable internal support methods for recruiting, sustaining, compensating, and offering pathways to leadership for volunteers and staff members from marginalized communities
 - ii. Equitable grievance and disciplinary processes
 - iii. An organizational chart listing all staff positions and to whom they report
 - iv. Description of benefits applicable to all program staff, and benefits that are applicable to each specific program and/or staff position
 - v. Policies regarding non-discrimination, sexual harassment, stalking, and violence in the workplace
 - vi. Detailed policy regarding confidentiality of the people served, following the definition of confidentiality provided in the introduction of this document
 - vii. Clearly defined expectations regarding conduct, including professional boundaries with people receiving services, colleagues, and volunteers; expected clothing; etc., as dictated by the Program, funders, and licensing agencies
 - viii. Safety procedures for responding to and documenting emergencies that occur within and around the facility and while providing services outside the facility
 - ix. Policies and procedures that recognize burn-out and the need for self-care for all staff
3. Evaluation
- a. The Program provides a report of numbers of people served on a regular basis, in addition to any relevant demographic information, per program and funding policy
 - b. Satisfaction surveys are provided to all who receive services, when possible

- c. The Program reviews satisfaction surveys on a regular basis (at least quarterly) and adjusts service delivery as needed
- d. The Board of Directors evaluates the Executive Director's performance at least annually (if applicable based on the Program's structure)
- e. Staff members are responsible for maintaining their licensure and CEUs as appropriate
- f. 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

<p>Definition</p>	<ul style="list-style-type: none"> · Educating staff and volunteers about the dynamics and impact of sexual violence and equipping them with the skills to provide appropriate, survivor-centered, empathic advocacy and support services to survivors and co-survivors of sexual violence based on standardized best practices · 40 hours of initial sexual violence training for new staff and volunteers; 30 hours of continuing education every 2 years thereafter
<p>Goal</p>	<p>To equip staff and volunteers with the knowledge and skills necessary to be effective advocates for survivors/co-survivors of sexual violence</p>
<p>Minimum Qualifications</p>	<ul style="list-style-type: none"> · All newly hired staff members and newly recruited volunteers must complete at least 40 hours of sexual violence advocacy training that addresses, at a minimum, the Core Service Standards and Service Administration Standards <ul style="list-style-type: none"> ◦ Qualified Advocates should then complete 30 hours of continuing education every 2 years thereafter ◦ Training for newly recruited volunteers should be completed before the volunteers have direct contact with survivors and co-survivors ◦ 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 services, support groups, professional counseling/therapy) ◦ Basic training topics include but aren't limited to: types of sexual violence; crisis intervention; law enforcement and legal system overview; sexual assault exam information; meeting the needs of diverse populations; and supporting survivors with varying abilities ◦ Existing program staff members must be able to demonstrate that they have previously completed an equivalent of 40 hours of rape crisis advocacy training ◦ Volunteers should 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-specific requirements (e.g., TB test)

**Minimum
Qualifications,
Continued**

- The Program must have written guidelines, policies, and procedures for staff and volunteers, including:
 - Protocols for documentation of contacts with survivors
 - Protocols for when and how volunteers should contact a staff member/supervisor
 - Protocols for when and how to connect survivors to appropriate resources in the community
 - Protocol for maintaining professional boundaries between staff/volunteers and the people being served
- The Program should establish record-keeping protocols, including:
 - How to track the number of contacts (phone and in-person) and how to dispose of confidential information
 - Maintaining a roster of all volunteer names and contact information on file
 - Tracking the 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
- 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

- a. 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
 - i. Newly-hired staff members must complete a minimum of 40 hours of training within six months of hire
 - ii. 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)
 - iii. Newly recruited volunteers must complete a minimum of 40 hours of training prior to having direct contact with survivors and co-survivors
 - iv. 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
- b. The 40-hour training must include (but does not need to be limited to) the topics listed below; training may exceed 40 hours if the Program desires
- c. The required 40 hours of training for newly hired staff and newly recruited volunteers may be provided by the organization itself or by another organization, provided that all Core Standards and Service Administration Standards are addressed and the Program itself provides training regarding the local community characteristics, needs, resources, and Program policies and procedures
- d. All staff members, both newly hired and existing, must complete a minimum of thirty (30) hours of continuing education/training every two years
 - i. 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 a Qualified Advocate
 - ii. Advocacy trainings provided by OAESV (including the Annual Conference, regional trainings, Statewide Advocacy Training, and webinars/online training) may count toward continuing education hours
 - iii. 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
 - iv. 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
 - v. In-service trainings provided by the Program may count toward this requirement, provided that the training is new and relevant to advocacy
 - vi. Staff meetings do not count toward this requirement, unless the meeting

- contains a clearly-defined training component
- vii. The 40-hour baseline rape crisis advocacy training does not count toward this requirement
- viii. Documentation of continuing education hours is kept in personnel files (i.e. certificates of completion)
- ix. 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

2. Training Structure & Content

- a. 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
- b. The exact structure of the training may vary by Program; specific topics requiring greater emphasis may vary according to the Program and the community
- c. Elements of all of the following Standards must be included in the 40-hour training:
 - i. 24-Hour Crisis Hotline
 - ii. Hospital/Medical Advocacy
 - iii. Criminal Justice/Legal Advocacy
 - iv. Community Awareness & Outreach (components applicable to staff/volunteer duties)
 - v. Accessibility
 - vi. Cultural Humility
 - vii. Ethics & Accountability (components applicable to staff/volunteer duties)
 - viii. Community Coordination & Collaboration
- d. Cultural diversity issues are covered throughout the training as a part of all topics. Time should be spent discussing the impact of racism and other systems of oppression on survivors, cultural humility, and information about the issue of sexual assault within area communities
- e. Use a variety of training formats (lecture, discussion, activities, etc.)
- f. Utilize presenters/guest speakers with specific topic expertise when possible
- g. Role-plays should be utilized throughout the training program to assess understanding of concepts and their application to work with survivors
- h. The training should incorporate frequent breaks and continual emphasis

Program Checklist for Staff & Volunteer Training, Continued

on monitoring for vicarious trauma and self-care during the training

- i. Topics to be addressed:
 - i. History of rape crisis advocacy, including anti-oppression and public health perspectives
 - ii. Definition of rape and sexual assault and types of sexual assault: child, marital or partner, acquaintance/stranger, adult male, etc.
 - iii. Rape stereotypes and realities/statistics
 - iv. Hospital/Medical – emergency department protocol; the forensic exam/rape kit; health issues including STI's, HIV and PEP, drug facilitated sexual assault; etc.
 - v. The Legal System – reporting, relevant laws and definitions, victim rights, police, role of legal advocacy, court information including the role of the prosecutor and the grand jury, trial, civil suits, victims of crime compensation, university procedures, Ohio Constitutional Victim Rights, and other issues specific to the Program's service area
 - vi. Specific Populations – specific religious and ethnic groups, LGBTQI, elderly, children, developmentally disabled, chronically mentally ill, people with varying abilities, incarcerated individuals, and more
 - vii. Drug and alcohol addiction and the relationship with sexual violence
 - viii. Suicide prevention
 - ix. Rape crisis advocacy skills, including listening and empathy skills
 - x. Safety skills and protocol for staff and volunteers
 - xi. Overview of local agencies and when/how to connect survivors with resources
 - xii. Program/agency procedures on responding to survivors and record keeping
 - xiii. Confidentiality and mandated reporting requirements, including those for outreach and prevention staff who work with young people
 - xiv. Working with co-survivors (family and friends)
 - xv. Setting and maintaining appropriate boundaries with survivors
 - xvi. Self-care, vicarious trauma, and setting appropriate boundaries
 - xvii. Other topics as dictated by Program structure and community need
- j. A training manual and certificate of completion is provided to all trainees

3. Additional Preparation

- a. 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 staff member, and/or providing the service in conjunction with an experienced staff member.
- b. All staff members and volunteers should receive training on all Program

policies and procedures (personnel policies, confidentiality, responding to emergencies, documentation of services provided, documentation of hours served, etc.)

4. Policies

- a. Position descriptions for paid staff and volunteer positions include initial training and continuing education training requirements
- b. The Program has a policy stating the qualifications and requirements for volunteer service, which may include minimum 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)
- c. The Program provides services in accordance with applicable federal and state laws, as well as requirements of funders, and staff and volunteers are aware of these laws and requirements
- d. The Program has a policy for documentation of services, volunteer hours served, and training and continuing education completed by staff and volunteers
- e. The Program has a policy clearly outlining confidentiality and mandated reporting requirements of staff members and volunteers
- f. The Program has a policy clearly outlining professional conduct and boundaries for staff members and volunteers (i.e. no personal/social relationships with people served, guidelines for social media use, etc.)
- g. The Program has a policy outlining supervisory requirements for staff members and volunteers working directly with survivors and co-survivors (i.e. when and how to seek supervision, who to contact after-hours and in emergency situations, etc.)
- h. The Program has a policy regarding self-care of staff members and volunteers who work directly with survivors and co-survivors (i.e. monitoring vicarious trauma, requesting time off, availability of employee assistance programs, etc.)

5. Evaluation

- a. The Program documents number/hours of training provided
- b. The Program documents demographics of those trained
- c. The Program utilizes pre/post-tests, quizzes, role play evaluations, and other formats to assess knowledge and skills of trainees
- d. The Program conducts surveys and/or interviews of participants and trainers about the effectiveness and success of the training
- e. The Program conducts surveys and/or interviews of dropouts, if possible, to obtain feedback about training

Program Checklist for Staff & Volunteer Training, Continued

- f. The Program uses feedback from evaluation of services and from supervisors to determine if services are implemented effectively after the training
- g. The volunteer coordinator/supervisory staff member regularly monitors volunteers for emotional wellness and vicarious trauma, and provides support accordingly

SURVIVOR-CENTERED SERVICES⁴

Definition	A systematic focus on the needs and concerns of a survivor to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner
Goal	Minimize re-traumatization and empower survivors in the process of receiving services
Minimum Qualifications	<ul style="list-style-type: none"> • The Program supports the empowerment of the survivor by sharing information with them, describing options and services available, and ensuring the right of the survivor to make the choices and decisions about their process • The Program works with survivors to address identified service goals while respecting that their choices may be affected by their cultural and religious background and individual circumstances • The Program empowers survivors to direct their own process by setting goals and bringing up issues they want to discuss • The Program creates a safe, comfortable, and empowering environment for the survivor with every interaction • Service providers are trained to identify and recognize the creative and resourceful ways in which survivors cope, and to respect those as strategies for survival, working with the survivor to integrate their survival strategies into a plan • Services provided to survivors and co-survivors are not counter to the interests of the survivor or their healing process

⁴This section was adapted using information from “Indiana Rape Crisis Center Service Standards, 2019

Program Checklist for Survivor-Centered Services & Advocacy

1. Staffing

- a. All staff and volunteers are trained on survivor-centered approaches and their possible impacts
- b. Service providers are educated on forms of oppression and how that can affect survivors' experiences

2. Policies

- a. The Program has an internal written complaint/grievance process for survivors, available in multiple forms to provide access for people with disabilities, people that speak multiple languages, and others as needed
- b. The Program has a budget that supports the ongoing training needed to stay informed on best practices

3. Evaluation

- a. The Program consistently collects service evaluations from survivors and co-survivors as appropriate to assess the use and effectiveness of survivor-centered approaches, and makes changes as appropriate

TRAUMA-INFORMED SERVICES⁵

Definition	Providing services in a way that is based on the knowledge and understanding of trauma and that recognizes that trauma has impactful and varying effects on survivors and co-survivors
Goal	Providing services in a way that does not cause further harm and that supports the well-being of survivors and co-survivors
Minimum Qualifications	<ul style="list-style-type: none"> • Program builds rapport to promote a trusting and safe relationship with people seeking and utilizing services • Service providers are transparent about what the service will look like and what can realistically be expected • Service providers validate survivors and co-survivors and otherwise use empathy • Service providers practice self-care in order to be the most effective with their work • Program responds by fully integrating knowledge about trauma into policies, procedures, and practices • Program seeks to actively resist re-traumatization • Services and supports are built using best practices

⁵Information based on "SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach"

Program Checklist for Trauma-Informed Services

1. Staffing

- a. All staff and volunteers are trained on the widespread and varying effects of trauma and how this can impact survivors and co-survivors
- b. Service providers are educated on forms of oppression and how that can lead to more harm and to barriers of service for survivors and co-survivors
- c. Service providers are trained to recognize the signs and symptoms of trauma in survivors, families, staff, and others involved with the process

2. Policies

- a. The Program links survivors and co-survivors to resources as appropriate and requested
- b. Trauma-informed approaches are used in developing all internal policies, including workforce development, employee assistance, and supervision practices
- c. The Program provides support related to secondary and vicarious trauma to service providers, including training on and promoting self-care and community-care
- d. The program has policies supporting a physically and psychologically safe environment
- e. The Program has a budget that supports the ongoing training needed to stay informed on best practices

3. Evaluation

- a. The Program evaluates annually what trauma-informed approaches are being used, through sources such as service audits, survivor feedback forms, and employee feedback or reviews
- b. The Program reviews quarterly any data collected from survivors and co-survivors in order to screen for possible trauma-informed improvements to procedures

COMMUNITY COORDINATION & COLLABORATION

Formerly listed as 'Systems Coordination/Collaboration'

Definition	<p>Developing and maintaining professional partnerships with programs, agencies, organizations, key stakeholders, and culturally specific groups in the community that serve or otherwise impact survivors; such partnerships may be formal (such as a Sexual Assault Response Team or a Coordinated Community Response Team), or informal</p>
Goal	<p>To promote consistent, inclusive, comprehensive, survivor-centered services for survivors and co-survivors of sexual violence in the community</p>
Minimum Qualifications	<ul style="list-style-type: none"> • Understanding of the various organizations in and surrounding the community that serve or otherwise impact all survivors (including those from communities that have been under-resourced and underserved) • Sharing information and resources, as appropriate, with other programs and organizations in order to provide the most effective services to survivors and co-survivors • Speaking with collaborative partners on a regular basis to discuss best practices, barriers to service implementation, gaps in services, 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 • When possible, protocols should be established with collaborative partners for responding to sexual violence in the community, and to formally identify each partner's role in supporting survivors

Program Checklist for Community Coordination & Collaboration

1. Group Participants
 - b. Staff member(s) who participate in systems and community coordination possess the following:
 - i. 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
 - ii. Extensive knowledge of the Program's mission, structure, and function
 - iii. Extensive knowledge of agencies and entities in the community that provide services to/interact with survivors
 - iv. Authority (bestowed by the Program) to make decisions and recommendations on behalf of the Program
 - v. Demonstrated ability to work effectively in a group/team setting, including excellent communication skills, meeting facilitation, and professionalism
 - vi. Demonstrated knowledge of the components of Systems and Community Coordination & Collaboration
 - b. Ideally, the community in which the Program operates has, or develops, a formal Coordinated Community Response Team (may be titled Sexual Assault Response Team [SART], Sexual Assault Advisory Committee, etc.), including the following partners:
 - i. Rape Crisis
 - ii. Law Enforcement
 - iii. Prosecution
 - iv. SANE/SAFE/forensic examiner
 - v. Social service providers
 - vi. Mental health providers
 - vii. Campus representative (if applicable)
 - viii. Survivors
 - ix. Culturally specific organizations
 - x. Other entities, as appropriate for the specific community
 - c. In addition to being representative of the groups listed above, collaborative groups also reflect the cultural diversity of the community in which the Program operates
 - d. 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
2. Purpose and Basic Tenets
 - a. The overarching purpose of collaboration is to improve both system and community responses to sexual violence survivors in the community; all

Program Checklist for Community Coordination & Collaboration, Continued

activities of any collaborative group work from this basic mission

- b. Basic tenets/principles of collaborative partnerships include:
 - i. Adherence to a shared vision
 - ii. Trust and mutual respect
 - iii. Continuity of active membership/personnel
 - iv. Open, honest, and professional communication
 - v. Commitment to problem solving and compromise
 - vi. Regular meetings/communication
- c. Tasks of the collaborative partnerships include:
 - i. Meeting regularly to discuss strengths and challenges to survivor response, and strategies for improving response; may include case review (with appropriate protocol for confidentiality)
 - ii. Developing/revising protocol and guidelines for a standardized response to sexual violence survivors in the community
 - iii. Providing interdisciplinary training/sharing of knowledge
 - iv. Promoting/facilitating community education regarding sexual violence and the response to it
 - v. Developing memoranda of understanding, protocols, or other formal agreements regarding the provision of specialized services to survivors
 - vi. Maintaining regular communication among partners, including the distribution of meeting minutes (if applicable) and other communications as appropriate

3. Policies

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

4. Evaluation

- a. The collaborative partnership/group maintains meeting minutes accessible to all group members, if applicable

- b. The collaborative partnership/group seeks feedback from the community about response services for survivors and efficacy of the group through needs, asset, and/or readiness assessments; other feedback surveys; focus groups, or other methods
- c. Feedback informs future focus and activities of the group
- d. A report about group activities/deliverables is produced and made available to the public at least annually



CORE RAPE CRISIS SERVICE STANDARDS

24-HOUR CRISIS HOTLINE

Definition	Short-term, direct crisis intervention assistance available to survivors and co-survivors through a 24-hour crisis line with a Qualified Advocate; this line operates via telephone at minimum and may also operate via text or online chat
Goal	To provide the survivor or co-survivor with the appropriate telephone-based advocacy, support, information, resources, and options to help effectively address their needs
Minimum Qualifications	<ul style="list-style-type: none"> • Connects survivors of sexual violence to a Qualified Advocate in a timely manner, within 30 minutes of the call, even if the line serves dual purposes • A Qualified Advocate remains on the call as needed to appropriately and effectively assist the caller • RAINN-registered and thus accessible via toll-free number • Accessible to all survivors, including those with limited English proficiency and the Deaf and hard of hearing • Compliant with the provisions of the American with Disabilities Act (ADA), and access is provided through telephone interpretation or video relay • Provides information, resources, acute intervention, and safety planning to all callers as appropriate • Does not require survivors to give information to access services • Provides the choice for survivors to remain anonymous if they wish

Program Checklist for 24-Hour Crisis Hotline

"Crisis line staff" refers to both paid staff and volunteers

1. Staffing
 - a. Crisis line staff receive a minimum of 40 hours of training, which includes role-plays and observation of experienced workers, as well as 30 hours of continued education every two years thereafter, and are supervised by a coordinator or staff member with at least one year of experience working with survivors
 - b. New crisis line staff are observed answering calls for feedback and training purposes
 - c. Crisis line staff have immediate access to their supervisor or another experienced crisis line staff person for the support they may need while answering calls
 - d. Crisis line staff and volunteers have opportunities to meet with and ask questions of the crisis line coordinator or supervisor at least monthly
 - e. Survivors are connected to a Qualified Advocate as soon as possible and within 30 minutes, if the Program's crisis line serves dual purposes (such as domestic violence services)
 - f. Any answering service utilized:
 - i. Connects survivors with a Qualified Advocate within 30 minutes
 - ii. Has a written protocol detailing their instructions in responding to a crisis-line call
 - iii. Has a detailed confidentiality policy
 - iv. Receives the required Qualified Advocate training to properly assist callers
 - v. Receives an opportunity for answering service staff to meet with and ask questions of the crisis line coordinator or supervisor at least monthly
 - g. The Program has a protocol for crisis line staff forwarding the line to their home or cell phone, stating:
 - i. Only the crisis line staff will respond to calls while calls are forwarded
 - ii. The crisis line staff must respond to calls in a private area where the conversation will not be overheard by others or interrupted by noise/ intrusions
 - iii. Phone systems that would interfere with calls or compromise confidentiality will not be used
 - h. At all times, except when forwarded to an answering service (see above), at least one staff member or volunteer has primary responsibility to answer the crisis line and at least one staff member or volunteer is assigned as back-up

Program Checklist for 24-Hour Crisis Hotline, Continued

2. Access

- a. Available 24 hours/day and is RAINN registered
- b. Free to use through toll-free numbers and/or the RAINN crisis line
- c. Accessible to all survivors by having a language line available as well as utilizing video phone, relay telephone services, Text Telephone (TTY), online chat or texting, or other assistive technology for callers who may be Deaf or hard of hearing; and staff are trained on offering and using the available technologies
- d. Available to callers who wish not to identify themselves to crisis line staff

3. Policies

The Program establishes policies regarding:

- a. Guidelines on confidentiality
- b. The privacy of callers' phone numbers, and the privacy of staff phone numbers, if calling the survivor or co-survivor from a personal phone (i.e. caller I.D. blocking)
- c. How crisis line staff should respond to certain scenarios, such as:
 - i. Cases in which the caller appears to present a danger to self or others or appears to present a serious risk to the crisis line staff
 - ii. Calls which are difficult, complex, or upsetting to the crisis line staff
 - iii. Any situations that may involve law enforcement
- d. Receiving complex calls, including specific training and supervision for new crisis line staff and updating crisis line staff about current, common complex calls
- e. Identifying when crisis line staff must contact a supervisor
- f. Responding to calls, including safety assessment, emotional support, problem solving, provision of information and resources, conclusion, and evaluation
- g. Safely getting in contact with the survivor after a call, if needed
- h. Reporting procedures that require crisis line staff to report the nature of call(s) received to the appropriate person on the day following a crisis line call
 - i. The documentation of needs identified during the call, response of crisis line staff, resources provided, and any caller feedback/evaluation
- j. Crisis line staff and their status as mandated reporters as well as any program guidelines regarding mandated reporting requirements
- k. Refusal of crisis line service to persons who are harassing crisis line advocates

- l. Restrictions for people who place repeat calls that impede the availability of the line for other callers, and offering appropriate resources, including external, to those callers
- m. Responding to calls for appointments or business matters (if applicable) and referring those calls to the program business line
- n. The duration of individual calls, which should be limited to 60 minutes
- o. If a caller requests or appears to need further assistance or clinical intervention, resources are offered for licensed counseling staff or other mental health agencies

4. Resources

The Program:

- a. Maintains an updated resource manual or file with financial, healthcare, mental health, culturally specific, social service, and other resources
- b. Updates the manual/file annually to:
 - i. Confirm that listings are current and accurate
 - ii. Provide an opportunity to solicit feedback from community agencies regarding the appropriateness of connecting survivors with those agencies
- c. Makes resources available in accessible formats such as braille, large print, audio format, digital files that can be sent to callers via email, and more

5. Evaluation

The Program:

- a. Tallies the number of calls and hours of service on a regular basis (recommended monthly), per program policy, in order to assess trends, service utilization, and other outcomes
- b. Reviews call reports for accuracy and appropriateness of responses and resources provided
- c. Assesses their accessibility for persons with disabilities and the capacity to which the program is adhering to the ADA Title III
- d. Has a protocol for additional evaluation through any combination of the following:
 - i. Permission for follow-up phone calls to survivors to assist or support the survivor and document their assessment of the value or results of the original call
 - ii. Supervision of crisis line staff, such as review of caller responses to specific calls and/or observation by supervisor of crisis line staff
 - iii. Written evaluation from callers who later receive other direct services

Program Checklist for 24-Hour Crisis Hotline, Continued

- iv. Periodic surveying as to training and continuing education needs
- e. Sends annual surveys to agencies listed as resources and requests feedback about appropriateness of connecting survivors with those agencies; the Program communicates with these agencies regularly throughout the year to assess service delivery needs
- f. Appoints a crisis line coordinator or supervisor to gather information from evaluations and make recommended changes as needed

HOSPITAL/MEDICAL ADVOCACY

Definition	Acting in short-term support of and partnership with survivors and co-survivors as they navigate the medical/healthcare system; providing the survivor with appropriate, accessible information and resources to make informed decisions about their healthcare needs; and assisting them in obtaining the care they desire
Goal	To ensure the survivor and co-survivor(s) has the support they need while receiving medical care, treatment, and/or forensic evidence collection, as desired
Minimum Qualifications	<ul style="list-style-type: none"> • Providing the survivor and co-survivor(s) with accurate information about the physical impact of sexual violence and about the resources and options available to the survivor to address various healthcare needs • Addressing and supporting the survivor's healthcare needs, regardless of the decision to collect or not collect evidence • Accompanying the survivor, if desired, to a local emergency department or healthcare facility for a medical forensic examination • Virtually accompanying the survivor via tele-advocacy methods and, if desired, while they are receiving a medical forensic examination • Providing service planning and resources for follow-up care related to healthcare needs as the survivor recovers • Providing, or collaborating with medical staff to provide, safety planning options upon discharge • Providing the survivor information about the Sexual Assault Forensic Examination (SAFE) Reimbursement Program from the Attorney General's Office, the Crime Victim Compensation Program, the Ohio Protocol for Sexual Assault Forensic and Medical Exams, and the Sexual Assault Kit Tracking (SAKT) System • Collaborating with medical staff to ensure that all care is provided in an accessible way • Not diagnosing medical conditions or recommending treatment regimens for survivors and co-survivors, even if the Qualified Advocate is licensed to do so • Accessible to all survivors, including those with limited English proficiency and the Deaf and hard of hearing

**Minimum
Qualifications,
Continued**

- Compliant with the provisions of the American with Disabilities Act (ADA), and access to services is provided through telephone interpretation or video relay
- Advocates collaborate with hospital/medical professionals to obtain interpreters and provide all care according to the ADA

Program Checklist for Hospital/Medical Advocacy

1. Staffing

Qualified Advocates providing hospital/medical advocacy:

- a. Receive at least 40 hours of rape crisis training, and 30 hours of continuing education every two years thereafter, and are supervised by a coordinator or staff member who has at least one year of experience working with survivors of sexual assault
- b. Shadow experienced Qualified Advocates before going alone to a hospital accompaniment or providing tele-advocacy services
- c. Have immediate access to their supervisor or another experienced Qualified Advocate who is available for any support needed following a hospital visit or tele-advocacy call

2. Policies

The Program:

- a. Provides hospital/medical advocacy on a 24-hour basis at no cost to survivors
- b. Has a protocol for responding to requests for hospital/medical advocacy services, including through the crisis line
- c. Has a protocol with local hospitals which specifies when and how to contact the Program and the role of Qualified Advocates responding to a call, including tele-advocacy services
- d. Forbids advocates from dispensing medical advice or diagnoses, even if the advocate is licensed to do so
- e. Forbids advocates from dispensing unsolicited personal opinions about medical care, or coercing survivors into any medical treatment or protocol
- f. Establishes a protocol around documenting services provided
- g. May refuse to provide hospital/medical advocacy services to people who are harassing program staff and volunteers, and offers appropriate resources to those survivors and co-survivors
- h. Has policies that follow ADA requirements of non-discrimination (service animals, access to assistive technology/devices, etc.)

3. Evaluation

The Program:

- a. Provides a report of the numbers served on a regular basis (recommended monthly or quarterly)
- b. Works with a Sexual Assault Response Team or Coordinated Community Response Team to develop satisfaction surveys, which can be presented to survivors at appropriate times to gather feedback on their medical advocacy experience

- c. Requires advocates to document services provided, including any form of feedback about services that were offered, and a program supervisor reviews documentation to ensure compliance with the protocol and to review outcomes
- d. Ensures that the Program Director or Coordinator reviews evaluations regularly and adjusts as needed
- e. Sends a quarterly request for feedback from medical professionals, law enforcement, and other professionals involved in the hospital/medical response to survivors and communicates with these systems or groups throughout the year to ensure quality of service delivery

CRIMINAL JUSTICE/LEGAL ADVOCACY

Definition	Either long term or episodic support of and partnership with survivors who navigate the legal system, ensuring that the survivors' questions are answered, interests are represented, and rights are upheld
Goal	To ensure that the 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
Minimum Qualifications	<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 and civil legal systems, including victim's 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 • Providing accompaniment to court proceedings and forensic interviews by law enforcement, including tele-advocacy services when appropriate • Accessible to all survivors, such as those with limited English proficiency, the Deaf and hard of hearing, and survivors with other disabilities • Compliant with the provisions of the American with Disabilities Act (ADA), and access to services is provided through telephone interpretation or video relay as needed • Not dispensing legal advice to survivors, even if the advocate is licensed to do so • Informing survivors regarding the court processes in their county and providing in-person assistance navigating those systems, or tele-advocacy services when appropriate • Assisting with protection order paperwork and filing, and providing court advocacy to support survivors as they navigate through the civil or criminal legal process • Providing safety planning and information on additional services as needed

Program Checklist for Criminal Justice/Legal Advocacy

1. Staffing

Qualified Advocates providing legal advocacy:

- a. Receive at least 40 hours of rape crisis training, and 30 hours of continuing education every two years thereafter, and are supervised by a coordinator or staff member who has at least one year of experience working with survivors of sexual assault
- b. Have immediate access to their supervisor after any call for support or assistance, or to another experienced Qualified Advocate who would be available within a reasonable time period
- c. Are required to shadow experienced Qualified Advocates before going alone to a legal accompaniment, or providing tele-advocacy services

2. Policies

The Program:

- a. Provides legal advocacy services at no cost to the survivor
- b. Responds to all requests, including those that come through the crisis line, if the services are advertised as available 24-hours-a-day
- c. Ensures that Qualified Advocates providing legal advocacy 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
- d. Has a protocol documenting specific legal advocacy services available
- e. Requires that expert witness or case-specific testimony in court proceedings are provided by the Program staff upon written consent for release of information from the survivor or a court order; case records are not taken to any court proceedings unless required by the court; advocates make every attempt possible to review the record with the survivor prior to its release to the court
- f. May refuse to provide legal advocacy services to persons who are harassing the program staff or volunteers and will offer other appropriate resources to these survivors and co-survivors
- g. Encourages collaboration between systems (for example, a survivor with disabilities may need collaboration between multiple people working on their behalf (caregivers, boards of DD, ADAMHS boards, etc.).

3. Evaluation

The Program:

- a. Provides a report of the numbers served on a regular basis, per program/ agency policy
- b. Ensures that Qualified Advocates document the services provided, including verbal feedback about services from those being served; the

Program Checklist for Criminal Justice/Legal Advocacy, Continued

- Program Director/supervisor reviews to ensure compliance with the protocol and to review outcomes
- c. Conducts annual requests for feedback from other professionals within the legal system regarding the efficacy/quality of the Program's legal advocacy services
 - d. Assesses their accessibility to persons with disabilities and the extent to which the Program is adhering to the ADA Title III
 - e. Provides satisfaction surveys to all served when possible, and the surveys are provided in a method accessible by a survivor with a disability and to survivors who speak languages other than English (examples include paper surveys, emailing the survey, large print, in Spanish, etc.)
 - f. Reviews evaluations on a regular basis and adjusts as needed

COMMUNITY AWARENESS & OUTREACH

Definition	Providing accurate, accessible information about sexual violence advocacy and prevention services while ensuring the community is aware of the Program, its services, and how to access those services and that they are aware of 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
Minimum Qualifications	<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 those services • 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 and events that expose the community to accurate and up-to-date information about sexual violence • Developing, or finding, and 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 and outreach activities (i.e. culturally specific groups, people with disabilities, people affected by poverty, etc.), including strategic, targeted efforts to bring awareness and outreach to communities disproportionately affected by sexual violence • Collaborating with community-based and culturally specific organizations for mutually beneficial relationships and dynamics • Utilizing promising practices and research-based curricula or presentation methods • Accessible to all survivors, including those with limited English proficiency and the Deaf and hard of hearing • Compliant with the provisions of the American with Disabilities Act (ADA), and access to services is provided through telephone interpretation or video relay

Program Checklist for Community Awareness & Outreach

1. Staffing

Outreach staff and presenters:

- a. Have completed the 40 hours of required training for rape crisis Qualified Advocates and complete at least 30 hours of continuing education every two years after initial training
- b. Have at least three months experience in direct service with survivors of sexual violence
- c. Are trained in working with people from various communities, cultures, and languages
- d. Are familiar with adult learning needs

2. Development and Use of Materials

Program materials:

- a. Have clearly defined audiences
- b. Are accessible (large print, braille, audio format, reader friendly, on the website and the website is accessible) and there are guidelines to using the appropriate language and pictures
- c. Have a defined key concept or message – the single most important fact for the reader/participant to understand and remember
- d. Have defined behavioral objectives – actions the reader/participant is to perform as a result of consuming the material
- e. Contain key informational points the reader/participant needs to grasp to be able to achieve the behavioral objective
- f. Consider the age, ability, race, gender, sexual orientation, attitudes, beliefs, values, culture, and language of the individuals, groups, and community using the resource
- g. Demonstrate accurate and complete information, including biological, psychological, social, and moral value aspects, and different viewpoints of an issue
- h. Convey information free from gender, racial, and other bias; stereotype; and rigid assumptions or labels
- i. Are reviewed for age level and reading level of intended audience, grammar, type and style of print, font, layout, etc.
- j. When appropriate, 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, and Programming⁶

Program Checklist for Community Awareness & Outreach, Continued

The Agency, in conjunction with outreach staff and presenters:

- a. Assess the audience's needs and goals, accounting for culturally relevant circumstances within communities
- b. Formulate appropriate, measurable, and written objectives Identify a variety of learning activities based on the Program's objectives
- c. Select strategies best suited for the audience
- d. Plan a sequence of learning building upon and reinforcing understanding of the preceding objectives

4. Policies

The Program ensures that:

- a. Information delivered is factual, current, accurate, and relevant
- b. Personal opinions and philosophies of outreach staff and presenters are kept to a minimum and, if used, are identified as such by the speaker
- c. Outreach staff and presenters only provide information within their level of expertise, experience, and training
- d. At their request, survivors may be a valued addition to awareness and outreach activities presented by the Program, and whether or not an individual is a survivor is not the determining factor of participation in such activities; rather, their appropriateness and comfort level for participation in the activity should be the determining factor
- e. All curricula and written materials distributed are prepared and presented in a manner respectful of age, ability, race, gender, sexuality, attitudes, beliefs, values, culture, and language of the individuals, groups, and communities using the resources
- f. They have and adhere to policies on who to contact for interpreting as well as a policy regarding service animals, assistive technology/devices, their website and its accessibility, and how they will provide accessible materials
- g. Awareness and outreach curricula include but are not limited to:
 - i. Facts about sexual violence based on up-to-date research, data, and statistics
 - ii. Legal definitions
 - iii. Continuum of violence; power and control issues
 - iv. Rape culture and victim blaming
 - v. Anti-oppression
 - vi. Trauma of sexual violence and trauma-informed response
 - vii. Supporting survivors
 - viii. Helping co-survivors in the community engage in trauma-informed responses to disclosures

- ix. Local resources
 - x. Confidentiality and disclosure laws
 - xi. Awareness of issues related to alcohol and drugs
 - xii. Healthy relationships (i.e. equality, gender roles, consent, boundaries)
 - xiii. Warning signs of abuse
 - xiv. Assisting survivors in identifying options
 - xv. Public policy information impacting survivors
- h. People who are harassing staff may be refused services, and if so, they are provided with other appropriate resources

5. Evaluation

The Program:

- a. Develops (or selects), conducts, and regularly analyzes evaluation of activities and adjusts activities and approaches to awareness and outreach as needed to best meet the needs of survivors and the community, and when possible, conducts follow-up evaluations on impact of activities
- b. Evaluates its accessibility and availability of accessible materials/outreach materials by reviewing presentations/materials through an ADA-accessible lens
- c. Provides a report of numbers served and types of activities conducted on a regular basis, per program policy

⁶ 'Programming' is used to refer to the process of instructing or learning by means of an instructional program or curriculum

ANCILLARY SERVICE STANDARDS

PREVENTION SERVICES⁷

Definition	<ul style="list-style-type: none"> • Providing culturally appropriate, structured activities/strategies implemented in a variety of settings and to a universal population that promote the primary prevention of sexual violence • As dictated by community need and agency capacity; ideally, prevention services should be sustained and expanded to increase exposure of prevention messages over time
Goal	To equip individuals, groups, institutions, and society at large with the knowledge, attitudes, behaviors, skills, and environments to prevent sexual violence before it occurs
Minimum Qualifications	<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 predominantly focused on reducing risk factors of perpetration and promoting protective factors of victims/survivors and perpetrators so as to not have a disproportionate number of activities that focus on victim/survivor risk reduction • Activities are culturally and developmentally appropriate for the selected population(s) • Development and utilization of comprehensive evaluation methods and tools that demonstrate knowledge, behavior change, and commitment to quality improvement • Institutional support for prevention programming, including through funding, is a priority for the agency

Program Checklist for Prevention Services

1. Staffing

Prevention services providers:

- a. Have demonstrated knowledge and competency in concepts of violence prevention, sexual assault dynamics, anti-oppression, community building, and public health frameworks such as social ecological theory or Spectrum of Prevention; all providers/preventionists have completed the 40 hours of training for rape crisis advocates, and will have at least one-year experience working with survivors
- b. Are trained in skills related to working with various cultural and linguistic communities
- c. Are committed to ongoing training in best practices related to sexual violence prevention

2. Have demonstrated knowledge or are trained in skills to develop developmentally appropriate materials

- a. Agency clearly defines the prevention program's selected audience(s), through data sources such as needs and asset assessments, community health plans, and best practices
- b. Agency has a defined key concept or message – single most important fact for participant to understand and remember
- c. Agency has defined behavioral objectives – actions the individual is to perform as a result of participating in the prevention programming
- d. Agency has developed a strategic, sustainable spectrum of activities so as not to focus solely on individual education
- e. Programming contains key informational points the participant needs to grasp to be able to achieve the behavioral objective
- f. Agency considers age, attitudes, beliefs, values, culture, and language of the individuals, groups, and community receiving the information
- g. Programming demonstrates accurate and complete information, including biological, psychological, social and moral value aspects, and different viewpoints of an issue
- h. Programming conveys information free from gender, racial, bias, and other stereotypes, and rigid assumptions or labels
- i. 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 Services Programming

Program Checklist for Prevention Services, Continued

- a. Providers/Preventionists assess the audience's needs and goals, and whenever possible include community/audience members in the development of services
 - b. Providers/Preventionists formulate appropriate, measurable, and written objectives
 - c. Providers/Preventionists identify a variety of evidence-based activities based on the program's objectives
 - d. Providers/Preventionists focus on saturation and sustainability so as to reinforce desired behaviors, policies/systems, and environments
 - e. At minimum, prevention services methods⁸:
 - i. Promote protective factors
 - ii. Strive to be comprehensive
 - iii. Are concentrated and capable of being sustained and expanded over time
 - iv. Use varying teaching methods to address multiple learning processes
 - v. Are based on purposeful, logical rationale
 - vi. Are developmentally appropriate
 - vii. Are developed in collaboration with a representative cross-section of community members to incorporate diverse cultural beliefs, practices, and community norms
 - viii. Include a systematic method to determine program effectiveness and promote continuous quality improvement
 - ix. Become incorporated into the agency's overall mission to end sexual violence
4. Policies
- a. Information delivered is factual, current, and accurate
 - b. Personal opinions and philosophies of prevention services providers are kept to a minimum and, if used, are identified as such by the provider
 - c. At their request, survivors may be a valued addition to prevention activities presented by the agency, and 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 is the determining factor
 - d. All curricula and written materials distributed are prepared and presented in a manner respectful of individual culture and self-identification
 - e. The agency may refuse to provide prevention services to people who are harassing the program staff or other participants and refers these individuals to other appropriate agencies as needed
 - f. Prevention services activities are only conducted by programs and staff

members who are specifically funded to do so, with consideration that prevention services are an unallowable activity under many federal and state funding sources

- g. Whenever possible, prevention staff are fully or majority funded to provide prevention programming so as to allow for time to implement comprehensive and sustainable programming (i.e. not pulled away to do direct services)
- h. Program develops policies and procedures that recognize burn-out and the need for self-care for all staff, including prevention providers

5. Evaluation

- a. The agency develops, or selects, and implements effective evaluation tools to assess achievement of activity's objectives, including for all policy, messaging, and community-based work
- b. The agency carries out evaluation and continuous quality improvement plans consistently
- c. When possible, the agency conducts follow-up evaluations on impact of activities
- d. The agency implements surveys with educational participants and event organizers to assess the presenter's efficacy through measures such as: clarity of communication; encouragement of discussion amongst participants; demonstration of active listening & connecting with participants; engagement and application of participants' responses; relevancy of material to cultural and community needs; and (if applicable) effective collaboration with co-presenter(s)
- e. The agency reviews evaluation results regularly, such as quarterly, and adjusts activities as appropriate
- f. The agency provides a report of numbers served, types of activities conducted, qualitative feedback, and results of pre- and post-tests on a regular basis, per agency and funder policies
- g. The agency provides a summary of prevention activities, when requested, to agency Board of Directors, staff members, volunteers, and/or the community

⁷ This Standard was informed by: *Resources for Sexual Violence Preventionists*, NSVRC and *Sexual Violence and the Spectrum of Prevention*, NSVRC

⁸ Virginia Sexual and Domestic Violence Action Alliance. *Guidelines for the Primary Prevention of Sexual and Intimate Partner Violence*.

PROFESSIONAL COUNSELING/THERAPY

Definition	Maintaining 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
Minimum Qualifications	<ul style="list-style-type: none"> • 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-Responsive and Trauma-Informed Care System • Recognition that coercive interventions cause re-traumatization • All counselors/therapists are aware and trained in co-occurring disorders such as mental health and substance abuse disorders, eating disorders, self-harming behaviors, and PTSD • All counselors/therapists are trained in assessment and therapeutic interventions for poly-victimizations of the survivor • Application of knowledge about the stages of trauma recovery, vicarious traumatization, and self-care strategies, including adequate supervision • Providers are trained on Ohio's Core Competencies of Sexual Violence for Helping Professions • Following Legal and Ethical Guidelines according to professional licensure requirements in Ohio • Programs that do not offer Professional Counseling/Therapy 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 <ul style="list-style-type: none"> ◦ Programs that do offer in-house counseling/therapy establish these agreements as well, as survivors should be given options for their care • Programs aim to provide a therapist who speaks the survivor's primary language

Program Checklist for Professional Counseling/Therapy

1. Staffing

- a. Individuals providing professional counseling/therapy services must possess one of the following qualifications:
 - i. Licensed Professional Counselor (PC, PCC, or PCC-S)
 - ii. Licensed Social Worker (LSW, LISW, or LISW-S)
 - iii. Licensed Marriage & Family Therapist (MFT or IMFT)
 - iv. Counselor or Social Worker Trainee, under the appropriate supervision
- b. 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
 - i. All individuals meeting the above qualifications must maintain licensure in good standing with the Ohio Counselor, Social Worker, and Marriage & Family Therapist Board and must provide copies of licensure to employer
- c. All individuals providing professional counseling/therapy must maintain professional liability insurance coverage
- d. Those who do not possess supervisory status/independent licensure must comply with applicable regulations regarding supervision of contact with clients
- e. All individuals providing professional counseling/therapy to sexual violence survivors 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
- f. All individuals providing professional counseling/therapy to sexual violence survivors possess knowledge of anti-oppression practices

2. Policies

- a. 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:
 - i. Professional conduct regarding relationships and interactions between counselors/therapists and clients during and outside of sessions
 - ii. Disclosure/informed consent regarding relevant program/agency policies, costs and billing procedures, and client rights/grievance process
 - iii. Confidentiality of client information, in accordance with appropriate regulations as dictated by law and licensure requirements

Program Checklist for Professional Counseling/Therapy, Continued

- iv. Discontinuation of counseling/therapy services and referral to other agencies if the client is dissatisfied, uncomfortable, or not benefitting from services
 - v. Termination and transfer of services when the clinician leaves the agency
 - vi. The Program reasonably accommodates the unique needs of individual clients, including accessibility and cultural needs
- b. The Program has a policy that ensures survivors are informed of their option for a referral or change of therapist
 - c. The Program has a policy outlining the safe storage and removal of client files, case notes, and other documentation
 - d. The Program has a policy regarding clients who miss appointments or arrive late
 - e. 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
 - f. 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)
 - g. Rape crisis Qualified Advocates must not coerce survivors or co-survivors into receiving professional counseling/therapy services at the program or agency
 - h. The Program has a policy clearly defining and differentiating between the roles of rape crisis advocates and licensed counselors/therapists in interacting with survivors
 - i. The Program has a policy regarding mandated reporting of child abuse and neglect, and of other mandated reporting situations
 - j. 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
 - k. The Program has a policy regarding the self-care of counselors/therapists, including information about vicarious trauma; resources; and protocol for supervision, time off, and caseload
 - l. If professional counseling/therapy is not offered by the Program, the Program establishes 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
 - a. All counselors/therapists provide a report of the numbers served on a regular

- basis, per program, funding, and licensing requirements
- b. Client feedback surveys are provided to clients upon discharge from services; surveys should be anonymous, unless the client chooses to self-identify
 - c. The Counseling/Therapy Supervisor reviews surveys and other client input on a regular basis and provides constructive feedback to individual counselors/therapists
 - d. Case notes/documentation are reviewed by the Counseling/Therapy Supervisor on a regular basis to ensure proper documentation
 - e. 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	Offering meetings to survivors and co-survivors in a safe, supportive, non-judgmental environment on a regular, scheduled basis to share information and 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
Minimum Qualifications	<ul style="list-style-type: none"> · Support groups are determined by the Program to be an appropriate peer support strategy in their service area and there are a sufficient number of survivors and/or co-survivors to form a group · Facilitated by trained staff or volunteers and are considered peer support groups; a therapeutic group, which is different from a peer support group, should be facilitated by a master's level professional · Written curricula and guidelines specific to each type of group offered by the Program (survivors of specific gender identities, survivors of a certain age group, co-survivors, etc.) are provided · Attendees are offered access to crisis services after and between meetings · Offered to past and present shelter residents and/or community members and available to all survivors · Survivors determine the direction and format of the group · Survivors are not mandated to attend support groups

Program Checklist for Support Groups

1. Staffing

- a. Support group facilitators have completed the 40 hours of required training for rape crisis advocates, complete the required continuing education, and have at least one year of experience working with survivors
- b. Facilitators receive additional training on group facilitation, as needed and determined by Program leadership

2. Policies

- a. 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, and counseling is a component of a support group
- b. Support groups may be developed for distinct populations served by the Program, including survivors of recent sexual assaults, adolescent survivors, adult survivors of child sexual abuse, secondary survivors of sexual offenses, or others identified by the Program as appropriate
- c. Support groups may be time-limited or open, based on program discretion
- d. Group sessions, as a rule, do not exceed 90 minutes
- e. The Program documents services provided according to an established protocol
- f. The Program may refuse to provide support group services to persons who are harassing or offensive and will direct them to other appropriate agencies as needed

3. Evaluation

- a. The Program provides a report of the numbers served on a regular basis, per program policy
- b. The Program collects and regularly analyzes data on requests for the group, number who attend the group, numbers who complete the group, and number of groups attended per person
- c. The Program makes follow up calls to participants who drop out of the group
- d. The Program collects satisfaction surveys from participants
- e. The Program logs/documents progress made by group participants
- f. The Program collects follow-up surveys of participants at a defined interval

Program Checklist for Support Groups, Continued

- g. The Program's Director/lead staff person reviews all documentation/evaluations on a regular basis (at least annually) and makes recommendations accordingly

REMOTE SERVICES/TELE-ADVOCACY

Definition	Direct services provided in a virtual, mobile, or other format that does not require the person seeking services to be in the same physical space as the advocate/person providing services; may include advocacy, case management, support groups, etc.
Goal	To provide continuity in service provision when advocates and survivors are not able to be in the same space physically, while enhancing survivors' access to services, especially in rural and remote areas
Minimum Qualifications	Provided by staff or volunteers who have completed the necessary 40 hours of training and have maintained continuing education at 30 hours every two years

Program Checklist for Remote Services/Tele-Advocacy

1. Staffing

- a. Service providers have completed the 40 hours of required training for rape crisis advocates and complete the required continuing education of 30 hours every two years
- b. Providers receive additional training on remote services, as needed and determined by Program leadership
- c. Providers have access to connect with supervisors after providing tele-advocacy services to debrief as needed

2. Policies

- a. To maintain confidentiality, the Program should provide agency-issued equipment for service providers to connect with survivors for tele-advocacy services, when applicable
- b. Agency-issued equipment should not be shared with staff's household members, and should be password protected
- c. When possible, avoid using personal devices to communicate directly with survivors
- d. When providing services outside of your Program's office space, service providers should make every effort to connect with survivors when they are away from household members, and alone
- e. Use private, password protected Wi-Fi accounts, when applicable
- f. The platform that supports tele-advocacy services should be both HIPPA and VAWA compliant, adhering to confidentiality standards
- g. Create internal policies for connecting with survivors if technology has any glitches

3. Evaluation

- a. The Program provides a report of the numbers served on a regular basis, per program policy
- b. The Program collects and regularly analyzes data on requests for remote services and number who utilize the services
- c. The Program collects satisfaction surveys from people who have utilized the services
- d. The Program's leadership 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 Alliance to End Sexual Violence – Resources on Underserved Populations
www.oaesv.org/UnderservedPopulations
- Ohio Alliance to End Sexual Violence – Resources on Accessibility
www.oaesv.org/AccessibilityFromEquitology
- Ohio Attorney General's Office
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 RCCs
www.oaesv.org/map
- Ohio Sexual Violence Helpline
www.ohiosexualviolencehelpline.com
- Ohio Victim Witness Association
www.ovwa.org
- Prevent Child Abuse Ohio,
www.preventchildabuse.org/chapters

NATIONAL RESOURCES

- lin6.org (resources for men who are survivors of child sexual abuse)
www.lin6.org
- Accessing Safety
www.accessingsafety.org
- Americans with Disabilities Act
www.ada.gov
- Amnesty International
www.amnestyusa.org
- Asian Pacific Institute on Gender-Based Violence
www.api-gbv.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 Health
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 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 Resources, Continued

- 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 Prison Rape Elimination Act (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
- SisterSong
www.sistersong.net
- Stalking Prevention, Awareness, & Resource Center
www.stalkingawareness.org
- 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.wocninc.org

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

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