

RAPE CRISIS CENTER STANDARDS CHECKLIST

Check all that apply

1. ORGANIZATION PURPOSE, VISION, VALUES

The organization/program meets the definition of a rape crisis center

• "Organization that provides 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".

- Has a name or tag line describing the provision of sexual violence services
- □ Has a mission incorporating the provision of sexual violence services
- □ Serves adult and adolescent victims of sexual violence?
- □ Serves secondary victims of sexual violence
- Has at least one (1) full-time staff member dedicated solely to sexual violence services
- □ The program is recognized as the primary Rape Crisis Center serving the county/counties

DOCUMENTATION CHECKLIST

Evidence of Compliance	Review Method	Sources of Evidence	No Evidence (see action steps page)	Approved

2. 24-HOUR HELPLINE/CRISIS HOTLINE

- Helpline/Crisis Hotline is available 24 hours a day/7 days a week
- □ Helpline/Crisis Hotline is Registered with RAINN
- □ Helpline/Crisis Hotline is FREE using a toll-free number
- □ The Helpline/Crisis Hotline is publicly advertised and widely distributed within the RCC service area, including online
- □ Are Deaf and/or Hard of Hearing callers able to access the helpline/crisis hotline?

If so, what assistive technology is used?

- □ Are language line services available for callers who do not speak English?
- Are any of the following available?

Video Phone

Text Telephone

Assistive technology for Deaf/Hard of Hearing

□ If the RCC is a dual serving agency and the crisis line is both for DV and SA callers, those who answer the line must be fully, and sufficiently trained in SA advocacy.

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3. WRITTEN PROTOCOL HELPLINE/CRISIS HOTLINE OPERATION

- The RCC provides clear guidelines on confidentiality
- □ The RCC has a policy regarding the privacy of callers' phone numbers, and the privacy of advocates' phone numbers, if calling the victim/survivor from a personal phone (i.e. caller I.D. blocking)
- The RCC specifies how workers should respond to unique calls, such as:

• Situations in which the caller appears to present a danger to self or others or appears to present a serious risk to the worker.

- □ The RCC has an established protocol that guides advocates on calls involving suicide, selfharm, serious mental health issues, intoxication, and risk of harm to others
- □ The RCC has a protocol for evaluation of helpline/crisis calls
- □ The RCC protocol identifies when a worker must contact a supervisor and any situations in which law enforcement and/or DCS need to be contacted.
- □ The RCC documents the number of sexual violence helpline/crisis hotline calls received each month

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4. HOSPITAL/MEDICAL ADVOCACY (ON-SITE RESPONSE)

- The RCC provides Hospital/Medical (on site response)
- Advocates responding to the hospital have completed the 40 hours of required sexual assault advocacy training
- □ The RCC has a protocol for responding to requests for medical/hospital advocacy services, including through the hotline.
- □ The RCC has a protocol with local hospitals which specifies when and how to contact the RCC and the role of advocates responding to the call
- □ The RCC has a policy forbidding advocates from providing medical advice or diagnosing, even if the advocate is licensed to do so
- □ The RCC has a policy forbidding advocates from providing unsolicited personal opinions about medical care, or coercing survivors into any medical treatment
- Services provided are documented according to an established protocol
- □ The RCC has a policy/protocol for how staff and volunteers should address medical personnel or law enforcement issues that might occur while providing medical/hospital advocacy
- □ Advocates have access to a staff member or another experienced advocate who is available for any support needed following a hospital visit within 24 hours of the visit
- □ The RCC provides a report to ICESA of the numbers served monthly, or per program/agency policy

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DOCUMENTATION CHECKLIST

5. INFORMATION & REFERRAL

- □ The RCC maintains an updated resource manual or electronic file with medical, mental health, social service, financial, legal, and other referral resources directly or indirectly related to sexual violence
- □ The RCC updates the manual/file annually

- □ The RCC provides information & referral services 24 hours a day, 7 days a week.
- Victims can access information & referral services in person during business hours and 24 hours per day via:
 - Telephone
 - Online
- The RCC contacts the agencies listed in the resource manual/file to perform each of the following:
 - Confirm the listings are current and accurate
 - Provide an opportunity to solicit feedback from the referral agencies regarding the appropriateness of
 - Referrals that have been made
 - \circ Distribute information about the sexual violence services available at the RCC

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6. CRISIS INTERVENTION

- □ Crisis intervention services are limited to the management of emotional trauma/dysregulation related to sexual violence, or to the management of difficulties resulting from a sexual violence experience that has occurred at any point in the individual's life span. Services may include advocacy, problem solving, active listening, and/or education about involvement with the legal or medical systems
- □ The RCC provides crisis intervention services
- □ Crisis intervention services are available 24 hours a day, 7 days a week
- □ The RCC can provide face-to-face/in-person response to a request for intervention services within 24 hours
- The RCC provides crisis intervention services to:
 - o Adult victims of sexual violence
 - Adolescent victims of sexual violence
 - Adult victims of childhood sexual abuse
 - Secondary victims of sexual violence
 - Victims of Domestic Violence
 - Callers with general mental health issues
 - o Any caller
- □ The RCC provides caller with referrals when appropriate

- □ The RCC has a clear and publicized policy regarding walk-in hour availability and whether face-to-face crisis intervention sessions must be scheduled
- □ Ongoing counseling referrals are made, when necessary
- □ Staff providing face-to-face intervention services (including but not limited to on-site hospital response) have access to a supervisor or a more experienced advocate within a reasonable time period following the intervention, either by phone or in person, for consultation and support following the intervention, if needed/requested
- The RCC has a policy regarding confidential victim records, containing only the nature of the trauma which precipitated contact to the program, any referrals or action recommended, and any client feedback/evaluation comments

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7. CRIMINAL JUSTICE/LEGAL ADVOCACY

- □ The RCC provides Criminal Justice/Legal Advocacy
- □ The RCC maintains a policy that notes a clear distinction between legal advice and legal information.
- □ The RCC monitors and prohibits advocates and volunteers from practicing law or providing legal representation irrespective of license to do so.
- RCC maintains a current list that includes, but is not limited to:
 - Local criminal justice agencies and contact person in each jurisdiction where services are provided
 - Local, state and national resources for certain legal issues, such as immigration
 - Local attorneys, including pro bono attorneys who are sensitive to and familiar with sexual violence legal issues

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8. COMMUNITY AWARENESS/OUTREACH

- □ The RCC conducts awareness and outreach activities as described in the standards
- □ The RCC performs the following activities as part of its community awareness/outreach services:
 - Community Networking
 - Training for professionals
 - Training for non-professional community members
 - Participation in community events
 - Public Speaking
 - Distribution of SV & HT Materials
 - Resource Library
 - Website
 - Social Media
 - Media Campaigns
 - o Other_____
- □ The RCC provides awareness/outreach to:
 - Community agencies and organizations
 - o Clubs
 - Churches
 - Local Businesses
 - Educational Institutions
 - Health Care Professionals
 - Law Enforcement Professionals
 - Youth-serving organizations
 - Under-served populations
 - General public
 - Other: ____
- □ The RCC clearly defines awareness materials for intended audience
- □ Materials have a defined key concept of message- single most important fact for the reader/participant to understand and remember
- □ The RCC considers age, attitudes, beliefs, values, culture, and language of the individuals, groups and community using the resource
- □ Materials demonstrate accurate and complete information
- □ Materials convey information free from gender and racial bias, stereotype, and rigid assumptions or labels
- □ Materials are reviewed for age level and reading level of intended audience, grammar type and style of print, font, and layout

9. COMMUNITY AWRENESS/OUTREACH - POLICY & PROCEDURES

- □ Information delivered is factual, current, and accurate
- Personal opinions and philosophies of advocates are kept to a minimum and if used are identified as such by the advocate
- Advocates only present/provide information within their level of expertise and experience
- □ All curriculum and written materials distributed are prepared and presented in a manner respectful of race, gender, culture, ability, age, and sexual orientation
- Awareness/Outreach Curricula may include but are not limited to:
 - Facts about Sexual violence based upon up-to-date research/data/statistics
 - Legal definitions
 - Continuum of Sexual Violence
 - Rape Culture
 - Oppression and the connection to SV
 - Crisis Intervention Information
 - Local Referrals
 - Confidentiality
 - Healthy relationships
 - Engaging Men
 - Advocacy for survivors with a disability
 - Human Trafficking

DOCUMENTATION CHECKLIST

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10. SUPPORT GROUPS

- The RCC provides support groups as described in the standards
- □ The RCC ensures that the staff member or volunteer facilitating the support group has the required 40-hour Sexual Assault Victim Advocate Training
- □ The RCC has individuals attending support groups sign a statement agreeing to maintain the confidentiality of others in the group

- □ The RCC has and follows written policies concerning non-discriminatory provision of services and procedures on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation, or disability
- □ The RCC utilizes screening procedures to ensure appropriateness of the group for the survivor
- □ The RCC ensures that the groups are scheduled at times most convenient for the majority of the survivors attending
- □ The RCC offers groups in a location that is easily accessible, safe, and comfortable

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11. PROFESSIONAL THERAPY/COUNSELING

- □ The RCC provides therapy as described in the standards
- Does the therapist hold a valid professional license (LCSW, LMFT, etc.)
- □ If the RCC does not provide therapy services, do they refer these services out?
- □ The RCC provides a minimum of 3 therapy referrals (when possible)

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- \square The RCC provides Primary Prevention Education as described in the standards
- □ The RCC demonstrates a clear understanding of the difference between prevention and primary prevention

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13.CONTINUING EDUCATION

Sexual Assault Victim Advocates are compliant with continuing education requirements

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14. ADMINISTRATIVE AND ORGANIZATIONAL

The RCC is in compliance with the required Board of Directors and Administrators training as described in the standards

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15.STAFFING

- □ Has at least one full-time staff member or full time equivalent (FTE) dedicated solely to serving sexual violence victims/building RCC
- □ Staff received the required CORE 40 Sexual Assault Victim Advocate training provided by the Indiana Coalition to End Sexual Assault (ICESA)
- □ If the RCC is a dual serving agency and the crisis line is both for DV and SA callers, those who answer the line are fully, and sufficiently trained in SA advocacy

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16.FINANCIAL MANAGEMENT

Does your agency have a sustainability plan for the continuation of core services in the event of a reduction or discontinuation of funding?

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