

Indiana Coalition to End Sexual Assault

INDIANA RAPE CRISIS CENTER SERVICE STANDARDS

2019



Indiana Coalition to
End Sexual Assault

Engage. Educate. Empower.

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Review of existing literature and the standards of Rape Crisis Centers from across the U.S. provided guidance for the development of these standards. We would like to extend our gratitude to our sister coalitions across the country for helping to ensure that **all** victims and secondary victims, receive the best possible services.

The Indiana Coalition to End Sexual Assault would like to thank the leadership of the following Rape Crisis Centers for their review, and thoughtful feedback on the Service Standards:

Albion Fellows Bacon Center

Fair Haven Center

Prevail



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Overview

Sexual violence garnered increasing attention during the late 1960's when the Anti-Rape Movement also known as the Rape Crisis Movement developed from the already active and prevailing women's movement. The anti-rape movement brought awareness and helped identify sexual violence as a social problem that deserved attention. In 1972, one of the first Rape Crisis Centers was founded, the Washington D.C. Rape Crisis Center (RCC). The Washington D.C. RCC was largely staffed by volunteers, provided 24-hour crisis hotlines, legal and medical assistance, referrals, emotional support, and counseling. In addition, they focused efforts on awareness, outreach, and organizing public events which media were invited to attend.

Over the past four decades, the services provided and the fundamental goals of serving victims has not changed. What has changed are funding demands and restrictions, as well as organizational demands and restrictions.

A Rape Crisis Center is a community-based not-for-profit agency whose major purpose is to provide advocacy and support services to victims of sexual violence. Rape Crisis Centers may be co-located with a domestic violence shelter, or another social service organization. All RCC's have one focus and that is supporting victims and eradicating sexual violence.

Indiana has had a significant and ongoing gap in services for victims of sexual violence. This gap extends throughout the state and not only includes services that are core to Rape Crisis Centers but also includes the invaluable coordinated response to victims and the primary prevention of sexual violence. Through conversations with service providers, SANEs and first responders around the state, the Indiana Coalition to End Sexual Assault recognized that many organizations (often dual and/or multi-service organizations) were providing some, but not all, of the services of a Rape Crisis Center. Utilizing the invaluable lessons learned from the Resource Sharing Projects Sexual Assault Demonstration Initiative (SADI), a six-site multi-year process of assessment, planning and implementation across the nation, ICESA, along with the Indiana Criminal Justice Institute (ICJI) as the state funding administrator set forth to ensure that the gaps in sexual assault services statewide would be resolved.

Statement of Purpose

Indiana code (§5-2-6-23) defines a Rape Crisis Center as an “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”. This definition, although accurate, provides little clarity or guidance of what victim advocacy, support services, or a full continuum of services are to effectively manage and operate a Rape Crisis Center. As a result, where programs and services existed in Indiana, they did so in many different forms. An additional definition provided by the National Sexual Assault Coalition Resource Sharing Project, provides a clearer picture of a Rape Crisis Center: “A community based, not-for profit agency whose major purpose is to provide advocacy and support services to sexual violence victims. They may be located within domestic violence shelters or other social service agencies, and may provide more services than the core... RCCs have different names and 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.¹” Throughout these standards, the sexual assault survivor is referred to as the victim because the focus of services is based upon the victimization they experienced. The intent of developing and distributing standards for Rape Crisis Centers (RCC) is:

1. To ensure that **every** victim in the state of Indiana has access to consistent services, regardless of location in the state;
2. To provide a formalized framework for identifying and describing specific services, the foundational philosophy, and the practical implications of programs and work accountability that define a RCC in Indiana;
3. To define the expectations for RCCs in order to maintain in good standing as an identified RCC with the Indiana Coalition to End Sexual Assault; and
4. To serve as a resource for RCCs

A Rape Crisis Center is a community-based, not-for-profit agency whose major purpose is to provide advocacy and support services to sexual violence victims. They may be located within domestic violence shelters, or other social service agencies.

Rape Crisis Centers are unique due to the following:

- ▶ The primary goal of services is to promote the safety of victims, create an environment in which victims feel safe and empowered, and reduce the trauma experienced by victims.
- ▶ Services are victim-centered and trauma-informed. The victim leads the process and discloses the information they feel is pertinent.
- ▶ RCCs work with people of diverse populations. SA Advocates understand and recognize that sexual assault violence does not discriminate and touches the lives of all. This includes people of any age, marital status, sex, sexual orientation, gender, gender-identity, culture, race, ethnic background, religious and spiritual belief, socio-economic status, disability, residency citizenship, immigration status, spoken language, or means of communication, and HIV status. SA Advocates respond to the unique needs of those victimized in systems of prostitution, trafficking, and other forms of commercial sexual exploitation. SA advocates recognize a structure of privilege within our culture and the impact of oppression on sexual violence and those seeking services.
- ▶ Secondary victims (loved ones, significant others, etc.) receive services that are also victim-centered and trauma-informed and do not counter the interests or needs of the victim.
- ▶ RCCs believe that no one deserves to be raped and/or experience sexual violence and that everyone deserves healing, including a victim who is also an offender.

¹ Bein, K. National Sexual Assault Coalition Resource Sharing Project 2010. *Core Services and Characteristics of Rape Crisis Centers: A Review of State Service Standards.*

Working with a Victim Who Is Also an Offender

The phrase “nobody deserves to be raped”, and/or experience sexual violence is more than just a matter of speech, it is a belief system that is valued throughout our rape crisis centers. Everyone who has been violated by sexual violence deserves healing from that trauma. When working with a victim who is also an offender there are several points to consider:

1. Take action to protect and maintain safety and comfort for other victims seeking services, especially if there are people seeking services that were harmed by this person.
2. Services should be within the scope of their victimization and discussions of their perpetration should be referred to sex offender management counseling. A question to consider is where is the individual in their sex offender counseling, and can they separate the two? If counseling continues, the counselor should be especially mindful of strong boundaries around this.
3. The advocate or counselor providing the services may benefit from consulting with someone who specializes in sex offender treatment. Consider how victim services could contradict sex offender treatment.
4. Ethical considerations:
 - a. Did the crime happen in the same community they provide services?
 - b. If so, are they serving that victim, as well?
 - c. Is the same counselor providing services?
 - d. Can the agency or counselor remain objective in their counseling? How can this capacity be built?
5. The advocate or counselor should be provided with strong supervision and support both to maintain mindfulness and strong boundaries between the victim/offender victimization and their perpetration as well as advocate and/or counselor's vicarious trauma.

Recognizing the Connection Between Oppression and Sexual Violence

Rape Crisis Centers recognize the connection between oppression and sexual violence. Rape Crisis Centers understand that oppression is widespread and powerful throughout our society and that sexual violence is a tool of oppression used to keep targeted groups in a position of submission and silence while upholding the oppressors in positions of power. Oppression lies at the root of the dominant cultural ideologies that endorse and normalize harmful acts such as sexual violence. These ideologies include, but are not limited to, the promotion of violence as conflict resolution. For example, masculinity is cast as aggressive, dominant, and/or violent whereas femininity is perceived as weak, subordinate, and/or passive. The World Health Organization (WHO) identifies oppression and intersectionality within the World Report on Violence and Health when stating, "Sexual violence is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural, and economic contexts." Oppression including racism, sexism, ableism, classism, ageism, and heterosexism have significant effects on the perpetuation of this crime. When society accepts harmful norms and oppressive ideologies about race, gender, class, etc. people who are marginalized have less power. Violence, sexual harassment, rape, sexual exploitation and other forms of sexual violence toward them is normalized, excused, and even socially accepted while the marginalized community is often blamed for the violence inflicted upon them. These groups are regularly viewed as less credible and untrustworthy,

Rape Crisis Centers understand that oppression is widespread and powerful throughout our society and that sexual violence is a tool of oppression used to keep targeted groups in a position of submission and silence while upholding the oppressors in positions of power.

and therefore, more vulnerable and accessible to those who have access to power. The outcome is intentional targeting of these groups by perpetrators which results in increased victimizations of marginalized and oppressed individuals. Myths about sexual violence are themselves tools of oppression that keep targeted groups in a position of submission and silence while keeping the oppressors in positions of power. It is through education, outreach, advocacy, and primary prevention initiatives that Rape Crisis Centers work to change the social norms that allow sexual violence to exist.

Victim-Centered

Rape Crisis Centers provide victim-centered services which are defined as a systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. A victim-centered approach seeks to minimize re-traumatization by providing the support of a sexual assault victim advocate, and empowering victims as engaged participants in the process.

The RCC determines the specific services to be offered to victims of sexual violence and ensures that staff have the training and supervision required to provide each of the recommended services. Victims are informed of the specific services available and given choices about which services they receive. The RCC respects that the victim's choices may be affected by their cultural and religious background experiences and individual circumstances and works with the victim to address identified service goals.

Program Indicators:

- ▶ The victim directs their own healing process. The victim brings up the issues they want to discuss, and they set the goals for the healing process.
 - ▶ The priority of the RCC is to create a safe, comfortable, and empowering environment for the victim with every interaction. The RCC will minimize, to the extent possible, any power imbalance between the advocate and the victim.
 - ▶ The RCC supports the empowerment of the victim by sharing information with them and describing options available. The RCC ensures the victim's right to make choices and decisions about those options and the healing process.
 - ▶ The RCC staff identifies and recognizes the creative and resourceful ways in which victims cope and respect those as strategies for survival. The staff/volunteers work with the victim to integrate those strategies into a plan to achieve the victim's goals.
- ▶ Services provided to victims and significant others are not counter to the interests of the victim or their healing process.
 - ▶ With child victims, services are provided in the interest of the child with input from the child and non-offending parent or custodial caregiver. The provision of services is guided by the interest and needs expressed by the child victim and expertise of the advocate providing services.
 - ▶ Services recognize and effectively utilize the victim support system and respect the role of the extended family, informal networks, non-traditional healing, self-help groups, and other forms of support as appropriate and desired by the victim.
 - ▶ The RCC provides services to meet the needs of victims of commercial sexual exploitation and human trafficking, who are often criminalized within the system rather than supported or assisted.
 - ▶ The RCC recognizes that the impact of sexual violence can last a lifetime. Outreach efforts should focus not only on the immediate crisis following an assault but also on a crisis.
 - ▶ RCC outreach efforts are provided in communities with diverse populations and in non-traditional forums.
 - ▶ Service evaluations are provided. Feedback is sought from victims to ensure that services are provided in a victim-centered, trauma-informed, culturally-competent manner. As appropriate, evaluative feedback is considered in program planning.
 - ▶ The RCC has an internal written complaint/grievance process for victims. Alternative forms of communicating this process are available for people with disabilities or with language barriers.

Trauma-Informed

Indiana Rape Crisis Centers are trauma-informed. Rape Crisis Centers become trauma-informed by “thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery” (Fallot & Harris, 2009). Centers that are trauma-informed have an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma-informed care also emphasizes physical, psychological and emotional safety for both victims and providers, and helps victims rebuild a sense of control and empowerment.²

Becoming “trauma-informed” means recognizing that people often have many different types of trauma in their lives. The aim of a trauma-informed system, albeit a rape crisis center, domestic violence program, hospital, homeless shelter, or substance abuse treatment center, is to infuse the elements of trauma-informed care throughout every contact, space, activity and relationship in the agency

(Fallot & Harris, 2009; Elliot, et al., 2005). Healing from trauma is the primary goal, and that goal can only be achieved by supporting the whole person. People who have been traumatized need support and understanding from those around them. Rape Crisis Centers educate communities about the impact of trauma on victims, co-workers, friends, family, and even us whether it be our own or vicarious trauma. It is through education that an understanding and true appreciation of trauma’s impact can be imparted; an important step toward ending sexual violence.

Trauma-informed service comprises six basic elements that are applied to all activities and interactions with victims and with RCC staff (Fallot & Harris, 2009, Elliot, et al., 2005). The six elements are **safety, trust, choice, collaboration, empowerment, and cultural relevance**. The table on the next page gives examples and defining characteristics of these six elements.

² www.traumainformedcareproject.org

Elements of Trauma-Informed Service

SAFETY

- Programs are welcoming, respectful and engaging, and victims, (both children and adults) feel physically and psychologically safe
 - The physical setting is safe and interpersonal interactions promote a sense of safety
-

TRUST

- Workers recognize the long-term and pervasive impact of violence
 - Relationships have clear boundaries and defined roles
 - Staff share information with victims
-

CHOICE & CONTROL

- Program staff normalize the victim experience(s) and are flexible and do not “press for compliance” with strict, unilateral programmatic rules
 - Choices, even the small ones, are valued because the personal experience of choice builds the ability to direct life and dream
 - Giving choices fosters safe relationships
 - Choices must be conscious, intentional, and verbalized
 - The agency involves victims in program evaluation and design
-

COLLABORATION

- Victims are supported in shared decision-making, choice, and plan throughout their path to healing
 - Give victims opportunities to be with other victims and offer mutual support
 - Collaboration with victims gives workers new sources of knowledge and strength
-

EMPOWERMENT

- The RCC and broader organization has policies that support addressing staff's initial and secondary trauma
 - Trauma training for all staff is institutionalized, including within new staff orientation.
 - Workers seek to build on strength
 - Validate resilience
 - Create opportunities for victims to do and give
-

CULTURAL RELEVANCE

- The RCC is actively aware of and moves beyond cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender-identity, geography, etc.) and offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma³
 - Workers know that the meaning of violence, and the resources for healing, vary across cultures
-

³ SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (July 2014)

Privileged Communications

It is the obligation of Rape Crisis Center leadership and staff to have a working knowledge of the Indiana statute as it pertains to *Privileged Communications*.⁴ For the Rape Crisis Centers who border another state, or have their main campus/corporate office across the state line, it is essential that leadership and staff have a working knowledge of both Indiana and the bordering states code. When a victim is assaulted in a bordering state and seeks services in Indiana, Indiana code regarding privileged communication, in addition to other critical codes may not apply.

In Indiana, the term victim advocate and the location in which services are provided, matters significantly in the eyes of the law when it comes to privilege. It is often essential for a sexual assault victim to be assured that the information that they are sharing will maintain confidentiality. By statute, victim advocates employed within Rape Crisis Centers, along with other agencies outlined by statute as a “victim service provider” hold privilege. The title victim advocate and victim assistant may frequently be used interchangeably in law enforcement and prosecutor offices; however, the use of the title **does not** grant privilege when working within these offices. In other words, by statute, privilege is not provided to those who work within those two offices regardless of having a victim advocate title.

Mandated Reporting

All RCC staff and volunteers are mandated reporters and are bound by IC 31-33-5 to report if there is a “Reason to believe that a child is a victim of child abuse or neglect.” Each RCC should have a protocol in place that includes the following steps:

1. Document all information that is to be reported to the hotline
2. After receiving the information call the Indiana Child Abuse and Neglect Hotline immediately at **1-800-800-5556**

RCC staff are also required to report any suspected abuse of an endangered adult (IC 12-10-3-12) and should have a protocol in place that includes the following steps:

1. Document all information that is to be reported to the hotline
2. Report immediately to the Adult Protective Services Unit, a law enforcement agency, or the Division of Aging by calling toll-free **1-800-992-6978**

⁴ See Appendix for full Indiana Code.

Sexual Assault Victim Advocate Code of Ethics⁵

Sexual assault (SA) victim advocates provide invaluable services to those impacted by sexual assault. Whether paid or volunteer, the SA advocate is expected to act with integrity, to treat all victims/secondary victims with dignity and compassion and to uphold the principles of justice for the accused and the accuser alike. To these ends, this Code will govern the conduct of the sexual assault victim advocate.

I. In relationship with every victim, the SA advocate shall:

1. Have knowledge of the field of sexual violence and the skills to apply that knowledge.
2. Understand that sexual violence is rooted in various forms of oppression, and services provided incorporate a framework of anti-oppression and empowerment.
3. Recognize the interest of the victim as primary responsibility.
4. Respect and protect the victim's civil and legal rights.
5. Respect the victim's right to privacy and confidentiality, subject only to laws or regulations requiring disclosure of information to appropriate entities.
6. Respond compassionately to each victim with personalized services.
7. Engage with each victim utilizing a trauma informed framework; realizing the widespread impact of trauma and understanding potential paths to recovery.
8. Accept the victim's statement of events as it is told, withholding opinion or judgement, whether or not a suspected offender has been identified, arrested, convicted, or acquitted.
9. Provide services to every victim without attributing blame, no matter what the victim's conduct was at the time of the victimization or at another stage of the victim's life.
10. Foster maximum self-determination on the part of the victim.
11. Act on behalf of the victim's stated needs without regard to personal convictions and within the rules of the advocate's host agency.
12. Should one victim's need conflict with another's, act with regard to one only after promptly referring the other to another qualified SA Advocate.
13. Observe the ethical imperative to, under no circumstances, engage in personal or sexual relations with victims, current or past, in recognition that to do so risks exploitation of the knowledge and trust derived from the professional relationship.
14. Make victim referrals to other resources or services only in the victim's best interest, avoiding conflict of interest in the process.
15. Provide opportunities for colleague SA advocates to seek appropriate services when traumatized by a criminal event or by a victim.

II. In relationships with colleagues, other professionals, and the public, the SA advocate shall:

1. Conduct relationships with colleagues in such a way as to promote mutual respect, public respect, and improvement of service.
2. Make statements that are critical of colleagues only if they are verifiable and constructive in purpose.
3. Conduct relationships with allied professionals such that they are given equal respect and dignity as professionals in the SA victim advocate field.

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⁵ Adapted and modified from the *NOVA Code of Professional Ethics for Victim Assistance Providers* and the Iowa Coalition Code of Ethics.

Sexual Assault Victim Advocate Code of Ethics

Continued from page 11

4. Take steps to quell negative, insubstantial rumors about colleagues and allied professionals.
 5. Share knowledge and encourage proficiency and excellence in victim advocacy among colleagues and allied professionals, paid and volunteer.
 6. Provide professional support, guidance, and assistance to victim advocates who are new to the field to promote consistent quality and professionalism in victim advocacy.
 7. Seek to ensure that volunteer SA victim advocates have access to the training, supervision, resources, and support required in their efforts to assist victims.
 8. Act to promote crime and violence prevention as a public service and an adjunct to victim advocacy.
 9. Respect laws of ones' state and country while working to change those that may be unjust or discriminatory.
4. Not reveal the name or other identifying information about a client to the public without clear permission or legal requirements to do so.
 5. Clearly distinguish in public statements representing one's personal views from positions adopted by organizations for which they work or are a member.
 6. Not use their official position to secure gifts, monetary rewards, or special privileges or advantages.
 7. Report to competent authority any conflict that prevents themselves or a colleague from being able to provide ethical services, work cooperatively with colleagues or allied professionals, or be impartial in the treatment of any victim.

III. In their professional conduct, the SA victim advocate shall:

1. Maintain the highest personal and professional standards in the capacity of a service provider and victim advocate for a victim.
2. Seek and maintain proficiency in the delivery of services to clients.
3. Refrain from discriminating against any victim, employee, colleague, allied professional, or member of the public on the basis of age, gender, gender identity (including gender expression), disability, political beliefs, ethnicity, race, marital status, national origin, religious belief, or sexual orientation.

IV. In their responsibility to any other profession, the SA advocate will be bound by their ethical standards of the allied profession to which they are a member.

Fee for Service

Rape Crisis Centers will not charge a fee for the following services:

- ▶ 24- hour crisis hotline
- ▶ Advocacy
- ▶ Criminal/Legal Advocacy
- ▶ Hospital/Medical Advocacy
- ▶ Community Awareness/Outreach
- ▶ Crisis Intervention Services
- ▶ Information & Referral
- ▶ Systems Coordination/Collaboration

Rape Crisis Centers may not charge any victim for services supported by VOCA, SASP, SAVAF, or any other federal or state funded grant.

Fee for Community Service

An RCC may request an honorarium or fee from an organization or institution where it provides services such as trainings and/or outreach/awareness. For example, if an advocate is invited to be a guest speaker, the RCC may request an honorarium for speaking fees and/or mileage reimbursement if the service (i.e., speaking engagement) is not already funded through a grant.

Sexual Assault Compensation:

The Sexual Assault Compensation fund is administered by the Indiana Criminal Justice Institute (ICJI). The fund pays for forensic exams, outpatient mental health counseling, and limited medical expenses related to a sexual assault. Services such as mental health counseling must be provided first and then reimbursed by ICJI. Under state and federal law, a victim of a sexual assault cannot be directly billed for services related to the forensic exam or the collection of evidence. If the victim was assaulted in another state but is treated in an Indiana facility, that facility must follow the laws of the state where the crime occurred.

The Sexual Assault Compensation application must be submitted by the provider who performed the Forensic Medical Exam, with the itemized bill, and medical records which must include the SANE nurses notes and a narrative of events, within 180 days of the date of the exam. Submission of a claim without the information listed above or not submitted within 180 days of the exam may cause the claim to be denied.

The chart below highlights the reimbursable expenses allowable under the fund.

REIMBURSABLE EXPENSES

- ▶ Forensic Medical Exam & Additional Forensic Services
- ▶ Hospital medications, limited laboratory & x-ray services
- ▶ Up to \$3,000 in out-patient mental health counseling
- ▶ Initial Pregnancy & STD testing
- ▶ One follow-up pregnancy test and other STD testing up to 30 days following the first emergency room treatment
- ▶ One Syphilis test up to 90 days following the initial exam
- ▶ Prophylactic medication related to pregnancy or sexually transmitted diseases
- ▶ Drug testing covered only with documented clinical indications that assault may have been drug induced
- ▶ A 30 day supply of HIV post-exposure prophylaxis (or PEP) will be covered by the sexual assault fund.

Submission of a claim without the information listed above or note submitted within 180 days of the exam may cause the claim to be denied.

The Sexual Assault Compensation Fund is the primary payer.

For further information contact ICJI directly at (317) 232-1233.

Training and Continuing Education Requirements of a Sexual Assault Advocate in a Rape Crisis Center

Training

RCC staff should complete the CORE 40 Sexual Assault Victim Advocacy training offered by the Indiana Coalition to End Sexual Assault prior to contact with victims when feasible. If not feasible, RCCs will communicate with the coalition about an alternative training until the next CORE 40 becomes available. Staff and/or volunteers should not be working with victims via the crisis line or directly without receiving proper training. The CORE 40 Sexual Assault Victim Advocacy training is designed primarily for sexual assault advocates who are staff or volunteers working with victims of sexual violence within community based RCCs. The training topics are standardized which allow for consistency throughout the field. This training offers the fundamental “core” knowledge and skills to provide competent and effective crisis intervention and advocacy services to victims. Although the emphasis of the Sexual Assault Victim Advocate CORE 40 training is focused on building the fundamental skills for advocates working in the field of sexual assault, the training allows for flexibility to incorporate additional topics when deemed relevant. Relevancy is based on current trends in victimology and the subsequent education/skill building needs that arise as a result. It is strongly recommended that advocates who are not working within an RCC but who are working with sexual violence victims also complete the CORE 40.

Why Do We Require Continuing Education for Sexual Assault Advocates?

Working with victims of sexual violence, their loved ones, and their communities requires specialized training and skill. A sexual assault or a crime that falls along the continuum of sexual violence is a crime like no other. Ongoing Continuing Education for the sexual assault advocate:

- ▶ Provides a method to assure victims, the community, and other members of the sexual violence and domestic violence profession, that both paid and unpaid staff have successfully completed training and supervised work experience necessary to provide non-judgmental, trauma-informed, empowering sexual violence services.
- ▶ Provides a mechanism to recognize the competency of skilled sexual assault advocates, acquired through a combination of work and life experience, training, and traditional academic preparation.
- ▶ Assures continued professional growth.
- ▶ Assures the delivery of best practices.
- ▶ Increases community and professional awareness that the field of sexual violence is a specialty area.

Continuing Education Units (CEUs) for Sexual Assault Advocates

1. All sexual assault advocates working within Rape Crisis Centers in Indiana are to complete a total of sixteen (16) hours of continuing education each year. Two (2) hours of training in each of the following areas:
 - a. Crisis intervention
 - b. Judicial advocacy
 - c. Medical advocacy
 - d. Continuing supportive advocacy

These four (4) categories were selected as they comprise the primary areas of services provided by advocates within the field. Please note that these categories are broad and allow for a variety of continuing education opportunities. For example, a training under the category of judicial advocacy can include topics about Forensic Experiential Trauma Interviewing (FETI), or trauma-informed, and offender-focused prosecutions. A training under medical advocacy can include understanding the sexual assault medical forensic exam, or a training on identifying, investigating and prosecuting strangulation, etc.

2. A limit of four (4) of the sixteen (16) hours can be taken via webinar; at least twelve (12) hours of training must be taken in person.
3. Provide proof of training by a showing of one or more of the following:
 - a. Certificate from the conference;
 - b. Letter from agency or company that provided the training; or
 - c. Letter from the advocate's employer stating that the applicant participated in the training.

4. ICESA shall determine the training courses that satisfy the approved education requirements.
 - a. Courses, conferences, webinars, etc. offered by the following organizations that fall within the required training areas will satisfy the education requirement.
 - i. Indiana Coalition to End Sexual Assault
 - ii. National Sexual Violence Resource Center
 - iii. Resource Sharing Project
 - iv. End Violence Against Women International

All others should be verified with ICESA if seeking continuing education hours. It is highly recommended that advocates employed within Rape Crisis Centers receive continuing education that is diverse, comprehensive and covers a variety of topics each year. Advocates are encouraged to be mindful of the topics they choose each year and should not repeatedly take the same "Crisis Intervention 101" webinar each year in order to fulfill the CEU "Crisis Intervention" requirement. In addition, advocates should be encouraged and supported by their supervisors to explore continuing education that may not be directly related to their current role as an advocate but that is directly related to the field of sexual violence.

Please contact ICESA at (317) 624-2370 for any questions regarding training courses that satisfy education requirements for sexual assault advocates.

Please see RCC checklist for Continuing Education.

24-Hour Help Line/Crisis Hotline

Definition: A telephone service available on a 24-hour/ 7 days a week basis to connect victim/secondary victim of sexual violence with a trained advocate.

Goal: To provide the victim/secondary victim with the appropriate telephone-based crisis intervention which includes support, listening, validating feelings, assisting with problem clarification and problem solving, providing information, referrals, and options to help effectively address their needs.

Duration: Crisis line intervention involves the short-term use of specific skills and strategies; however, an advocate remains on the call as needed to appropriately and effectively assist the caller.

Qualifications: At a minimum a 24-hour Crisis Hotline includes:

- While crisis lines may serve dual purposes, the service must connect victims of sexual violence to a trained sexual assault advocate within 10 minutes of the call.
- All crisis lines should be registered with the Rape, Abuse & Incest National Network (RAINN) and accessible through a toll-free number.
- Advocates who answer the crisis line should undergo a minimum of 40 hours of sexual assault training (i.e., ICESA CORE 40).
- For non-shelter-based programs and programs without 24-hour awake staff, the use of a designated cell phone is permitted as a crisis line.
- Clear and comprehensive on-call/24-hour crisis hotline policies and procedures.

Please see RCC checklist for 24-hour Crisis Hotline

Hospital/Medical Advocacy (On-Site Response)

Definition: Assisting and supporting victims as they navigate through the medical/healthcare system by ensuring that the victim has the appropriate and accurate information and resources to make decisions about their healthcare needs.

Goal: To ensure that the victim has access to competent, victim-centered, trauma-informed medical care, treatment and/or evidence collection, as desired, while also providing compassionate, non-judgmental support.

Duration: Generally short-term; 4-6 hours

Qualifications: At a minimum, Hospital/Medical Advocacy includes:

- 24 hours a day, 7 days a week on-site response to the local hospital/sexual assault treatment center for the Medical Forensic Exam (MFE). Providing the victim/secondary victim with accurate information about the physical impact of sexual violence and about the resources and options available to the victim to address healthcare needs.
- Providing information for ongoing advocacy and follow-up appointment with RCC.

Best Practice: ***It is considered best practice for the victim advocate to be contacted immediately. Utilize a system in which exam facility personnel, upon initial contact with a sexual assault victim, calls the victim advocate and asks that they come to the exam site (unless an advocate has already been called).***⁶

Having an advocate called out when a victim is being transported to the hospital or upon initial contact with the Sexual Assault Nurse Examiner (SANE), removes any burden from the victim in having to decide if they should *bother* the advocate, or feel guilty or reluctant to request one or even say yes should one be offered. Having an advocate present increases the likelihood that a victim would say yes if an advocate's services were offered. Research has shown that most victims benefit from having a victim advocate present.

Please see RCC checklist for Hospital/Medical Advocacy

⁶ National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents (2nd Edition). (2013).

Advocacy*

Definition: A trained individual whose role is to help victims/secondary victims by providing them with support, information, and help to ensure that they are aware of their rights and options. Advocates seek to ensure the ongoing safety of victims and answer questions. They provide emotional support and crisis intervention at any stage in the victim's healing process.

Goal: To ensure that needed services and adequate support to enhance recovery from sexual violence are available.

Duration: Varies depending on individual victim's needs.

Qualifications: At a minimum, Advocacy includes:

- Providing confidential, nonjudgmental, victim-centered, trauma-informed support.
- Providing accurate, timely information regarding unique needs presented by the victim.
- Providing specific and appropriate program services to address the victim's needs (may include hospital/medical advocacy, legal advocacy, etc.).
- Providing service planning and referrals for follow -up services, as needed and requested by the victim.

*Advocacy is a generalized term, the application of which is inherent in all Core Standards.

Please see RCC checklist for Advocacy

Criminal Justice/Legal Advocacy

Definition: Acting on behalf of and in support of the victim/secondary victim navigating the legal system by ensuring that the victims' questions are answered, interests are represented and rights are upheld.

Goal: To ensure that the victim has the information and support they need to effectively participate in the criminal justice and/or civil legal systems, or to make decisions about participation.

Duration: Ranging from short term to long term and/or episodic.

Qualifications: At a minimum, Criminal Justice/Legal Advocacy includes:

- Advocating for the rights, needs and wishes of the victim within the legal system.
- Providing basic information about the criminal justice and civil legal systems, including victim rights.
- Providing information and referrals for assistance regarding administrative legal processes that may exist within other contexts, such as academic, immigration, housing, medical, and employment.
- Ensuring advocates do not dispense legal advice to victims, even if they are licensed to do so.
- Serving as a liaison with law enforcement and prosecutor's office regarding the status of the case and all upcoming court dates.
- Accompanying victims to meetings with law enforcement and prosecutor.
- Accompanying the victim to court appearances.
- Court preparation including explanation of court procedures, preparation of victim impact statement, accompaniment to line-ups.
- Advocates are aware that victims of human trafficking and commercial sexual exploitation are often criminalized and may require advocacy focused on prevention of arrest or other punitive responses.

Please see RCC checklist for Criminal Justice/Legal Advocacy

Community Awareness/Outreach

Definition: Providing accurate information about sexual violence, and individual, organizational, and societal strategies that promote the elimination of sexual violence in the community; and ensuring the community is aware of the RCC, its services, and how to access those services.

Goal: To effectively engage the larger community in efforts to support victims and to eliminate sexual violence.

Qualifications: At a minimum, Community Awareness/Outreach includes:

- Ensuring that the community at large is aware of the RCC, the services it provides, and how and when to access the RCC includes but is not limited to disseminating program brochures, information, and resources as appropriate.
- Implementing, hosting and/or participating in awareness activities/events that expose the community to accurate information about sexual violence, correct any misconceptions about sexual violence and promote healthy age appropriate communication and everyday consent beginning at infancy.
- Developing/Utilizing materials and activities that are culturally and developmentally appropriate for the populations targeted.
- Intentional inclusivity of underserved and marginalized populations when planning and implementing awareness/outreach activities.
- Conducting trainings for professionals and non-professionals in the community.
- Engaging in public speaking opportunities in the community.
- Conducting evaluation of activities and adjusting approaches to awareness/outreach as needed to best meet the needs of victims and the community.

Please see RCC checklist for Community Outreach/Awareness

Information & Referral

Definition: Providing timely, relevant contact information to a victim for community resources that address the need(s) of the victim that the RCC is not equipped to effectively address, which may include professional therapy, legal services, or services indirectly related to sexual violence.

Goal: To ensure the victim has access to relevant and appropriate resources that will meet their unique needs.

Duration: Generally short term; but as needed.

Qualifications: At a minimum, Information and Referral includes:

- Maintaining up-to-date contact information for all available resources in and surrounding the community, including resources that are not directly related to sexual violence victimization (i.e. immigration, housing, employment assistance, etc.).
- Providing a minimum of 3 different referrals for each specified need, whenever possible.
- 24 hour/7 days a week access to Information & Referrals via the crisis hotline and/or website.

Please see RCC Checklist for Information & Referral

System Coordination, Collaboration, and Case Management

Definitions: The development and maintaining of professional partnerships with service providers, organizations, and groups in the community that serve or otherwise impact victims. Partnerships may be formal or informal and are necessary to ensure a victim’s access to the variety of both core and enhanced services available in the community.

Case Management is the coordination of the services available to a victim.

Goal: To promote and ensure consistent, comprehensive, victim-centered, trauma-informed services for victims of sexual violence.

Duration: Ongoing

Qualifications: At a minimum, System Coordination, Collaboration and Case Management includes:

- Awareness/understanding of the various organizations in and surrounding the community that serve or otherwise impact victims.
- Sharing information/resources as appropriate, with other RCC's and organizations to provide the most effective services to victims.
- Meeting/speaking with collaborative partners on a regular basis to discuss best practices, barriers to service implementation, and strategies for effective collaboration.
- When possible, and appropriate, Memoranda of Understanding should be developed with collaborative partners to formally define each partner’s responsibility in responding to victims in the community.

Please see RCC checklist on System Coordination, Collaboration, and Case Management

Support Groups

Definition: Victim and/or secondary victims meeting in a safe, supportive, non-judgmental environment on a regularly scheduled basis to share information, relate personal experiences, share coping strategies and techniques for problem solving, listen to and accept others' experiences and feelings resulting from sexual violence victimization, and provide support through the healing process.

Goal: To foster empowerment and a sense of community, promote an understanding of the effects of sexual violence, learn coping skills, increase social support networks, break down barriers to living a successful life (as defined by the survivor), and support the healing process.

Qualifications: At a minimum, Support Groups:

- Should be offered by the RCC when it determines that support groups are an appropriate strategy in their service area and there are an adequate number of victims or secondary victims to form a group.
- Should be facilitated by trained staff and/or volunteers. A therapeutic group, which is different than a peer support group, should be facilitated by a master's level professional in the social or human service field.
- Should have a written curricula and guidelines for each type of group offered (i.e. closed group, open group, homogenous, heterogenous).
- Attendees should be provided/have access to crisis intervention services during and following group, if needed.

Please see RCC checklist on Support Groups

Professional Therapy/Counseling (This service may be referred out)

Definitions:	The healing relationship negotiated between an individual who is in compliance with state licensure rules and regulations pertaining to social worker, mental health counselor, or psychologist, and victim that addresses emotional, behavioral and/or cognitive issues using therapeutic modalities to process origins, triggers, and impacts of presented issues to facilitate change.
Goal:	To empower the victim to achieve overall wellness.
Duration:	Scheduled appts for a defined period (based on assessment and treatment goals). Sessions often last 45 minutes.
Qualifications:	<p>At a minimum, Professional therapy/Counseling includes:</p> <ul style="list-style-type: none">▪ Assessments, individual treatment planning, and therapeutic counseling provided by a qualified, licensed professional. Masters level therapists working toward licensure and under clinical supervision will be accepted.▪ Best practices/evidence-based therapeutic interventions regarding sexual violence and trauma.▪ Understanding the nature and dynamics of sexual violence, including stranger and non-stranger, intimate partner and drug facilitated sexual violence.▪ Understanding of Acute Stress Disorder, Post Traumatic Stress Disorder (PTSD) and trauma-informed practices with an appreciation of how multiple traumas can affect an individual.▪ Understanding of childhood sexual abuse.▪ All therapists should be aware of, trained in and provide appropriate referrals when necessary in co-occurring disorders such as eating disorders, substance use disorders, etc.▪ Therapists providing therapy must be in compliance with the state licensure rules and regulations, and both state and national professional ethical standards.

Please see RCC checklist for Professional Therapy/Counseling

Primary Prevention

Definition: Primary Prevention involves developing comprehensive strategies that prevent violence before initial perpetration or victimization, especially those that make community and societal level changes. Primary prevention includes building an environment that encourages well-being and healthy choices. To address sexual violence primary prevention in a comprehensive manner, strategies to prevent initial perpetration and victimization must reach the same level of efficacy and adoption as programs that respond to its consequences. Public health theory also advises that sexual violence prevention efforts be specific to an intentional audience. Audiences can also be categorized by their likely role in an act of sexual violence: as potential victims of the violence, as potential perpetrators of the violence or as potential bystanders who have an opportunity to prevent or intervene in the act.⁷

Goal: To address the root causes of sexual violence by changing the individual, relational, community, and societal norms and beliefs that perpetuate such violence by developing the attitudes, knowledge, skills, behaviors, and resources necessary to promote individual and community health, safety, equality, and overall wellbeing.

Duration: Primary Prevention Programs/Initiatives should be sustained, with increased sessions and the length of those sessions increased to expand exposure of prevention messages over time.

Qualifications: At a minimum, Primary Prevention includes:

- Development and utilization of comprehensive, evidenced-based strategies through a continuum of activities addressing all levels of the Social Ecological Model and/or Spectrum of Prevention.
- Developing approaches and interventions that take place BEFORE sexual violence occurs so to change the structures and norms in a particular setting or in our culture that support sexual violence.
- Shifting focus from the individual to the environment.
- Activities that are based on promoting protective factors that reduce the likelihood of sexual violence occurring, instead of risk reduction.
- Strategies that follow the Principles of Prevention (i.e. uses a variety of teaching methods, uses multiples strategies, exposes the same group of people multiple times to prevention activities, addresses different forms of oppression & social injustice, etc.)
- Development and utilization of comprehensive evaluation methods/tools that demonstrate knowledge, behavior change over an extended period.
- A commitment to addressing the connections between sexual violence and other forms of oppression requires developing many alliances including but not limited to civil rights and human rights organizations.
- Institutional support for primary prevention programming/initiatives should be a priority for agencies implementing primary prevention strategies.

Please see RCC checklist for Primary Prevention

⁷ *Shifting the Paradigm: Primary Prevention of Sexual Violence*. American College Association. (August, 2008)

Administrative and Organizational Standards

Purpose: For Rape Crisis Centers, specifically those in dual/multi-service organizations, to truly be strong and effective, the program must have a clear organizational identity as a provider of services for victims of sexual violence. To achieve this, the organization's leadership, including the Board of Directors will need to invest in organizational change; recognizing both the overlapping and the distinct needs of victims of sexual and domestic violence is not only a matter of philosophy but also has practical implications for how dual/multi-service programs are managed and how they account for their work. For Rape Crisis Centers, specifically those in dual/multi-service organizations, to truly be strong and effective, the program must have a clear organizational identity as a provider of services for victims for sexual violence. To achieve this, the organizations leadership, including the Board of Directors will need to invest in organizational change; recognizing both the overlapping and the distinct needs of victims of sexual and domestic violence is not merely a matter of philosophy, it also has practical implications for how dual/multi-service programs are managed and how they account for their work.⁸

**Board and
Administrator
Training:**

All Rape Crisis Center Board of Directors and Administrators will be required to participate in the following ICESA approved trainings every 2 years. These trainings may be provided by ICESA, or another agency/organization. Topics include:

- Recognizing & understanding the connection between oppression, racism and sexual violence.
- Recognizing & understanding both the overlapping and the distinct needs of victims of sexual and domestic violence including:
 - The practical implications for how dual/multi service programs are managed and how work is accounted for; and
 - Implementing organizational change (policy, structure, staffing, culture); and implementing programmatic change (service provision, outreach, materials, training).

Please see RCC checklist for Professional Therapy/Counseling

⁸ Sexual Assault Demonstration Initiative: Final Report. January 6, 2017

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PRIVILEGED COMMUNICATIONS

IC 35-37-6 Chapter 6. Privileged Communications and Victim Counseling

IC 35-37-6-1 “Confidential Communication”

Sec. 1. (a) As used in this chapter, “confidential communication” means any information:

- (1) exchanged between a victim and a victim advocate in the course of the relationship between the victim and the victim advocate;
- (2) exchanged or disclosed in a support group in which a victim is or was a participant;

or

- (3) exchanged in the presence of a third person who facilitates or facilitated communication between a victim and a victim advocate.

(b) The term includes communication that is verbal or written and includes:

- (1) advice;
- (2) notes;
- (3) reports;
- (4) statistical data;
- (5) memoranda;
- (6) working papers;
- (7) records; and
- (8) personally identifying information;

produced in the course of advocating for a victim.

As added by P.L.136-1987, SEC.5. Amended by P.L.104-2008, SEC.7.

IC 35-37-6-1.5 “Confidential Information”

Sec. 1.5. (a) As used in this chapter, “confidential information” includes:

- (1) personally, identifying information;
 - (2) descriptions of physical appearance;
 - (3) the case file; and
 - (4) the case history;
- of a person who seeks, receives, or has received services from a victim advocate.

(b) The term does not include:

- (1) information disclosed to a victim service provider or a victim advocate if the victim:
 - (A) files criminal charges;
 - (B) institutes a civil lawsuit; or
 - (C) reports allegations of criminal conduct to a law enforcement agency;

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against the victim service provider or victim advocate; and (2) alleged child abuse or neglect that is required to be reported under IC 31-33.

As added by P.L.104-2008, SEC.8

IC 35-37-6-2.5 “Personally Identifying Information”

Sec. 2.5. (a) As used in this chapter, “personally identifying information” means information that identifies a victim or the

location where domestic violence, dating violence, sexual assault, or stalking occurred, including the victim’s:

- (1) name;
- (2) mailing and physical address;
- (3) electronic mail address;
- (4) Internet protocol address;
- (5) telephone numbers, including facsimile numbers;
- (6) Social Security number;
- (7) date of birth;
- (8) racial or ethnic background; and
- (9) religious affiliation.

(b) The term includes any other information that, in combination with other non-personally identifying information, would identify an individual.

As added by P.L.104-2008, SEC.9

IC 35-37-6-2.7 “Student Advocate Office”

Sec. 2.7. As used in this chapter, “student advocate office” means a student services office, victim assistance office,

or other victim counselor as designated by a state educational institution or an approved postsecondary educational institution.

As added by P.L.70-2016, SEC.2.

IC 35-37-6-3 “Victim”

Sec. 3. As used in this chapter, “victim” means:

- (1) an individual against whom an act of:
 - (A) domestic or family violence;
 - (B) dating violence;
 - (C) sexual assault (as defined in IC 5-26.5-1-8);
 - (D) human and sexual trafficking (IC 35-42-3.5); orIndiana SARTs: A Guide for Indiana Sexual Assault Response Teams 43
- (E) stalking (IC 35-45-10-5);

is committed; or

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(2) an individual:

(A) who is not accused of committing an act of domestic or family violence, dating violence, sexual assault (as defined in

IC 5-26.5-1-8), human and sexual trafficking (IC 35-42-3.5), or stalking (IC 35-45-10-5); and

(B) who:

(i) is a member of the family of an individual described in subdivision (1); but

(ii) is not a family member who is accused of committing an act of domestic or family violence, dating violence, sexual

assault (as defined in IC 5-26.5-1-8), human and sexual trafficking (IC 35-42-3.5), or stalking (IC 35-45-10-5).

As added by P.L.136-1987, SEC.5. Amended by P.L.104-2008, SEC.10.

IC 35-37-6-3.5 “Victim Advocate”

Sec. 3.5. (a) As used in this chapter, “victim advocate” means an individual employed or appointed by or who volunteers for:

(1) a victim services provider; or

(2) the student advocate office of a state educational institution or an approved postsecondary educational institution, if the individual provides services to a victim.

(b) The term does not include:

(1) a law enforcement officer;

(2) an employee or agent of a law enforcement officer;

(3) a prosecuting attorney; or

(4) an employee or agent of a prosecuting attorney’s office.

(c) The term includes an employee, an appointee, or a volunteer of a:

(1) victim services provider;

(2) domestic violence program;

(3) sexual assault program;

(4) rape crisis center;

(5) battered women’s shelter;

(6) transitional housing program for victims of domestic violence; or

(7) program that has as one (1) of its primary purposes to provide services to an

individual:

(A) against whom an act of:

(i) domestic or family violence;

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(ii) dating violence;

(iii) sexual assault (as defined in IC 5-26.5-1-8);

(iv) human and sexual trafficking (IC 35-42-3.5); or

(v) stalking (IC 35-45-10-5);

is committed; or

(B) who:

(i) is not accused of committing an act of domestic or family violence, dating violence, sexual assault (as defined in IC

5-26.5-1-8), human and sexual trafficking

(IC 35-42-3.5), or stalking (IC 35-45-10-5); and

(ii) is a member of the family of an individual described in clause (A) other than

a family member who is accused of committing an act of domestic or family

violence, dating violence, sexual assault (as defined in IC 5-26.5-1-8), human and

sexual trafficking (IC 35-42-3.5), or stalking (IC 35-45-10-5).

As added by P.L.104-2008, SEC.11. Amended by P.L.70-2016, SEC.3. IC 35-37-6-4 Repealed

As added by P.L.136-1987, SEC.5. Repealed by P.L.104-2008, SEC.24.

IC 35-37-6-5 “Victim Service Provider”

Sec. 5. As used in this chapter, “victim service provider” means a person:

(1) that is:

(A) a public agency;

(B) a unit of a public agency; or

(C) an organization that is exempt from federal income taxation under Section 501 of the Internal Revenue Code;

(2) that is not affiliated with a law enforcement agency;

(3) that has, as one (1) of its primary purposes, to provide services for emotional and

psychological conditions that occur to an individual:

(A) against whom an act of:

(i) domestic or family violence;

(ii) dating violence;

(iii) sexual assault (as defined in IC 5-26.5-1-8);

(iv) human and sexual trafficking (IC 35-42-3.5); or

(v) stalking (IC 35-45-10-5);

is committed; or

(B) who:

(i) is not accused of committing an act of domestic or family violence, dating violence, sexual assault (as defined in IC 5-26.5-1-8), human and sexual trafficking

(IC 35-42-3.5), or stalking (IC 35-45-10-5); and

(ii) is a member of the family of an individual described in clause (A) other than a family member who is accused of committing an act of domestic or family violence,

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dating violence, sexual assault (as defined in IC 5-26.5-1-8), human and sexual trafficking (IC 35-42-3.5), or stalking (IC 35-45-10-5).

As added by P.L.136-1987, SEC.5. Amended by P.L.104-2008, SEC.12.

IC 35-37-6-6 Repealed

As added by P.L.136-1987, SEC.5. Repealed by P.L.104-2008, SEC.24.

IC 35-37-6-7 Application of Chapter

Sec. 7. This chapter does not limit any other testimonial privilege available to a person.

As added by P.L.136-1987, SEC.5.

IC 35-37-6-8 Duty of Victim Advocate to Report

Sec. 8. This chapter does not relieve a victim advocate of any duty to report suspected abuse, neglect, battery, or exploitation under IC 12-10-3, IC 31-33, or IC 35-46-1-13.

As added by P.L.136-1987, SEC.5. Amended by P.L.3-1989, SEC.222; P.L.2-1992, SEC.875; P.L.1-1997, SEC.144; P.L.104-2008, SEC.13.

IC 35-37-6-9 Confidential Communications; Compelling Testimony; Records;

Temporary Emergency Shelters

Sec. 9. (a) The following persons or entities may not be compelled to give testimony, to produce records, or to disclose any information concerning confidential communications and confidential information to anyone or in any judicial, legislative, or administrative proceeding:

- (1) A victim.
- (2) A victim advocate or victim service provider unless the victim specifically consents to the disclosure in a written authorization that contains the date the consent expires.
- (b) A victim advocate, victim service provider, or victim may not be compelled to provide testimony in any judicial, legislative, or administrative proceeding that would identify the name, address, location, or telephone number of any facility that provided temporary emergency shelter to the victim of the offense or transaction that is the subject of the proceeding unless the facility is a party to the proceeding.
- (c) A victim service provider or victim advocate may not require a victim to consent to the disclosure of information concerning confidential communications and confidential information as a condition of the victim receiving services.

(d) This section does not prohibit a victim from providing testimony concerning an offense.

(e) The consent to disclose information on behalf of:

- (1) a child who is less than eighteen (18) years of age and is unemancipated; or
 - (2) an incapacitated victim;
- may be made by a custodial parent, custodian, guardian, or guardian ad litem in a written authorization that contains the date the consent expires.

(f) A consent under subsection (e) may not be given by a custodial parent, custodian, guardian, or guardian ad litem of the victim if the custodial parent, custodian, guardian, or guardian ad litem:

- (1) committed; or
 - (2) is alleged to have committed;
- an offense against the victim.

As added by P.L.136-1987, SEC.5. Amended by P.L.104-2008, SEC.14.

IC 31-33-5 Chapter 5. Duty to Report Child Abuse or Neglect

IC 31-33-5-1 Duty to make report Sec. 1. In addition to any other duty to report arising under this article, an individual who has reason to believe that a child is a victim of child abuse or neglect shall make a report as required by this article. As added by P.L.1-1997, SEC.16.

IC 31-33-5-2 Notification of individual in charge of institution, school, facility, or agency; report

Sec. 2. (a) If an individual is required to make a report under this article in the individual's capacity as a member of the staff of a medical or other public or private institution, school, facility, or agency, the individual shall immediately notify the individual in charge of the institution, school, facility, or agency or the designated agent of the individual in charge of the institution, school, facility, or agency.

(b) An individual notified under subsection (a) shall report or cause a report to be made. As added by P.L.1-1997, SEC.16.

IC 31-33-5-3 Effect of compliance on individual's own duty to report

Sec. 3. This chapter does not relieve an individual of the obligation to report on the individual's own behalf, unless a report has already been made to the best of the individual's belief. As added by P.L.1-1997, SEC.16.

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IC 31-33-5-4 Immediate oral report to department of child services or law enforcement agency

Sec. 4. A person who has a duty under this chapter to report that a child may be a victim of child abuse or neglect shall immediately make an oral report to:

- (1) the department; or
- (2) the local law enforcement agency

INDIANA CODE TITLE 35. CRIMINAL LAW AND PROCEDURE § 35-42-3.5

IC 35-42-3.5-0.5 Definitions

Sec. 0.5. (a) The following definitions apply throughout this chapter:

- (1) "Human trafficking" means an offense described in sections 1 through 1.4 of this chapter.
- (2) "Human trafficking victim" means a person who is the victim of human trafficking.
- (3) "Sexual conduct" has the meaning set forth in IC 35-42-4-4.
- (b) As used in this chapter, "force", "threat of force", "coercion", or "fraud" means but is not limited to a person:
 - (1) causing or threatening to cause physical harm to a human trafficking victim;
 - (2) physically restraining or threatening to physically restrain a human trafficking victim;
 - (3) abusing or threatening to abuse the law or legal process to further the act of human trafficking;
 - (4) knowingly destroying, concealing, removing, confiscating, or possessing any actual or purported passport or other immigration document, or any other actual or purported government identification document of the human trafficking victim;
 - (5) using blackmail or threatening to cause financial harm for the purpose of exercising financial control over the human trafficking victim; or
 - (6) facilitating or controlling a human trafficking victim's access to a controlled substance.

As added by P.L.144-2018, SEC.19.

IC 35-42-3.5-1 Promotion of Human Labor Trafficking

Sec. 1. A person who, by force, threat of force, coercion, or fraud, knowingly or intentionally recruits, harbors, provides, obtains, or transports an individual to engage the individual in labor or services commits promotion of human labor trafficking, a Level 4 felony.

As added by P.L.173-2006, SEC.52. Amended by P.L.1-2012, SEC.4; P.L.72-2012, SEC.3; P.L.55-2013,

SEC.1;

P.L.158-2013, SEC.436; P.L.168-2014, SEC.66; P.L.13-2016, SEC.14; P.L.86-2017, SEC.13; P.L.144-2018, SEC.20.

IC 35-42-3.5-1.1 Promotion of Human Sexual Trafficking

Sec. 1.1. A person who knowingly or intentionally uses force, threat of force, coercion, or fraud to recruit, entice, harbor, or transport an individual with the intent of causing the individual to:

- (1) marry another person;
- (2) engage in prostitution; or
- (3) participate in sexual conduct;

commits promotion of human sexual trafficking, a Level 4 felony.

As added by P.L.144-2018, SEC.21.

IC 35-42-3.5-1.2 Promotion of Child Sexual Trafficking; Promotion of Sexual Trafficking of a Younger Child

Sec. 1.2. (a) A person who knowingly or intentionally recruits, entices, harbors, or transports a child less than eighteen (18) years of age with the intent of causing the child to engage in:

- (1) prostitution or juvenile prostitution; or
- (2) a performance or incident that includes sexual conduct in violation of IC 35-42-4-4(b) or IC 35-42-4-4(c) (child exploitation);

commits promotion of child sexual trafficking, a Level 3 felony.

(b) It is not a defense to a prosecution under this section that the:

- (1) child consented to engage in prostitution or juvenile prostitution or to participate in sexual conduct; or
 - (2) intended victim of the offense is a law enforcement officer.
- (c) A person who knowingly or intentionally recruits, entices, harbors, or transports a child less than sixteen (16) years of age with the intent of inducing or causing the child to participate in sexual conduct commits promotion of sexual trafficking of a younger child, a Level 3 felony. It is a defense to a prosecution under this subsection if:
- (1) the child is at least fourteen (14) years of age but less than sixteen (16) years of age and the person is less than eighteen (18) years of age; or
 - (2) all the following apply:
 - (A) The person is not more than four (4) years older than

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the victim.

- (B) The relationship between the person and the victim was a dating relationship or an ongoing personal relationship. The term “ongoing personal relationship” does not include a family relationship.
- (C) The crime:
 - (i) was not committed by a person who is at least twenty-one (21) years of age;
 - (ii) was not committed by using or threatening the use of deadly force;
 - (iii) was not committed while armed with a deadly weapon;
 - (iv) did not result in serious bodily injury;
 - (v) was not facilitated by furnishing the victim, without the victim’s knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim’s knowledge; and
 - (vi) was not committed by a person having a position of authority or substantial influence over the victim.
- (D) The person has not committed another sex offense (as defined in IC 11-8-8-5.2), including a delinquent act that would be a sex offense if committed by an adult, against any other person.
- (E) The person is not promoting prostitution (as defined in IC 35-45-4-4) with respect to the victim even though the person has not been charged with or convicted of the offense.

As added by P.L.144-2018, SEC.22.

IC 35-42-3.5-1.3 Child Sexual Trafficking

Sec. 1.3. A person who is at least eighteen (18) years of age who knowingly or intentionally sells or transfers custody of a child less than eighteen (18) years of age for the purpose of prostitution, juvenile prostitution, or participating in sexual conduct commits child sexual trafficking, a Level 2 felony.

As added by P.L.144-2018, SEC.23.

IC 35-42-3.5-1.4 Human Trafficking

Sec. 1.4. A person who knowingly or intentionally pays to, offers to pay to, agrees to pay money or other property to, or benefits in some other manner another person for a human trafficking victim or an act performed by a human trafficking victim commits human trafficking, a Level 5 felony.

As added by P.L.144-2018, SEC.24.

IC 35-42-3.5-2 Restitution Orders

Sec. 2. In addition to any sentence or fine imposed for

a conviction of an offense under sections 1 through 1.4 of this chapter, the court shall order the person convicted to make restitution to the victim of the crime under IC 35-50-5-3.

As added by P.L.173-2006, SEC.52. Amended by P.L.144-2018, SEC.25.

IC 35-42-3.5-3 Civil Cause of Action

Sec. 3. (a) If a person is convicted of an offense under sections 1 through 1.4 of this chapter, the victim of the offense:

- (1) has a civil cause of action against the person convicted of the offense; and
- (2) may recover the following from the person in the civil action:
 - (A) Actual damages.
 - (B) Court costs (including fees).
 - (C) Punitive damages, when determined to be appropriate by the court.
 - (D) Reasonable attorney’s fees.
- (b) An action under this section must be brought not more than two (2) years after the date the person is convicted of the offense under sections 1 through 1.4 of this chapter.

As added by P.L.173-2006, SEC.52. Amended by P.L.106-2010, SEC.15; P.L.144-2018, SEC.26.

IC 35-42-3.5-4 Rights of Alleged Victims

Sec. 4. (a) An alleged victim of an offense under sections 1 through 1.4 of this chapter:

- (1) may not be detained in a facility that is inappropriate to the victim’s status as a crime victim;
- (2) may not be jailed, fined, or otherwise penalized due to having been the victim of the offense; and
- (3) shall be provided protection if the victim’s safety is at risk or if there is danger of additional harm by recapture of the victim by the person who allegedly committed the offense, including:
 - (A) taking measures to protect the alleged victim and the victim’s family members from intimidation and threats of reprisals and reprisals from the person who allegedly committed the offense or the person’s agent; and
 - (B) ensuring that the names and identifying information of the alleged victim and the victim’s family members are not disclosed to the public.

This subsection shall be administered by law enforcement agencies and the Indiana criminal justice institute as appropriate.

- (b) Not more than fifteen (15) days after the date a law

Appendix I Indiana Code (continued)

enforcement agency first encounters an alleged victim of an offense under sections 1 through 1.4 of this chapter, the law enforcement agency shall provide the alleged victim with a completed Declaration of Law Enforcement Officer for Victim of Trafficking in Persons (LEA Declaration, Form I-914 Supplement B) in accordance with 8 CFR 214.11(f)(1). However, if the law enforcement agency finds that the grant of an LEA Declaration is not appropriate for the alleged victim, the law enforcement agency shall, not more than fifteen (15) days after the date the agency makes the finding, provide the alleged victim with a letter explaining the grounds for the denial of the LEA Declaration. After receiving a denial letter, the alleged victim may submit additional evidence to the law enforcement agency. If the alleged victim submits additional evidence, the law enforcement agency shall reconsider the denial of the LEA Declaration not more than seven (7) days after the date the agency receives the additional evidence.

- (c) If a law enforcement agency detains an alleged victim of an offense under sections 1 through 1.4 of this chapter who is less than eighteen (18) years of age, the law enforcement agency shall immediately notify the department of child services that the alleged victim:
- (1) has been detained; and
 - (2) may be a victim of child abuse or neglect.

As added by P.L.173-2006, SEC.52. Amended by P.L.130-2009, SEC.27; P.L.23-2015, SEC.3; P.L.144-2018, SEC.27.

IC 31-34-1-2. Act or Omission of Parent, Guardian, or Custodian Seriously Endangering Child's Physical or Mental Health

- Sec. 2. (c) A child is a child in need of services if, before the child becomes eighteen (18) years of age:
- (1) the child lives in the same household as an adult who:
 - (A) committed a human or sexual trafficking offense under IC 35-42-3.5-1 or the law of another jurisdiction, including federal law, that resulted in a conviction or a judgment under IC 31-34-11-2; or
 - (B) has been charged with a human or sexual trafficking offense under IC 35-42-3.5-1 or the law of another jurisdiction, including federal law, and is awaiting trial; and
 - (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

As added by P.L.1-1997, SEC.17. Amended by P.L.18-

2004, SEC.1; P.L.158-2013, SEC.319; P.L.214-2013, SEC.26; P.L.168-2014, SEC.43; P.L.16-2016, SEC.1; P.L.46-2016, SEC.7.

IC 31-34-1-3.5. Victim of Human or Sexual Trafficking

Sec. 3.5. (a) A child is a child in need of services if, before the child becomes eighteen (18) years of age:

- (1) the child is the victim of:
 - (A) human or sexual trafficking (as defined in IC 31-9-2-133.1); or
 - (B) a human or sexual trafficking offense under the law of another jurisdiction, including federal law, that is substantially equivalent to the act described in clause (A); and
- (2) the child needs care, treatment, or rehabilitation that:
 - (A) the child is not receiving; and
 - (B) is unlikely to be provided or accepted without the coercive intervention of the court.

Sec. 3.5. (b) A child is considered a victim of human or sexual trafficking regardless of whether the child consented to the conduct described in subsection (a) (1).

As added by P.L.46-2016, SEC.8.

IC 31-34-10-7 Child's Admission or Denial of Allegations

Sec. 7. If a petition alleges that the child is a child in need of services under IC 31-34-1-6 or IC 31-34-1-3.5, the juvenile court shall determine whether the child admits or denies the allegations. A failure to respond constitutes a denial.

As added by P.L.1-1997, SEC.17. Amended by P.L.46-2016, SEC.12

Appendix II

Definitions

CORE 40 (Sexual Assault Victim Advocate Training)

A core training designed for sexual assault advocates to build a knowledge base and skillset required to provide the specialized trauma-informed, victim-centered care to victims of sexual violence. The training explores the dynamics, socioeconomic and cultural context of sexual violence and explores sexual violence response, intervention, and prevention. Additionally, sex crime statutes, human trafficking, neurobiology of trauma, intersectional identities of victims, and many more key topics are explored.

Closed Group

A group in which all members begin at the same time, have a fixed number of members, and a set duration.

Open Group

A group with an undefined number of group members with new people coming and going on a regular basis.

Heterogeneous Group

Members of the group are all different (i.e. sex, gender identity, victimization, etc.)

Homogeneous Group

Group members are all similar in some way (i.e. all female, all group members experienced incest, all group members are secondary victims, etc.)

Rape Crisis Center

An organization that provides a full continuum of services, including hotlines, victim advocacy, and support services from the onset of the need for services and throughout the healing process to victims of sexual assault.

Sex Trafficking

The recruiting, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act in which the commercial sex act is induced by force, fraud or coercion or in which the person induced to perform such an act is under 18 years old.

Secondary Victim

Someone who has been impacted by another person's victimization; oftentimes family members, friends or a significant other.

Support Group

Are made up of people with shared experiences and circumstances who support, comfort and encourage each other and provide opportunities for people to share personal experiences and feelings, coping strategies, etc.

Trauma-Informed

Thoroughly incorporating, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery (Fallot & Harris, 2009). Centers that are trauma-informed have an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects all types of trauma.

Victim Advocacy

The practice of supporting and assisting a victim to define needs, explore options, and ensure rights are respected within any systems with which the victim interacts.

Appendix III

References/Resources

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