



OPENING OUR DOORS

Building Strong Sexual Assault Services in
Dual and Multi-Service Advocacy Agencies

by Kris Bein, Valerie Davis, and Leah Green
Resource Sharing Project
Rural Training & Technical Assistance
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Opening Our Doors:

Building Strong Sexual Assault Services in Dual and Multi-Service Advocacy Agencies (Second Edition)

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The Rural Training and Technical Assistance Project, a program of the Resource Sharing Project, is available to OVW Rural Grantees that are dual/multi-service advocacy agencies or sexual assault coalitions.

The rural team provides webinars, publications, tools, national conferences, training, and technical assistance for dual and multi-service agencies seeking to enhance services to all sexual violence survivors.

For more information and resources, visit [www. resource-sharing-project.org/rural-dual-and-multi-service](http://www.resource-sharing-project.org/rural-dual-and-multi-service).

The Resource Sharing Project is part of a national movement of sexual violence-related services and resources. Work to end sexual violence and support survivors happens at the local, state, and national level in the U.S. The Resource Sharing Project was created to help state sexual assault coalitions across the country access the resources they need in order to develop and thrive as they work to support survivors and end sexual violence. It is led by the Iowa Coalition Against Sexual Assault with project partners, the North Carolina Coalition Against Sexual Assault and the Washington Coalition of Sexual Assault Programs.

For more information, visit www.resource-sharing-project.org.

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INTRODUCTION

Dual/multiservice advocacy agencies are agencies that serve both sexual violence and domestic violence survivors, and may provide a wide range of community services. When we seek to create significant change so we can respond to sexual violence in the best way we can, we are often challenged with limited financial and organizational resources or resistant communities. The barriers are great, but the potential for high-quality sexual assault services in dual/multi-service organizations is greater. Dual/multi-service programs are in a unique position to provide excellent rural sexual assault resources when offered effective strategies in organizational structure, staff training, and community partnerships that successfully

balance programmatic needs and meet the unique needs of sexual violence survivors.

Our organizational habits and policies are more powerful than we sometimes realize. Each conversation with a survivor—what advocates say and how they say it—happens within the context set by the organization. Organizational training, guidance, and expectations tell advocates how to respond at any time of the day or night. Training shows advocates how to respond to different survivors and their multifaceted needs. Continued conversation about sexual violence and guidance creates good, survivor-centered habits in all of us. Organizational structures, like policies and paperwork, support these good habits.



Leadership and supervision practices set the tone and expectations of service delivery and dedication to addressing sexual violence in the community. Finally, expectations for service to sexual violence survivors cement our role as a sexual assault service provider in the community and within the organization.

This guide will explore ten components of high-quality sexual assault service in dual/multi-service advocacy agencies. These components, along with the assessment tools from the Resource Sharing Project and the National Sexual Violence Resource Center, can be the building blocks of your excellent sexual assault services. The ten components offered within this guide do not form a hierarchy. Instead, all

of the components are equal and inform one another. While it is possible to start by focusing on a few components at a time, you will soon realize that all the components intersect and overlap with one another. When you grow one component, you will find that all of your components will grow. In these pages, you will find activities and reflection questions for you, your staff, and your agency's Board of Directors or Tribal Council, and resources for further exploration and study.

Ten Components of Strong Dual/Multi-Service Advocacy Agencies

- ◇ Strong dual/multi-service agencies have a mission, strategic plan, and specific goals established for their sexual violence programs. ([p. 9](#))
- ◇ Strong dual/multi-service agencies have strong leadership that is committed to addressing sexual violence. ([p. 12](#))
- ◇ Strong dual/multi-service agencies understand the connection between sexual violence and oppression and work to end both. ([p. 14](#))
- ◇ Strong dual/multi-service agencies provide services to the full continuum of sexual violence survivors, including adult, youth, and child survivors. ([p. 17](#))
- ◇ Strong dual/multi-service agencies provide comprehensive sexual assault services that meet long-term and short-term needs of sexual violence survivors. ([p. 21](#))
- ◇ Strong dual/multi-service agencies provide specific advocacy training on sexual violence and core service provision. ([p. 24](#))
- ◇ Strong dual/multi-service agencies have a plan that is both proactive and responsive to vicarious trauma experienced by staff and volunteers. ([p. 27](#))
- ◇ Strong dual/multi-service agencies work with systems. ([p. 29](#))
- ◇ Strong dual/multi-service agencies listen to the community. ([p. 32](#))
- ◇ Strong dual/multi-service agencies speak to the community about sexual violence. ([p. 34](#))

Strong dual/multi-service agencies have a mission, strategic plan, and specific goals established for their sexual violence programs.

Many dual/multi-service agencies report that they try new things to improve sexual assault services, but efforts fizzle out, go wrong, or get lost in the daily demands of crisis work. New projects are fragile, and we must have crucial structural support for the project to succeed. For a change to really take root, we must get support at all levels of the organization: the board or Tribal Council, agency management, and direct service staff.

We can get that support by involving the Board of Directors or Tribal Council in writing a mission statement that explicitly supports sexual violence survivors. We can also set a strategic plan and specific goals that support the sexual violence program within our dual/multi-service agencies. This sets a solid base for providing services to victims who have experienced sexual violence. Many boards, Tribal Councils,

or other governing bodies find it helpful to set sexual violence as a standing agenda item for meetings. Others create a sexual assault services committee. Whichever method your agency chooses, it is important to find a way to not lose sexual violence survivors in our work with domestic violence survivors.

Dual/multi-service advocacy agencies need dedicated sexual assault funding streams to adequately provide sexual assault services. Many agencies are attempting to provide sexual assault services with little to no funding for sexual assault. The management and board or Tribal Council can make a budget for sexual violence or set specific budget lines for sexual violence services, and set specific fundraising targets for sexual assault services. The management and board or Tribal Council can also demonstrate the importance of sexual assault services by



working to ensure an equitable distribution system of unrestricted income. Do you hold local fundraisers for sexual violence services as well as domestic violence services? How do you divide state and federal funding streams, like VOCA and VAWA? Many of these streams can be used to support sexual violence survivors as well as domestic violence survivors.

Management can hire advocates to exclusively provide sexual assault services, in addition to ensuring all staff members are able to provide crisis intervention to sexual violence survivors. This ensures that when staff isn't working with sexual assault survivors they will be able to spend time improving sexual assault services and doing outreach. Instead of feeling the need to jump in to work with domestic violence survivors, advocates will know it is within the expectation of their job description to provide outreach and find creative ways to improve services for sexual assault survivors in the community. A director from a program in Florida said, "Domestic violence and sexual violence often get intertwined, but they are distinct issues. Having separate dedicated staff has been very helpful to my program. The numbers of survivors we are serving has increased dramatically. We do separate outreach for sexual assault and it has let the community see them as separate issues."

Management can work to ensure that the agency has documents, policies, and procedures in place to support sexual violence work. We often forget the paperwork in our agencies, but there's a lot of sustaining power in our paperwork. The intake forms we complete with survivors, for example, communicate our service priorities to staff every day. Job descriptions and training requirements tell new employees what the agency does. Our documents are how we tell the story of our agencies, to the outside

world and to ourselves. Moreover, they tell our story to future board members, managers, and staff. Agencies must take care not to simply add "and sexual assault" to documents that refer to domestic violence, but assess how to tailor existing services and documents or create new services and documents specific to sexual assault. One program recently developed core competencies for their sexual assault services. These competencies "guide our intra-agency trainings development, policy development, our work within our communities, our interactions with our colleagues, and are our agency's blueprint for providing advocacy and support services to survivors."

Managers and direct service staff can seek out ways to bring sexual violence to the forefront in conversations with community partners, and in conversations within the agency. For example, you could convene a sexual assault working group of direct service staff, managers, and board members to consider strategies for serving more sexual violence survivors and strengthening your sexual assault services. A dual program in rural Michigan recently developed a sexual assault specific work group. The group consults about the best ways to support survivors, debriefs about general sexual violence work, and addresses the impacts of vicarious trauma.

Strong dual/multi-service agencies have strong leadership that is committed to addressing sexual violence.

Strong dual/multi-service agencies have leadership that are committed to serving survivors of sexual violence and prioritize creating strong sexual assault services for the entire community. Healthy leadership help staff prioritize work responsibilities, oversee distribution of services, and set the tone for dedication to serving sexual assault survivors. Unhealthy leadership can negatively affect the organization's ability to provide outreach and services to sexual violence survivors.

In order to best support sexual violence survivors, we need strong leadership that is flexible and open to change. Meeting the needs of sexual violence survivors means staff should be leaving the office, going out in to the community, and meeting survivors. Leadership needs to feel comfortable with advocates not being in the office all the time. A director in Florida said, "I have an advocate who works with a lot of migrant farm worker communities. She needs to be able to provide mobile office hours at the food pantry and the health department. Our agency has to be flexible to see that services are going to look different for survivors she works with and her work hours might look different than other staff."

Regular supervision sustains advocates and strengthens the organization. Trauma-informed supervision is an opportunity to provide support and information to advocates, as well as planning about a variety of topics and work activities. These topics can include case consultation, planning community partnerships, navigating complex boundaries and ethics in

rural areas, and discussing ongoing training and skill development. Strong leadership uses direct and frequent communication in multiple forms. Supervision is one form, but leadership should put in place several methods for staff to communicate. A sign of healthy leadership is when staff feels that leadership is present and actively listens to them. For more information, read [*Remote Supervision in Rural Dual/Multi-Services Advocacy Agencies*](#).

Supervision, in addition to agency supports, provides leadership the opportunity to help staff create an individualized self-care plan to lessen vicarious trauma and minimize turnover. Healthy leadership promotes a culture of care when working with survivors, co-workers, agency volunteers. Leadership can provide a strong foundation of support and education about the difficulties advocates may face as they provide support to survivors.

Healthy leadership recognizes the unique isolation felt by multilingual advocates and staff of color working in rural areas. Work with staff on finding ways to maintain balance and boundaries with populations they both serve and are a part of socially. Make sure all staff members are trained and capable of working with all populations and languages so multilingual advocates and staff of color are not overburdened.

Strong dual/multi-service agencies understand the connection between sexual violence and oppression and work to end both.

Nobody exists outside the context of their culture or life experiences. Every day, we each have different experiences and struggles with various forms of oppression—racism, classism, homophobia, able-ism, etc.—as well as with various forms of privilege. Providing high-quality sexual assault services includes breaking down the barriers to serving survivors from underserved/marginalized/traditionally silenced communities. We do this work by having ongoing dialogue about sexual violence and oppression, developing culturally relevant policies, practices, and education programs, and helping survivors find vital services that are culturally healing.

Training and education is an important method to counteract the oppression experienced in our communities. An agency serving sexual assault survivors in Alaska told us about how issues of oppression and racism impacted the community. The agency's service area includes a large Yup'ik population that has faced historic racism, discrimination, and violence. In an effort to better support survivors, the agency requires all new staff to participate in training to learn about racism and oppression to undo their own internal biases, and learn about how racism has pervaded the systems that serve survivors. Trainings like this help advocates understand the connection between oppression and sexual violence and makes advocates more equipped to help survivors.

We must also actively seek diversity in our board members, employees, and volunteers and then create a supportive environment for all

who receive and provide services through our agencies. Creating open communication and validating the effort staff puts in regardless of outcome will foster a healthy organizational culture. Leadership at the agency should be aware of the discrimination, oppression, and other barriers that advocates from marginalized communities face in our rural service areas. We can help staff grow by supporting training and professional development opportunities to increase their confidence to take on a leadership role. Creating opportunities for staff from marginalized and oppressed communities to take on leadership roles helps create a supportive environment for all staff.

All staff should understand the need and methods for delivering culturally relevant services. Culturally relevant services take into account the history of oppression and cultural strengths of community members when designing and implementing services. We can strengthen our advocacy by learning about culture and oppression. We can also strengthen our practice by making sure our facilities and services are culturally and physically accessible to everyone.

- How does your agency do specific community outreach and awareness building activities that are developed with and for traditionally underserved populations?
- How has your agency explored what culturally relevant services look like in your community? How does your agency work with or support them? To whom in your community have you reached out?

- In what ways has your agency provided opportunities for staff to learn about the cultural diversity and demographics of the community, including communities of color, the LGBTQ community, and immigrant/refugee communities, among others?
- How has your agency provided training for staff to understand the prevalence, differences, and risk factors, and the effects of sexual violence in underserved populations in your community?

Many communities have culturally specific services: organizations that provide service to a specific population with staff members of that population. Many are private non-profit organizations, though some are part of tribal governments. These organizations or tribal governments may specifically provide services to violence survivors, or they may provide a range of community services. Mainstream advocacy organizations are not always the best service provider for every survivor. Sometimes, the best advocacy we can provide is supporting a culturally specific organization to provide advocacy services for their own community.

We should create and strengthen our relationships with culturally specific

organizations or the marginalized and oppressed communities they support. We can learn from their expertise while sharing our support. Look for new ways your program can build relationships and trust in the community. If an organization is looking for volunteers for an event, perhaps your agency can go help as a team. If a neighborhood is seeking to revitalize their community center or build a sidewalk, how can your agency help? Showing up to help the community without asking for anything in return builds a lot of trust.

For more information on serving the diversity present in your community, check out:

- [*Supporting Lesbian, Gay, Bisexual, Transgender, and Queer Rural Sexual Violence Survivors*](#)
- [*Cultivating Inclusive Practices: Working with Rural Immigrant and Refugee Communities*](#)
- [*Eight Step Advocacy Plan for Deaf and Hard of Hearing Survivors of Sexual Assault*](#)
- [*Serving Sexual Violence Survivors with Disabilities*](#)
- [*Building Meaningful Partnerships: Supporting Native Survivors in Rural Communities*](#)

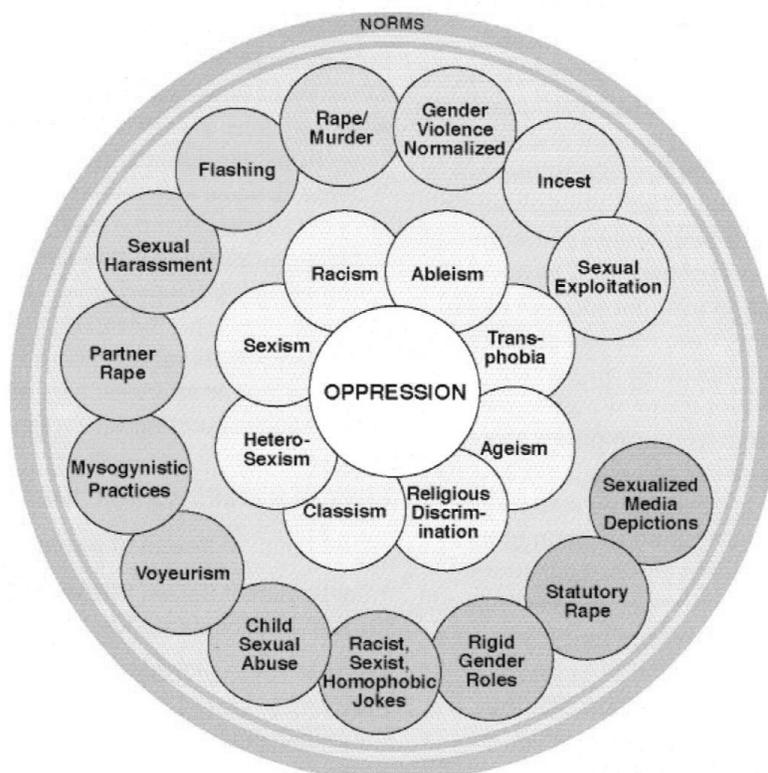


Strong dual/multi-service agencies provide services to the full continuum of sexual violence survivors, including adult, youth, and child survivors.

Strong dual/multi-service agencies provide services to survivors of all types of sexual violence across the lifespan. Strong dual/multi-service agencies also support significant others, partners, family, and friends.

The definitions of sexual violence we hold drive how we talk to survivors and community partners, and inform what options we see for survivors. Strong dual/multi-service agencies know that using comprehensive definitions of sexual violence open our services to all survivors of sexual violence, as you can see in the below graphic (NSVRC and RSP, 2015).

The National Sexual Violence Resource Center (NSVRC) writes, “Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent.” Additionally, NSVRC explains, “Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Anyone can experience sexual violence including children, teens, adults, and elders. Those who sexually abuse can be acquaintances, family members, trusted individuals, or strangers” (2010). Many definitions, such as legal definitions, limit the experiences that are defined as sexual violence.



CONTINUUM OF SEXUAL VIOLENCE

NSVRC & RSP, 2015. Adapted with permission from Lydia Guy.

However, when we speak to our community about sexual violence, we can choose the definition that encompasses the most experiences. Our definitions also open or close the range of options and services we offer. Each sexual assault is unique, with specific emotional, physical, and social consequences for survivors. In addition, there are varying medical, legal, and healing options for survivors, depending on the type of violence they endured.

Working with all the sexual assault survivors in our communities means we are able to address a variety of needs. We must have services that meet the unique needs of victims of sexual violence that are dealing with substance abuse issues or other coping mechanisms. Collaborating with local substance abuse treatment agencies is a great way to expand your sexual violence services and reach more survivors and a broader range of survivors. For example, some adult survivors of child sexual abuse seek help for substance abuse, but have never talked about the sexual abuse. By working with substance abuse treatment providers, you can reach these vulnerable survivors. This partnership can also improve the substance abuse treatment program by providing a fuller understanding of addiction for survivors.

We also need to look carefully at the outreach we provide to our community. Descriptions of sexual violence and our services influence survivors' decisions to seek services. If the website, for example, doesn't clearly state that the helpline is here to help adult survivors of child sexual abuse, many will think they're not eligible to use it. These same descriptions of sexual violence and our services also influence how staff responds to survivors. If explanations of our services only include examples of

intimate partner sexual violence, staff may think your agency does not serve sexual violence survivors.

Finally, our staff needs to be comfortable and competent in serving all survivors on the continuum. This starts with recruitment and hiring. We can screen for the ability to respond to all victims of sexual violence in our hiring protocol and documentation. You might try using these questions when interviewing job candidates:

- Please define sexual violence. Who does sexual violence affect? What causes sexual violence?
- What does a sexual violence survivor need to heal? What is the role of the advocate with the survivor? With the survivor's family and friends? In the community?
- Please describe how sexual violence may affect a survivor in the short term following the assault(s) and in the long term across the lifespan.
- Should survivors report to the police? Can you think of a circumstance in which a survivor would not want to report or should not report?
- Advocacy for sexual violence survivors includes discussing sexuality and sexual matters. Please describe a time when you discussed sexuality in a professional or job-related context. What is your comfort level in discussing sexual matters?

After staff is hired, we can use training to get them knowledgeable on the range of survivors they may encounter. For instance, the staff should be able to articulate how services may differ when working with victims who experience sexual violence outside the context

of intimate partner relationships in comparison to those that experience intimate partner sexual violence

Knowing what to do and **feeling** willing, able, and comfortable in serving victims of sexual violence are two different things. There are reasons for discomfort that we can work through to improve our services. If we are afraid of saying the wrong thing or anxious because we've never worked with a particular population before, that's okay as long as we're trying. It's never okay to deny services to any survivor or to refuse to work with certain populations. Discrimination is antithetical to our movement, unethical, and prohibited by VAWA.

When we want to provide good service, but just don't know how, identifying what makes us uncomfortable or nervous is the first step. Once we identify what makes us nervous, we must seek out training and resources on that topic so we get comfortable. Try talking to your supervisor and role-playing with other staff members until you are more comfortable. Even if you have a staff member that is comfortable working with survivors from a particular population, you still need to do some internal work so that all employees can support all survivors. Every employee in the organization should be able to serve every population of survivors, even though some employees might do more (such as an advocate who specializes in elder services, for example).

Managers can engage their staff in frank conversations about their knowledge about and comfort level in serving:

- Children less than 13 years of age
- Teens between the ages of 13 and 18
- Survivors assaulted by a friend, neighbor, or coworker
- Male survivors
- Transgender and gender non-conforming survivors
- People with disabilities (cognitive, physical, and/or developmental)
- Survivors using drugs/alcohol, self-injury or other such coping mechanisms to deal with sexual assault
- Adult survivors of child sexual abuse
- Significant others: partners, family, friends, etc.
- Individuals who experience sexual violence in the context of intimate partner violence

We have these conversations in training, of course, but staff meetings and other gatherings are also excellent opportunities to discuss our service to different populations of survivors. Management should set a clear expectation that all staff are be able to knowledgably discuss the different needs and experiences of all survivors. A director from Tennessee and her staff do role-plays every single staff meeting. She facilitates a pop quiz about agency policies, local and state laws, and information about the agency like the mission statement to determine which staff will get to participate in a role-play. Staff members have found it to be a fun way to practice the skills they need to use with sexual assault survivors. Think about your agency's culture and the people in your agency. How else could you bring these conversations up? What can you do in the next month to get staff thinking about the continuum of sexual violence?

Strong dual/multi-service agencies provide comprehensive sexual assault services that meet long-term and short-term needs of sexual violence survivors.

Strong dual/multi-service agencies look carefully at the comprehensive interventions we offer to survivors. What services we provide and how we provide them influences survivors' decisions to seek services. It's important for dual/multi-service agencies to have a significant percentage of its advocacy and counseling programs dedicated to victims of sexual violence. For example, an agency could offer support groups specific to sexual violence survivors rather than integrating sexual violence survivors into the domestic violence group. We know that support groups provide validation and connection; we also know that being with people that experienced similar kinds of violence is one of the most effective ways to provide that validation.

Crisis intervention plays an important role in the support we offer to sexual violence survivors,

particularly adult survivors of child sexual abuse. Many adult survivors of child sexual abuse struggle with flashbacks, nightmares, or triggers of the abuse. These crises are different from crises we may be used to in our domestic violence work. The survivor is not in any immediate danger, and may not need any immediate services. He might just need to talk, and find his way through the current emotional danger. These survivors find comfort and connection in the crisis intervention services that your program offers, whether or not they seek any other type of services.

Sexual assault victim advocacy should encompass immediate and long-term work with survivors. When we think of immediate advocacy, we often picture accompanying survivors to emergency medical care or helping a survivor file a police report. Those are good



options for some survivors, but we cannot limit our advocacy to those options. We know that most survivors do not seek emergency medical treatment, but wait to report or seek support. Providing a wider range of advocacy makes our services more useful to a wider range of survivors.

What should immediate advocacy and support include?

- Emotional support and crisis intervention
- Exploring the impact of sexual violence with survivors
- Explore a range of medical options available
- Accompaniment to medical treatment
- Short-term emotional safety planning based on the particular needs of the survivor
 - » The safety concerns of survivors will vary according to what kind of violence occurred and the relationship between the perpetrator and victim. Our safety planning options must be diverse enough for all survivors of sexual violence.
- Sharing information about legal options, including, among other options, engagement with the criminal legal systems
- Links with mental health, substance abuse, shelter, and other social services as needed
- Support for significant others
- Customized interventions for teens, survivors of long-past sexual violence, men and boys, immigrants, and other survivors with special needs

Strong dual/multi-service agencies also provide ongoing and long-term support services specifically designed and marketed for victims of sexual violence. Often our services for sexual violence survivors are set up to assist those who have experienced a recent assault. Advocates often feel unprepared for working with survivors whose victimization occurred months,

years, or even decades ago. There is a lot we can do for survivors, but only if we structure our services to work for the spectrum of sexual assault survivors.

What does long-term advocacy look like?

- Assistance with creating coping plans for triggers or flashbacks, and high-stress situations like routine medical appointments
- Sharing information on possible long-term effects of sexual violence, especially child sexual abuse, on physical health
- Support and accompaniment to medical appointments
 - » Health care, particularly dentistry and gynecology, is often a difficult experience for adult survivors of child sexual abuse. Health care interactions—both positive and negative—are frequently interactions in which a person in power touches patients in very intimate ways, something that is stressful for many people and very triggering for survivors. Additionally, the impact of the trauma and other factors (e.g., prior bad experience with health care, lack of health insurance, or type/location of health care facility) may hinder a survivor in obtaining health care assistance.
- Long-term safety planning based on the particular needs of the survivor
 - » Adult survivors of child sexual abuse oftentimes have safety concerns related to ongoing or potential threats from the perpetrator, the perpetrator's family, or their own family, similar to survivors of recent assaults. However, adult survivors also may struggle with a global sense of insecurity, based in the continuing effects trauma or simply never having learned what safety is as a child. Advocates help survivors identify the specific safety

concerns, validate the concerns, and create an individualized safety plan.

- Sharing information on justice options, including engagement with the criminal legal systems
 - » Many states have complicated delayed reporting statutes and complicated statutes of limitations for both criminal and civil cases. Moreover, the legal system can be hostile, frightening, or confusing for adult survivors of child sexual abuse. It is difficult to navigate the laws surrounding criminal and civil options related to child sexual abuse for advocates and survivors.
- Sharing information on options in and advocacy with educational institutions, housing assistance, and other systems that can support survivors' healing and safety

Ongoing support services also include:

- Links with mental health, substance abuse, shelter, and other social services as needed
- Support groups for specific populations of survivors, such as adult survivors of child

sexual abuse, separate from adult survivors of recent sexual violence

- Counseling or therapy
- Holistic healing and body work, such as yoga, equine therapy, nutrition education, and survivor activism
- Opportunities for restorative/transformatiive justice
- Support for significant others
 - » Significant others—family, romantic partners, and friends—are a significant support to sexual violence survivors, and we can strengthen their support to survivors by providing them information, emotional support, and advocacy.

For more information on services for sexual violence survivors, check out:

- [*Core Services and Characteristics of Rape Crisis Centers: A Review of State Services Standards \(Second Edition\)*](#)
- [*Building Comprehensive Sexual Assault Services Programs*](#)



Strong dual/multi-service agencies provide specific advocacy training on sexual violence and core service provision.

Our organizations can put many structures in place to support strong sexual assault services. However, sexual assault services cannot happen unless workers feel knowledgeable and comfortable providing sexual assault services. To serve sexual violence survivors fully, we must understand how multiple systems (criminal legal, advocacy, social services, and health care) operate in regards to sexual violence and possess knowledge to increase medical, criminal legal, and civil legal options for sexual violence survivors. In another component ([p. 10](#)), we learned about why hiring separate staff to exclusively provide sexual assault services is beneficial to sexual assault survivors and the organization's community engagement. However, we must give all staff training on general skills that benefit sexual assault survivors like active listening, empathy, building rapport, empowerment, and collaboration. We should teach our agency's policies and procedures regarding services for sexual violence survivors to all staff to ensure that survivors will get quality services no matter to which advocate they first speak. We can also share knowledge on supporting survivors of different types of violence, the emotional aftermath of sexual violence, emergency medical and legal advocacy, long-term medical and legal advocacy, support group services, the needs of sexual violence survivors in shelter, and the services available in our communities. With knowledge on these topics, all advocates will feel capable of assisting a wide range of sexual violence survivors, and build a strong base for furthering their education.

Many advocates find training on these topics helpful:

- Advocacy techniques for working with the dynamics and needs of survivors across the spectrum, including survivors of recent assaults and survivors of long-past assaults
- Emotional aftermath and healing of sexual violence, including coping with flashbacks and triggers; this topic should include specific techniques advocates can use to support survivors
- Legal options, including state, federal, and tribal laws on sex crimes, law enforcement procedures, prosecution procedures and options, and civil legal responses
- Safety planning after sexual violence
- How shelter services may differ for sexual violence survivors
- Comprehensive, long-term medical care and advocacy
- Emergency medical care and forensic examinations

Your state coalition, the [Resource Sharing Project](#), or the [National Sexual Violence Resource Center](#) can give you more information on foundational advocate training.

Don't forget ongoing education! Many advocates, especially rural advocates, get initial training on sexual violence, but they find that they don't get enough experience with sexual violence survivors to fully integrate the information and skills into daily practice. Ongoing education helps advocates maintain their knowledge and confidence.

The agency can manifest this commitment to initial training and ongoing continuing education of all staff and volunteers in several ways. We can evaluate what training we currently provide on these specific topics, and survey staff members on what training they would like to receive. We can work with state coalitions and other statewide trainers to ensure their trainings provide ongoing sexual violence advocacy training. Finally, organizations can ensure that staff members have opportunities to receive sexual assault education through national trainings, regional meetings, or online education.

So who needs to have this training? It's good to have some sexual violence experts on staff and to ensure that everyone has a good basic knowledge. Whether or not a given staff person talks to sexual violence survivors on a daily basis, they should be able to adequately and appropriately represent the full range of services of your organization to the community. All staff should understand the prevalence of sexual victimization and be able provide current information on the general frequency and facts surrounding sexual violence across differing communities. All staff should understand the potential impact of sexual victimization. The receptionist, for example, is often the first person in your agency with whom a survivor will have contact, so it is important to make sure that they are trained. In multi-service agencies, it is important that all staff, not just the SV/DV staff, understand the dynamics and responses to sexual violence. Multi-service organizations are in a unique position to strengthen the community response to sexual violence because they have connections to so many different elements of the community.

In addition to this broad base of sexual violence knowledge, many dual/multi-service agencies benefit from having sexual assault specific

advocates. Job role, not personal interests, should determine who these experts are. The agency should have institutionalized resources, such as job descriptions, for those doing sexual violence work such as medical/legal advocacy, counseling, and systems advocacy. When dual/multi-service agencies rely on personal interests of staff for expertise, it is difficult to maintain that expertise when individuals leave the agency. If the expectation of sexual violence knowledge is woven into job descriptions and performance evaluations, the organization can maintain the expertise over the years.

Our staff also needs to feel confident and comfortable with the policies and procedures of our organizations. Due to the crisis nature of our work, and particularly in rural areas, advocates are all too often thrown right in to providing services without receiving any sort of internal orientation. We should provide staff training on sexual violence as well as how to fill out paperwork and forms, a thorough explanation of policies and procedures, and a period of time shadowing a more experienced advocate. Learning more about our mission and vision statements and our organizational cultures will make advocates feel confident and supported. A rural director from Tennessee provides her staff with a multi-step orientation that includes eight hours' training on policies and procedures, forty hours' training on sexual violence, and job shadowing with another advocate for three weeks before they work one on one with survivors. This has decreased her staff turnover, and advocates have expressed gratitude at the end of their training.

Strong dual/multi-service agencies have a plan that is both proactive and responsive to vicarious trauma experienced by staff and volunteers.

Vicarious trauma is how our bodies, minds, spirits, and relationships react to and are impacted by the profound despair and pain we are witness to everyday when we work with survivors. Vicarious trauma is a cumulative process; it builds over time as we listen to the traumatic experiences of survivors. It affects our sense of safety, trust in ourselves and in others, self-esteem, ability to connect with others, and sense of control (Richardson, 2001). This work is difficult; it is important and fulfilling, but difficult. It's no coincidence that the manifestations of vicarious trauma look very much like survivors' reactions to sexual violence.

Many dual/multi-service agencies find that when they focus on enhancing their sexual violence work, staff members are impacted by vicarious trauma in a different way than they are by domestic violence. This is normal, but it doesn't mean we can't alleviate it. As we build our sexual assault services, it is imperative to have a plan that is both proactive and responsive to vicarious trauma experienced by staff and volunteers. Vicarious trauma is a result of the work we do so it is the organization's responsibility to work with advocates to address or lessen it. Only with a focused organizational response to vicarious trauma can we help our staff bring their best self to work every day. This will also help to alleviate the organizational crises that develop from high staff turnover.

The strength of advocates comes from being emotionally healthy and balanced. When we are healthy, we can bring our best self to the work every day. Individual advocates have a

responsibility to manage their vicarious trauma in healthy ways. Organizations are responsible for creating policies, procedures, and a working environment that is safe and healthy for workers. A director in Kansas upholds agency policies that alleviate vicarious trauma, such as individual supervision once a week for all staff members. She also encourages creative self-care, such as a month-long expressive writing activity she did with her team recently. For more information on organizational response to vicarious trauma, see *Organizational Prevention of Vicarious Trauma*. For more information on individual response to vicarious trauma, see *Self-care and Trauma Work, Building Cultures of Care: A Guide for Sexual Assault Services Programs*, or *Trauma Stewardship* by Laura Van Dernoot Lipsky (2009).

Do you have a support system in place within your agency to assist workers with any vicarious trauma they may experience? Organizational responses to vicarious trauma could include:

- Mentoring by experienced advocates
- Supervisor availability for debriefing
- Access to training
- Clear—and enforced—protocol on shifts, on-call work, and time off
- Safe working environments
- Access to self-care activities
- Helping workers connect to the strength and hope inherent in survivors' stories

Explore this Component

What is your agency currently doing to alleviate vicarious trauma?

What policy on addressing vicarious trauma would you like to institute?

What training on vicarious trauma can you offer?

Strong dual/multi-service agencies work with systems.

Dual/multi-service advocacy agencies exist to serve the community. The essence of who we are as organizations tells us that we are deeply intertwined with all branches of community life. Dual/multi-service agencies can engage the community to end sexual violence and support survivors through targeted work with systems.

Strong dual/multi-service agencies work with systems to help systems serve survivors better. When we build working relationships with community partners, we need to ensure we are building relationships specifically for sexual violence work. We cannot assume that sexual violence is a part of the collaboration or communication unless we bring it up. We must also think creatively and collaborate with partners that include a broad representation of various cultures, languages, disciplines, and diversity of services.

Over the years, we have prioritized our relationships with the criminal legal system. It is helpful to have relationships in the legal system, however not all, or even most, of the survivors in our communities want to access this system. We should diversify the systems we form relationships with to include the systems that survivors are already accessing. These include the education system, landlords and other local housing options, employers, health care providers, child protective services, and local support groups including Alcoholics Anonymous. When thinking about new relationships to build in your community, consider the short-term and long-term needs of sexual violence survivors.

For medical advocacy, it is important to create relationships with medical staff in hospital emergency departments and local emergency clinics. However, these medical professionals will only encounter survivors who have been recently assaulted and choose to seek emergency treatment. Consider forming partnerships with general practitioners, low-income health clinics, Planned Parenthood, OB/GYNs, midwives, and dental staff. These medical professionals will encounter a wide range of survivors and they often desire more information on how to best support survivors who are triggered by the services they provide.

A great way to start a new relationship is to offer training or education on sexual violence. This will solidify your agency as the expert on sexual violence in your community. A rural program in Mississippi told us about the relationships they have formed with the faith community in their area. The director said, “In our area there is a conference every year for faith based leaders and we always attend. We get invited to women’s fellowships at churches and provide display booths with information. If a survivor is spiritual we now have several faith-based leaders we know we can work with and trust.”

We can deepen existing relationships and start new ones by cross training with civil legal, criminal, advocacy, mental health, substance abuse, and health care partners. We can also solidify the community response by coordinating a Sexual Assault Response Team (SART). When you pull your SART together, try to think beyond the typical members to



create a vibrant and diverse SART (look through the *SART Toolkit* for more info on SART development). When we write Memoranda of Understanding or other agreements with law enforcement and medical providers, we can specify sexual violence information and expectations in the agreement, or write separate agreements for the separate areas of our collaborative efforts instead of writing broad agreements about violence in general. We can trade training with other social service agencies on issues such as substance abuse or serving people with disabilities. Being open to training from our partners demonstrates our willingness to learn and listen. It also gives us opportunities to listen to their needs and perspectives in a new way, opening new doors in our advocacy.

In order to reach survivors and strengthen relationships in our community we must leave our offices and travel our entire service area. One of the most common reasons people seek services at dual/multi-service agencies is to

utilize emergency shelter, however most sexual violence survivors do not access this service. Sexual violence advocates should instead spend a majority of their time traveling their entire service area and meeting survivors at services they are already accessing. Examples would include schools, substance abuse treatment centers, medical clinics, food banks, libraries, and religious centers.

Rural work affords us many opportunities to build informal working relationships, every bit as important as our formal agreements. When you run into a law enforcement officer at the courthouse, strike up a conversation. Bring up a question about sexual violence, or give them your five-minute explanation of services. Carry brochures and giveaways with you, so you are ready to do a spot of training or institutional advocacy when you run into community partners as you make your routine visits periodically.

Strong dual/multi-service agencies listen to the community.

Strong dual/multi-service agencies listen to the community and continuously seek opportunities for community dialogue. Listening can happen through formal assessment of the community's need for its services to victims of sexual violence, informal conversations, service evaluation, and starting dialogue with new people.

We gather, assess, and use information in our decisions every day, mostly in an informal or even unconscious manner. Deliberate and systematic data collection and use turns everyday fact collecting into productive program evaluation. With the right ingredients, community assessments and service evaluations can be powerful tools for success and growth. Sometimes it's awkward to ask people to talk about sexual violence. Many programs find that community members have a lot to say about sexual violence, once we starting asking. As we listen to our community, we cannot assume that sexual violence is a part of the conversation unless we bring it up. Read the RSP publication, *Program Evaluation: Knowing is Half the Battle*, for more information on bringing evaluation into your work. Also, look at the RSP and NSVRC's toolkit *Listening to Our Communities: Assessment Toolkit* for more ways to engage with your community.

When we actively seek diversity in board members, employees and volunteers, we bring important and historically unheard voices into the conversation. These voices bring new perspectives and strengths to our work to end violence. You might try reviewing your recruitment strategies and policies for

board members, employees, and volunteers. Sometimes our policies or strategies unwittingly send unwelcoming messages to marginalized communities. A program in Iowa told us, "One of the most prohibitive hiring requirements some agencies have is a degree requirement. Requiring a college degree is a way of excluding people of color or oppressed identities from the pool of employees. Our program does not require a certain education level to apply and it has brought a lot of diverse experiences in the provision of sexual assault services." We can bring these unheard voices into our agencies first by making sure our agencies are fully welcoming and supportive of these voices.

We can also get creative in reaching new segments of the community. Pay attention to initiatives and projects led by survivors or other groups in your community. Bikers, for example, may coordinate a fundraiser to benefit your services, but they are not typically involved in our agencies. A survivor may courageously start speaking out about sexual violence or start her own organization. We may not always agree with how others speak about sexual violence, but that can strengthen the community dialogue by adding new perspectives. Sometimes, these groups and individuals, unconstrained by fiscal or legal obligations, can say things we cannot. These are great opportunities to explore new avenues of community conversation. How can we bring these voices together with ours? How can we provide harmonizing messages?

Explore this Component

What questions about sexual violence do you want to ask your community?

What do they know about sexual violence that might be helpful to your agency?

How will you gather this knowledge in the next six months?

Strong dual/multi-service agencies speak to the community about sexual violence.

Strong dual/multi-service agencies speak to the community about sexual violence clearly and often. We speak in dedicated outreach and awareness efforts, by bringing attention to sexual violence in community meetings, and by specifically discussing sexual violence in our everyday marketing of our services. We diversify the sexual assault services that we offer to suit the needs of our entire community and we make sure our community knows about these services.

Often, we're better known as domestic violence service providers than sexual assault service providers. We can work to balance our reputation by committing a significant percentage of our education, outreach, and prevention work explicitly to sexual violence. Most sexual violence is committed against survivors under the age of 25 (NCIPC, 2012). Therefore, we should consider our prevention audience carefully, and dedicate a significant percentage of our sexual violence educational programs and presentations on reaching adolescents, teens or young adults through schools, youth-serving groups, colleges, and other youth-focused service providers.

Many of our communities are aware of our domestic violence services but don't understand the full range of sexual violence services we provide. To even out the community understanding of our services and expand access, we need to spend a disproportionate amount of time talking about the full spectrum of sexual violence and sexual violence services. Sometimes, staff members may worry that these efforts will diminish the agency's domestic

violence work, or even see this as spending "extra" time on sexual assault. However, because of community norms and historical knowledge, agency marketing and outreach that is weighted heavily towards sexual violence will actually appear balanced to community members. This reinforces our staff and volunteers' understanding that we serve incest survivors, adult survivors of childhood sexual abuse, rape survivors, and survivors who have experienced sexual harassment as well as domestic violence survivors. We ensure that Sexual Assault Awareness Month receives equal attention as Domestic Violence Awareness Month with events like Take Back The Night marches, poetry slams, Clothesline Project displays, and presentations in schools, churches, and clubs. In prevention programming, we promote attitudes, behaviors, and social conditions that will reduce and ultimately eliminate the factors that cause or contribute to sexual violence.

We can strengthen the community conversation about sexual violence by ensuring that our name and outreach information sufficiently reflects all services provided for all survivors. We are well known in our communities as domestic violence service providers so we need to help our community understand the breadth of services we offer. We must increase how much we talk about sexual violence to our communities so they can understand and support the work we are doing to end sexual violence. This will not diminish the work we are doing for domestic violence survivors. Instead, it will make clear to all community members that we support sexual violence survivors as

well. It is important that we clearly use the term “sexual violence,” “sexual assault,” or “rape.” In most communities, when people see the word “violence” alone in our publicity, they automatically think of domestic or dating violence. Using detailed language sends the complete message about our services.

Strengthening our online presence will positively influence our community’s understanding of our work. One state sexual assault coalition helps programs to conduct an audit of their website to ensure that sexual assault work is as equally represented as their domestic violence work. The coalition wrote scenarios describing specific survivors for participants to keep in mind when conducting the audit. This audit can be used by board members, volunteers,

community members, or sister agency to look at the website and give feedback. When you try this audit, imagine the search terms that person might use to find out if your agency comes up in search results on search engines. How many clicks did it take to get from a search engine to your agency’s website or social media page? What services do you think are available just from looking at the website? Does information appear up-to-date?

We market our services every day in many ways: posters, brochures, word of mouth, and our name. The agency name sends a message about which survivors of violence are eligible for services. Go outside and look at the name on your building, or pull out your basic brochure about services. Think of yourself



as a stranger who walks past your building or picks up your brochure. When you look at the name, what images of people come to mind? Is your name broad enough to include male and female survivors of recent or long-past assaults? Agency names are emotional, and often have a complex history. However, they are important marketing too. We must ensure that our agencies' names and outreach information adequately reflects all services provided so that an observer would know that sexual violence services are an integral part of the agency. Agency names that include words or phrases like "battered women," "spouses," or "family violence" send a clear message about who those services are for and leave many sexual violence survivors thinking it's not them. A program in rural Iowa decided they needed to change their name to be more accessible. The director explained, "Our agency was established in 1991 as Domestic Abuse Services. In 1995, we became a member program of the Iowa Coalition Against Sexual Assault. I organized a meeting with the board, staff, and volunteers to discuss changing our agency name so that it would better reflect our services for all victims and survivors specifically sexual abuse survivors. Together our team voted to change our agency name to Crisis Intervention & Advocacy Center. By 1996, we implemented our new agency name. We changed all of our marketing material and we added a 24-hour crisis line for sexual abuse survivors. This change increased referrals to our agency, increased survivors reaching out to our program, increased survivors in our support groups, and increased our work in the schools"

We must also have outreach and awareness campaigns that focus exclusively on sexual violence. This includes our posters and brochures, as well as things like our annual reports. The annual report, and other reports, should include number of sexual violence

victims served, highlights from the past year, and information on sexual violence activities. When you look around your office spaces, count how many posters and brochures are specifically and exclusively about sexual violence.

We are often called to be the voice for survivors at community meetings, such as City Council meetings, and in other forums, like letters to the editor. Here, as in our printed and web-based materials, we must promote our sexual assault work more than our domestic violence work so that our community understands the spectrum of services we can offer. General discomfort in discussing human sexuality abounds in U.S. society. This discomfort creates silence around sexual violence and sexual violence survivors because many find hearing the stories of survivors too upsetting and disturbing. Law enforcement, prosecution, substance abuse treatment works, religious leaders, medical personnel, teachers, and community leaders that are uncomfortable with or uneducated about sexual assault will not be able to promote or support the services of the dual agency. Law enforcement may, for example, readily refer women to the domestic violence services, but stumble on who provides sexual assault services. City leaders know the political importance of supporting battered women and their children, but may shy away from talking about sexual assault—and funding sexual assault—during a city council meeting. It's our job to bring the topic up. Perhaps you have an opportunity to speak to city or county leaders about domestic violence. You can use this opportunity to educate them about sexual violence as well. If you regularly write letters to the editor, you could alternate between letters focusing on domestic violence and sexual violence.



CONCLUSION

As dual/multi-service advocacy providers, you do amazing work for your community. The strategies discussed in this paper regarding organizational structure, staff training, and community partnerships will help you successfully balance programmatic needs and meet the unique needs of sexual violence survivors. By building your capacity for sexual violence survivors, you'll be

able to strengthen and deepen your amazing work and open your doors to more survivors.

With these ten organizational components, we can help survivors find their voices and reclaim their power. Just as survivors continue to grow in their strength, so too do we continue our learning and growing in advocacy.

RESOURCES

The following resources are available through the Resource Sharing Project and the National Sexual Violence Resource Center:

[Building Comprehensive Sexual Assault Services Programs](#)

[Building Cultures of Care: A Guide for Sexual Assault Services Programs](#)

[Building Meaningful Partnerships: Supporting Native Survivors in Rural Communities](#)

[Core Services and Characteristics of Rape Crisis Centers: A Review of State Services Standards](#)

[Cultivating Inclusive Practices: Working with Rural Immigrant and Refugee Communities](#)

[Eight Step Advocacy Plan for Deaf and Hard of Hearing Survivors of Sexual Assault](#)

[Listening to Our Communities: Assessment Toolkit](#)

[Organizational Prevention of Vicarious Trauma](#)

[Program Evaluation: Knowing is Half the Battle](#)

[Remote Supervision in Rural Dual/Multi-Service Agencies](#)

[RSP/NSVRC Organizational Assessment for Agencies Serving Victims of Sexual Violence](#)

[RSP/NSVRC Personal Assessment for Advocates working with Victims of Sexual Violence](#)

[SART Toolkit](#)

[Self-care and Trauma Work](#)

[Serving Sexual Violence Survivors with Disabilities](#)

[Strengthening Our Practice: The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual/Multi-Service Advocacy Agencies](#)

[Supporting Lesbian, Gay, Bisexual, Transgender, and Queer Rural Sexual Violence Survivors](#)

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