

SERVICE STANDARDS

ILLINOIS COALITION AGAINST SEXUAL ASSAULT

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ICASA SERVICE STANDARDS

TABLE OF CONTENTS

SECTION I – INTRODUCTION

OVERVIEW	5-1
SURVIVOR-CENTERED SERVICES	5-6
I. Description	5-6
II. Program Indicators	5-6
SURVIVOR-CENTERED CODE OF ETHICS FOR RAPE CRISIS WORKERS	5-9
I. Rape Crisis Workers Adhere to a Feminist Approach to Sexual Assault.....	5-9
II. Rape Crisis Workers Act as Allies Against the Structure of Privilege and Oppression Which Supports Sexual Assault.....	5-10
III. Rape Crisis Workers Protect and Promote the Survivor’s Right to Self-Determination and Autonomy	5-10
IV. Rape Crisis Workers Maintain a High Standard of Competence	5-11
V. Rape Crisis Workers Demonstrate a High Level of Integrity.....	5-12
CONFIDENTIALITY	5-13
I. Privilege Statute	5-13
II. Privacy of Communications and Records	5-14
III. Training	5-15
MANDATED REPORTING	5-16
I. Child Abuse and Neglect	5-12
II. Elder Abuse and Neglect and Abuse and Neglect of People with Disabilities	5-16

FEEES FOR SERVICES 5-18

- I. Client Fee Policy 5-18
- II. Fee for Community Service 5-18
- III. Staff Compensation 5-18

SECTION II – SERVICES

INTRODUCTION 5-19

**24-HOUR HOTLINE OR ACCESS TO 24-HOUR TELEPHONE
CRISIS INTERVENTION** 5-21

- I. Description 5-21
- II. Program Indicators 5-21

INFORMATION AND REFERRAL 5-23

- I. Description 5-23
- II. Program Indicators 5-23

INDIVIDUAL MEDICAL ADVOCACY 5-25

- I. Description 5-25
- II. Program Indicators 5-26
- III. VOCA-Funded Medical Advocacy 5-27

INDIVIDUAL CRIMINAL JUSTICE ADVOCACY 5-28

- I. Description 5-28
- II. Program Indicators 5-29
- III. VOCA-Funded Criminal Justice Advocacy 5-30

INDIVIDUAL CIVIL JUSTICE ADVOCACY 5-31

- I. Description 5-31
- II. Program Indicators 5-32

INDIVIDUAL GENERAL ADVOCACY	5-34
I. Description	5-34
ADVOCACY FORMS	5-36
I. Description	5-36
II. Indicators.....	5-36
II. VOCA-Funded Advocacy.....	5-37
COUNSELING	5-38
I. Description	5-38
II. Elements of the Counseling Process	5-42
III. Service Review and Clinical Supervision	5-45
IV. Making a Referral	5-47
V. Closure of Services	5-48
PROFESSIONAL TRAINING	5-50
I. Description	5-50
II. Program Indicators	5-50
AWARENESS PROMTION AND SOCIAL JUSTICE ACTIVISM	5-52
I. Description	5-52
II. Program Indicators	5-52
INSTITUTIONAL ADVOCACY	5-54
I. Description	5-54
II. Program Indicators	5-54
III. Medical Institutional Advocacy.....	5-55
IV. Criminal Justice Institutional Advocacy	5-55
V. Institutional Advocacy – Non-Medical/Criminal Justice	5-55
VI. VOCA-funded Institutional Advocacy.....	5-56
LEGAL SERVICES TO VICTIMS OF SEXUAL VIOLENCE	5-57
I. Description	5-57

II.	Program Indicators	5-58
III.	Case Selection and Management	5-59
IV.	Documentation of Legal Services	5-61
V.	Termination of Legal Services	5-63
VI.	Supervision of Legal Services.....	5-64
SEXUAL VIOLENCE PREVENTION		5-68
I.	Description	5-68
II.	Program Indicators	6-68
ELECTRONIC SERVICES.....		5-73
I.	Description	5-73
II.	Program Indicators	5-73
III.	Electronic Appointment Reminders.....	5-75
3-HOUR ELECTRONIC SERVICES TRAINING		5-77
I.	Description	5-77
II.	Program Indicators	5-77
<u>SECTION III – SERVICES TO SURVIVORS WITH INAPPROPRIATE SEXUAL BEHAVIOR</u>		5-80
I.	Eligible Population	5-80
II.	Safety Plan	5-80
III.	Counseling Services	5-81
<u>SECTION IV – DOCUMENTATION OF SERVICES</u>		
DOCUMENTATION		5-82
I.	Documentation of Client Services	5-82
II.	Documentation of Community and Institutional Services	5-89
III.	Documentation of Volunteer Component	5-91
IV.	Destruction of Files	5-92
V.	Data Breach Response.....	5-92

SECTION V – CREDENTIALS AND SUPERVISION OF SEXUAL ASSAULT STAFF AND VOLUNTEERS

CREDENTIALS AND SUPERVISION OF SEXUAL ASSAULT STAFF AND VOLUNTEERS.....5-93

- I. Age Requirement.....5-93
- II. Education and Training Requirements.....5-93
- III. Background Checks.....5-98
- IV. Request for Inclusion.....5-98

SECTION VI – REQUIRED TRAINING

40-HOUR TRAINING.....5-100

- I. Description.....5-100
- II. Program Indicators.....5-100

MANAGERS’ TRAINING.....5-110

- I. Introduction.....5-110
- II. Purpose.....5-110
- III. Training and Continuing Education Requirements.....5-110

SECTION VII – RELEASES AND WAIVERS

RELEASES OF INFORMATION/RECEIVING INFORMATION5-112

- I. Conditions of Release.....5-112
- II. Authorization and Consent for Release of Confidential Communications.....5-112
- III. Consent to Release of Personally Identifying Information (PII).....5-113
- IV. Consent for Advocacy Services.....5-113
- V. Exceptions.....5-114

SECTION VIII – FACILITY

COUNSELING SPACE.....5-115

SECTION IX – GRIEVANCE POLICY REQUIREMENTS FOR ICASA-CERTIFIED RAPE CRISIS CENTERS 5-116

- I. Statement of Client Rights 5-116
- II. Grievance Policy..... 5-116
- III. Grievance Procedures 5-117
- IV. Appeals Process..... 5-118

SECTION X – ICASA SATELLITE OFFICES STANDARDS

ICASA SATELLITE OFFICE STANDARDS – VAWA-FUNDED 5-119

- I. Purpose 5-119
- II. Governance..... 5-119
- III. Defining Characteristics 5-119
- IV. Community Relationships 5-119
- V. Paid Staffing Requirements 5-120
- VI. Office Requirements 5-120

SECTION I

INTRODUCTION

OVERVIEW

The anti-rape movement uncovered the numerous and disturbing ways in which survivors of sexual violence were blamed for the crime and relegated to silence. Historically the clinical and research fields have dismissed and minimized the realities, viewpoints, and outrage of individuals whose lives were forever affected by the trauma related to sexual victimization.

Sexual assault/rape crisis centers, recognizing that survivors of sexual assault first raised public awareness about the impact of sexual victimization, are dedicated to the principle of survivor-centered services. To that end, staff and volunteers of sexual assault/rape crisis centers create an atmosphere and relationships where all survivors of sexual violence can understand, speak about and define the painstaking steps to recovery from the trauma of sexual victimization.

Sexual assault/rape crisis centers and staff/volunteers recognize and affirm that all experiences of sexual victimization are intrusive and harmful events often resulting in short-term and/or long-term effects on survivors and their significant others. In response to this, ICASA centers provide sexual assault services to help facilitate the healing process.

Sexual assault services provided by sexual assault/rape crisis centers are unique community services due to the following:

1. The primary goals of services are to promote the safety of survivors, create an environment in which survivors feel safe and empowered, and reduce the trauma experienced by survivors.
2. Services are survivor-centered and trauma-informed. The survivor of sexual violence leads the process and discloses the information they feel is pertinent. This may be different from the traditional medical model, in which the purpose is to complete a diagnostic assessment or direct the survivor's decisions.
3. Staff/volunteers are sensitive to all people of diverse populations. This includes, but is not limited to, people of any age, marital or relationship status, sex, gender identity, sexual

orientation, education, culture, race and ethnic background, religious and spiritual belief, socio-economic status, employment or lack thereof, disability, residency, citizenship or immigration status, spoken language or means of communication, and HIV status. Staff/volunteers recognize the system of privilege within our culture and the impact of oppression on those seeking services.

4. The survivor and staff/volunteer work in a partnership to assess strengths and areas of concern, as well as to develop and evaluate service goals. This may be different from the traditional medical model, in which the provider may be considered the expert who will direct, treat and/or cure the survivor.
5. Services to significant others of a survivor are also survivor-centered and not counter to the interests or needs of the survivor.

Sexual assault/rape crisis centers fulfill a social justice mission by embracing cultural responsiveness as a fundamental principle. Centers and staff/volunteers value and celebrate the importance of diversity.

Cultural responsiveness is the process by which a sexual assault/rape crisis center responds respectfully and effectively to all people of diverse populations who are survivors of sexual violence. Culturally responsive centers and staff recognize, affirm and value the worth of each individual, family, and community and protect the dignity of each. Sexual assault/rape crisis centers and staff/volunteers recognize that the same services may not be appropriate for each survivor and are flexible in their service provision to represent the life experiences and presenting needs of each individual survivor.

The premise of non-judgment will guide services. The focus will be on listening to the survivor, identifying their stated needs, providing the most appropriate services, and making referrals as needed.

DEFINITIONS

“40-Hour Training” – This term refers to 40 hours of sexual assault crisis intervention training required for rape crisis workers that must comply with ICASA policies (See Section VI.)

“Center” – Throughout the service standards “center” refers to sexual assault/rape crisis-centers that are ICASA-Certified Rape Crisis Centers and Program Development Grantees. Legislation often refers to centers as “rape crisis centers,” while “sexual assault centers” more inclusively references the mission of centers to serve survivors of any sexual victimization.

“Client” – In the case of counseling, a person generally becomes a client when the center has gathered enough information to assign a client identification number, or the person seeks additional services from the program subsequent to crisis intervention services. In the case of advocacy, a person generally becomes a client when the center provides telephone or in-person advocacy services related to medical care or reporting to law enforcement.

“Cultural Responsiveness” – The practice of acknowledging one’s core cultural identity, intersectionality, core values and beliefs. This requires centering and valuing the lived experience of a survivor, client, or community member and using this knowledge as a guide for approaching all interaction from a place of active listening and learning. This practice goes hand-in-hand with providing survivor-centered services.

“Disability” – The following definition of disability is from the Centers for Disease Control and Prevention: “A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). Although “people with disabilities” sometimes refers to a single population, this is actually a diverse group of people with a wide range of needs. Two people with the same type of disability can be affected in very different ways. Some disabilities may be hidden or not easy to see.”

“Diverse Populations” – “Diverse Populations” is used throughout these standards to identify the wide range of individuals who make up each community. This includes, but is not limited to, people of any age; marital or relationship status; sex; gender identity; sexual orientation; education; culture; race and ethnic backgrounds; religion or spiritual belief; socio-economic status; employment or lack thereof; disability; residency; citizenship or immigration status; spoken language or means of communication; and/or HIV status. Although “diverse populations” refers to multiple populations and identities, within each population are unique people with a wide range of individual needs.

“Parent/Guardian Consultation” – Contact with a parent/guardian of a minor client or client with a disability regarding counseling services at the center is called Parent/Guardian Consultation. The purpose of this service is to monitor the client’s progress and provide and/or receive feedback regarding client’s status as pertaining to counseling services provided at the center. In order to preserve client’s absolute privilege, the parent/guardian must be the custodial parent and/or legal guardian of a minor client or the court-appointed guardian of the person (for health care purposes) of a client with a disability. The rape crisis center will not engage in parent/guardian consultation with a parent/guardian whose interests are adverse to those of the client receiving counseling services at the center. Parent/guardian consultation is documented in the client’s file; the parent/guardian does not become a client as a result of this service.

Contact with parent/guardian in the course of providing advocacy services is recorded as advocacy, not as parent/guardian consultation.

“Staff/volunteer”- Any 40-hour trained rape crisis worker who is on staff or volunteers with a sexual assault/rape crisis center. Where applicable, rape crisis worker and/or counselor will be used to mirror the language used in statute. Staff and volunteer will be used throughout the standards to refer to all 40-hour trained staff performing the direct services outlined in the service standards and may be used individually to refer to one group or the other when specified. Counselor, advocate, and prevention worker will be used to refer to the specific roles as outlined in the service standards when a minimum level of credentials, continuing education, and/or supervision applies to the position specifically. Counselors, advocates, and prevention workers may be staff or volunteers.

“Sexual Victimization” – Sexual victimization is all forms of sexual violence, including but not limited to sexual abuse, sexual assault, sex trafficking, sexual violence perpetrated against sex workers, stalking, and sexual harassment. Sexual victimization may be perpetrated by someone known to the survivor or by a stranger.

“Significant others” – Significant others also feel the impact of sexual assault and these standards also apply to services provided to significant others. A significant other is any person of any age who seeks assistance in dealing with their own crisis/feelings as a result of the sexual assault of a loved one.

“Survivor” – Any person of any age who has experienced sexual victimization. The sexual assault survivor is referred to as survivor throughout these standards because while the focus of services is based upon the victimization they have experienced, they may identify more with the term survivor, or determine that another term more fully encompasses their experience. The survivor alone will determine how they choose to identify themselves.

“Survivor-Centered Services” – An approach to working with survivors of sexual assault that focuses on restoring control to the survivor, helping the survivor identify and explore options, and supporting the survivor’s right to make decisions and guide their own recovery.

SURVIVOR-CENTERED SERVICES

I. DESCRIPTION

The center provides survivor-centered, culturally responsive services for adults and/or children of all diverse populations who are survivors of sexual violence. The expressed needs of sexual assault survivors guide the center's service delivery. The survivor's needs and rights are the first priority of the center and guide the planning and decision-making of the center and staff.

The center determines the specific services to be offered to survivors of sexual assault and ensures that staff have the training and supervision required to provide each service. Survivors are informed of the specific services available and given choices about which services they receive. The center respects that the survivor's choices may be affected by their background experiences and individual circumstances and works with the survivor to address identified service goals.

II. PROGRAM INDICATORS

- A. The survivor directs their recovery process. The survivor brings up the issues they want to discuss. They set the goals for their recovery process.
- B. The center's priority is to create a safe, comfortable environment for the survivor. In every interaction with a survivor, the center will minimize, to the extent possible, any power imbalance between the worker and the survivor.
- C. The center supports the empowerment of the survivor by sharing information with them and describing options available to them. The center ensures the survivor's right to make their choices and decisions about those options and the recovery process.
- D. The survivor and center work together to create written services goals guided by the needs and concerns of the survivor.

- E. The center staff recognizes and identifies the creative and resourceful ways survivors cope and respects those as strategies for survival. The worker works with the survivor to integrate those strategies into a plan to achieve the survivor's goals.
- F. Services provided to survivors and significant others are not counter to interests of the survivor or the survivor's recovery process. With child survivors, services are provided in the interest of the child, as expressed by the child, and assessed by the sexual assault staff.
- G. Services effectively recognize and utilize the survivor's support system and respect the role of extended family, informal networks, non-traditional healing, self-help groups and other forms of support as appropriate and desired by the survivor.
- H. The center adapts services to meet the needs of survivors of sexual violence in sex trafficking or sex work, who are often criminalized within the system rather than supported or assisted.
- I. In order to evaluate the effectiveness of services provided, service evaluation forms are given to all clients. Feedback is sought to ensure that services are provided in a survivor-centered, culturally responsive manner. As appropriate, evaluative feedback is considered in program planning.
- J. In an effort to maximize service delivery to diverse populations in the area served, the center evaluates the use of services by specific populations, based on intake forms, client satisfaction surveys, etc. Care is given to ensure that this process is survivor-centered and culturally responsive.
- K. The center provides outreach efforts in communities where diverse populations of survivors live, work, and play.

- L. The center has an internal written complaint/grievance process for clients which is survivor-centered and culturally responsive. At intake, survivors are given written information about the process and how to use it. Alternative forms of communicating this process are available for people with disabilities.

SURVIVOR-CENTERED CODE OF ETHICS
FOR RAPE CRISIS WORKERS

- I. **RAPE CRISIS WORKERS ADHERE TO A FEMINIST APPROACH TO SEXUAL ASSAULT**
- A. Rape crisis workers foster an appreciation for the feminist history of the sexual assault movement, including contributions of lesbians, women of color and other diverse populations to rape crisis work.
 - B. Rape crisis workers recognize that the oppression of sexism creates a power imbalance between men and women. To ensure that this imbalance is not part of any survivor's first experience with a rape crisis worker, the center will establish a process to ask the survivor if they have a gender preference for the medical advocate who will assist them in the emergency department. The center will accommodate any expressed preference to the extent possible.
 - C. Rape crisis workers recognize that sexual assault is not a personal condition to be diagnosed and cured, but rather a consequence of social inequality and social injustice.
 - D. Rape crisis workers hold the perpetrator alone responsible for the sexual assault.
 - E. Rape crisis workers refrain from behaviors that communicate victim blame or doubt regarding the survivor's account of the crime, condemnation for past behavior or other judgmental, anti-survivor sentiment.
 - F. Rape crisis workers acknowledge that, while suffering great harm, most-survivors have the ability to cope with the trauma caused by sexual assault with access to appropriate support, education and resources.
 - G. Rape crisis workers value the role of peer support and the use of paraprofessionals.

II. **RAPE CRISIS WORKERS ACT AS ALLIES AGAINST THE STRUCTURE OF PRIVILEGE AND OPPRESSION WHICH SUPPORTS SEXUAL ASSAULT**

- A. Rape crisis workers recognize that sexual assault derives from sexism and misogyny, which is both a system of advantage and oppression interwoven with all other similar forms of oppression (racism, heterosexism, classism, ableism, etc.).
- B. Rape crisis workers respect the individuality of each person and advocate for the rights, dignity and worth of all people.
- C. Rape crisis workers demonstrate an awareness and appreciation of differences among diverse populations served.
- D. Rape crisis workers shall be aware of their own personal and professional beliefs and values that support and are supported by the structured system of privilege and oppression. Rape crisis workers shall be aware of how their own personal and professional beliefs and values may conflict with or accommodate their ability to meet the needs of a diverse population of survivors served.
- E. Rape crisis workers shall be aware of the effect of social policies and programs on diverse survivor populations and shall advocate for and with clients whenever appropriate.
- F. Rape crisis workers take action to dismantle the structured system of cultural oppression and eliminate all forms of injustice.

III. **RAPE CRISIS WORKERS PROTECT AND PROMOTE THE SURVIVOR'S RIGHT TO SELF-DETERMINATION AND AUTONOMY**

- A. Rape crisis workers follow the survivor's lead as they define the issues to be addressed.

- B. Rape crisis workers share all available options with survivors and discuss possible outcomes of each.
- C. Rape crisis workers involve survivors in setting their own goals.
- D. Rape crisis workers respect the decisions and choices of survivors.
- E. Rape crisis workers respect and promote survivor rights, including but not limited to, the right to privacy and confidentiality.
- F. Rape crisis workers do not impose personal biases or preferences on the-survivor.

IV. **RAPE CRISIS WORKERS MAINTAIN A HIGH STANDARD OF COMPETENCE**

- A. Rape crisis workers adhere to ICASA service standards and requirements for credentials and training.
- B. Rape crisis workers ensure the survivor receives services specific to their individual needs.
- C. Rape crisis workers maintain a holistic view of the person and recognize that some of their needs may be outside the scope of the center's services.
- D. Rape crisis workers recognize the capabilities, specializations, and limitations of the center and individual staff and make appropriate referrals as needed.
- E. Rape crisis workers keep up to date on the field of sexual assault and seek continuing education, professional development, and personal growth.
- F. Rape crisis workers utilize supervision and consultation routinely and more often as needed.

- G. Rape crisis workers respect personal boundaries and avoid potentially harmful dual relationships.
- H. Rape crisis workers seek knowledge and understanding of the history, traditions, values, family systems and cultural expressions of diverse populations served.

V. **RAPE CRISIS WORKERS DEMONSTRATE A HIGH LEVEL OF INTEGRITY**

- A. Rape crisis workers engage in honest, fair, and respectful interactions with survivors, their significant others, rape crisis center staff and allied professionals.
- B. Rape crisis workers demonstrate professional and ethical behavior.
- C. Rape crisis workers identify, disclose, and resolve any perceived or actual conflict of interest.
- D. Rape crisis workers engage in routine self-assessment to seek to understand their own personal and professional values and beliefs and the potential impact of these values and beliefs on service provision.
- E. Rape crisis workers appreciate the importance of diverse identities in the lives of survivors, significant others, and communities served.
- F. Rape crisis workers recognize the balance of power in relationship to survivors and avoid exploitation of professional trust or engaging in a relationship that would compromise the worker's professional objectivity or judgment.

CONFIDENTIALITY

I. PRIVILEGE STATUTE

Communication between survivors and 40-hour trained staff and volunteers at rape crisis centers is confidential and protected by absolute privilege as defined by the Illinois Confidentiality of Statements Made to Rape Crisis Personnel statute (735 ILCS 5/8-802.1).

The law prohibits staff and volunteers from disclosing confidential communications, including records: “no rape crisis counselor shall disclose any confidential communication or be examined as a witness in any civil or criminal proceeding as to any confidential communication without the written consent of the victim or a representative of the victim . . .” 735 ILCS 5/8-802.1.

While ICASA uses the term “survivor,” the law refers to the victim, and defines “victim” as “a person who is the subject of, or who seeks information, counseling, or advocacy services as a result of an aggravated criminal sexual assault, predatory criminal sexual assault of a child, criminal sexual assault, sexual relations within families, criminal sexual abuse, aggravated criminal sexual abuse, sexual exploitation of a child, indecent solicitation of a child, public indecency, exploitation of a child, promoting juvenile prostitution as described in subdivision (a)(4) of Section 11-14.4, or an attempt to commit any of these offenses.” 735 ILCS 5/8-802.1(b)(3).

All clients of and individuals seeking crisis counseling or information and referral from rape crisis centers should be considered victims and be protected by the rape crisis center privilege.

The privilege law allows for group counseling, communication with parents of minor children, and the presence of third parties when reasonably necessary to accomplish the purpose for which the staff/volunteer is consulted by the survivor.

Exceptions to the prohibition on staff and volunteers disclosing confidential communications include mandated reporting and duty to warn situations.

II. **PRIVACY OF COMMUNICATIONS AND RECORDS**

The center provides confidentiality for all survivor services. The survivor and staff/volunteer should have access to a private space where services are provided. If services must be provided in public spaces, such as courthouses or hospitals, the staff/volunteer must make efforts to keep the communication just between them and the survivor. It is important that there be a reasonable expectation of privacy when the communication takes place.

Client records may be reviewed only by those permitted by law unless the client waives privilege. The client may review their own records, and a minor client's parent/legal guardian, or the guardian of the person of an adult client may also review the client's records without waiving privilege.

A client's parent/legal guardian may review the client's file if the client is under 12 years of age, or with the consent of the client aged 12-16, so long as the parent/guardian's interests are not adverse to those of the client.

Others may review client records only with a valid Authorization and Consent for Release of Confidential Communications signed by the client or the parent or legal guardian of a child client under 12 years of age whose interests are not adverse to those of the client.

Adults with a guardian control and can access their records, including whether or not their guardian may be allowed access to their records. Usually, an adult with a guardian decides whether or not to waive the rape crisis center privilege.

However, if a court decides that the adult with a guardian is not capable of making an informed and knowing decision about waiving the privilege, the guardian can waive the privilege provided that the guardian's interests are not adverse to the interests of the client.

For more information about waiving privilege, please see Section VII, Releases and Waivers.

III. **TRAINING**

Staff/volunteers of the center who have contact with survivors and/or access to client records must have completed 40 hours of sexual assault training prior to contact with survivors or records. The training must meet ICASA Standards.

MANDATED REPORTING

I. CHILD ABUSE AND NEGLECT

All center staff/volunteers are mandated reporters and must demonstrate compliance with the Abused and Neglected Child Reporting Act (ANCRA). Any suspected child abuse or neglect by a caregiver or person responsible for a child's welfare must be immediately reported to the Illinois Department of Children and Family Services statewide hotline or local office. Reports should only be made when the child is still currently a minor. All phone reports must be confirmed in writing within 48 hours.

The center protocol must provide for each of the following steps:

1. Document all information which is to be reported to the hotline;
2. Call DCFS hotline at 1-800-252-2873 immediately after receiving the information;
3. Identify workers and their position within your agency;
4. Identify reason for calling;
5. Answer all questions thoroughly and to the extent you have information, paying attention to dates, events, behaviors and consequences of alleged abuse (it is not the role of center staff/volunteers to investigate);
6. Follow-up hotline report with the written report (CANTS 5) required by DCFS within 48 hours; and
7. Notify supervisor or the Director of the center regarding the report.

The same criteria for mandated reports must be applied regardless of the diversity of the population being served.

II. ELDER ABUSE AND NEGLECT AND ABUSE AND NEGLECT OF PEOPLE WITH DISABILITIES

Pursuant to the Adult Protective Services Act (320 ILCS 20/1 et. seq.), the center must report suspected abuse, neglect and financial exploitation of any Illinois resident age 18-59 living with a disability or an adult 60 years of age or older who lives in a domestic setting (e.g., a house, apartment, etc.) when center has reason to believe:

- Person is an “eligible adult” (adult with disabilities who lives in the community and has been abused, neglected, or exploited), and
- Person is unable to seek assistance for themselves (cannot self-report), and
- The abuse, neglect, or financial exploitation happened within the previous 12 months.

If all of the above criteria are met, call Adult Protective Services at 1-866-800-1409. Call within 24 hours of developing a belief that an adult with disabilities is abused, neglected, or exploited and cannot self-report.

FEES FOR SERVICES

I. CLIENT FEE POLICY

- A. ICASA is committed to free services for sexual assault survivors regardless of the survivors' ability to pay.
- B. ICASA centers will never charge survivors for telephone counseling, medical and court advocacy services and any services for those under age 18.
- C. Financial status is not a factor in determining eligibility for services. A client will not be denied services because of the inability to or choice not to pay.
- D. For scheduled counseling sessions, a sliding fee scale may be implemented after 10 free scheduled counseling sessions have been provided. Telephone counseling and medical and court advocacy will not be considered part of the 10 free sessions.
- E. Staff will approach the subject of pay without judgment and with great care for the survivors' perceptions and experience of the power imbalance.
- F. Centers may not charge survivors for services supported by VOCA funds.

II. FEE FOR COMMUNITY SERVICE

A center may request an honorarium or fee from an organization or institution where it provides services. A center will not withhold any ICASA-funded services to a not-for-profit organization or government entity based solely upon that entity's decision not to pay.

III. STAFF COMPENSATION

ICASA funds cannot be used to pay for center staff time if the staff member is paid a personal fee to provide the service during ICASA-funded time.

SECTION II

SERVICES

INTRODUCTION

In accordance with a social justice mission, centers shall ensure the provision of survivor-centered, culturally responsive services throughout their service delivery system. Staff need to be aware of and vigilant about the dynamics that result from differences and similarities between center staff/volunteers and survivors. This includes the following:

1. Actively recruiting multi-ethnic and multi-cultural staff and including cultural responsiveness standards in job descriptions and performance evaluations;
2. Reviewing the current and emergent demographic trends for the geographic area served by the agency to determine service needs;
3. Creating service delivery systems that are appropriate to diverse populations;
4. Including participation of diverse survivors as stakeholders in the development of service delivery systems;
5. Developing staffing plans that reflect the needs of diverse populations;
6. Providing all services in a welcoming and safe, accessible, non-threatening, diverse environment;
7. Ensuring that services are provided and supervised by trained staff who are responsive to diverse populations;
8. Ensuring that services are provided to a diverse population regardless of:
 - age,
 - marital or relationship status,
 - sex,
 - gender identity,
 - sexual orientation,

- education,
 - culture,
 - race,
 - ethnicity,
 - religious/spiritual beliefs,
 - socio-economic status,
 - residency,
 - immigrant status,
 - ability to pay,
 - disability,
 - spoken language or means of communication,
 - HIV status,
 - housing status, or
 - employment or lack thereof.
9. services are provided in the survivor's own language or system of communication whenever possible; and
10. program materials are appropriate for the diverse populations served.

The center has the right to refuse services to individuals who request or require services which the center does not provide, or who present a safety risk to the center. Centers must strive to maximize access to services for survivors of sexual violence and to avoid exclusion based on cultural differences or worker bias.

24-HOUR HOTLINE OR ACCESS TO 24-HOUR TELEPHONE CRISIS INTERVENTION

I. DESCRIPTION

The center has a telephone line **or** access to 24-hour telephone crisis intervention for *survivors*, significant others and other individuals needing assistance. The center responds to both adults and children through the 24-hour hotline.

Hotline workers respond to callers using appropriate approaches, skills and techniques that reflect an understanding of the diversity of coping skills and help-seeking strategies.

Hotline workers are trained to engage survivors, screen for safety and immediate needs and connect survivors with immediate and follow-up services of the center. Workers do not screen out callers or survivors based on race, ethnicity, age, marital or relationship status, sex, education, gender identity, sexual orientation, culture, religious and spiritual belief, socio-economic status, occupation, disability, residency, citizenship, or immigration status, spoken language or means of communication, HIV status, ability to pay, or housing status.

II. PROGRAM INDICATORS

A. 24-HOUR HOTLINE

- All hotline workers have received 40 hours of sexual assault training in compliance with ICASA Standards.
- A hotline caller has immediate contact with a center staff/volunteer who can provide crisis intervention counseling and information/referral, including information regarding follow-up services of the center and referrals to outside organizations.
- The worker can dispatch advocates for 24-hour response for medical, criminal, and civil justice advocacy, if needed.

OR

B. 24-HOUR ACCESS TO CRISIS INTERVENTION

- Answering service workers are equipped to appropriately transfer calls to the center staff/volunteer. Minimally, the center provides written information for the answering service workers regarding how to respond to a sexual assault crisis call.
- The center staff/volunteer responding to the call has 40 hours of sexual assault training in compliance with ICASA Standards.
- If the caller cannot receive a return phone call, the center ensures that the caller is “patched through” to a center staff/volunteer immediately.
- If the caller can receive a return phone call from the center staff/volunteer, the call must be returned within twenty minutes.
- Once connected, the hotline caller has contact with a center staff/volunteer who can provide crisis intervention counseling and information/referral, including information regarding follow-up services of the center and referrals to outside organizations.
- The center staff/volunteer can dispatch advocates, if needed.

INFORMATION AND REFERRAL

I. DESCRIPTION

The center is a source for information and referral for survivors, significant others, and the public on sexual assault. The center has appropriate materials available for survivors of diverse populations and provides these materials, using the language or means of communication of the individual requesting materials when possible. Center staff/volunteers are knowledgeable of available non-sexual assault services in the community and can provide appropriate culturally responsive referrals for individuals requesting referrals.

Centers seek to create opportunities for survivors, matching their needs with culturally responsive service delivery systems or adapting services to better meet the unique needs of survivors.

Information and referral is provided to center clients as a component of advocacy and counseling services as well as to others in the community through Institutional Advocacy, Professional Training, Events and Prevention Services.

II. PROGRAM INDICATORS

- A. The center has access to survivor-centered and culturally responsive materials on sexual assault that are made available upon request. This information is available through alternative means of communication to accommodate persons with disabilities.
- B. The center has networking agreements with a broad range of community organizations to maximize referrals for the diverse populations of survivors served. These networking agreements are reviewed and updated regularly.
- C. The center has a referral list of culturally appropriate services for use by staff/volunteers. Staff/volunteers are trained to use this reference list. The center should be familiar with providers that are experienced in working with diverse populations.

- D. If survivors or other callers need referrals for other services not related to the sexual assault, the center provides at least two information service referrals, if available.
- E. Centers provide or advocate for the provision of information, referrals, and services in the language appropriate to the survivor, which may include the use of interpreters.

INDIVIDUAL MEDICAL ADVOCACY

I. DESCRIPTION

The advocate provides in-person support and information to sexual assault survivors at medical facilities. With survivor permission, the advocate stays with the survivor throughout the exam and evidence collection process and provides follow-up services and referrals. The priority of the advocate is with the survivor, not the medical facility.

Advocates are aware that survivors have differing responses to medical systems based on their own or their community's previous experience with that system.

Advocates withhold personal judgment about survivor decisions and demonstrate support and compassion for survivors who elect not to pursue evidence collection or other medical procedures or treatments.

Advocates are aware that medical system responses may vary based on populations of survivors served and are prepared to respond to biases within the system.

Advocates are aware of their own and others' cultural biases when providing medical advocacy and are prepared to challenge those biases within themselves and others to ensure that survivors receive survivor-centered, culturally responsive services within their own centers and in other agencies responding to them.

Advocates are aware that survivors of sexual violence in sex trafficking or sex work are often criminalized for their experience and may require advocacy focused on prevention of arrest or other punitive responses.

Advocates are aware that the medical system may be unprepared to respond to the needs of survivors with disabilities and may require advocacy to adapt forensic exams and medical treatment, as needed.

Individual medical advocacy services include telephone and in-person contacts with sexual assault/abuse survivors and their non-offending significant others and contact with emergency room or other medical personnel regarding medical issues as related to the sexual assault/abuse. Services include provision of information and resources regarding the survivor's rights and options regarding follow-up services. Medical advocacy also includes corresponding with the survivor or medical personnel regarding specific concerns about the survivor's case, including billing issues.

II. **PROGRAM INDICATORS (revised 3/14/19)**

- A. Staff and volunteer advocates have a minimum of 40 hours of sexual assault training in compliance with ICASA Standards.
- B. The center provides sexual assault advocate(s) 24-hours per day to provide in-person survivor assistance at the hospital emergency room. The advocate must arrive at the hospital within sixty (60) minutes of a request.
- C. The center will establish a process to ask the survivor if they have a gender preference for the medical advocate who will assist them in the emergency department. The center will accommodate any expressed preference to the extent possible. With survivor consent, the advocate will stay with the survivor in the exam and evidence collection process.
- D. Medical advocacy services are survivor-centered and culturally responsive. The survivor makes decisions about what kind of assistance and accompaniment the victim wants. The advocate provides empathic, non-judgmental, supportive, response to the survivor. The advocate explains emotional and physical reactions the survivor may expect during the next few weeks.
- E. The advocate explains the medical forensic exam and the evidence collection process and the medical exam to the survivor. The advocate answers questions about sexually transmitted diseases, emergency contraception, and anonymous HIV antibody testing, and, if needed, the advocate

helps the get emergency contraception if the hospital does not provide it.

- F. The advocate ensures that the survivor receives non-judgmental care in accordance with Sexual Assault Survivors Emergency Treatment Act (SASETA). The advocate informs the survivors that they cannot be billed for medical forensic services and tells them about the voucher for free follow-up healthcare. The advocate explains SASETA and the Crime Victim's Compensation Act and helps the survivor with the reimbursement process for medical and other expenses.
- G. The advocate provides clothing for the survivor and if needed, helps to arrange transportation for the survivor after the hospital visit. The advocate promotes the safety of the survivor following discharge, to the fullest extent possible.
- H. With survivor consent, the center provides follow-up contact with the survivor within 48 hours of first contact.
- I. The advocate provides information and support to significant others.
- J. Advocates demonstrate skill and ability to advocate for and with survivors of diverse populations. Advocates demonstrate an understanding of a system of privilege within our culture and the impact of oppression on those seeking services.

III. **VOCA-FUNDED MEDICAL ADVOCACY**

An advocate funded partially or in full by VOCA funds may have up to three (3) contacts with a *survivor* who has not yet obtained medical assistance. Once medical advocacy services have been initiated, the VOCA-funded medical advocate may provide ongoing medical advocacy as long as needed.

INDIVIDUAL CRIMINAL JUSTICE ADVOCACY

I. DESCRIPTION

Advocates provide 24-hour, in-person advocacy for sexual assault survivors with police, state's attorney, and the court. Advocates provide the survivor with emotional support and accompaniment throughout the criminal justice proceedings. The priority of advocates is with the survivor, not an institution.

Advocates are aware that survivors have differing responses to the criminal justice system based on their own or their community's previous experience with that system.

Advocates withhold personal judgments about survivor decisions and demonstrate support and compassion for survivors who elect not to pursue a criminal justice response.

Advocates are aware that criminal justice personnel responses may vary based on populations of survivors served and are prepared to respond to bias within the system.

Advocates are aware of their own and others' cultural biases when providing criminal justice advocacy and are prepared to challenge these biases within themselves and others to ensure that survivors receive survivor-centered, culturally responsive services within their own centers and in other agencies responding to them.

Advocates are aware that survivors of sexual violence in sex trafficking or sex work are often criminalized for their experience and may require advocacy focused on prevention of arrest or other punitive responses.

Individual criminal justice advocacy services include telephone and in-person contacts with sexual assault/abuse survivors and their non-offending significant others and contact with police, state's attorneys, or other criminal justice personnel regarding legal issues as related to the sexual assault/abuse. Services include:

- Provision of information and resources regarding the survivor's rights and options and discussion of follow-up services needed,
- Explaining and clarifying options to survivors including reporting to police and state's attorney's offices,
- Serving as a liaison with the police and state's attorney's office regarding the status of the case and all upcoming court dates,
- Accompanying the survivor to meetings with police and state's attorney,
- Accompanying the survivor to court appearances and going to court on behalf of a survivor,
- Court preparation including explanation of court procedures, preparation of victim impact statement, accompaniment to line-ups,
- Documenting all contacts and outcomes from initial police report to court decision,
- Making referrals as needed,
- Maintaining confidentiality,
- Corresponding with the survivor or criminal justice personnel regarding specific concerns about the survivor's case.

II. **PROGRAM INDICATORS**

- A. Staff and volunteer advocates have a minimum of 40 hours of sexual assault training in compliance with ICASA Standards.
- B. The center provides an advocate 24-hours per day to provide in-person victim assistance with survivors reporting the crime to law enforcement. The center responds to police and survivor

requests for crisis intervention and advocacy within sixty (60) minutes.

- C. Criminal justice advocacy services are survivor-centered. The survivor makes decisions about what kind of assistance and accompaniment they want. The advocate provides empathic, non-judgmental, supportive response to the survivor.
- D. The advocate explains the criminal justice process to the survivor. The advocate explains reporting options and procedures, answers questions about criminal justice process as it relates to sexual assault, victim's rights and victim compensation.
- E. The advocacy program works to secure written agreements with local criminal justice organizations stating how criminal justice personnel and the advocacy program cooperate on sexual assault cases.
- F. Advocates demonstrate skill and ability to advocate for and with survivors of diverse populations. Advocates demonstrate an understanding of a system of privilege within our culture and the impact of oppression on those seeking services.

III. **VOCA-FUNDED CRIMINAL JUSTICE ADVOCACY**

An advocate funded partially or in full by VOCA funds may have up to three (3) contacts with a survivor who has not yet obtained medical assistance or reported the crime to law enforcement. The advocate may continue advocacy contacts with the survivor pending the survivor and state's attorney's decision regarding criminal prosecution. Upon a decision by the survivor and/or state's attorney not to prosecute, the case must be transferred away from the VOCA-funded advocate and referred to other center staff (e.g., counselor).

INDIVIDUAL CIVIL JUSTICE ADVOCACY

I. DESCRIPTION

With survivor consent, center staff and volunteer advocates conduct advocacy on behalf of individual survivors with systems that provide civil justice opportunities. This is called civil justice advocacy. Examples include filing protective orders, assistance with Title IX or campus proceedings, filing for crime victim compensation, assistance with Victims Economic Safety Security Act, assistance with the Safe Homes Act, and other civil court activities.

Corresponding with any of the aforementioned entities on behalf of an individual survivor is also considered civil justice advocacy.

Advocates are aware that survivors have differing responses to the civil justice system based on their own or their community's previous experience with that system.

Advocates are aware that civil justice personnel responses may vary based on populations of survivors served and are prepared to respond to bias within the system.

Advocates are aware of their own and others' cultural biases when providing civil justice advocacy and are prepared to challenge these biases within themselves and others to ensure that survivors receive survivor-centered, culturally responsive services within their own centers and in other agencies responding to them.

Advocates withhold personal judgment about survivor decisions and demonstrate support and compassion for survivors regardless of the choices they make.

Advocates provide 24-hour response, as appropriate, for sexual assault survivors to assistance with civil proceedings, including Title IX administrative proceedings. Advocates accompany survivors to all civil proceedings, provide the survivor with emotional support and accompaniment throughout the civil justice proceedings. The priority of advocates is with the survivor, not an institution.

Individual civil justice advocacy services include contacts with sexual assault/abuse survivors and their non-offending significant others and contact with civil justice personnel regarding civil justice options as related to the sexual assault/abuse. Services include:

- Provision of information and resources regarding the survivor's rights and options as well as discussion of follow-up services needed,
- Accompanying the survivor to civil court appearances and going to court on behalf of a survivor,
- Documenting all contacts and outcomes from initiation of civil justice proceedings to court decision,
- Making referrals as needed,
- Maintaining confidentiality,
- Corresponding with the survivor or civil justice personnel regarding specific concerns about the survivor's case.

II. **PROGRAM INDICATORS**

- A. Staff and volunteer advocates have a minimum of 40 hours of sexual assault training in compliance with ICASA Standards.
- B. The center provides an advocate 24-hours per day to provide victim assistance with survivors seeking civil justice options. The center responds to police and survivor requests for advocacy within sixty (60) minutes.
- C. Civil justice advocacy services are survivor-centered. The survivor makes decisions about what kind of assistance and accompaniment they want. The advocate provides empathic, non-judgmental, and supportive response to the survivor.
- D. The advocate explains the civil justice options and process to the survivor.

- E. Advocates demonstrate skill and ability to advocate for and with survivors of diverse populations. Advocates demonstrate an understanding of a system of privilege within our culture and the impact of oppression on those seeking services.

INDIVIDUAL GENERAL ADVOCACY

I. DESCRIPTION

At times, with survivor consent, center staff and volunteer advocates conduct advocacy on behalf of individual survivors with systems other than medical, civil justice, and criminal justice entities. This is called general advocacy. Examples include contact with K-12 and higher education school personnel, social service agencies, child protective services, housing, homeless services, drug/alcohol treatment agencies, adult education programs, unemployment services, mental health agencies, disability service providers, and other service providers.

General advocacy also includes external case coordination activities, often referred to as case management, which ensures that the counseling and/or advocacy services provided by the center are coordinated with and informed by external services the client needs and/or is receiving. This service is provided upon the clients' request and/or consent and signature on ICASA-approved release forms, if needed. This service does not include internal case coordination between staff and/or volunteers within the same sexual assault program. This service does not include transporting the client or assisting the client with personal errands or activities of daily living.

General advocacy also includes accompaniment and assistance for clients engaged in restorative justice activities at the survivor's request.

Corresponding with any of the aforementioned entities on behalf of an individual *survivor* is also considered general advocacy.

Advocates are aware that survivors have differing responses to other systems based on their own or their community's previous experience with that system.

Advocates are aware that systemic responses may vary based on populations served and are prepared to respond to cultural biases within the system.

Advocates are aware of their own and others' cultural biases when providing individual advocacy and are prepared to challenge those biases to ensure that survivors receive survivor-centered and culturally responsive services within their own center and in other agencies responding to them.

Advocates withhold personal judgment about survivor decisions and demonstrate support and compassion for survivors regardless of the choices they make.

ADVOCACY FORUMS

I. DESCRIPTION

Often, survivors may be fearful of seeking medical care or criminal justice intervention after a sexual assault. Survivors may fear loss of privacy, further victimization by the system, and prolonged legal procedures. Survivors in rural areas may be particularly fearful of exposure in the community. Survivors with disabilities may fear loss of independence and placement into a nursing home or institution.

Centers should provide leadership in their community in communicating the unique experiences and needs of culturally diverse populations seeking medical care, criminal justice intervention, or other services.

II. INDICATORS

- A. To confront such fears and discover ways to alleviate them, centers may conduct an advocacy forum to:
- Solicit input from citizens regarding obstacles to reporting assaults and seeking treatment;
 - Discuss possible resolution of those obstacles with citizens; and
 - Based on information gathered in the forums, develop institutional advocacy plans to use with hospitals and the criminal justice system to remove obstacles to survivor reports.
- B. Center staff will assume leadership in empowering diverse populations to share information about diverse populations to the general public and advocate for survivors' concerns at interpersonal and institutional levels.

III. **VOCA-FUNDED ADVOCACY**

A center may use VOCA funds to conduct one advocacy forum in the community per year.

COUNSELING

I. DESCRIPTION

The center provides survivor-centered, age-appropriate, culturally responsive, in-person counseling services to support each survivor's recovery process. The client identifies the areas to work on and the issues to discuss. The counselor may suggest particular issues that the client may want to consider.

At the first contact, the survivor is informed about confidentiality and the services available at the center. At some point in the counseling process, education about Rape Trauma Syndrome and victim rights are provided.

Staff/volunteers are aware that survivors have differing responses to receiving services based on their own or their community's previous experience with similar services.

Staff/volunteers withhold personal judgment about survivor decisions and demonstrate support and compassion for survivors regardless of the choices they make.

Staff/volunteers are aware of their own and others' cultural biases when providing counseling services and are prepared to challenge those biases within themselves and others to ensure that survivors receive survivor-centered, culturally responsive services within their centers.

ICASA centers provide Sexual Assault Crisis Intervention and Sexual Assault Counseling services. Some centers also provide Sexual Assault Therapy services.

A. SEXUAL ASSAULT CRISIS INTERVENTION

Crisis intervention is a 24-hour service which provides an immediate, supportive response to the needs of people who have experienced sexual assault, sexual abuse, or sexual harassment in order to assist them in returning to their previous level of functioning. The goal of crisis intervention is to restore a

sense of equilibrium.

Crisis intervention counseling may occur via telephone or in person in the course of medical advocacy, criminal justice advocacy or even discussion after an education presentation.

Each center provides a 24-hour telephone line to a crisis worker or an answering service which can access workers promptly. Written instructions on how to respond to sexual assault/abuse survivors are given to the answering service.

Crisis workers are readily available to the crisis line or answering service and respond by phone to crisis calls within twenty (20) minutes of being contacted. The center offers an in-person crisis intervention session to take place within one (1) working day of the request by a person in crisis.

Crisis workers provide crisis intervention response which includes:

- Empathic listening;
- Information and referral;
- Engagement of survivor with appropriate services of the center;
- In-person medical advocacy, if needed; or
- Criminal justice advocacy.

B. NON-CLIENT CRISIS INTERVENTION

Non-client crisis intervention is crisis intervention counseling provided to someone who is not assigned a client identification number because they do not give a name/identifying information and/or do not wish to become a client of the center or have their case re-opened. This service is usually provided via hotline but may occur in person (e.g., someone discloses and receives crisis intervention services after an education presentation).

In most cases, this will be a *survivor*-initiated call. In some cases, it may be a parent, other family member or friend who

requests assistance in handling their emotions regarding the sexual assault or sexual abuse of a child, partner, family member or friend.

C. SEXUAL ASSAULT COUNSELING

Sexual Assault Counseling is survivor-centered counseling with the goal of supporting the survivor's recovery process through listening, encouraging, validating, reflecting, giving resources, and providing a safe counseling environment. Sexual Assault Counseling is seen as working with the survivor on current issues, normalizing and validating their reactions to the trauma and supporting them in developing coping skills for their ongoing recovery.

Based on availability of counseling staff, the survivor has access to counseling sessions at scheduled intervals.

D. SEXUAL ASSAULT THERAPY

Sexual Assault Therapy encompasses Sexual Assault Counseling and entails more in-depth, process-oriented work for adults or more experiential work for children. Sexual Assault Therapy is most often aimed at helping the survivor identify longer-term life patterns and coping mechanisms, or established survival skills. Sexual Assault Therapy may work on more process-oriented internal changes. The goal of Sexual Assault Therapy is for the survivor to be able to utilize the insight gained to promote healthy internal and external changes. Sexual Assault Therapy is typically (but not always) longer-term work.

E. PARENT/GUARDIAN CONSULTATION

At times, with the client's consent, center staff may need to talk with non-offending parents and/or legal guardians regarding a client being served by the center. The purpose of this contact may be to inform the parent/guardian about counseling goals, progress toward goals, ways in which the parent/guardian can support the survivor and the survivor's progress and other similar issues. The contact may also be an opportunity to

gather information from the parent/guardian regarding the survivor's progress or the parent/guardian's concerns.

This contact is recorded in the survivor's file as Parent/Guardian Consultation. The parent/guardian does not become a center client as a result of this consultation. Contact with significant others who are not the parent and/or legal guardian of a minor client or client with a disability requires a signed release of information form unless the parent/guardian is also a client of the center and engages in family/group counseling with the client.

Guardians of adults with disabilities may have different levels of authority over specific areas; not all guardians have access to center information. If center has reason to question parental custody or legal guardianship, center must request verification of custody/guardianship prior to continuing services.

F. GROUP COUNSELING

Counselors may provide group counseling for survivor and significant other groups in response to expressed client interest and need. Group counseling is survivor-centered and culturally responsive. Group counseling is provided on a regular basis over a period of time with the goal of supporting the recovery process of clients through creating a safe, confidential counseling environment in which clients can support each other in their healing processes, gain community, and learn together. This includes support groups, counseling groups, therapy groups, and psycho-educational groups. Group members are informed of their rights regarding rape crisis center privilege and the confidentiality of group members.

G. FAMILY COUNSELING

Counselors may provide family counseling for two or more survivors and/or significant others who define themselves as a family unit in response to expressed client interest and need. Family counseling is survivor-centered and culturally responsive. Family counseling is provided as needed with the goal of supporting the recovery process of clients by creating a

safe, confidential counseling environment in which families can support each other in their healing processes, gain community, and learn together. Family members are informed of their rights regarding rape crisis center privilege and the confidentiality of family counseling group members.

II. **ELEMENTS OF THE COUNSELING PROCESS**

A. **SCREENING AND INTAKE (revised 6/18/20)**

When a survivor or significant other requests Sexual Assault Counseling or Sexual Assault Therapy services, the center will initiate a screening/intake process which may occur in person or by the phone. This involves gathering information to determine if the center is the most appropriate service provider.

Unlike the traditional medical model, which is focused on a diagnosis, the goal of the screening/intake process is to gain an understanding of the impact of the trauma and to offer assistance in the recovery process. The center does not diagnose the survivor.

During the initial session(s), staff/volunteers will explain to the nature of the programs available at the center, guidelines for contacting staff/volunteers, office hours, fees for service, file maintenance and other material specific to the center.

Only information which is pertinent to continuity of care and the survivor's presenting concerns and goals are documented in the file.

If there is mutual agreement to continue services after screening, an appointment for services is offered.

For documentation requirements related to the intake process, see Section IV., Documentation, I., B.

B. **SERVICES TO MINORS AND ADULTS WITH GUARDIANS**

Children at least 12 years of age but under 17 years of age, are limited to services consisting of eight (8) sessions of no longer

than ninety (90) minutes each without the consent of a custodial parent. Custodial parents may request services for children under age 12 and authorize services beyond eight (8) sessions for children at least 12 years of age but under 17 years of age.

If, after the eighth session, the counselor determines that obtaining consent would be detrimental to the minor's well-being, the counselor shall consult with their supervisor to review and authorize that determination. The service provider shall document the basis for the determination in the minor's file and may then accept the minor's written consent to continue to provide counseling services without also obtaining the consent of a parent (405 ILCS 5/3-5A-105(a)(4)). If the minor continues to receive counseling services without the consent of a parent beyond eight (8) sessions, the counselor must review the well-being determination every sixty (60) days until counseling services end or the minor reaches age 17. If upon review it is determined appropriate to notify the parent, the service provider shall proceed as described above (405 ILCS 5/3-5A-105(a)(5)).

All four factors must be present for the counselor to determine that obtaining parental consent would be detrimental to the minor's well-being:

1. Requiring the consent or notification of a parent would cause the minor to reject the counseling services or psychotherapy
2. The failure to provide the counseling services or psychotherapy would be detrimental to the minor's well-being
3. The minor has knowingly and voluntarily sought the counseling services or psychotherapy
4. In the opinion of the service provider, the minor is mature enough to participate in counseling services or psychotherapy productively

An adult with a guardian can:

- Decide whether their guardian can look at their center records; and

- Decide whether or not to waive the rape crisis center privilege.

If a court decides that the adult with a guardian is not capable of making an informed decision about waiving the privilege, the guardian can still do so provided that the guardian's interests are not adverse to the interests of the adult. Guardians of adults with disabilities may have different levels of authority over specific areas; not all guardians have access to center information.

If the center has reason to question parental custody or legal guardianship, the center must request verification of custody/guardianship prior to continuing services.

C. SERVICE PLAN

Client service records must contain a service plan before the completion of five (5) scheduled counseling sessions. During service planning, the counselor and client will:

- Identify strengths and concerns needing resolution;
- Establish short-term and/or long-term goals;
- Develop a plan to reach those goals; and
- Sign the service plan.

The service plan will adhere to the following:

- The language will be understood by the client;
- Goal statements will refer to the identified concerns and be expressed in behavioral terms;
- The plan will link the concern with the goal; and
- The plan will describe the service to be provided, and by whom.

Service plans are individualized and address culturally specific issues as identified by the client.

All service plans will be documented on an ICASA-approved service plan form and placed in the client's file.

III. **SERVICE REVIEW AND CLINICAL SUPERVISION**

A. **SERVICE REVIEW**

1. Definition and Purpose

The purpose of the service review is to revisit the presenting concerns, goals and methods. As age-appropriate, the client participates in evaluation of progress toward goals. Revisions are made according to the survivor's feedback regarding concerns, goals and methods.

2. Review with Clinical Supervisor

The counselor is responsible for reviewing the counseling services provided to the client with the clinical supervisor within 30 days of completing the intake and every 90 days thereafter. This review must be documented in the client file.

See Section V., Credentials and Supervision of Sexual Assault Staff and Volunteers, I., E. for credential requirements for clinical supervisor.

3. Review with Client

The counselor is responsible for reviewing counseling services provided with the client at least every 24 sessions or 180 days and prior to termination of services. The counselor will document in the progress notes the date the review took place and summarize any changes. The service plan will also be updated if appropriate, and the date of the review will be documented on the plan.

4. Review with Others

The center may review services provided to the client with other individuals or agencies if the survivor:

- Requests such review;
- Has been fully apprised of their right to absolute confidentiality; and
- Has signed appropriate release of information forms.

This review must be documented in the client's file.

B. **CLINICAL SUPERVISION**

1. Definition and Purpose

Clinical supervision is the process of reviewing each counselor's work in order to determine progress and offer assistance and redirection as needed. Clinical supervision facilitates ongoing learning and supports counselors through offering additional resources. The Clinical Supervisor is responsible for monitoring counselors' clinical skills practices and to ensure they are consistent with being survivor-centered and culturally responsive.

Staff/volunteers providing Sexual Assault Counseling and/or Sexual Assault Therapy as primary duties are required to have individual clinical supervision for the specific purpose of focusing on survivor issues and the recovery process and the counseling involvement with that process.

Time spent on service review with clinical supervisor is considered clinical supervision.

Unless indicated otherwise below, clinical supervision may be conducted in an individual or group setting. Supervision may occur in person or by telephone.

2. Required Clinical Supervision Hours for Sexual Assault Program Staff

- a. **Full-Time Counseling Staff** – Full-time Sexual Assault Counselors/Therapists must receive four

hours clinical supervision (at least two of which must be individual) each month in the first year of employment.

After the first year of employment, full-time staff are required to participate in two hours of clinical supervision per month (at least one of which must be individual).

- b. **Part-Time Counseling Staff** – Part-time Sexual Assault Counselor/Therapist staff working less than full-time are required to participate in one hour per month of individual clinical supervision.
- c. **Non-Counseling Staff Providing Direct Client Services** – In lieu of clinical supervision, non-counseling staff providing direct services to sexual assault survivors, participate in at least quarterly review to determine progress and offer assistance and redirection of selected cases. This may occur individually or in a group setting.

IV. MAKING A REFERRAL

If the center is not the most appropriate service provider for the client, staff provides appropriate referrals. A referral is offered to the client when:

- The survivor requests closure and/or referral to another counselor;
- The center determines its services are no longer appropriate for the survivor;
- There is mutual agreement that other services, in addition to those the center is providing, may be appropriate;
- The center services are no longer available;
- the counselor and clinical supervisor determine that the survivor requires services which are above or beyond the scope of center staff education, training, or experience; or
- the counselor and clinical supervisor determine that the survivor poses a safety risk in the center.

When making a referral, every effort is made to link the survivor directly to the referral agency. The counselor will screen the referral agency, while maintaining the survivor's confidentiality. The counselor will offer to assist the survivor with contacting the referral agency.

Referral(s) must be documented in a client's file.

V. **CLOSURE OF SERVICES**

A. **REASONS FOR CLOSURE**

Closure of services will occur when:

1. The survivor requests closure;
2. The survivor and the counselor mutually decide upon closure;
3. The center determines its services are no longer appropriate for the survivor;
4. The survivor does not request closure of services, but does not return for service; or
5. The center services are no longer available.

B. **CLOSURE OF INDIVIDUAL CLIENT FILES**

Individual closure may require several sessions during which the survivor and the counselor discuss presenting concerns, initial goals, progress towards goals, remaining barriers and plans for continued recovery.

At closure, all clients are given an ICASA-approved evaluation of services form which includes questions regarding survivor-centered, culturally responsive services. Assistance with completion of forms is provided if needed and requested. Efforts are made to ensure that forms are completed confidentially and anonymously. Clients may leave the form at the center or return/mail it at a later date. Centers will have evaluation forms appropriate to the populations served.

Upon closing, the counselor completes an ICASA-approved closing summary form on all clients and places it in the client's

file. The survivor may return for services and the file is re-opened; upon subsequent closure of same file, counselor may complete additional closing summary form or refer to the initial closing form.

All files, both opened and closed, should be stored in a secure place, ensuring complete confidentiality.

C. CLOSURE OF GROUP FILES

Survivors who participate in time-limited groups will complete a closing session the last week of group. The closing session for time-limited groups will address:

1. The concerns presented initially in group;
2. Progress towards goals during the group;
3. Experience in group;
4. Feelings and concerns experienced upon closing; and
5. Plans for continued healing after group.

All group members are requested to complete an ICASA-approved group evaluation form. This confidential form can be left at the center the last session of group or returned/mailed at a later date. An ICASA-approved closing summary form is completed by the group leader for each member and placed in each client's individual file.

PROFESSIONAL TRAINING

I. DESCRIPTION

The center provides in-depth education, skills building and evaluation of skills to prepare other professionals to effectively intervene on behalf of survivors of sexual violence within their institutions.

II. PROGRAM INDICATORS

- A. The center conducts trainings with emergency room workers. Trainings address psychological effects of victimization, needs and feelings of survivors, impact of institutional response and specifics of providing emergency room services to survivors.
- B. The center conducts trainings with criminal justice personnel. The center trains personnel in police departments, sheriff's offices, state's attorney's offices and other criminal justice agencies on the psychological effects of victimization, needs and feelings of survivors, sexual assault and related statutes, impact of institutional response on survivors, the specifics of providing quality services to survivors and benefits of vertical prosecution.
- C. The center conducts trainings with social workers, educators, disability service providers and others.
- D. The center has written outlines and training objectives for each training audience.
- E. When appropriate, the center provides trainees with written materials related to the training content.
- F. Participants evaluate training at the completion of training sessions, when possible.
- G. All trainings reflect a feminist, survivor-centered analysis and intervention and are culturally responsive.

- H. Training incorporates concepts of privilege and oppression, cultural biases, and cultural responsiveness. Training makes other professionals aware of the influence of the cultural context on survivor's and significant other's responses to sexual violence and prepares other professionals to provide survivor-centered and culturally responsive responses to survivors.

AWARENESS PROMOTION AND SOCIAL JUSTICE ACTIVISM

I. DESCRIPTION

Awareness Promotion and Social Justice Activism are services conducted with two different approaches aimed at the community in general rather than a particular audience gathered for a presentation.

Awareness Promotion includes activities such as community health and resource fairs, distribution of flyers/leaflets in public venues, media activities (radio, television, Internet) and other strategies designed to reach the community at large with messages directed at increasing awareness of sexual violence and rape crisis services.

Social justice activism includes a variety of strategies directed at social change. Strategies may be directed specifically at sexual violence or at the broad spectrum of oppressions that contribute to the perpetration of sexual violence. Strategies may include participation in protests and rallies (e.g., Take Back the Night), task forces to engage the community in challenging oppression (e.g., community task force on racism) media activity (e.g., letters to the editor, opinion columns, press conferences), public presentations that demonstrate the impacts of systemic racism on sexual violence intervention and other activist efforts to end sexual violence and oppression through changes in institutions, the community and the broader culture.

II. PROGRAM INDICATORS

- A. The center participates in outreach events as appropriate within their service area for the purpose of increasing awareness of sexual violence and rape crisis services as well as to target the intersecting oppressions that contribute to sexual violence.
- B. The center utilizes evidence-informed, culturally responsive activities and resource materials for each population served. All Awareness Promotion and Social Justice Activism is culturally responsive and reflects a feminist, survivor-centered analysis of the problem of sexual violence.

III. **VOCA-FUNDED AWARENESS PROMOTION AND SOCIAL JUSTICE ACTIVISM**

VOCA-funded public presentations that fall under Awareness Promotion and Social Justice Activism are limited to 40 hours per month per subgrantee. Awareness Promotion & Social Justice Activism activities that are not considered public presentations are not subject to these limits.

INSTITUTIONAL ADVOCACY

I. DESCRIPTION

The center works with personnel in the criminal justice system, medical institutions, child protective systems, schools, and other institutions on behalf of all sexual assault survivors to secure survivor-centered, culturally responsive, effective policies and procedures for handling sexual assault cases. The needs and rights of survivors rather than institutions are the priority of institutional advocacy.

These contacts may be made by phone or in person. Corresponding with any of the aforementioned entities regarding sexual assault survivors in general is also considered institutional advocacy. Mass mailings are not considered institutional advocacy.

Institutional advocacy may include work in the community to promote the development of services to meet the needs of children, adolescents and adults who have sexually victimized others.

II. PROGRAM INDICATORS

- A. On an annual basis, the center assesses existing or potential barriers in local institutions. Based on annual assessment, the center writes an annual plan for institutional advocacy. The plan will include strategies to promote equal access to services for culturally diverse populations.
- B. Through local task forces, advisory boards, special projects and other avenues, the center seeks opportunities to formally participate in policy-making and evaluation of sexual assault policies in local institutions.
- C. The center works with staff in other institutions to develop or improve written guidelines for sensitive, culturally responsive treatment of sexual assault survivors.

- D. The center builds a network of community agencies for referral, including agencies prepared to respond to the specific needs of diverse populations of survivors.

III. **MEDICAL INSTITUTIONAL ADVOCACY**

The center works to secure written agreements with local hospitals stating how the medical advocacy services will function. Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility is required to enter into a memorandum of understanding with a center for medical advocacy services if center services are available per the Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70/1). The center tries to negotiate an agreement requiring hospital personnel to call the center immediately upon a sexual assault survivor's arrival at the emergency room. If this is not possible, the center tries to establish that hospital personnel will inform the survivor about advocacy services and call for an advocate with the survivor's permission.

IV. **CRIMINAL JUSTICE INSTITUTIONAL ADVOCACY**

The center works to secure written agreements with local criminal justice organizations stating how advocacy services will function. One goal of this institutional advocacy is to negotiate an agreement providing that criminal justice organizations call the center immediately upon a sexual assault survivor's report to the organization. If this is not possible, the center tries to establish that law enforcement will inform sexual assault survivors about advocacy services and call for an advocate with the survivor's permission.

V. **INSTITUTIONAL ADVOCACY – NON-MEDICAL/CRIMINAL JUSTICE**

The center works with schools, social service agencies, clergy, etc. to raise awareness regarding sexual assault and abuse issues, identify ways in which the recommended and identified organizations can work together to assist sexual assault survivors and to negotiate working relationships for future referrals.

VI. **VOCA-FUNDED INSTITUTIONAL ADVOCACY**

Only a very small portion (maximum 10%) of VOCA-funded direct service time can be used to support institutional advocacy efforts.

LEGAL SERVICES TO SURVIVORS OF SEXUAL VIOLENCE

I. DESCRIPTION

Attorneys hired by rape centers, either as employees or contractors, and any legal support staff they supervise (collectively “Legal Staff”) provide legal services to survivors of sexual violence to address legal issues arising as a direct result of the sexual violence.

A. REQUIRED LEGAL SERVICES

Centers funded to provide legal services must provide two key services:

1. Filing for and representing survivors at hearings for Civil No Contact Orders, Stalking No Contact Orders, Domestic Violence Orders of Protection, college campus stay-away orders and other protective orders as appropriate and where the services of an attorney are deemed necessary or warranted;
2. Representing survivors in criminal actions that help survivors assert their rights as victims in criminal proceedings directly related to the victimization or otherwise protect their safety, privacy or other interests as a survivor in such a proceeding.

B. PRIORITY LEGAL SERVICES

Centers are encouraged to provide additional legal services if resources are available. These priority legal services include:

1. Representing survivors in the following types of civil actions when they are reasonably necessary as a direct result of the victimization:
 - a. Representation in campus Title IX or Illinois Preventing Sexual Violence in Higher Education Act proceedings

- b. Intervention with administrative agencies, schools/colleges, tribal entities and other circumstances where legal representation would help address consequences of victimization
 - c. Immigration assistance
 - d. Housing matters
 - e. Employment matters
 - f. Contract matters
2. Filing motions to vacate or expunge a conviction, or similar actions, where the jurisdiction permits such legal action based on a person being a crime victim.

C. PERMITTED LEGAL SERVICES

Centers may provide additional legal services in subject matter areas that have not been identified above as priorities because they generally require extensive time commitments and specialized legal knowledge and many communities already have legal aid or pro bono resources available for these matters. Permitted legal services should only be offered by a center when the center can show that other legal representation is not available for survivors in their area and that the center has the capacity to provide these services without sacrificing its provision of required or priority legal services. Permitted legal services include:

1. Family court, divorce, custody, child support
2. Dependency matters

D. DISALLOWED LEGAL SERVICES

1. Criminal defense
2. Tort actions

II. PROGRAM INDICATORS

- A. Attorneys have graduated from an ABA accredited law school, been admitted to practice law in the State of Illinois, are currently authorized to practice law by the Attorney Registration and Disciplinary Commission of the Supreme Court of Illinois

(“ARDC”), and do not have a public record of discipline by the ARDC.

- B. Attorneys are compliant with all ARDC Continuing Legal Education requirements.
- C. The center carries legal malpractice insurance, as appropriate.
- D. Legal Staff hired as employees of the center have a minimum of 40 hours of sexual assault training. Sexual Assault training is recommended for all contractual legal staff.
- E. Legal services that fall into the allowed categories described above in Section I are provided to survivors to address legal issues arising as a direct result of the sexual violence and address consequences of victimization.
- F. Legal services are survivor-centered. The Attorney provides appropriate legal advice, and the survivors make decisions about what kind of representation they want. The Legal Staff provides empathic, non-judgmental, supportive representation to the survivor.
- G. Legal Staff demonstrate the skills and ability to represent survivors of diverse populations. Legal Staff demonstrate an understanding of systems of privilege within our culture and the impact of oppression on those seeking services.

III. **CASE SELECTION AND MANAGEMENT**

A. **CRITERIA**

Legal Staff will select cases and agree to representation of clients by using criteria and priorities developed by the center based on an analysis and determination of the legal needs of the survivors served by that center. Selection of cases will also depend on the timing of the legal needs of the survivor and the resources of the center, including the availability of services and the expertise and knowledge of the available attorney.

B. CONFLICTS OF INTEREST

Representation will only be offered to a survivor after a thorough conflicts check has been completed and it is determined that the survivor seeking representation does not have materially adverse interests in the same or substantially related matter with any current or past legal client of the center or the attorney.

C. ENGAGEMENT/REFERRAL

When representation is offered to a survivor, an engagement letter must be prepared and presented to the survivor that describes the representation and any fees that the survivor will pay. The engagement letter must be signed by the attorney offering representation and by the survivor/client.

When representation is not offered to a survivor seeking legal services, Legal Staff will make appropriate referrals to other legal services agencies or private practice lawyers.

D. FEES

For legal services, a sliding fee scale may be implemented by the center, so long as the lowest fee amount on the scale is \$0. ICASA is committed to free services for sexual assault survivors regardless of the survivors' ability to pay. Financial status is not a factor in determining eligibility for services. A client will not be denied services because of the inability to or choice not to pay. Staff will approach the subject of pay without judgment and with great care for the survivors' perceptions and experience of the power imbalance. Centers may not charge survivors for services supported by VOCA funds.

E. LIMITED REPRESENTATION

Attorneys may provide limited representation, which may be just for one hearing or one clearly described legal issue or matter; they will clearly communicate with the survivor regarding the extent of the representation and clearly document the extent of the representation in the engagement letter. The

extent of the representation will be decided based on the criteria and priorities set by the center and available resources of the center.

F. PRIVILEGE

Legal Staff will make all reasonable and appropriate efforts to protect the attorney-client privilege and work product privilege.

G. ANTI-OPPRESSION FOCUS

Legal Staff are aware that survivors have differing responses to the civil and criminal justice system based on their own or their community's previous experience with that system.

Legal Staff are aware that civil and criminal justice personnel responses may vary based on populations of survivors served and are prepared to respond to bias within the system and advocate zealously for the rights of the survivor.

Legal Staff are aware of their own and others' cultural biases when providing representation and are prepared to challenge these biases within themselves and others to ensure that survivors receive survivor-centered, culturally responsive services within their own centers and in other agencies responding to them.

IV. DOCUMENTATION OF LEGAL SERVICES

A. PURPOSE – The purpose of documentation is to:

- create a record of the representation offered and the legal services provided;
- illustrate the direct link between the legal services provided and the victimization of the client;
- record the advice and options provided to and decisions made by the survivor regarding legal strategy;
- track dates and outcomes of key proceedings;
- ensure clear communication between the attorney and client; and

- assist in the evaluation of the legal services being provided.

B. FILE CONTENT – Each client receiving legal services will have a legal file, which will be kept separately from any other file the center may have for that client. Files are opened under the name of the identified client requesting legal services or the person who is the primary receiver of legal services (i.e. a child).

Each legal file will have two parts: (1) a section for privileged documents marked as “Confidential: Attorney-Client Privileged Communications & Attorney Work Product” and (2) a section for non-privileged documents, such as engagement letters, referral letters, pleadings, motions, orders and termination of service letters.

In addition to basic documentation required for all clients of the center (see Section IV., I. Documentation of Client Services, B., 1.) the following will be documented in each legal file:

1. legal intake form;
2. memo regarding decision whether to offer legal representation;
3. Engagement Letter or Referral Letter signed by client and attorney;
4. legal services plan;
5. status note and contact log for each client contact;
6. any correspondence;
7. any legal pleadings, filings, memoranda or orders;
8. evidence and discovery documents;
9. attorney notes, memos and legal research results;
10. termination of services letter to client and withdrawal notices provided to any court or administrative agency or motion seeking permission to terminate representation; and
11. supervision contacts

Only information pertinent to the client’s legal issue for which legal representation has been offered, as described in the Engagement Letter, is documented in the file.

V. TERMINATION OF LEGAL SERVICES**A. REASONS FOR TERMINATION**

The center will terminate legal services and the attorney will withdraw from representation when:

1. the client requests that legal services be terminated;
2. the client and the attorney mutually decide to terminate legal services;
3. the attorney determines the representation will result in violation of the Illinois Rules of Professional Conduct or other law;
4. the attorney determines that there is a conflict of interest prohibiting the attorney continuing representation of the client;
5. the client persists in a course of action involving the attorney's services that the attorney reasonably believes is criminal or fraudulent;
6. the client has used the attorney's services to perpetrate a crime or fraud;
7. the client insists upon taking action that the attorney and center consider repugnant or with which the attorney and center have a fundamental disagreement or that is in direct conflict with the mission of the center;
8. the client fails substantially to fulfill an obligation to the attorney regarding the attorney's services and has been given reasonable warning that the attorney will withdraw unless the obligation is fulfilled;
9. the legal representation of the client has been rendered unreasonably difficult by the client, for example the client does not respond to requests for information or repeatedly fails to appear for scheduled meetings or proceedings;
10. other good cause for withdrawal exists; or
11. the center no longer has legal services available.

B. CLOSURE OF CLIENT FILES

At the time of termination of legal services, Attorney will send client a termination letter and will file formal withdrawal notices

or a motion seeking permission to terminate representation where appropriate.

At closure of services, all clients are given an ICASA-approved evaluation of services form which includes questions regarding survivor-centered, culturally responsive services. Assistance with completion of forms is provided if needed and requested. Efforts are made to ensure that forms are completed confidentially and anonymously. Clients may leave the form at the center or return/mail it later. Centers will have evaluation forms appropriate to the populations served.

Upon closing a legal file, the Legal Staff completes an ICASA-approved closing summary form and places it in the client's legal file.

All files, both opened and closed, should be stored in a secure place, ensuring complete confidentiality. Legal files must be stored separately from advocacy and counseling files, and access to legal files is limited to Legal Staff.

VI. **SUPERVISION OF LEGAL SERVICES**

Supervision of Legal Staff is essential to achieve two objectives: (1) the delivery of high-quality legal services to clients and the client community and (2) the development of skilled, professional, zealous attorneys for sexual assault survivors. A deliberate allocation of time and responsibility by both supervisors and those being supervised should be made to achieve these goals.

The Attorney is responsible for becoming familiar with ICASA's and the center's policies and procedures. Each new attorney shall be provided with a copy of the Center's policies, a copy of the Center's Legal Services contract with ICASA and ICASA's Policies and Procedures Manual. It is expected that all new attorneys will also attend ICASA's New Attorney Training.

It is especially important that the Attorney learn and implement the program priorities, client eligibility standards, time record maintenance, ICASA's and center's requirements, intake procedure, case handling procedures, ethical responsibilities and client

sensitivity. The Attorney shall provide direction and supervision of all non-attorney Legal Staff.

The Attorney is responsible for becoming familiar with the substantive law and procedures related to sexual assault and victim's rights, including statutes, regulations, rules of procedure, and materials developed by ICASA and the Illinois Attorney General's Office. These materials will be reviewed during ICASA's New Attorney Training program.

Attorneys will be provided with supervision necessary to ensure that they effectively use their skills and expertise to assist clients. Supervisors will provide Attorneys with opportunities to continue to develop their knowledge and legal skills to enable them to engage in complex legal, policy and community work expected of experienced attorneys.

Each attorney will be assigned a specific supervisor. Additional oversight may be provided by individuals other than the immediate supervisor, as described in Section B. The specific strategies used to supervise experienced attorneys are dependent on the individual attorney's assignments, professional goals, strengths, and challenges. However, at a minimum, the strategies described below in Section A must be utilized in the supervision of all attorneys.

A. **CASE REVIEW**

1. Monthly Case Status Report: The attorney must maintain a current case status report and provide it to the supervisor each month. The supervisor must review the case status report each month. After reviewing the case status report, the supervisor should meet with the attorney as may be appropriate to discuss the quality of legal services provided in a case, case strategies, upcoming hearings or negotiations, or other issues related to the quality of legal services provided and the attorney's professional development.
2. Open Case File Review: The supervisor must periodically review the attorney's case files. If the supervisor is a licensed attorney, they will review the full file, including

sections marked confidential and subject to attorney-client or attorney work product privilege. If the supervisor is a non-attorney, they will only review the non-privileged section of the file. For attorneys with between one to three years of experience, a representative sample of open files will be reviewed every four months. For attorneys with more than three years of experience, a representative sample of files will be reviewed every six months.

The supervisor should pick the files to be reviewed. However, the attorney may request that files of their choosing also be reviewed in addition to those selected by the supervisor. The supervisor must complete a Supervisor Case Review Note for each file reviewed and place it in the client file. It is recommended that the supervisor retain a copy for future reference.

Open case file review should include:

- a) An in-depth review of complex legal matters to assure that the attorney has identified all major issues and considered appropriate remedies. Strategies should be re-evaluated to take account of new developments that may arise in the case.
 - b) Routine cases should be assessed to ensure that representation is provided in a competent and timely fashion with adequate client contact. Unacceptable patterns of practice should be identified and corrected.
3. Closed Case File Review: The supervisor must review each case file prior to the case being closed. The supervisor must assess whether the goals of representation have been achieved, and if not, why; whether there was a final communication with the client; and whether the center's case closing protocol has been followed.

B. OTHER SUPERVISION STRATEGIES

1. Regular interaction between the attorney and the supervisor concerning pending cases and other legal work.
2. Prior to filing an appeal, federal lawsuit or complex or potentially controversial litigation the attorney must present the proposed litigation to the supervisor and executive director for approval.
3. Review and approval by the supervisor of all appellate briefs and complex/nonroutine legal memos of law filed with the court.
4. Moot court prior to all appellate arguments and complex motion hearings.
5. Presentation at ICASA Legal Services meetings to discuss the status of cases, build arguments, improve legal forms and get feedback on filed pleadings, motions and memoranda.
6. Attendance by the supervisor at proceedings, such as hearings, trials, meetings, or other settings where the supervisor has an opportunity to observe and provide feedback on the attorney's performance.
7. Assignment to work on a complex or novel case with an internal or external attorney mentor (e.g. CAASE or a legal aid organization).
8. Participation in workshops and other training opportunities offered by the ICASA, CAASE, the Office of the Attorney General and others regarding developing skills and strategies to provide effective legal services to survivors.

SEXUAL VIOLENCE PREVENTION

I. DESCRIPTION

The center employs a wide range of strategies directed toward social change and primary prevention of sexual violence; activities aimed at preventing sexual violence before it happens.

The goals of these strategies are to make individuals and communities aware of sexual violence in all its forms and to engage the community in primary prevention of sexual violence. Sexual violence prevention strategies include coalition building, community mobilization, policy education, social norms change, education programs, professional training and distribution of informational materials. For each strategy, the community group to be engaged can be defined as city, neighborhood, workplace, school, campus, organization or institution.

These prevention strategies often overlap or occur in sequence rather than being conducted in isolation from each other. For example, policy work may be followed by professional training of those responsible for implementing a new policy. A social norms change campaign may include prevention education as one of the strategies to reinforce a multi-media campaign. A prevention coalition may develop a community mobilization plan in a particular setting. These areas of overlap can be captured in prevention planning, narrative reports, and by utilizing Strategy Tags in the Prevention Services section of InfoNet.

A. COALITION BUILDING/INSTITUTIONAL PARTNERSHIP

Coalition Building is the process of engaging with other community organizations in a collaborative, sustained effort to prevent sexual violence. Coalition members, including the center, work together to plan and implement a broad range of prevention strategies. The center may convene the coalition or joining a coalition being convened or continued by other stakeholders. Example: Establish a community task force to address gender equality issues in a neighborhood.

B. COMMUNITY MOBILIZATION

Community mobilization is the process of organizing people, groups and organizations to assume leadership for ending sexual violence and the spectrum of oppressions that contribute to rape culture. Community mobilization strategies involve multi-faceted activities sustained over time. Example: Engage youth to take the lead in planning and implementing a series of rallies, media activities and other efforts to change rape culture in a school.

C. EDUCATION PROGRAMS/PUBLIC EDUCATION

Education programs are presentations to community groups across the age span designed to increase audience awareness, knowledge, and engagement as well as ~~and~~ to change attitudes and behaviors regarding rape culture. Education programs are evidence-informed, age appropriate and culturally ~~inclusive~~ *responsive*. Example: Prevention workers conduct Safe Dates prevention program in 17 middle school classrooms over Spring semester.

D. PREVENTION INFORMATION MATERIALS

Center staff identify/develop and distribute sexual violence prevention informational materials through community health programs, resource fairs, and other public venues. Example: Staff creates sexual violence prevention posters and leaflets to distribute at local bars near college campus.

E. POLICY EDUCATION/CHANGE

Policy education involves sharing information about policy and policy-making to create or change laws, regulations, procedures, administrative rules or practices to prevent sexual violence. The prevention workers and other stakeholders identify a policy that needs to be adopted or revised to prevent sexual violence and advocates for the policy change. Example: Prevention workers work with owners/managers of a local

corporation to assess the work environment and needs regarding sexual harassment policy and works toward policy changes to prevent sexual harassment.

F. PROFESSIONAL TRAINING: PREVENTION

Professional training is development and delivery of training programs for community professionals regarding sexual violence prevention. Professional training addresses, risk and protective factors, effective prevention strategies and opportunities/engagement of professionals in sexual violence prevention efforts.

G. SOCIAL NORMS CHANGE

Social norms change takes place through multi-faceted activities focused on changing a specific social norm that reinforces rape culture. Social norms change alters negative and/or promotes positive group-held beliefs and expectations about how members of the group should behave. Social norms change efforts are designed to modify identified social norms toward intolerance for sexual violence and promotion of gender equality and respect. Social norms change involves a range of messaging strategies using various media and is not a one-time awareness activity. While Social Norms Change is not a stand-alone prevention service, centers work to alter negative social norms and promote positive-social norms through their prevention work.

II. PROGRAM INDICATORS

A. SERVICES

1. On a prescribed basis, the center develops a prevention program plan following the public health approach.
2. The center applies the four-step public health approach to prevention planning and implementation including:

- Analysis of local, state, national or research data to identify the problem and target group(s) of sexual violence in the local community;
 - Identification of risk and protective factors affecting the identified problem of sexual violence in the local community;
 - Selection of evidence-based/informed prevention strategies focused on risk and protective factors specific to the community; and
 - Adoption and implementation of the strategy and approach more broadly with similar community groups.
3. Within its prevention plan and program, the center addresses sexual violence prevention at a minimum of two levels of the social ecologic model: individual, relationship, community, and society.
 4. The center employs prevention strategies consistent with the Nine Principles of Effective Prevention.
 5. The center monitors progress toward its goals and objectives and identifies changes achieved as a result of each prevention strategy it employs.
 6. All prevention work is culturally responsive and reflects a feminist, -survivor-centered analysis of the problem of sexual violence. The center utilizes evidence-informed, culturally sensitive strategies and resource materials appropriate for every population served.

B. DOCUMENTATION

1. The center has a written prevention plan.
2. The center has an identifiable and documented prevention program. Each prevention strategy the center implements meets prevention education standards. Documentation for each prevention strategy includes:
 - Purpose of the strategy;

- Rationale for the strategy;
- Community to be addressed by the strategy;
- Participants in the strategy (e.g. coalition members, education audiences);
- Risk/protective factors addressed;
- Activities conducted as part of the strategy;
- Outcomes including data and information gathered in other surveys, focus groups, anecdotal information, etc.
- Products associated with each prevention strategy.

ELECTRONIC SERVICES

I. DESCRIPTION

The center may offer electronic services for crisis intervention, counseling, and individual advocacy to survivors, significant others and other individuals needing assistance. Electronic services may include services provided via text, online chat service (text, audio, and video), and e-mail. The center responds to both adults and children through electronic services.

Staff/volunteers responds to survivors/significant others electing to participate in electronic services using appropriate approaches, skills, and techniques that reflect an understanding of the diversity of coping skills and help-seeking strategies. Staff/volunteers are aware survivors/significant others have different experiences with electronic services and adjust services to meet their need.

Communication through electronic services methods may be more difficult as the staff/volunteer often cannot see body language or hear tone of communication. The conversations may be more graphic and longer than in-person or phone sessions. The center must develop specific hours of availability for electronic services. Staff must determine if electronic services are appropriate for each survivor/significant other based on interactions.

A client electing to participate in electronic services must sign a written document opting-in to such services. The document will outline best practices for safely using electronic services and survivor/significant other's role in protecting confidentiality and the rape crisis center privilege.

II. PROGRAM INDICATORS

A. TRAINING

1. All staff/volunteers must complete a minimum of three hours of ICASA approved electronic services training in addition to 40-hours of sexual assault training in compliance with ICASA service standards before

providing electronic services.

B. GENERAL COMMUNICATION

1. Staff/volunteers should present clear and succinct communication during a session.
2. Staff/volunteers should not use automated or scripted responses during sessions. The Center may develop and use a scripted reminder about the steps the survivor/significant other should take to protect confidentiality. Automated responses should only be used to provide an announcement when services are not available or to let a survivor/significant other who has initiated electronic services know that someone will be available within a short and defined timeframe.
3. Staff/volunteers should not use emojis, abbreviations, or other Internet slang during sessions.

C. GENERAL PROTOCOL

1. Staff/volunteers may not use personal phones, computers, or devices.
2. Staff/volunteers must follow ICASA policies and procedures regarding confidentiality and online security.
3. Staff/volunteers must not share personal information.
4. Staff/volunteers must check-in with the survivor/significant other about safety and should assess if the survivor/significant other's electronic device is safe at the beginning of each electronic services session.
5. Staff/volunteers must develop an identification protocol (password) with clients prior to beginning sessions and require it to be used at the beginning of each electronic services session with a client.
6. Staff/volunteers must delete texts, e-mails, or any record

of an online chat session immediately after session concludes.

7. Staff/volunteers must remind survivor/significant other to delete material after session concludes.
8. Staff/volunteers should discuss with the survivor/significant other the use of “cloud” data storage system and deletion of material that may have been automatically backed-up on the cloud and encourage the survivor/significant other to turn-off cloud back-up of electronic services with the center.

D. DOCUMENTATION

1. Client’s signed form electing to participate in electronic services and acknowledging safety and confidentiality best practices must be retained in their client file.
2. Staff/volunteers must follow documentation of services in accordance with ICASA policy.

E. PROGRAM PLAN

1. Centers must use the ICASA provided chat service or have approval from ICASA to use an alternative electronic service.
2. The center must have an identifiable and documented electronic services plan and policy. Plans and policies must be submitted to ICASA and approved before electronic services commence.

III. ELECTRONIC APPOINTMENT REMINDERS

A. DEFINITION

Electronic appointment reminders are one-way electronic communications provided via text, online service, or e-mail used to inform a client of details of an upcoming appointment (such as date, time, location, provider, etc.) Electronic

appointment reminders must be provided on an agency-owned device.

B. GENERAL PROTOCOL

Electronic appointment reminders are not subject to the full electronic service policy. Any center offering electronic appointment reminders is responsible to ensure the service is survivor-centered trauma-informed, adheres to ICASA service standards, and protects client's confidentiality and privilege.

A client electing to receive electronic appointment reminders must sign an ICASA-approved document opting-in to such services. The document will inform the client:

- electronic service reminders are a limited one-way communication with an alternative form of contacting the center
- the method(s) available to them to choose to receive appointment reminders
- a release of personal identifying information, if applicable
- any third-party providers the center will use to provide the service
- how the client can access the terms of service of the third-party provider
- outline best practices for safely using electronic appointment reminders.

The center must ensure that necessary third-party providers limited the use of client personally identifying information to the purpose required to provide the service, that the third-party provider use appropriate encryption to protect that data from misuse or distributions to other third-parties, and that the center's policies and use of the providers service reduces risk of misuse.

3-HOUR ELECTRONIC SERVICES TRAINING

I. DESCRIPTION

The center provides 3-hours of training on electronic services in compliance with ICASA standards for every staff member, contractual staff and volunteer of the sexual assault program who provides electronic services to clients.

II. PROGRAM INDICATORS

- A. All staff/volunteers must complete a minimum of three hours of ICASA approved electronic services training in addition to 40-hours of sexual assault training in compliance with ICASA service standards before providing electronic services. Three-hour electronic services training can be provided through two options:
- ICASA Training Institute training
 - Local center staff/volunteer training
- B. The center has a training curriculum that reflects the content requirements in these standards. Centers may choose to send staff to an ICASA provided training, use the material recorded by the ICASA Training Institute or present their own training curriculum that reflects current standards to complete this training.
- C. Training through the local center and training through the ICASA Training Institute includes no less than ninety (90) minutes of lecture and no less than ninety (90) minutes of role play. Trainers will provide feedback to participants on the role play scenarios.

Topic Area	Content Description
Overview of Electronic Services	<ul style="list-style-type: none"> • Services and format offered • ICASA Service Standards
Overview of Types of Services	<ul style="list-style-type: none"> • Advantages and challenges of video, text-based and email services
Electronic Services Best Practices	<ul style="list-style-type: none"> • Center owned devices • Physical space and security • Electronic security • Informed consent • Passcodes and security checks • Ending and deleting communications • No slang, acronyms, abbreviations, or text language • Challenges for survivors
Special Considerations for Text-based Communication	<ul style="list-style-type: none"> • Punctuation, typos, grammar considerations • Do not use emojis or symbols • Increased communication times
Special Considerations for Video Communication	<ul style="list-style-type: none"> • Visual Considerations – body language, background
Maintain Confidentiality	<ul style="list-style-type: none"> • Do not store contacts • Protect devices • Empower clients to protect their confidentiality
Stay Present	<ul style="list-style-type: none"> • Limit automated responses • Single task focus • Respond promptly
Tone Consideration	<ul style="list-style-type: none"> • Be inclusive • Be genuine in responses
Check for Understanding	<ul style="list-style-type: none"> • Ask questions one at a time • Allow time for response

	<ul style="list-style-type: none"> • Follow the survivor’s cues
Planning for the Unexpected	<ul style="list-style-type: none"> • Know resources • Miscommunication • Loss of services • Abusive or prank callers • Suicide/harm to others/mandated reporting • Sharing of graphic pictures/video/disclosures
Self-care	<ul style="list-style-type: none"> • May require increased supervision • Create boundaries
Role-play	<ul style="list-style-type: none"> • Practice providing video, text, and/or email services using ICASA developed scenarios and scripted sessions or scenarios created by individual centers. • Role play for crisis intervention, advocacy, and/or counseling.

SECTION III

SERVICES TO SURVIVORS **WITH INAPPROPRIATE** **SEXUAL BEHAVIOR**

SERVICES TO SURVIVORS WITH INAPPROPRIATE SEXUAL BEHAVIOR

I. ELIGIBLE POPULATION

ICASA centers may serve children with inappropriate sexual behavior who meet all of the following criteria:

- The child has disclosed sexual abuse/assault, been identified as a sexual abuse/assault survivor and/or been reported to DCFS as a sexual abuse/assault survivor; and
- The child is age 12 or under (chronologically or developmentally); and
- The child's inappropriate sexual behavior does not include deception/ trickery, threats, coercion, or force; and
- The child's presenting issue is healing from the effects of sexual abuse.

II. SAFETY PLAN

If the center serves child survivors who exhibit inappropriate sexual behavior, the center makes a determination regarding the child's risk of harm to others. When determining the risk of harm, the center should err on the side of providing maximum safety within the center and refer any child whose behavior cannot be safely managed in the center.

The center engages in safety planning to minimize risk to others in the center whenever a survivor with inappropriate sexual behavior is in the center. This plan is documented in the client's record. The center engages in continuous review of risk and updates the safety plan accordingly.

The non-offending parent/guardian must participate in safety planning to minimize risk of harm to others at home and in the community.

III. **COUNSELING SERVICES**

Counseling services focus on healing from the effects of sexual abuse. The service plan will document that the goal of services is healing from the effects of sexual abuse. The counselor engages in continuous review of the survivor's appropriateness to receive center services and the center's capacity to meet the counseling needs of the survivor.

If the primary focus of counseling services becomes extinguishing inappropriate sexual behaviors rather than healing from the effects of sexual abuse, the counselor will plan for closure and termination of services and refer the survivor.

The non-offending parent/guardian must be involved in the child's counseling services.

If both the survivor and person(s) with whom they have engaged in inappropriate sexual behavior present for services, the center will:

- Refer one of the children elsewhere, or
- Ensure that the two do not have the same counselor and are not scheduled for services at the same site at the same time.

SECTION IV

DOCUMENTATION OF **SERVICES**

DOCUMENTATION

I. DOCUMENTATION OF CLIENT SERVICES

A. PAPER AND ELECTRONIC RECORDKEEPING

The center must keep paper and/or electronic records. This policy applies to both methods of recordkeeping. All client records are kept in locked or password protected files with access limited to center personnel with 40-hours of training in compliance with ICASA Standards who have a need to use the file for service delivery or record keeping (including data entry, record distribution, etc.).

The following standards apply to electronic records.

1. The center must have a written plan and policy for backup of records that addresses safeguards against unauthorized access and loss of records.
2. The center must have written policy regarding security of electronic records that addresses prevention of both internal and external breaches by unauthorized parties and remedies should a breach be suspected or confirmed.
3. The center must have written policy regarding creation and management of passwords for staff authorized to have access to electronic records. Policy must provide that management has secure access to all current passwords.
4. The center must have written policy for steps to remove access to electronic records for staff/volunteers upon leaving the center or otherwise ensure access is available only to authorized parties.

B. CLIENT RECORDS

When documenting client services, care must be taken to ensure survivors' rights are protected and that all documentation is survivor-centered and culturally responsive. Records should be documented in a consistent manner regardless of a survivor's race, ethnicity, gender identity, or other diversity factors and must not include staff's or volunteers' personal judgment or opinions.

1. Basic Documentation - The center documents all services provided to clients. Minimally the center has one form to document contact with a survivor/significant other who has used a service. This form indicates:

- Name or client ID number;
- Survivor or significant other;
- Gender, race, age (if known);
- Service(s) provided;
- Date/time service(s) provided;
- Amount of time;
- Summary of contact; and
- Signature of worker.

This information can be documented on a Medical Advocacy, Criminal/Civil Justice Advocacy, Crisis Intervention, or Intake form. For clients who receive services more than once, the center documents each contact. Minimally this includes:

- Date and time of contact;
- Service(s) provided;
- Hour(s) of service;
- Summary of actions, referrals, follow-up required, etc.; and
- Signature or initial of worker.

2. Screening and Intake - Within three (3) scheduled counseling or advocacy sessions, the center will document screening/intake information on an ICASA-approved form and place the form in the client file. Minimally, the client file will also include:
 - Internal complaint/grievance procedures
 - Statement of client rights
 - Civil Rights compliance acknowledgment
 - Explanation of Your Rights to Confidentiality
 - Request for Services
3. Counselor/Advocate Records – Counselor and advocate records must be distinguishable but may be retained in the same file.
4. Confidentiality Forms – Upon first contact with the center, adult clients are informed about confidentiality. Within three (3) scheduled contacts, an ICASA-approved confidentiality form ("Explanation of Your Rights to Confidentiality") must be signed and filed with client's other records. If a survivor consents to a release of information, the appropriate ICASA-approved form ("Consent to Release of Personally Identifying Information (PII)", Consent for Advocacy Services or "Authorization and Consent for Release of Confidential Communication") must be signed and filed in the client's records.

C. **CLIENT SIGNATURES**

The center must collect client signatures in ink and/or in digital format on ICASA-required forms with signature lines. Digital signatures are defined as signatures collected from a digital signature pad (via touch-screen or another device) or a client's typed name when indicated by the client that this constitutes their signature. Centers cannot use any software for digital signatures which will collect or store a client's personally identifying information (PII) or require a client to

create an account with the software provider in order to use it.

Center staff/volunteers must review forms with clients prior to their signature on any form to ensure informed consent. Clients should always be offered the option of providing a physical signature on any ICASA-required form if they are uncomfortable with signing digitally.

1. ICASA-required Forms - Ink or digital signatures may be collected on the following ICASA-required forms:
 - Client Grievance Policy Acknowledgment
 - Request for Services
 - Rights of the Client
 - Explanation of Your Right to Confidentiality
 - Client Service Plan
 - Civil Rights Compliance Acknowledgement

2. Consent to Advocacy and Consent to Release PII - Ink signatures are preferred for PII releases. Digital signatures may be collected for PII releases if it is the client's preference. Before a client signs a (PII) release (either a Consent to Advocacy or Consent to Release PII) in physical form or digitally, center staff must ensure the following:
 - The survivor has determined that the best way to meet their current need is to have the center disclose PII.
 - The survivor is aware of the pros and cons of sharing information, as well as alternative ways to meet the need without the center disclosing PII.
 - There is not an ability or enough time to complete a traditional written, signed consent either in-person or via mail.
 - The center can confirm they are actually communicating with the survivor whose PII will

be disclosed, such as through visual confirmation via video or a password developed with the staff/volunteer.

3. Authorization and Consent for Release of Confidential Communication - If a client decides to waive rape crisis center privilege, but cannot meet with a center staff/volunteer in-person, center staff/volunteer should complete the Checklist of Questions to Review with a Client Who is Considering Signing a Release with the client remotely via phone or video pursuant to the center's Electronic Services Plan. Following review of the checklist, the client must complete a physical copy of the Authorization and Consent for Release of Confidential Communication with center staff through video or audio confirmation accompanied by a password developed with the staff/volunteer. The client must sign the physical form in ink, and then may scan, fax, mail, or take a photo of the form to send to the center. If extenuating circumstances occur in which these steps cannot be taken, centers should contact the ICASA office for technical assistance to ensure robust protection of client privilege.

D. DOCUMENTATION OF SEXUAL ASSAULT CRISIS INTERVENTION

All crisis intervention calls will be documented on an ICASA-approved crisis intervention form. Only information directly relevant to the callers' immediate concerns and goals should be documented. If the caller is a current client of the center, a copy of the crisis intervention form should be placed in the client's individual file. If the caller is requesting follow-up services, the screening process will be initiated.

E. DOCUMENTATION OF SEXUAL ASSAULT COUNSELING AND SEXUAL ASSAULT THERAPY

1. Purpose – The purpose of documentation is to:
 - Illustrate the link between presenting concerns, goals and outcomes;
 - Assist in the evaluation of the services being provided; and
 - Provide a continuum of care.

2. File Content – Each client receiving services will have an individual file. Files are opened under the name of the identified client requesting services or the person who is the primary receiver of services (i.e. a child). In addition to basic documentation (Section IV, I., B., 1) the following will be documented in each file:
 - Screening and intake information (includes all required forms); (Section II., Counseling, II., A.)
 - Service plan; (Section II., Counseling, II., B.)
 - Progress note and contact log for each client contact;
 - Any releases of information;
 - Any correspondence on behalf of the client with outside agencies or service providers;
 - Closure form; (Section II., Counseling, V., A.-C.) and
 - Supervision contacts. (Section II., Counseling, III., B.)

Only information pertinent to the client's presenting concerns and goals is documented in the file.

3. Progress Notes – Progress notes should be in a succinct, summary form, outlining the issues discussed. The summary of the contact should include information directly pertinent to the client's goals and objectives. Progress notes should illustrate a link between the client's

expressed concerns, goals and outcomes.

Documentation of progress notes should be done on an ICASA-approved progress notes form. Counselors will also utilize an ICASA-approved client contact form which summarizes their client contacts. This form is used in addition to the progress notes form.

F. DOCUMENTATION OF ADVOCACY

1. Purpose – The purpose of documentation is to:
 - Assist in the evaluation of the services being provided; and
 - Provide consistent advocacy services.

2. File Content – Each client receiving services will have an individual file. Files are opened under the name of the identified client requesting advocacy or the person who is receiving advocacy (i.e., a child). In addition to basic documentation (Section IV, I., B., 1) the following will be documented in each file:
 - Contact log and/or progress note for each client contact;
 - Consent for Advocacy and any additional releases of information;
 - Any correspondence.

Only information pertinent to the client's presenting concerns and goals is documented in the file.

3. Contact Log – Documentation of advocacy contacts should be in a succinct, summary form, outlining the service provided. Documentation can be kept on an Advocacy Contact Log or in progress note form at the center's discretion, as long as there is enough information to verify the service rendered.

Documentation of advocacy contacts should be done on an ICASA-approved form.

G. **DOCUMENTATION OF FAMILY AND GROUP COUNSELING SERVICES**

1. Purpose – The purpose of documentation is to:
 - Illustrate the link between family or group services goals and outcomes;
 - Assist in the evaluation of the services being provided; and
 - Provide consistent services.
2. File Content – Each client participating in family or group counseling services will have an individual file. Each client will receive a progress note for each group attended that details the group topic and information relevant to their participation. No personally identifying information regarding other group attendees will be documented in a client's file.
3. Group Note – In addition to the documentation in individual client files, group attendance should be documented on a central group note. This note will contain the name and topic of the group as well as list the client identification numbers of each attendee. Group notes must be stored in a central, confidential location with the center's client files, but not in any individual client's file.

II. **DOCUMENTATION OF COMMUNITY AND INSTITUTIONAL SERVICES**

A. **INFORMATION AND REFERRAL**

Each staff/volunteer documents information and referral contacts, indicating the date, caller/client, information provided, and staff/volunteer name. Minimally, centers must offer two referrals when available.

Community health and resource fairs are also documented as information and referral or awareness promotion. If workers distribute information or materials related to primary prevention, this should be recorded as Prevention Informational Materials.

B. PROFESSIONAL TRAINING

Each staff/volunteer documents the dates, venue (organization/agency if appropriate), number of trainings provided, the number of participants, length of the session, contact person, -topic for each training, and staff/volunteer name.

C. SEXUAL VIOLENCE PREVENTION AND ACTIVISM

Each staff/volunteer documents the date, venue, number of presentations provided, number of participants, length of the session, contact person, topic for each presentation, and staff/volunteer name. See Section II., Sexual Assault Prevention, Section II., B. for additional information regarding documentation requirements.

D. INSTITUTIONAL ADVOCACY

Each staff/volunteer documents the date and length of each contact, name of institution, contact person, content summary, and staff/volunteer name.

Documentation of institutional advocacy contacts should indicate which entity was contacted (e.g., medical, criminal justice, social service, school, etc.).

E. AWARENESS PROMOTION AND SOCIAL JUSTICE ACTIVISM

Each staff/volunteer documents the date and length of each event or activity, location, number of people reached, name of event or description of activity, and staff/volunteer name.

III. DOCUMENTATION OF VOLUNTEER COMPONENT

A. DESCRIPTION

The center keeps individual volunteer files to document training and service.

B. PROGRAM INDICATORS

1. All volunteer training is documented in individual volunteer files. The record of training includes a list of training topics and length of training segments. A copy of the training certificate is in the file.
2. Supervision notes and other written assessments of volunteers (i.e., volunteer application) are included in individual volunteer files.
3. Volunteers are supervised by a designated staff person or volunteer. Supervision of direct service volunteers is provided at least quarterly through in-person or telephone contact. Supervision contacts are recorded in individual volunteer files. Volunteer meetings may be counted as supervision.
4. Volunteer meetings are conducted at least four (4) times per year for purposes of continuing education.
5. Volunteers will be provided with updates on local procedures, changes in laws and other current information on a quarterly basis.

IV. DESTRUCTION OF FILES

For adult clients, a client file may be destroyed after a period of ten (10) consecutive calendar years from the last date of client contact with the center. For minor clients, a file may be destroyed after a period of ten (10) years following the minor client reaching the age of majority. Clients and guardians should be advised of this policy during intake.

V. DATA BREACH RESPONSE

The center must have written procedures in place to respond in the event of an actual or imminent “breach” of client, employee, volunteer, or donor data that may contain personally identifiable information (PII). Center’s breach procedures must include the requirement to report actual or imminent breach of PII to the Illinois Criminal Justice Information Authority and ICASA no later than 24 hours after an occurrence of an actual breach, or the detection of an imminent breach.

SECTION V

CREDENTIALS AND **SUPERVISION OF** **SEXUAL ASSAULT** **STAFF AND VOLUNTEERS**

CREDENTIALS AND SUPERVISION OF SEXUAL ASSAULT STAFF AND VOLUNTEERS

I. AGE REQUIREMENTS

All staff/volunteers must be 18 years of age or older in order to provide direct client services.

II. EDUCATION AND TRAINING REQUIREMENTS

A. STAFF PROVIDING SEXUAL ASSAULT CRISIS INTERVENTION

Staff/volunteers providing Sexual Assault Crisis Intervention are required to complete 40 hours of training in compliance with ICASA Standards on sexual assault, sexual abuse and sexual harassment (hereafter referred to as 40-hour trained) prior to providing client services. Staff are also required to complete a minimum of six (6) hours per year of continuing education; at least two (2) of the six (6) hours of continuing education must be directly related to child and family issues.

B. SEXUAL ASSAULT COUNSELORS

1. Counselors Serving Clients Age 18 and Over – Staff/volunteers providing Sexual Assault Counseling are required to have a minimum of an associate degree with two (2) years of experience providing counseling services.

Staff/volunteers providing Sexual Assault Counseling are required to be 40-hour trained in compliance with ICASA Standards. Staff/volunteers are required to complete an additional 20 hours of training in sexual assault/sexual abuse issues within 180 days of date of hire as a counselor. Prior learning, which must be documented, will count toward meeting this requirement.

2. Counselors Serving Clients Age 17 and Under – Staff/volunteers providing sexual assault counseling to

children age 17 and under and their significant others must have a minimum of a bachelor's degree in crisis counseling, counseling, therapy, social work or psychology (hereinafter referred to as a Human Services field), or a license in counseling, psychology or social work (hereinafter referred to as license). Counselors must also have had an internship/practicum experience working with children in a supervised setting or one (1) year volunteer/professional experience working with children.

A staff/volunteer child counselor/therapist must complete 40 hours of sexual assault training in compliance with ICASA Standards prior to seeing clients. Within the first year of employment, staff/volunteers are required to complete an additional 60 hours of ICASA-approved training. Thirty of the required 60 hours of training must be completed within six (6) months of start of employment with the remaining 30 hours to be completed within one (1) year of start of employment. Required training for child counselors must address usual and expected sexual behavior of children, inappropriate sexual behavior, and counseling strategies with this population.

The 60-hour training must be on child sexual abuse and related issues and the requirement may be met through training: 1) provided by the center or ICASA and/or 2) documented attendance at trainings/conferences/workshops up to five (5) years before beginning employment.

3. Continuing Education Requirements for Counselors – All staff/volunteers providing sexual assault counseling are required to complete 12 hours per year of continuing education in providing Sexual Assault Counseling services. At least six (6) of those hours should address the specific survivor population they serve.

C. SEXUAL ASSAULT THERAPISTS

1. Therapists Serving Clients Age 18 and Over – Staff/volunteers providing Sexual Assault Therapy to adults are required to have a master's degree in a Human Services field, or a bachelor's degree in Human Services field or a license with three (3) years of experience working with survivors of sexual violence.

Prior to seeing clients, a therapist must complete 40 hours of sexual assault training in compliance with ICASA Standards. Within the first year of employment, staff/volunteers are required to complete 60 hours of additional ICASA-approved training. Thirty of the required 60 hours of training must be completed within six (6) months of start of employment with the remaining 30 hours to be completed within one (1) year of start of employment.

2. Therapists Serving Clients Age 17 and Under – Staff/volunteers providing sexual assault therapy to children age 17 and under must have a master's degree in a Human Services field, or a bachelor's degree in Human Services field with three (3) years of experience working with children or a license.

Prior to seeing clients, a therapist must complete 40 hours of sexual assault training in compliance with ICASA Standards. Within the first year of employment, staff/volunteers are required to complete an additional 60 hours of ICASA-approved training. Thirty of the required 60 hours of training must be completed within six (6) months of start of employment with the remaining 30 hours to be completed within one (1) year of start of employment. Required training for child counselors/therapists serving these survivors must address usual and expected sexual behavior of children, inappropriate sexual behavior, and counseling strategies with this population.

The 60-hour training must be on child sexual abuse and related issues and the requirement may be met through training: 1) provided by the center or ICASA and/or 2) documented attendance at trainings/conferences/workshops up to five (5) years before beginning employment.

3. Continuing Education Requirements for Therapists – All staff/volunteers providing sexual assault therapy are required to complete 12 hours per year of continuing education in providing counseling services. At least six (6) of those hours should address the specific client populations they serve.

D. CONTRACTUAL COUNSELORS, THERAPISTS AND CLINICAL SUPERVISORS

Contractual counselors, therapists and clinical supervisors must meet the same minimum education/work experience requirements as staff providing the same service and are required to have 40 hours of sexual assault training in compliance with ICASA Standards before having client contact. Contractual employees are not required to complete additional training or continuing education.

E. CLINICAL SUPERVISORS

1. Clients age 18 and over – Individuals providing supervision for direct service personnel in the Sexual Assault Crisis Intervention, Sexual Assault Counseling or Sexual Assault Therapy role are required to possess, at a minimum, the same education credentials mandated by these standards for staff who perform the service being supervised.
2. Clients age 17 and under – A clinical supervisor of staff/volunteers providing children's counseling services must have a master's degree in a Human Services field. Supervisors must possess all other training and

continuing education requirements mandated by these standards for staff who perform the services being supervised.

To supervise children's counselors, the supervisor must also have one (1) year experience counseling children. To supervise children's therapists, the supervisor must have two (2) years of experience counseling children.

F. **SEXUAL ASSAULT PREVENTION WORKERS**

1. Orientation – Within 30 business days of start date of a sexual assault prevention worker, the supervisor provides orientation that includes, at a minimum:
 - Review of the center's annual prevention plan.
 - Review of all prevention resources and products, such as curricula for education programs, meeting minutes for prevention coalition, informational materials, prevention evaluation tools and reports.
 - Review of documents associated with all prevention strategies for the previous and current fiscal years.
 - Observation and monitoring as the prevention worker practices and conducts prevention activities.
2. Supervision – The supervisor will conduct quarterly field observation with prevention workers in year one of employment and twice annually thereafter.

The supervisor will meet with prevention workers individually and/or as a group on a monthly basis.

3. Training
 - 40-Hour Training – All staff/volunteer sexual assault prevention workers must complete 40-hour sexual

assault training in compliance with ICASA Standards prior to conducting prevention strategies.

- Continuing Education – Prevention workers complete 12 hours of continuing education annually. Continuing education topics focus on sexual assault prevention. Attendance must be documented.

III. **BACKGROUND CHECKS**

Each center must complete a DCFS background check on every volunteer, staff member and contractual staff of the sexual assault program who provides client services or has access to client records.

Background checks are required for all program staff/volunteers who have direct contact with youth (under 18 years) before hiring or before working on the program and every subsequent 5-years. Grantee must have a written protocol on file requiring background checks for all such staff/volunteers and maintain documentation of their completion and results. Background checks must include fingerprint-based background checks through the Illinois State Police.

Staff or volunteers with a record of the following offenses will automatically be excluded from having direct contact with youth: 1) any sex offense or 2) an offense in which the ~~victim~~-survivor is, by statute, a youth, including but not limited to, child abuse and child endangerment. Staff or volunteers with a Class X felony for which the person has completed parole/supervised release within the past 5 years will automatically be excluded from having direct contact with youth unless the program model or service provision relies on staff access or credibility with at-risk populations.

IV. **REQUEST FOR INCLUSION**

If a center wishes to hire a candidate for a position as children's sexual assault counselor or an adult or child therapist, whose education is not in a Human Services Field as defined in the credentials section of the ICASA Standards, the center will submit a

Request for Inclusion to ICASA prior to hiring the candidate.

The Grants Director or Assistant Director will contact the Program Committee Chair or designee and one additional member of the Program Committee to review the request. This group will make a decision regarding whether the candidate's qualifications meet the ICASA Standard. The review criteria for inclusion is as follows: the candidate's college transcripts indicate a program of study equivalent to the Human Services degrees identified in ICASA Standards.

The subcommittee will notify the center regarding its decision within four (4) business days of receipt of the request in the ICASA office.

The center may appeal the decision to the entire Program Committee. The Program Committee will consider any appeal at its next regularly scheduled meeting. The decision of the Program Committee will be final.

SECTION VI

REQUIRED TRAINING

40-HOUR TRAINING

Revised December 9, 2021

I. DESCRIPTION

The center provides 40 hours of training on sexual assault in compliance with ICASA Standards for every volunteer, staff member, and contractual staff of the sexual assault program who provides victim services or has access to client records.

Every sexual assault staff member who has any direct service contact must receive a minimum of six (6) hours of continuing education annually, unless additional hours are required based on their job position (for example, counselors, therapists, clinical supervisors). This education may include information regarding legislative or policy updates, skills development related to sexual assault services, or discussion of local issues related to sexual assault services. Attendance at continuing education sessions will be documented.

II. PROGRAM INDICATORS

- A. 40-hour training may be completed in-person, live virtually, or through a blended learning approach of both in-person or live virtual training with self-guided study.

In-person training will be carried out in the trainee's physical presence and will contain live, face-to-face instruction and interaction. This training may include short videos or other media, but the primary instruction and interaction should occur in real-time and in person. In-person training should include role play with an opportunity for feedback and should include a variety of instructional methods to accommodate multiple learning styles.

Live virtual training is training where trainers and trainees are in separate locations. It is a training method that uses a virtual environment, typically a computer using video capabilities, to provide instructional materials to trainees. Live virtual training must be done live via an interactive virtual platform. The trainers and training participants must be on the virtual platform

in real-time. No pre-recorded instruction may be used. Short videos that would be used during an in-person training may be viewed virtually. Live virtual training may include any of the topics outlined for 40-hour training. If live virtual training is used for role play, it must include an opportunity for live role play and feedback. Live virtual trainings should provide a variety of instructional methods to accommodate multiple learning styles.

Blended learning training is a combination of in-person or live virtual training with self-guided study. Blended learning training consists of a maximum of 16-hours of self-guided study and a minimum of 24-hours of in-person or live virtual training. The approach is structured with self-guided opportunities to build a base knowledge of information before attending in-person training sessions or live, virtual training sessions. The in-person or live, virtual training build on the knowledge from the self-guided study materials and provide opportunity for role play and discussions. After the in-person or live, virtual training, participants will engage in additional self-guided learning, which will reinforce information and skills learned throughout the training.

The pre-live self-guided study portion of the training will consist of 12 hours of online or print content, which must be completed before the in-person or live, virtual portion of the training. The in-person or live, virtual portion of the training following the initial 12 hours of self-guided study will consist of 24 hours of training. The final self-guided study portion of the training will consist of 4 hours of online or print content, which must be completed after attending all in-person or live, virtual training.

No pre-recorded instruction will be used during the 24 hours of in-person or live, virtual training. Short videos that would be used during an in-person training may be viewed virtually. Both in-person and live, virtual trainings should provide a variety of instructional methods to accommodate multiple learning styles.

- B. All staff/volunteers have completed a 40-hour training course in compliance with ICASA Standards prior to providing direct

services to survivors. 40-hour training can be provided through three options:

- 40-hour local ICASA center staff/volunteer training in-person or live, virtual;
 - 40-hour local ICASA center staff/volunteer blended learning training, which includes 4 hours of local center discretion for training topics; and
 - 40-hour ICASA Training Institute training.
- C. The center has a training curriculum that reflects the hours, method of delivery, and content requirements in the ICASA Policy and Procedure Manual p.5-71 to 5-73. Centers may choose to use the ICASA 40-hour training curriculum, create their own curriculum that reflects the hours, method of delivery, and content requirements of this policy, or use a combination of ICASA training curriculum and center-developed curriculum.
- D. Training methods may include lecture, panel presentations, role plays, reading, group discussion, video clips, and observation and should take into account varied participant learning styles. Training includes a minimum of three (3) hours of role play. A portion of the role play is done in conjunction with crisis intervention training. Role plays will be observed, and trainers will give feedback to participants.
- E. The center uses a written training agenda outlining:
- Training content;
 - Schedule indicating time allowed for each content area and method of delivery; and
 - Trainers/guest speakers.
- F. Staff and volunteer trainers have completed 40 hours of sexual assault training in compliance with ICASA Service Standards and have on-the-job training.
- G. Guest speakers from community agencies may be sought as trainers. Guest speakers are not considered primary trainers

and are not required to have 40 hours of sexual assault training.

- H. Training participants receive accessible training materials and links to other sources addressing all major content areas. The training materials may be provided in print or in electronic form.
- I. Training participants who will become volunteers are assessed by trainers and/or supervisors during and after training. Volunteer assessment is written.

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
Overview of History and Politics	<ul style="list-style-type: none"> • Feminism and the History of the Anti-Rape Movement • Rape Myths • Rape Culture • Making the Connection – Sexism, Racism, Classism, Heterosexism and Religious Bias • Brief History and Overview of ICASA Structure 	<p>Total 3 hrs</p>	<p>Total 3 hrs</p> <p>2 hrs Introduction Self-guided Study</p> <p>1 hrs Live Session</p>	<p>Total 4 hrs</p> <p>2 hrs Introduction Self-guided Study</p> <p>2 hrs Live Session</p>
Privilege and Oppression	<ul style="list-style-type: none"> • The origins of oppression • Sexual violence as a tool of oppression • Oppression based on race, ethnicity, class, sex, gender identity, sexual orientation, age, religion, language, ability, immigration status, etc. • Impact of systemic oppression on services and survivors • Strategies for confronting oppression 	<p>Total 4 hrs</p>	<p>Total 4 hrs</p> <p>1 hr Introduction Self-guided Study</p> <p>3 hrs Live Session</p>	<p>Total 4 hrs</p> <p>1 hr Introduction Self-guided Study</p> <p>3 hrs Live Session</p>
Overview of Sexual Violence	<ul style="list-style-type: none"> • Sexual Assault within the Family (incest, sibling abuse, marital, interpersonal sexual 	<p>Total 4 hrs</p>	<p>Total 4 hrs</p> <p>1 hr</p>	<p>Total 4 hrs</p> <p>1 hr</p>

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
	assault, etc.) <ul style="list-style-type: none"> • Sexual Assault within Institutions (nursing homes, residential facilities, prisons, the military, churches, schools, workplaces, etc.) • Consent • Statistics • Definitions • Sexual Violence Continuum • Sexual Violence as Power and Control • Context for Sexual Violence • Power Dynamics • Vulnerable Populations • Vulnerability factors for victimization and perpetuation • Sex Trafficking 		Introduction Self-guided Study 3 hrs Live Session	Introduction Self-guided Study 3 hrs Live Session
Crisis Intervention	<ul style="list-style-type: none"> • Crisis Intervention Principles • Listening/Communication Skills • Rape Trauma Syndrome • Survivor Centered Services • Working with Significant Others 	Total 7 hrs	Total 7 hrs 3 hrs Introduction Self-guided Study 4 hrs Live	Total 8 hrs 3 hrs Introduction Self-guided Study 5 hrs Live

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
	<ul style="list-style-type: none"> • Cultural Humility • Making Good Referrals • Trauma and the Brain • Rape Trauma Impact • Serving Marginalized Populations • Steps of Crisis Intervention • Live Role Play – 1 Hour 		Session	Session
Crisis Intervention with Children and Adolescents	<ul style="list-style-type: none"> • Definitions • Adulthood • Prevalence and Statistics • Overview of Child Development • Effects of Sexual Assault on Children • Crisis Intervention Strategies with Children and Adolescents • Live Role Play – 1 Hour 	Total 4 hrs	Total 4 hrs 1 hr Introduction Self-guided Study 3 hrs Live Session	Total 4 hrs 1 hr Introduction Self-guided Study 3 hrs Live Session
Medical and Legal Advocacy	<ul style="list-style-type: none"> • What is Advocacy? • Why is Advocacy Necessary? • Role of an Advocate • Emergency Room Procedures • Physical Exam, Evidence Collection and Chain of Custody • Illinois State Police 	Total 10 hrs	Total 10 hrs 4 hrs Introduction Self-guided Study 6 hrs Live Session	Total 11 hrs 4 hrs Introduction Self-guided Study 7 hrs Live Session

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
	<p>Evidence Collection Kit</p> <ul style="list-style-type: none"> • Sexual Assault Nurse Examiners (SANE) • Consent by Minors to Medical Procedures Act • Anonymous HIV Antibody Testing • STIs • Pregnancy Testing • Emergency Contraception • Abortion • Sexual Assault Survivor’s Emergency Treatment Act (SASETA) • Drugs Facilitating Sexual Assault • IL Criminal Sexual Assault Act of 1984 • VESSA • Civil No Contact Order • Maintaining Confidentiality • Criminal Justice Procedures – Roles of Law Enforcement, Prosecutors, etc. • Prior Sexual Activity or Reputation as Evidence (Rape Shield) • Rights of Crime Victims 			

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
	<ul style="list-style-type: none"> and Witnesses Act • Statute of Limitations • Crime Victims' Compensation Act • Institutional Advocacy and Networking • Mandated Reporting • Recordkeeping • Safe Homes Act • U-Visa/T-Visa • Automated Victim Notification System • Live Role Play – 1 Hour 			
Activism and Education	<ul style="list-style-type: none"> • Mobilizing Survivors to Social Action • Responding to the Rape Culture (consent, victim-blaming) • Strategies for Prevention 	Total 2 hrs	Total 2 hrs 2 hrs Concluding Self-guided Study	Total 2 hrs 2 hrs Concluding Self-guided Study
Vicarious Trauma and Self-Care	<ul style="list-style-type: none"> • Defining Vicarious Trauma • Boundaries • Recognizing and Minimizing Burnout 	Total 1 hr	Total 1 hr 1 hr Live Session	Total 1 hr 1 hr Live Session
Roles and Responsibilities of Rape Crisis Workers	<ul style="list-style-type: none"> • Prepare trainees for the roles they will assume after training 	Total 1 hr	Total 1 hr 1 hr Concluding	Total 2 hrs 2 hrs Concluding

Module Topic Area	Content Description	Local Center In-person or Live Virtual Training	Local Center with Blended Learning Training	Training Institute Blended Learning Training
			Self-guided Study	Self-guided Study
Local Center Discretion	Local center choice, which may include, but are not limited to: <ul style="list-style-type: none"> • Extended discussion of topics included in earlier parts of the training • Required Forms and Documentation • Information specific to individual roles in the center • Introduction to community services • Other 	Total 4 hrs	Total 4 hrs 1 hr Concluding Self-guided Study 3 hrs Live Session	Total N/A
TOTALS		40 hrs	40 hrs	40 hrs

Key:

1. Highlighted topics may be covered in self-guided study.
2. A minimum of 3 hours role play required. Additional interactive activities should be included in each module.

MANAGER'S TRAINING

I. INTRODUCTION

ICASA's mission statement and organizational philosophy hinges on the belief that violence has its roots in the state of inequality generated by the cultural phenomenon of patriarchy and perpetuated by attitudes of sexism, racism, classism, heterosexism, and nationalism. As an organization that exists in such a society, we recognize that we are a part of it and consequently are dedicated to continual reassessment of our own attitudes and consciousness.

ICASA's survivor-centered code of ethics reiterates this mission and philosophy and further requires that staff/volunteers keep up-to-date in the field and seek continuing education, professional development and personal growth.

Managers and Governing Body delegates are in leadership positions with decision-making responsibilities that affect sexual assault service delivery. It is critical that they understand, model, and promote anti-oppressive behaviors and work to implement policies and procedures that promote social justice within their organizations and the community.

II. PURPOSE

The purpose of this policy is to assist managers and Governing Body delegates in their efforts to seek continued knowledge on anti-oppression and social justice issues and to provide training, tools and techniques to support this on-going process.

III. TRAINING AND CONTINUING EDUCATION REQUIREMENTS

A. FIRST YEAR OF EMPLOYMENT OR TENURE AS GOVERNING BODY DELEGATE

Managers at ICASA centers and each center's Governing Body delegate must attend four hours of training provided by ICASA on anti-oppression and social justice issues during their first

year of employment as manager/delegate. Training objectives will focus on anti-oppression issues and concerns, management strategies and communication techniques specific to managing centers. ICASA will offer trainings multiple times throughout the year. Attendance at the 40-hour crisis-intervention training does not meet this requirement.

Managers are defined as Executive Directors at single service centers and Sexual Assault Program Directors at multi-service centers. Governing Body delegate refers to the center's designated delegate for the fiscal year.

All ICASA Centers must meet this requirement in FY06. After FY06, policy applies to new managers and center Governing Body delegates only.

B. ANNUAL CONTINUING EDUCATION

After the first year of employment, managers and Governing Body delegates must attend three hours of annual continuing education on anti-oppression and social justice. Continuing education may be provided by the center, ICASA or another agency/organization. Training must specifically address anti-oppression and social justice issues.

C. DOCUMENTATION

All training and continuing education must be documented and maintained on file at the center.

SECTION VII

RELEASES AND WAIVERS

RELEASES OF INFORMATION/RECEIVING INFORMATION

I. CONDITIONS OF RELEASE

No information is to be shared with any individual or organization outside the center unless all the following conditions are met:

- The client or guardian is fully apprised of the client's right to absolute confidentiality and the potential impact of releasing information and waiving this privilege; and
- The appropriate staff person discusses with the client or guardian the purpose of the release; and
- The client or guardian determines that the release is in the client's best interest; and
- The release is completely filled out and signed by the client or guardian.

Without signing a release, the client or guardian can obtain information from outside resources which can be shared with their counselor, reviewed, and then returned to the client or placed in the file if the client or guardian requests for it to be there. The counselor also may obtain information from outside sources with the client or guardian's consent. The client or guardian may review their own file without signing a release.

II. AUTHORIZATION AND CONSENT FOR RELEASE OF CONFIDENTIAL COMMUNICATION

If a client or guardian is interested in releasing information in a client file to an outside party, staff/volunteers must explain to the client the legal effect of releasing this information. The staff must explain that releasing any information from the file is a complete waiver of the client's confidentiality in civil and criminal court.

If the client or guardian determines it is in the client's best interest to share information with any individual or organization outside the center, then an ICASA-approved release of information form will be completed in its entirety, stating specifically what information is to be shared. No release should include the statement "all information in the file:" unless required for subpoena. Parents/legal guardians may

not waive privilege for children 12 years and older. Parents/legal guardians who do not have interests adverse to those of the client may waive privilege for children under 12.

Minors age 12 years and older may sign their own release of information forms. Releases involving minors under 12 years old who are DCFS wards should be reviewed with the ICASA General Counsel on a case-by-case basis.

A guardian of an adult with a disability cannot waive privilege for the client without going through the courts. Confidentiality of Statements Made to Rape Crisis Personnel statute (735 ILCS 5/8-802.1) was amended by P.A. 97-1150, effective January 25, 2013, to provide adults with a guardian control and access to their records at rape crisis centers.

III. **CONSENT TO RELEASE OF PERSONALLY IDENTIFYING INFORMATION (PII)**

If a client or guardian is interested in releasing PII to an outside party, center staff must explain to the client the legal effect of releasing this information. If the client or guardian determines it is in the client's best interest to share information with any individual or organization outside the center, then an ICASA-approved release of PII form will be completed in its entirety, stating specifically what information is to be shared.

For clients under 17, both the client and the guardian should sign the PII release. PII releases only allow centers to release factual information regarding a client's services, limited to confirmation of services provided, dates of service, age, date of birth, etc. Release of any confidential communications by the center requires a waiver of rape crisis center privilege.

IV. **CONSENT FOR ADVOCACY SERVICES**

If a client or guardian is interested in receiving advocacy with medical, legal, or other personnel, a Consent for Advocacy Services form should be reviewed with the client. This form allows a client or guardian to both to request advocacy services and consent to sharing

of personally identifying information (PII) in order to facilitate requested advocacy services. This form can be used for any advocacy services provided by the center but will most often be used for emergency medical and legal advocacy and ongoing follow-up regarding these services. If the client or guardian determines it is in the client's best interest to receive advocacy services and allow the center to share PII with any individual or organization outside the center, then an ICASA-approved Consent for Advocacy Services will be completed in its entirety, stating specifically that the clients name and other PII will be shared to facilitate advocacy.

For clients under 17, both the client and the guardian should sign the Consent for Advocacy Services. The Consent for Advocacy Services only allows centers to release a client's name and other PII when necessary to facilitate advocacy services. Release of any confidential communications by the center requires a waiver of rape crisis center privilege.

V. **EXCEPTIONS**

In the event that the client presents a clear imminent risk of serious physical injury or death to themselves or others, the center staff/volunteer must act to ensure the client's safety or the safety of others without a signed release of information. This will not jeopardize the client's confidentiality. In cases of mandated reporting, the center staff does not need a release and must comply with the Abused and Neglected Child Reporting Act and the Adult Protective Services Act.

SECTION VIII

FACILITY

COUNSELING SPACE

- Counseling/therapy services are provided in private, confidential areas. In rare instances, at the request of the client, services may be provided in a public area if the survivor has been informed of the possible waiver of privilege under the confidentiality statute and has given informed consent. Consent is noted in the client's record.
- All centers provide designated counseling space that is welcoming, confidential, survivor-centered, and reflective of the diverse populations of the community. For example, artwork and brochures should represent the race, ethnicity, age, ability, gender identity, sexual orientation, and religion of the community.
- The survivor service areas of the center promote confidentiality. Both visual and auditory privacy is provided.
- All centers must provide counseling space that is accessible to people with disabilities in accordance with the Americans with Disability Act. Services for people with disabilities should not be segregated from other service areas and should meet the same standard for a welcoming, safe, and culturally diverse environment as the center's primary office space.
- All centers providing counseling to children under age 12 provide a child-friendly environment including specialized furniture and equipment and a counseling room with equipment such as easels, paints, dolls, dollhouses, crayons, and other child-specific materials.
- All centers provide reasonable geographic access to clients through public transportation, supported transport or off-site services.
- Whenever possible, assistance with childcare referrals is provided for survivors with children.
- Supervision may be conducted by observation of a counseling/therapy session with consent of the survivor, a note of this consent must be included in the client progress notes or other written record.

SECTION IX

GRIEVANCE POLICY **REQUIREMENTS FOR** **ICASA-CERTIFIED RAPE** **CRISIS CENTERS**

APPROVED 4/15/93

GRIEVANCE POLICY REQUIREMENTS FOR ICASA-CERTIFIED CENTERS

Each ICASA Center has a client grievance policy and procedure. A center's grievance process includes four components:

- I. Statement of Client Rights
- II. Grievance Policy
- III. Grievance Procedures
- IV. Appeals Process

I. STATEMENT OF CLIENT RIGHTS

The statement is a one-page form which provides clients with notice of:

- Philosophy of center services;
- Services available including cost, if any;
- Right to survivor-centered, culturally responsive services;
- Right to confidentiality; and
- Right to voice a complaint.

This statement is available in the language of the populations served and also through alternative means of communication for people with disabilities.

II. GRIEVANCE POLICY

The Center's Grievance Policy should be an overview statement and must include that:

- Each person has the right to file a complaint and receive a response pursuant to center grievance procedures;
- Each person has the right to an independent advocate who can assist them in the grievance process;
- Each person has the right to appeal a decision and receive a response; and

- Each person will be provided a copy of the grievance policy at intake and notified of the right to request a copy of the grievance procedures.

III. **GRIEVANCE PROCEDURES**

Procedures to implement the policy must include:

A. **STATEMENT OF PREFERENCE AND METHOD FOR INFORMAL RESOLUTION OF COMPLAINT**

B. **FORMAL COMPLAINT PROCESS**

The formal complaint process must address the following issues.

1. Filing Procedures – The filing procedure must identify what a "complaint" is, who has the right to file a complaint, when the complaint must be filed, how the complaint can be filed and with whom the complaint shall be filed.
2. Investigative Procedures – Investigative procedures will necessarily vary, but each Center must identify who will conduct the investigation, the methods of the investigation (interviews, fact finding, etc.), a timeline for investigation, and who will participate in the investigation.
3. Findings and Response to Complaint - These procedures must identify when the response with findings will be completed, who will present the response with findings, and how the findings will be presented.

C. **PROCESS FOR REVIEW**

If the complainant is not satisfied with the findings, a process for review to the next supervisory level must be provided. Ordinarily, a Center or Program Director will become involved, if not at the first level, then certainly in any review.

The review procedure shall identify with whom the complaint shall be filed, who shall respond to the complaint, and when the response shall be completed.

IV. **APPEALS PROCESS**

A. **APPEAL TO BOARD OF DIRECTORS**

The appeals process allows for the possibility that the Center staff cannot resolve the complaint. The Center's Advisory Board or Board of Directors should become involved at this level.

B. **APPEAL TO ICASA**

ICASA will most often function as an administrative review, (e.g., to determine whether a certification or funding contractual provision is implicated). Ordinarily, ICASA expects that if a Center follows its policies and procedures, there will be ample opportunity for resolution of a complaint. As a funder, however, ICASA has a process to review Center-related complaints which implicate its contracts and certification eligibility requirements.

The Center's grievance policy must include a notification of the existence of the ICASA grievance policy and a method for accessing it.

SECTION X

ICASA **SATELLITE OFFICE** **STANDARDS**

APPROVED 9/22/95

REVISED 6/21/02

ICASA SATELLITE OFFICE STANDARDS - VAWA-FUNDED**I. PURPOSE**

To provide at least 24-hour medical and criminal justice advocacy response, 24-hour telephone crisis intervention services and information and referral to an underserved or unserved area.

II. GOVERNANCE

A satellite is a program of an existing Certified Rape Crisis Center. It is not an autonomous organization.

III. DEFINING CHARACTERISTICS

A satellite sexual assault program has:

- A volunteer group indigenous to the satellite service area;
- Networking agreements with local hospital, law enforcement and state's attorney;
- 24-hour access to telephone crisis intervention without long distance charges;
- 24-hour in person emergency department and law enforcement station response; and
- services provided in compliance with ICASA Service Standards.

IV. COMMUNITY RELATIONSHIPS

The center provides written documentation about community relationships that describes:

- How need is assigned;
- How input is sought and considered; and
- How citizen evaluation of service is sought.

This is demonstrated by any of the following:

- The existence of an advisory board in the satellite service area; or
- The parent organization creation of a board member slot for a citizen from the satellite service area; or
- Regular (annual) community meeting/forum in the satellite service area; or
- Other, e.g., donation of office space by a community agency.

V. **PAID STAFFING REQUIREMENTS**

There are paid staff dedicated to the satellite service area. Hiring from the service area is encouraged.

VI. **OFFICE REQUIREMENTS**

The satellite has a secure office for meeting victims and maintaining records; the office will be identifiable to the community.