

Sexual Assault: Enhancing Sexual Assault Services

Quantum Units
Education

Affordable. Dependable. Accredited.

www.quantumunitsed.com

BUILDING CULTURES OF CARE

A GUIDE FOR SEXUAL ASSAULT SERVICES PROGRAMS

TABLE OF CONTENTS

Section One: Introduction	Page 3
Section Two: Understanding trauma	Page 4
Section Three: Defining trauma-informed services	Pages 5-6
Section Four: Core principles of trauma-informed culture	Pages 7-12
Section Five: Spheres of trauma-informed care	Pages 13-52
Section Six: A guide for integrating trauma-informed services	Pages 13-52
A. Organizational culture	Pages 13-30
• Staff Training on Impact of Trauma and How to Support Healing	Pages 13-15
• Organizational Commitment to Staff Growth and Wellness	Page 16
• Budget/Fiscal	Page 18
• Recruitment and Hiring	Page 19
• About Volunteers and Interns	Pages 20-22
• Supervision	Pages 22-24
• Policies/Procedures	Pages 25-27
• Organizational Change	Page 28
• Establishing a Safe Physical Environment	Pages 28-30

TABLE OF CONTENTS CONTINUED

B. Services	Pages 31-46
• Methods	Page 31
• Developing Goals and Plans	Page 33
• Offering Services and Trauma-Specific Interventions	Page 34
• Working with Collaborative Partners	Pages 34-35
• Offers Comprehensive Services	Pages 36-46
C. Individual	Pages 47-52
• Self-care	Pages 48-52
Section Seven: Conclusion	Page 53
Section Eight: Organizations	Pages 54-58
Section Nine: References	Page 56

ACKNOWLEDGEMENTS

We would like to acknowledge and thank the following authors. This guide includes adaptations from their publications, which have been instrumental in creating this publication.

Davies, J. (2007). *Helping sexual assault survivors with multiple victimizations and needs*. Retrieved from the National Sexual Violence Resource Center: http://www.nsvrc.org/sites/default/files/Helping-sexual-assault-survivors-with-multiple-victimizations-and-needs_0.pdf

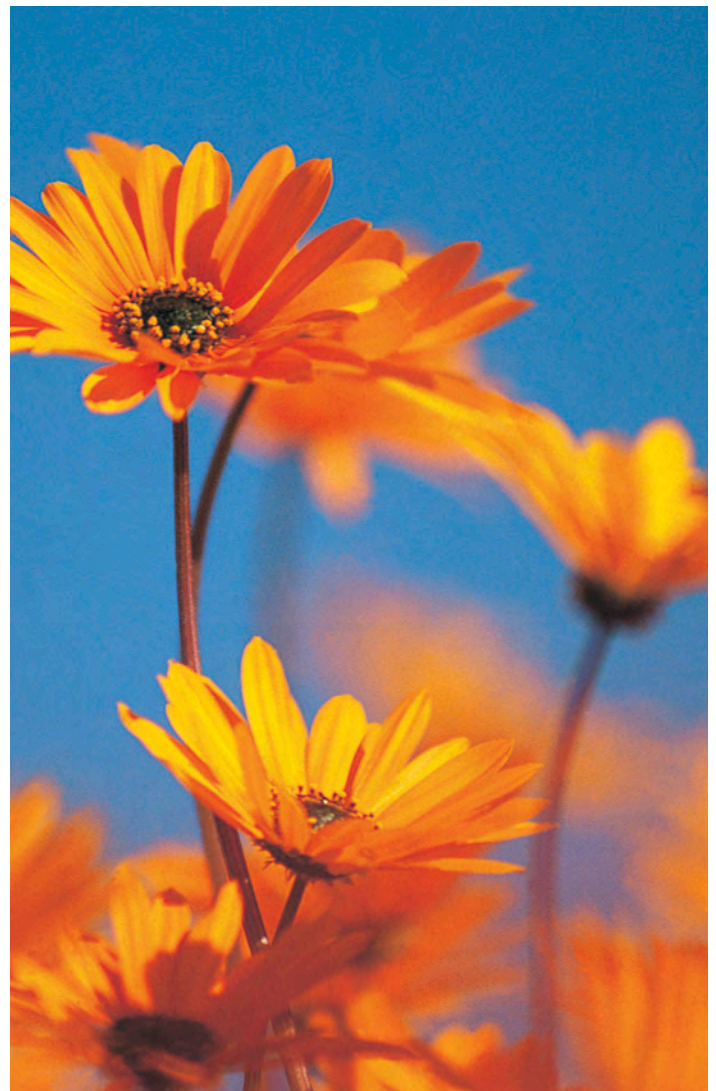
Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit for homeless services*. Retrieved from the National Center on Family Homelessness: <http://www.familyhomelessness.org/media/90.pdf>

Healing from sexual violence is a process that often takes time, resources, and empathic support. “A common analogy for the healing process is a spiral. You go through the same stages again and again; but traveling up the spiral, you pass through them at a different level, with a different perspective ... With each new cycle, your capacity to feel, to remember, to make lasting changes is strengthened” (Bass & Davis, 2008, p. 59). Sexual assault services programs play a pivotal role in the healing journey of those who have experienced sexual violence. They provide advocacy services related to the immediate crisis and long-term needs of survivors, as well as prevention and education efforts focused on building strong and safe communities.

Many of the individuals served are survivors of multiple forms of trauma, including: historical trauma, repeated victimization, marginalization, discrimination, and other forms of violence. When programs are grounded in this understanding, it sets the foundation for providing services that are anticipative of and responsive to the trauma that survivors have experienced.

This guide provides information to support sexual assault services programs in strengthening their organizational and individual responses to survivors of sexual violence through the use of a trauma-informed approach. It is organized as follows:

- Understanding trauma
- Defining trauma-informed services
- Core principles of trauma-informed services
- Spheres of implementation
- A guide for integrating trauma-informed services



UNDERSTANDING TRAUMA

Sexual assault trauma is a physical and emotional violation that might result in feelings of intense fear, powerlessness, and hopelessness. Such events can be traumatic, not because they are rare, but because they overwhelm the internal resources that give individuals a sense of control, connection, and meaning (Bryant-Davis, 2005).

“Trauma” refers to both the event and the particular response to the event. The experiencing of, understanding of, and healing from trauma varies among individuals, because we all are unique and bring our perspectives and strengths to our experiences (Proffitt, 2010). Trauma begins when an event or experience overwhelms normal coping mechanisms. Physical and psychological reactions – which are normal – often result in response to the traumatic event. Retraumatization occurs when an environmental cue related to the trauma (e.g., a sound or smell) triggers a fight, flight, or freeze response in the survivor (Proffitt, 2010). While it is not possible to eliminate all environmental cues, it is important that sexual assault services programs create environments where survivors feel safe.

Trauma influences how people approach and respond to services, making it essential that organizations serving survivors of sexual assault recognize expressions of trauma and acknowledge the role trauma plays in people’s lives. This enables organizations to better understand and address the needs of individuals who have experienced sexual violence (Proffitt, 2010). The goal of this approach, known as “trauma-informed care,” is to support the healing and growth of survivors while avoiding retraumatization. Trauma-informed care is a philosophy and a skill set. Its underlying philosophy is grounded in grassroots and survivor-centered models that came from the early rape crisis center and domestic violence movements. Its evolution has made it an approach recognized in many mental health, medical, and advocacy models and settings. It provides a framework for understanding the impact of trauma on survivors, communities, and those that serve them. It also is a reference point for building strong organizations and sexual assault services that are responsive to those needs.

Vicarious trauma refers to the cumulative effect of witnessing the suffering of others over time. While those who work with survivors of sexual violence might be impacted positively by this work, vicarious trauma refers specifically to the negative changes to an individual’s physical, psychological, and spiritual health. When considering the impact of trauma in an effort to create cultures of trauma-informed care, it is important to address the needs of organizations and staff in order to reduce and effectively respond to vicarious trauma.



SECTION THREE

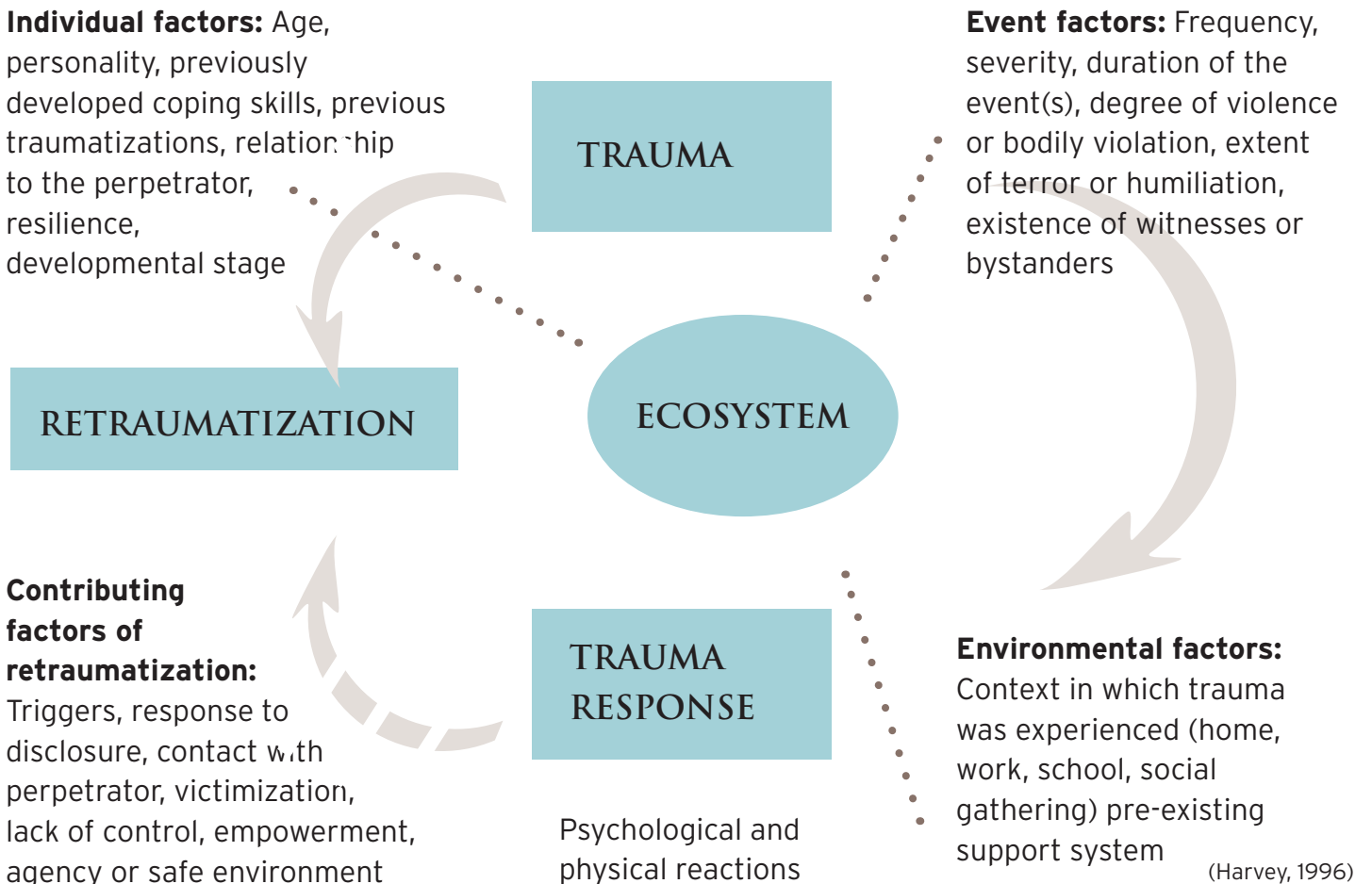
DEFINING TRAUMA-INFORMED SERVICES

Trauma-informed services are not specifically designed to treat symptoms or syndromes related to sexual violence, but they are informed about and sensitive to trauma-related issues present in survivors. A trauma-informed organization – whether a hospital, community mental health agency, rape crisis center, or dual/multi-service advocacy agency – is one which all components have been reconsidered and evaluated in light of a basic understanding of the role violence plays in the lives of survivors (Harris & Fallot, 2001). A trauma-informed approach also integrates an understanding of a survivor’s history and the entire context of their experience. The model below represents how each individual’s reaction to a traumatic event is influenced by the circumstances surrounding the event and the individual’s lived experiences. The attributes of the

“IN PRACTICE, TRAUMA-INFORMED SERVICES INVOLVES STRIVING TO UNDERSTAND AND SUPPORT TRAUMA SURVIVORS WITHIN THEIR FAMILIAL, SOCIAL, AND COMMUNITY CONTEXTS.”

community to which the survivor belongs also can influence how a survivor is affected by trauma. The individual, the event, and the environmental factors can shape a survivor’s reaction to trauma and the healing process. The survivor’s strengths are at the center of trauma-informed services. Resilience is the core focus, as opposed to pathology, problems, or symptoms (Proffitt, 2010). In practice, trauma-informed services involves striving to be culturally competent and to understand survivors within their familial, social, and community contexts and life experiences (Proffitt, 2010, p. 3). Trauma-informed services also attend to the needs of those who serve trauma survivors by providing the same elements of care to survivors and workers.

AN ECOLOGICAL UNDERSTANDING OF TRAUMA



...ING TO BE CULTURALLY COMPETENT AND UNDERSTANDING
COMMUNITY CONTEXTS AND LIFE EXPERIENCES.” — PROFFITT, 2010



SECTION FOUR

CORE PRINCIPLES OF TRAUMA-INFORMED CULTURE

Trauma-informed service comprises six basic elements that are applied to all activities and interactions with agency clients and with agency workers (Fallot & Harris, 2009). These core elements are: safety, trustworthiness, choice, collaboration, empowerment, and cultural relevance (Proffitt, 2010). These philosophical principles help to shape the culture of sexual assault service programs and the services provided to survivors.

GUIDING QUESTIONS ON THE CORE PRINCIPLES ¹

SAFETY

To help ensure physical and emotional safety, programs can assess:

Safety and survivors

- Where and when are services delivered? In the office, agency, home, or community? What safety considerations are important in the location of various services?
- What signs and other visual materials are there? Are they welcoming? Clear? Legible?
- How would you describe the reception and waiting areas, interview rooms, etc? Are they comforting and inviting?
- Are survivors provided with clear explanations and information about each step and procedure? Does each contact conclude with information about what comes next?
- What events have occurred that indicate lack of safety – physically or emotionally? What triggered these incidents? What alternatives could be put in place to minimize the likelihood of them happening again?
- Are staff attentive to signs of survivor discomfort or unease? Do they understand these signs in a trauma-informed way?

Safety and staff

- Do staff members feel physically safe? Do staff members provide services in locations other than the office? If so, what safety considerations are important?
- Do staff members feel emotionally safe? In relationships with administrators and supervisors, do staff members feel supported?
- Do staff members feel comfortable bringing their concerns, vulnerabilities, and emotional responses to survivor care to team meetings, supervision sessions, or a supervisor?

TRUST

To help maximize trustworthiness, programs can assess:

Trust and survivors

- Does the program provide clear information about what will be done, by whom, when, why, under what circumstances, at what cost, with what goals?

¹ From "Creating Cultures of Trauma Informed Care (CCTIC): A Self Assessment and Planning Protocol" by R. Fallot and M. Harris, 2006. Retrieved from <http://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>. Copyright 2009 by Community Connections. Adapted with permission.

CORE PRINCIPLES OF A TRAUMA-INFORMED CULTURE

Safety	Ensuring physical and emotional safety; “do no harm”
Trust	Maximizing trustworthiness, making tasks clear, maintaining appropriate boundaries
Choice	Prioritizing survivor choice and decision-making; supporting survivors’ control over their own healing journey
Collaboration	Maximizing collaboration and sharing power with survivors
Empowerment	Identifying strengths, prioritizing building skills that promote survivor healing and growth
Cultural competence	Ensuring cultural applicability of services and options; sensitivity to the role of culture in lived experience and decision-making

Adapted from Proffitt, 2010

- How does the program handle role clarity and accomplishing multiple tasks? (e.g., especially in counseling or case management where there are significant possibilities for more personal and less professional relationships)
- What is involved in the informed consent process? Is both the information provided and consent obtained taken seriously? That is, are the goals, risks, and benefits clearly outlined and does the survivor have a genuine choice to withhold consent or give partial consent?

Trust and staff

- Do program directors and supervisors have an understanding of the work of direct-care staff? Is there an understanding of the emotional impact of direct care? How is this communicated?
- Is self-care encouraged and supported with policy and practice?
- Do program directors and supervisors make their expectations of staff clear? Are these consistent and fair for all staff positions, including support staff?
- Do program directors and supervisors make specific plans for program implementation and changes clear? Is there consistent follow through on announced plans?



- Can supervisors and administrators be trusted to listen respectfully to staff concerns – even if they don't agree with some of the possible implications?

CHOICE

To help ensure choice and control, programs can assess:

Choice and survivors

- How much choice does each survivor have over what services they receive?
- Does the survivor choose how contact is made?
- Does the program build small choices to make a difference to survivors? (e.g., When would you like me to call? Is this the best number for you? What other ways would you like me to reach you or would you prefer to get in touch with me?)
- Does the survivor have choices about who attends various meetings? Are support persons permitted to join planning and other appropriate meetings?

Choice and staff

- Is there a balance of autonomy and clear guidelines in performing job duties? Is there attention paid to ways in which staff members can make choices in how they meet job requirements?

- Are staff members given the opportunity to have meaningful input into factors affecting their work: size and diversity of caseload, hours and flex-time, when to take vacation or other leave, kinds of training that are offered, approaches to care, location, and décor of office space?

COLLABORATION

To help ensure collaboration, programs can assess:

Collaboration and Survivors

- Do survivors have a significant role in planning and evaluating the program's services? How is this "built in" to the agency's activities?
- Do staff communicate respect for the survivor's life experiences and history, allowing the survivor to place them in context (recognizing survivor strengths and skills)?
- Are survivors involved at service planning meetings? Are their priorities sought and validated in formulating the plan?
- Does the program cultivate a model of doing "with" rather than "to" or "for" survivors?

Collaboration and Staff

- Does the agency have a thoughtful and planned response to implementing change that encourages collaboration among staff at all levels?
- Are staff members encouraged to provide feedback and ideas to their team and the larger agency?
- Do program directors and supervisors communicate that staff members' opinions are valued even if they are not always implemented?

EMPOWERMENT

To help ensure empowerment, programs can assess:

Empowerment and survivors

- In routine service provision, how are each survivor's strengths and skills recognized?
- Does the program communicate a sense of realistic optimism about the capacity of survivors to reach their goals?
- Does the program foster the involvement of survivors in key roles wherever possible (e.g., in planning, implementation, or evaluation of services)?
- For each contact, how can the survivor feel validated and affirmed?

Empowerment and Staff

- Are each staff member's strengths and skills used to provide the best quality of care to survivors and a high degree of job satisfaction to that staff member?

- Are staff members offered development, training, or other support opportunities to assist with work-related challenges or difficulties? To build on staff skills and abilities? To further their career goals?
- Do all staff members receive annual training in areas related to trauma, including the impact of workplace stressors?

CULTURAL COMPETENCY

To help ensure cultural competency, programs can assess:

Cultural competency and survivors

- In routine services, how is the cultural competence of the services provided assessed?
- Is the agency structure, location, design, and décor representative of the communities that it serves?
- Are services available in the preferred language of survivors?

Cultural competency and staff

- Do staff members receive ongoing training and supervision on cultural competency?
- Does the program work with partnering agencies that have expertise in or experience working with different cultures for ongoing training and consultation?
- Does the program respect and observe a variety of religious and spiritual holidays?
- Is there diversity in staff representation at all levels of the agency?
- Does the program provide ongoing opportunities for staff to share their cultures with each other (e.g., potlucks, incorporating different types of art and music)?



SPHERES OF TRAUMA-INFORMED CARE & A GUIDE FOR INTEGRATING TRAUMA-INFORMED SERVICES

A trauma-informed program values all people and their ability to transcend experiences of trauma. This approach is multidimensional and can be seen throughout the various spheres of an organization, including: organizational culture, services provided, and the individual staff, volunteer, and intern commitment to self-care and growth. A trauma-informed approach is demonstrated in a program's mission statement, the sustainability of its work, the way a survivor is greeted on the telephone, the comprehensiveness of care provided, the safety and comfort of offices and meeting spaces, the commitment of an organization to staff wellness, staff attitude toward survivors, and staff commitment to self-care. The following portion of this guide will take a deeper look at the layers of each sphere of trauma-informed services.

A. ORGANIZATIONAL CULTURE

Staff training on impact of trauma and how to support healing

Programs use a variety of approaches to provide philosophical exploration and skill development. Approaches might include: formal presentations, role-playing, conferences, workshops, observation, shadowing experienced staff, individual/peer/group supervision, and staff meeting discussions.

Staff at all levels of the program receive training and education on the following topics:

- Defining trauma in the context of sexual violence
- How traumatic stress affects the brain and body
- Trauma factors (individual, event, and environmental factors)
- Coping skills
- Long-term impact of trauma
- The relationship between other forms of victimization and/or oppression and trauma
- How trauma affects a child's development
- How trauma affects a child's attachment to his/her caregivers
- The relationship between childhood trauma and adult re-victimization
- Supporting autonomy and decision-making in children and adolescents
- Historical trauma
- Cultural differences in how people understand and respond to trauma



- How to help survivors identify triggers
- How to develop safety plans
- How to help survivors manage their feelings (e.g., helplessness, rage, sadness, terror, joy, love, confusion, etc.)
- Grounding techniques (e.g., ways to help people to calm down before reaching the point of crisis)
- How to support resilience
- How to establish and maintain healthy professional boundaries
- How to provide and receive peer support

TIPS FOR SUSTAINING TRAUMA EDUCATION & AWARENESS

One-time trainings are insufficient to support organizational change. Organizational change is a continuous process, and new approaches take time to be reinforced and deepened. Additionally, high turnover rates necessitate repeated training to provide knowledge and skills to new staff. To be trauma-informed, programs can build an infrastructure for sustaining trauma awareness and growth in the following ways:



Create a trauma workgroup: This involves a core group of staff members from all levels of the organization coming together to take what they learned about trauma and strategize about how to apply this knowledge to daily program practices. Workgroup activities could include examining the environment and program practices for potential triggers, arranging for further staff training and consultation by outside agencies, and identifying and taking advantage of smaller opportunities such as supervision and staff meetings to provide further education about trauma, and how these concepts can be applied in real-world situations.

Incorporating trauma language: Use the term “trauma” in program mission statement, handbooks, etc. Incorporate questions about a potential employee’s understanding of trauma concepts into the interview process. This represents another way to integrate trauma knowledge into daily practice, and conveys the message that understanding trauma and providing trauma-sensitive care is a priority.

Establishing external networks of support: Programs can sustain trauma awareness by establishing regular contact with outside agencies with expertise in trauma, including the use of outside consultants with expertise in trauma to provide ongoing education and case consultation. Making these types of connections offers staff a way to stay abreast of new information, avoid isolation, and focus on areas where the program is in most need of guidance.

Organizational commitment to staff growth and wellness

Supporting resilience requires a strong organizational commitment in both policy and practice. Organizations can foster staff resilience, growth, and wellness by proactively providing systems of support through enacting effective responses to staff in times of stress or other challenges. Indicators of an organizational commitment to staff growth and wellness include:

1. Organizational culture

- Program provides regular case supervision for direct-service staff
- Program supports upward mobility in organization
- Program provides clear job description for staff, including roles and responsibilities that are accurate representations of the work staff does



- Program provides flexible or diverse workloads. For example, advocates might need to take periodic breaks from direct survivor contact. Involvement in prevention work can provide a meaningful and restorative hiatus because such advocacy is proactive and benefits survivors in other ways.
- Program encourages self-reflection and sharing with one another, including debriefing for all staff
- Program provides opportunities that promote laughter and lightheartedness
- Program supports shared leadership opportunities
- Program highlights and builds upon staff strengths
- Program has safe, clean, and welcoming work spaces
- Program has designated eating and/or break rooms for staff
- Program supports staff's professional development
- Program has regularly scheduled all staff and team meetings
- Program provides processes for staff debriefing
- Program provides staff with access to all necessary equipment, technology, and materials to complete job
- Program invites staff to customize and decorate their work spaces
- Program supports sharing food at meetings and celebrations, and within circles
- Program has regular celebrations of achievements and milestones

2. Benefits

- Program provides flexible work schedules
- Program provides fair and competitive salaries
- Program compensates staff for on-call time
- Program recognizes and supports participation in diverse holidays

Program provides benefits for employees, including:

- Health care coverage
- Retirement plan
- Flexible spending accounts
- Complimentary or discounted wellness opportunities
- Tuition assistance or reimbursement
- Paid time off
- Employee Assistance Program (EAP)

3. Training

Program provides ongoing external and internal training opportunities during orientation and on an ongoing basis on:

- Cultural relevance
- Team management
- Conflict resolution
- Program provides ample orientation to newly hired staff, volunteers, and interns
- Program supports the co-creation of individualized training and staff development plans

4. Budget/fiscal

- Program has diversified funding streams
- Program conducts regular budgetary analysis that involves reviewing budgets and spending for sustainability
- Program consults state, territory and/or tribal coalitions, or outside consultants for support and assistance on fiscal matters, as applicable
- Program maintains a conflict of interest policy
- Program utilizes proper checks and balances in its fiscal processes and procedures. For example, programs might require that more than one person sign all checks payable
- Program has fundraising plans and positions to support fundraising work
- Program conducts an annual audit
- Program provides staff responsible for grant writing ample training and continued education to prepare them for this work
- Program has an incremental, longer-range plan that allows the agency to make changes when opportunities arise, such as new funding, staff turnover, or a change in board leadership and resources
- Staff support is reflected in the agency's budget and personnel policies



STAFF SUPPORT

Some ways to reflect staff support in program budgets:

- Generous and flexible vacation/sick/holiday leave time and compensatory time
- Regular supervision
- Adequate staffing for services provided
- Job sharing
- Job coaches
- Continued training and education
- Comprehensive employee assistance programs (EAP)
- Limited time on call
- Training and supervision on cultural competence skills and knowledge
- Wellness opportunities (gym passes, massages, wellness workshops, etc.)
- Effective orientation for staff, volunteers, and board of directors

5. Recruitment and hiring

- Program's mission and core values are included in recruitment materials
- Recruitment is conducted in a manner to reach diverse candidates
- Candidates are informed of all relevant information related to the position for which they are applying (roles, responsibilities, salary, benefits, office environment, schedule, travel involved, etc.)
- Candidates are invited to tour the offices in which they would work
- Programs seek candidates with diverse backgrounds and skills to support a rich organizational culture
- Programs inform candidates of the nature of the work and explain organizational supports for resilience and reducing vicarious trauma
- Programs include interview questions for candidates that address individual strategies for self-care and wellness
- Programs include interview questions that assess the skill set needed for each respective position (e.g., advocate positions might include questions that assess the skills of: active listening, expressing empathy, understanding of trauma, etc.)

6. Commitment to volunteers and interns

A commitment to an organization's volunteer and intern programs means the organization understands the important role these individuals hold within the organization. Interns and volunteers are often the lifeline of an organization and can help an organization thrive, especially during hard economic times. Recruiting skill-based volunteers allows organizations to use volunteers in many of the same roles as staff. At the same time, volunteers and interns are not merely a source of in-kind contributions. Interns and volunteers possess many of the same needs as staff, which is why it is important to create a structure within the organization that outlines how volunteers and interns will be utilized, trained, cared for, celebrated, and maintained.

7. Volunteer and intern recruitment

When providing trauma-informed services at all levels of an organization, it is important to consider how volunteers and interns are recruited.

For a survivor, volunteering at an organization providing sexual violence services can be important to the ongoing healing process. It is important that an organization not only actively seeks survivors, but also maintains recruitment and screening processes that do not hinder or deter potential survivors from volunteering for an organization. Retraumatization should be avoided by creating a space for survivors to disclose, without necessitating this process.

Instead of creating policies prohibiting survivors from volunteering in an organization, it is important to understand the needs of a survivor and how this fits into the philosophy of the organization, as well as the unique skills and experiences survivors bring to an organization.



IF AN ORGANIZATION IS EXPERIENCING HIGH TURNOVER, IT COULD BE A WARNING SIGN OF VICARIOUS TRAUMA.

Programs should consult state guidelines, if applicable, for help creating an approach for survivor participation in the organization. It is important that an organization has a flexible approach that provides options to determine how survivors might serve within the organization in a manner that is advantageous for everyone.

8. Training volunteers and interns

Volunteers and interns should receive much of the same training as staff. It is important for volunteers and interns to receive basic sexual violence training through a trauma-informed lens. It is also important for these trainings to be held multiple times throughout the year and at different times of the day to accommodate the needs of volunteers and interns. Additional skill-based training should also be provided around the volunteer or intern's specific responsibilities. For example, if a volunteer is responsible for answering crisis calls, it is important that this individual receives specific training around the unique needs of sexual violence survivors and how this might inform a crisis call process. Interns and volunteers should receive follow-up training. An array of topics and varying degrees of advanced training should be made available to interns and volunteers. Training on trauma and self-care are critical components to such training.

9. Sustaining volunteers and interns

Sustaining volunteers is an ongoing process and a critical responsibility in creating trauma-informed services for survivors, but also for the individuals volunteering their time. If an organization is experiencing high turnover, it could be a warning sign of vicarious trauma. To avoid this, it is important to provide regular training, supervision, and the opportunity for volunteers and interns to shadow staff as a means of training, all while tapping into the strengths of each individual volunteer and intern.

There are an array of ways to sustain volunteers and interns while also helping to avoid vicarious trauma:

- Create an annual volunteer and intern appreciation event
- Regularly acknowledge and praise the work of volunteers and staff – in staff and board meetings, newsletters, and organizational events
- Include volunteers and interns in staff retreats
- Host quarterly or biannual potlucks to celebrate interns and volunteers that might be with the organization long-term

10. Volunteer and intern self-care

Volunteers and interns experience many of the same emotional, physical, spiritual, and intellectual responses to trauma as staff, and these responses to trauma can be both helpful and harmful to an individual's ability to work. It is important for an organization to create a volunteer experience that minimizes vicarious trauma. Providing options for volunteers to debrief about their work in serving survivors is crucial to help process these potentially traumatic experiences:

- Schedule regular check-in times with volunteers and interns for debriefing
- Establish open lines of communication so volunteers and interns are comfortable approaching staff with any issues or concerns
- Include volunteers and interns in staff meetings
- Provide regular supervision for volunteers and interns, but create the opportunity for interns and volunteers to work independently
- Allow volunteers and interns the ability to change or alter their duties and responsibilities based on their level of comfort

NOTE: Additional information around self-care can be found in the Individual section

11. Supervision

Supervision is a key component of support for staff and the trauma-informed services that they provide to survivors. Supervision is a way for staff to gain support, debrief about the work they do, and improve their skills, knowledge, and abilities. For the agency, it also serves as a tool for accountability, managing caseload, and attending to job performance. There are many different types of supervision, but they all fall into the general categories of administrative, coaching, and clinical/practice. It is helpful if the purpose and expectation of supervision is explained and provided in writing to all staff.

Administrative supervision includes tasks such as monitoring time sheets, vacation requests, progress on projects, training needs, and financial matters. For example, to bring a trauma-informed lens to these tasks, organizations could monitor vacation usage and encourage staff to take time off at regular intervals. If an employee is sick often, monitoring sick leave might also signal to the supervisor that perhaps the employee is suffering from stress-related illnesses and may need extra supervision and support.

The coaching component of supervision relates to professional development, job performance, and vicarious trauma, among other issues. Coaching is typically intensive one-on-one work to help an employee reach certain, mutually-set goals. Coaching is not to be confused with counseling. Though supervisors may provide some emotional support to employees, the boundaries of the relationship must remain clear for the health of the agency and employee.

Clinical or practice supervision is the regular analysis of our daily work with an eye toward professional growth. All staff, including direct-service staff and leadership, benefit from regular

SUPERVISION IS A KEY COMPONENT OF SUPPORT FOR STAFF AND THE TRAUMA-INFORMED SERVICES THAT THEY PROVIDE TO SURVIVORS.



and strengths-based clinical or practice supervision. Clinical/practice supervision may happen in individual or group sessions. Many agencies engage an outside counselor with appropriate credentials to provide clinical supervision to staff, in order to separate clinical supervision from administrative and coaching supervision. However, with honest communication and clearly defined boundaries, other agencies have successfully provided all three components through one supervisor.

When a trained and credentialed clinician is not available, agencies can still provide practice supervision. It is important to provide proper training, including information on vicarious trauma, to anyone who will be conducting clinical or practice supervision and anyone who focuses on supporting staff in the services they provide to survivors. This type of supervision provides assistance with challenges, helps ensure ethical integrity, and provides direct-service staff an opportunity to share any personal challenges they might be experiencing in response to their work with survivors.

Supervision: Availability and frequency

- Administrative supervision is available on a regular basis between supervisors and supervisees, both in individual and group formats.
- Coaching is provided at a few times per year to discuss job performance and professional goals
- More intensive coaching is made available as needed
- Clinical/practice supervision is available on a regular basis for all direct service staff
- Outside paid or volunteer consultants are used to provide supervision when staff or management do not have a particular area of expertise. For example, a trusted therapist might donate several hours per month to provide clinical supervision
- Peer group supervision is available for direct-service staff
- Supervision is regularly scheduled at times that are convenient for both the supervisee and supervisor

Supervision: Methods

- Supervision is rooted in a strengths-based, empowering approach, which begins with the belief that the supervisee or employee is sincerely motivated to help others and has talents and abilities that will have a positive effect on survivor outcomes
- Supervisors invite supervisees to recognize their strengths and might offer their own observations of strengths
- Supervisees are informed of what happens with the information shared in supervision
- Supervision is a collaborative experience in which both the supervisee and supervisor co-create a process that meets the individual needs of the supervisee
- The tone and approach to supervision is guided by the needs of each supervisee
- Supervision takes place in a location that is comfortable for the supervisee
- Follow-up to items discussed in supervision is planned and agreed upon by both the supervisee and supervisor
- Clear policies for corrective supervision are implemented, and when necessary, termination of employment if staff or volunteers don't meet basic competencies

Supervision: Content/topic

- Opportunities are readily available for advocates to debrief around difficult events
- Cultural competence issues are regularly integrated into supervision. For example, supervisors can encourage discussions that foster self-awareness regarding privilege. Integrating cultural competence into supervision also means that supervisors are provided with the guidance they need to supervise a diverse staff
- Self-care plans and strategies are regularly explored with advocates



12. Policies/procedures

When creating policies, a trauma-informed program considers trauma and its impact on survivors and staff, and works to avoid inadvertent retraumatization (e.g., inducing feelings of powerlessness, shame, lack of control, etc.).

Policies/procedures: Creating written policies

Documenting policies can be an effective method of institutionalizing a program's positions, approaches, and procedures. Written policies should accurately reflect the stance or actions a program would take in a specific situation.

- Program has a statement on its commitment to understanding trauma and engaging in trauma-sensitive practices
- Policies are established based on an understanding of the impact of trauma on survivors, staff, and communities



- Program has a commitment to demonstrating respect for cultural differences and practices
- Program has a commitment to include survivors in all levels of the organization (Board, Staff, Volunteers, and Interns)
- Program has commitment to hiring staff with diverse backgrounds
- Program has a written policy outlining program responses to survivor crises (e.g., self-harm, suicidal thinking, aggression towards others)
- Program has policies outlining professional conduct for staff (e.g., boundaries, responses to survivors, etc.)
- Program has policies that include responsibilities during disagreement, including respectful communication, mediation, and arbitration
- Program has policies for confidentiality, if applicable, and limits to confidentiality
- Program has policies on grievance procedures for both survivors and staff
- Program has policies on how to use testimonials from survivors with good care and intention
- Program has a media response plan
- Program has policies on the scope of advocacy and when and how to make referrals

Policies/procedures: Reviewing policies

Creating trauma-informed programs requires continual review of policies and protocol to see what works for survivors and staff. For policies to be effective, they must be properly enforced, understood and agreed upon by program staff and/or survivors, and considered helpful by staff and/or survivors. The more a program learns about trauma and methods to support healing from trauma, the more modifications they may want to make to their policies, protocol, and services.

Specific recommendations for review include:

- Program's mission, vision, and values are represented in its policies
- Program reviews its policies and protocols on a regular basis to identify whether they are sensitive to the needs of trauma survivors
- Program involves staff in its review of policies and protocol
- Program involves survivors in its review of policies and protocol
- Program proactively informs staff and survivors, as applicable, of changes in policy
- Program continually elicits feedback about relevance and efficacy of policies

Policies/procedures: Involving survivors

Programs can facilitate healing and empowerment by giving survivors a voice in what happens on a daily basis in the program. Giving survivors a voice can begin by facilitating regular meetings where survivors can address questions, concerns, and ideas about the program. Involving survivors also means providing opportunities for them to be directly involved in developing program activities and evaluating program practices. Involving survivors in program development enhances the quality of the services provided and affirms the belief that survivors are the experts in what is best for them.

- Programs follow agency policies regarding survivor involvement
- Survivors are involved in program development
- Survivors have the opportunity to become involved in peer-support activities (e.g., peer-run support groups, educational, and therapeutic groups)
- Survivors are invited to share their thoughts, ideas, and experiences with the program
- Survivors are provided opportunities for activism and involvement such as public speaking, awareness events, and peer-led groups
- Survivors who are currently accessing the program's services are given opportunities to evaluate the program and offer their suggestions for improvement in anonymous and/or confidential ways (e.g., suggestion boxes, regular satisfaction surveys, meetings focused on necessary improvements, etc.)

13. Organizational change

A commitment to organizational change means a program is continually assessing the efficacy of the services it provides and the methods of service provision. Organizational change requires program staff to think critically about their goals and objectives, have “big picture” conversations about mission and vision, and engage in evaluation to assess areas of strength and growth.

Programs that embrace organizational change prepare for the future through strategic planning, succession planning, and sustainability planning.

- Staff, leadership, Board of Directors, survivors, and volunteers all have voices in organizational change efforts
- Organizational change is seen as an opportunity for positive growth and enhancing care provided to survivors
- Program creates a culture of learning where everyone involved in the organization is encouraged to generate ideas and provide constructive feedback
- Community and organizational assessments are a routine part of organizational planning and evaluation efforts
- Program creates and utilizes sustainability plans for services and staff
- Program proactively engages in succession planning to ensure smooth transitions

14. Establishing a safe physical environment

Creating a safe, warm, and welcoming physical environment is one of the primary components of a trauma-informed program. For advocacy programs serving survivors of sexual violence, additional attention to physical safety is required. Specific areas within the building, such as bathrooms, can be particularly triggering. Poor lighting, questionable building security, or a lack of control over personal space also can trigger feelings of fear and helplessness.

Accessibility

- The program’s building/office is accessible, meeting ADA standards for accessibility design
- Transportation is provided or accessible for survivors to get to and from the program
- There is safe and accessible parking and access to the building
- Signs are clear, visible, and in multiple languages
- Bathrooms are available and accessible to individuals of varied abilities, genders, and body sizes

Aesthetics

- The program’s building /office is well maintained and clean (e.g., things are fixed when they are broken and the building is swept/dusted/mopped, sprayed for bugs, etc.)
- There is colorful, culturally diverse and child-friendly artwork
- Program incorporates living items into the decor, such as plants and fish tanks



- Program provides calming music
- Program incorporates child-friendly decor and materials
- Program provides survivors with opportunities to make suggestions about ways to design and decorate the space

Survivor Interaction with staff

- Staff members ask survivors for their definitions of physical safety
- Survivors are able to speak promptly with someone upon entering the building
- Staff members ask survivors for permission before closing doors, touching survivors, etc.
- Program establishes an “environment” committee where survivors and staff can determine ways in which they would like to improve/change the physical space

Comfort

- A bathroom with a locking door is accessible to survivors
- The waiting room has ample space and seating options
- There are quiet rooms and spaces and places to move
- Survivors have access to drinks and snacks
- Program provides a safe space for children to play
- There are multiple options of comfortable seating, including rocking chairs/gliders

Security

- The environment outside the building /office is well lit
- The program's building/office has a security system
- All areas of the building/office are well lit
- Program staff monitors who is coming in and out of the building /office



B. SERVICES

Methods: Establishing a Supportive Environment

In addition to ensuring physical safety, establishing a supportive environment is an essential aspect of trauma-informed care. How survivors are welcomed and how staff respond to their individual needs sets the stage for future interactions. Establishing a safe and welcoming emotional environment requires programs to create a culture of open communication, respect, and community. Trauma-informed programming involves providing survivors with as much information as possible, being aware of the impact of culture, demonstrating respectful interactions, thinking proactively, and maintaining consistency, predictability, and transparency.

Policies and priorities

- Program policies are easy to understand, feasible, and flexible, and implemented through training and supervision

Policies related to serving survivors are written, implemented, and regularly reviewed on the following topics:

- Responding to survivors whose needs go beyond the program's service priorities or abilities
- Crisis intervention situations, such as cutting/self-harm; suicidal or homicidal thoughts, feelings or intentions; substance overdose
- Commitment to cultural competence
- Child protection and mandated reporting
- Grievance procedures

Information sharing

- Program regularly reviews rights, policies, and grievance procedures with survivors
- Survivor rights are posted in places that are visible and/or made available in hard copy for the survivor to keep
- Material is provided about traumatic stress; for example, what it is and how it impacts people
- Referrals are provided to survivors whose needs go beyond that of the program's scope
- All materials are made available in the survivor's preferred language

Cultural competence

- Program information is available in different languages
- Survivors are presented with the opportunity to speak their first or preferred language when receiving services
- Staff shows acceptance for all religious or spiritual practices



- The program provides ongoing opportunities for survivors to share their cultures with each other (e.g., potlucks, incorporating different types of art and music)
- Outside agencies with expertise in cultural competence provide ongoing training and consultation
- For programs that provide residential or shelter services, survivors are allowed to prepare or have ethnic-specific foods and culturally specific grooming products, clothing, and sleeping quarters

Privacy and confidentiality

- Program informs survivors about the extent and limits of privacy and confidentiality (e.g., the kinds of records that are kept, where they are kept, who has access to this information, and when the program is obligated to report information to child welfare or police)
- There are private spaces for staff and survivors to meet
- Staff do not talk about survivors in common spaces
- Staff do not talk about specific survivors without their permission
- Staff do not discuss the personal issues of one survivor with another survivor

Open and respectful communication

- Staff members ask survivors for their definitions of emotional well-being
- Staff members practice supportive techniques with survivors (e.g., open-ended questions, affirmations, and reflective listening)

- Program uses “people-first” language rather than labels (e.g., “a survivor who has dissociative experiences” rather than “The DID client”)
- Staff uses descriptive language rather than characterizing terms to describe survivors (e.g., describing a person as “having multiple areas where she is seeking support” rather than “needy”)
- Staff members are able to interact with survivors in distress without telling them what to do
- Staff members listen to and validate a wide range of emotions (e.g., grief, sadness, anger, fear, happiness, excitement, joy, and relief) from survivors with respect and calmness. They understand that there is no “right” or “wrong” emotion to express
- Survivors are viewed as the greatest experts on their own lived experience and needs

Consistency and predictability

- The program provides advanced notice of any changes in scheduling, policies, and procedures
- Staff responds consistently to survivors (e.g., consistency across shifts)
- There are structures in place to support staff consistency with survivors (e.g., trainings, staff meetings, shift change meetings, and peer supervision)
- The program is flexible with rules, as needed, based on individual circumstances

Developing goals and plans

For trauma survivors, developing goals and plans could seem intimidating and overwhelming. In these situations, it is easy for the survivor to “freeze.” Advocates serve as key helpers to provide an environment, tools, and information to support survivors in taking control of their own lives and futures. Trauma-informed goal planning is survivor led, individualized, and built on empowerment.

Goal planning

- Staff supports survivors in setting their own goals, whether big or small
- Survivor goals are reviewed and updated regularly
- Survivors work with staff to identify a plan to address their needs
- If possible, before ending services, survivors and staff develop a plan to address future service needs related to trauma

Safety planning

- Survivors work with staff to create individualized safety plans
- Safety plans are incorporated into survivors’ individual goal planning

Survivors might want to include the following items in their individual safety plan:

- A list of known and potential triggers
- A list of behaviors that the survivor shows when they are triggered

- Specific strategies and responses that are or could be helpful when the survivors is feeling triggered
- A list of people the survivor feels safe around and can reach out to for support

Safety plans could include the following, but should be tailored to the needs of each individual survivor:

- A list of known and potential triggers
- A list of behaviors that the survivor identifies that indicate that they are stressed or overwhelmed
- Specific strategies and responses that are or could be helpful when the survivor is feeling upset or overwhelmed
- Specific strategies and responses that are not helpful when the survivor is feeling upset or overwhelmed
- A list of people whom the survivor feels safe around, including their contact information, and can go to for support

Offering services and trauma-specific interventions

Programs provide a variety of services, such as general advocacy, legal, medical, and educational advocacy, support groups, survivor activism, and community engagement. A trauma-informed program makes it a priority to facilitate communication among staff and collaborative partners because integration of services is a key principle of trauma-informed care.

- Program provides opportunities for survivors to receive comprehensive services (National Sexual Violence Resource Center & National Sexual Assault Coalition Resource Sharing Project, 2012)
- Program provides opportunities for survivors to express themselves in creative and nonverbal ways (e.g., art, yoga, theater, dance, movement, music)
- Program has access to a clinician with expertise in trauma and trauma-related interventions (on staff or available for regular consultation)
- If mental health services are requested (e.g., individual therapy, group therapy and/or family therapy), and are not available within the program, the program refers to agencies with expertise in trauma
- Program educates survivors about traumatic stress and triggers
- Program provides referrals for services that are not available within the program

Working with collaborative partners

Many survivors report feeling revictimized during the process of disclosing, reporting, or seeking help (Campbell, 2006). Sexual assault services organizations have the ability to help create safety for survivors and educate collaborative partners on how to provide survivor-centered and trauma-informed response. Survivors who have experienced multiple victimizations or are also dealing with substance abuse, mental health, or criminal justice issues are often involved with multiple



systems of care. Collaborative partnerships help to ensure that all services provided to survivors are survivor-centered, trauma-informed, and work to support the holistic well-being of the survivor.

- Program offers training on trauma-informed services and the ways trauma affects survivors to community partners (e.g., explaining coping strategies, normalizing the presence of behaviors that might seem maladaptive, presenting suggestions for techniques and approaches)
- Program engages in systems advocacy
- Program leads efforts to create multidisciplinary teams
- Program develops memoranda of understanding with partners to ensure seamless referrals
- Program engages in training around each partner's role in supporting survivors
- Program leads efforts to create a community vision for supporting survivors of sexual violence in the ways survivors identify as helpful
- Program educates partners on the variety of ways survivors could seek justice and encourages asking survivors what justice means to them (which might have nothing to do with the criminal justice system)



Offers Comprehensive Services

Comprehensive services include the essential services that meet the immediate needs of survivors, as well as additional opportunities for survivors to heal and for communities to prevent violence. These include additional services that address the physical, social, emotional, and spiritual needs of sexual assault survivors and their allies. These services go beyond the most immediate, pressing needs to support more in-depth healing, empowerment and integration. The following section explores delivering such services in a manner that supports the utilization of a survivor's strengths and supports survivor growth and autonomy.

Advocacy

- Advocacy is survivor-defined and is based on the needs, perspectives, and culture of survivors
- Advocacy for survivors is collaborative and community-based
- Advocates understand how multiple victimizations can affect a survivor. They view those effects as a reaction to violence rather than as something wrong with the person

- Advocates strive to better understand survivor behavior and how culture and the effects of violence influence behavior. Advocates check their interpretations with the survivor rather than imposing their own interpretations
- Advocates actively engage in expanding their own openness, self-awareness, knowledge, and skills to work with survivors from different cultures and with different experiences
- Advocates contribute to the organization's cultural capacity building. For example, an advocate leads an agency committee planning to approach the local Vietnamese community to see if its leaders would explore a collaborative partnership
- Advocates establish rapport, gather information, and increase understanding
- Advocates provide basic information to survivors, in particular about how violence can affect individuals, ways to cope with symptoms, tips for accessing help from systems, where to get help in an emergency, and where to get more information
- Advocates help survivors to explore and weigh options
- Advocates provide crisis assessment and response
- Advocates express empathy through reflective listening
- Advocates communicate respect for and acceptance of people and their feelings
- Advocates establish a nonjudgmental, collaborative relationship
- Advocates serve as a supportive and knowledgeable consultant
- Advocates provide support throughout the process of healing
- Advocates provide reflective statements
- Advocates compliment rather than denigrate
- Advocates offer affirmations
- Advocates listen rather than tell
- Advocates affirm a person's autonomy and self-direction
- Advocates ask open-ended questions
- Advocates elicit what is important to the individual
- Advocates invite survivors to tell their story in their own words without leading them in a specific direction
- Advocates demonstrate genuine interest and respect
- Advocates recognize and respond appropriately when a survivor is reliving past violence, serious distress, under the influence of drugs/alcohol, or is not able to take in information or participate in advocacy
- Advocates actively participate in regular supervision and seek assistance as needed
- Advocates do not provide advocacy to survivors that is beyond their skill or knowledge level

Intake

Survivors often do not know how to bring up past experiences of sexual violence. Advocates can use screening techniques to get to know the whole survivor. They can make appropriate referrals to therapy or support groups dedicated to sexual assault survivors. They are able to assess and ask appropriate questions regarding the impact of sexual victimization throughout the survivor's life. The term "screening" might sound uncomfortable or even invasive, but it simply means to "get to know the whole survivor." Screening isn't about following forms and fitting the survivor into neat little checked boxes. Rather, screening is a set of questions held in your mind that you ask or bring up when it is appropriate (Bein & Davis, n.d.).

Conducting screenings or intake assessments

- There are private, confidential spaces available to conduct intake assessments
- Staff inform survivors about why questions are being asked
- Staff inform survivors about what will be shared with others and why
- Staff inform survivors of their right to answer or not answer questions
- Throughout the assessment process, staff check in with the survivor about how he or she is doing (e.g., asking if they would like a break, water, etc.)
- The program provides screening or intake in the survivor's native language, if possible. If not, a trained interpreter is provided for the assessment process
- Staff inform survivors about their rights at the program, and the procedure for filing grievances or changing services

The intake assessment may include questions about:

- Reasons for seeking services, goals for service
- Personal strengths
- Demographic information (e.g., age, race, gender, etc.)
- Cultural strengths (e.g., world view, role of spirituality, cultural connections)
- Social supports in the family and the community
- Current level of danger from other people (e.g., restraining orders, threats from others, other immediate safety concerns)
- Quality of relationship with child or children (e.g., caregiver/child attachment)
- History of trauma (e.g., physical, emotional or sexual abuse, neglect, loss, domestic/community violence, combat, past homelessness). *See breakout box on next page for information.*

DISCUSSING TRAUMA HISTORIES

Discussing an individual's history of trauma should be done in a manner that is appropriate to the survivor's level of comfort in sharing at the time of intake or discussion. It is not necessary for survivors to disclose any or all forms of trauma they might have experienced during the intake process or throughout the duration of their time seeking services.

Screening for sexual violence can be done with these questions:

- Has someone ever done anything to you sexually that made you uncomfortable?
- Has someone ever touched you without your permission in a way that felt uncomfortable?
- To help me figure out the full picture and get you the best services I can, can you tell me if anything like this has happened before, even as a kid? You don't have to tell me any of the details if you don't want to.

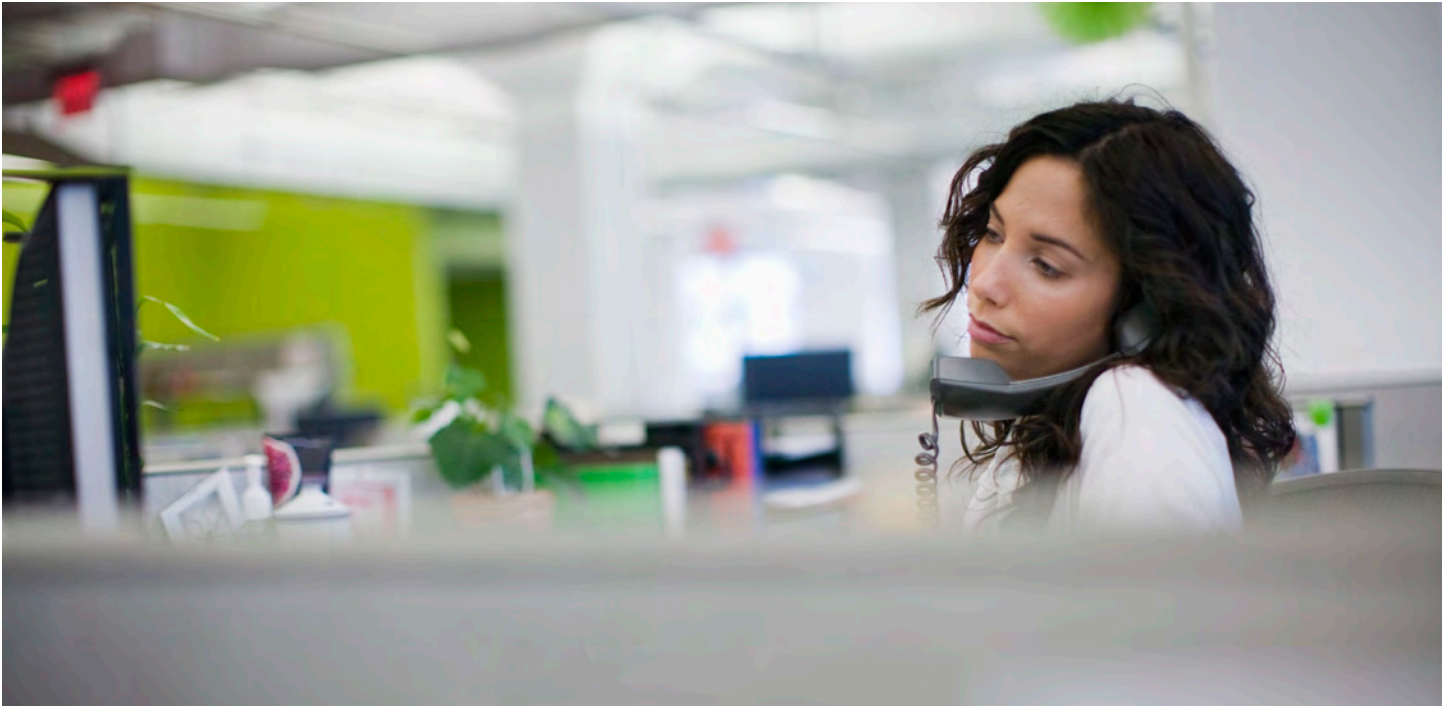
We can also think of screening as different ways to open the conversation or set a safe space for future disclosures. Here are some conversation openers to blend into your advocacy work:

Sometimes, stuff that's going on right now can bring up memories or feelings about stuff that happened long ago. If you find that happens for you, please know that you can talk to me about anything. (Replace "stuff" with a word that is more appropriate or comfortable for each survivor and advocate, paying particular attention to what words are comfortable for survivors.)

Our agency works with people that have been hurt in lots of different ways. We help people that have experienced _____, like you, people that have experienced other forms of violence as an adult, and people were hurt/sexually abused/violated as kids. We know lots of people have been hurt in more than one way. Please know that you can talk to me about anything at all that's going on now or that happened in the past.

Creating safe avenues for conversation happens in so many ways. We create these avenues with written material and items in our agencies. Many of us give survivors intake packets with information and brochures when they start services with us. Try adding a brochure about sexual violence to the packet – it's a cue to survivors that it's okay to bring it up. Look at the posters and books in your office. What do they tell survivors about you and about services?

– Adapted with permission from Bein & Davis, n.d.



Intake assessment follow-up

- Based on the intake assessment, survivors are referred for specific services
- The program updates releases and consent forms as necessary

Hotline

- Programs have a protocol that guides advocates on calls involving suicide, self-harm, serious mental health issues, intoxication, and risk of harm to others
- Hotline advocates have basic competencies for working with survivors
- Advocates explain the confidentiality of the call, if applicable, to the survivor
- Advocates offer a calm tone
- Survivors are invited to share as much or as little as they like and at their own pace
- Additional options are made available to survivors who need multiple or longer than “normal” phone contacts
- Survivors are asked their preference on communication. For example, if advocates are able to call back, leave a message, use a different name, or say where calling from
- Survivors’ calls are responded to promptly; they are not required to leave a message or wait for a sexual assault-specific advocate to return their call
- Survivors are able to speak their first or preferred language; as much as possible. TTY/TDD, text-chat, and other relevant forms of technology are available for individuals with hearing difficulty

- Advocates provide undivided attention on the call and listen without distraction
- Advocates offer referrals as necessary

Considerations for survivors who request additional hotline support:

- Add additional staff to cover the hotline
- Provide a “warm line” with scheduled calls that are handled by a staff member or volunteer. The hotline staff person would make a plan with the caller to schedule a call to the warm line instead of the hotline
- Offer a referral to other in-house or community services
- Develop resources and collaboration to support the hotline advocacy, such as mental health and economic advocacy; pamphlets on a range of issues; and development of a plan to connect the caller to safe family, friends, members of their religious institution, other resources in their life, or other community groups

Systems advocacy

- Programs seek input from survivors to inform decisions about agency roles and priorities
- Advocates are knowledgeable about the services their program offers and when to refer to outside agencies
- Advocates advocate for the needs of individual survivors across community systems
- Advocates serve as a trusted link to other services. For example, advocates might provide meaningful referrals to competent mental health counseling, legal representation, or government benefits agencies
- Advocates collaborate across agencies to meet the needs of survivors
- Advocates build alliances with community organizations that provide services to survivors
- Programs advocate for systemic change within the agency and in other community organizations
- Advocates raise community awareness of and support for survivors of sexual violence and violence prevention
- Advocates educate and empower survivors. For example, advocates could offer survivors resources to help them help themselves and connect to other sources of support and assistance

Short-term medical

- Advocates identify themselves and their role to the survivor
- Advocates offer their presence during forensic examinations
- Advocates are knowledgeable about the forensic exam process and are able to explain it in plain language to the survivor
- Advocates have good working relationships with partnering medical professionals

- Advocates help survivor to identify potential benefits and risks related to the medical exam
- Advocates listen and respond to any concerns about the medical exam
- Advocates explain post-exam options to survivor
- Advocates ask about special needs or preferences of the survivor and advocate for those needs or preferences
- Advocates help ensure the medical exam goes at the survivor's pace
- Advocates support survivor choices regarding emergency contraceptive and STI prophylaxis

Long-term medical

- Advocates are knowledgeable about the potential long-term medical effects of sexual violence
- Advocates are able to draw connections between the experience of sexual violence and medical or somatic complaints
- Advocates provide training and education to medical professionals on understanding the needs of survivors of sexual violence
- Advocates maintain a list of screened referrals for allied medical professionals
- Advocates are available to accompany survivors to medical exams such as gynecological appointments, dentist appointments, or others, as requested



- Advocates are available to help survivors prepare for such medical appointments
- Advocates assist survivors in creating their own screening questions for medical professionals to help find comfortable fits
- Advocates understand how different cultures might be more or less likely to incur somatic responses to sexual violence

Criminal justice or legal system advocacy

- Programs consider what level of criminal justice advocacy the agency can provide
- Advocates provide survivors with information about the criminal justice process
- Programs assign the same advocate(s) to work with survivors throughout the process
- Programs offer advocacy and support for non-legal issues while the case is proceeding
- Programs provide access to legal representation. Advocates should be familiar with the law in their jurisdiction regarding who can give legal advice
- Advocates work with survivors to develop strategies to cope with the stress and pain of the process
- Advocates support survivor choices about whether or not to report to law enforcement and whether or not to engage an advocate
- Advocates educate survivors on their legal rights about reporting
- Advocates offer their presence during reporting and interview processes
- Advocates help survivors identify potential benefits and risks of reporting or not reporting
- Advocates help ensure that the interview process goes at the survivor's pace

Tips for working with survivors engaging in the criminal justice process:

Advocates might try to identify ahead of time the things that could be difficult or trigger strong reactions, and work with the survivor to develop a plan to avoid them or cope with the effects. The plan might be to go to the courthouse ahead of time to become familiar with the place; make sure there is a private and safe place to wait; or schedule a therapy session immediately after an interview or hearing.

Support groups

- Programs assess whether current groups provide survivors of varying needs with meaningful options for support
- Sexual violence-specific groups are available
- Programs make changes to support groups to meet the needs of the survivors in their communities
- Programs utilize screening procedures to ensure appropriateness of group for survivor
- Programs utilize orientation procedures to introduce group policies and practices to participants

- Groups are titled and marketed as appropriate for the community (e.g., discussion groups, knitting circles)
- Groups are clearly identified as support groups, therapy groups, or psycho-educational groups
- Groups are run by skilled facilitators
- Groups are scheduled at times convenient for the majority of survivors attending
- Groups are in a location that is easily accessible, safe, and comfortable
- Groups are available regularly and advertised as appropriate
- Groups are available in the first or preferred language of the survivor
- Groups have clear start and end dates
- Groups have clearly identified goals that are shared with or co-created with group
- Groups have boundaries and confidentiality that are discussed with survivors
- Groups offer a celebration for when the group ends or provide an opportunity for participants to take stock of what has been accomplished
- Groups have policies and protocols in place for challenges that may arise in groups

Serving children and adolescents

- Children and adolescents are spoken to using respect and age-appropriate terms
- Children and adolescents are informed of their rights and any limits of privacy and confidentiality
- Children and adolescents are provided the opportunity to be involved, to their interest and comfort, in mandated reporting activities, services, medical and legal decisions
- Children and adolescents are informed of any systems that might become activated or involved in their care

ENSURING CULTURAL COMPETENCE IN SUPPORT GROUPS

Culturally specific groups might need to be smaller than other groups, depending on the community's size, that culture's acceptance of support groups, and outreach effectiveness. Consult with members of a particular culture when defining the makeup and label for the group. For example, a support group for "Asians" is likely to be too broad a category in most communities. Offer groups in ways that allow for privacy to be maintained, especially in rural communities, reservation, and village settings, and in culturally specific communities that are small. For example, a dual or multiservice agency could offer a group to include survivors outside of its normal service area, or might offer a book club that reads books that include references to sexual violence. Facilitators must be able to pick up on cultural cues, know the meaning of group-specific phrases or words (or know how to ask), understand how to highlight values and strengths of that community, and have a sense of what it may be like to be a survivor in that community. If the facilitator is a member of the community, consider the privacy concerns of potential group members.

ARE CHILDREN AND ADOLESCENTS PROVIDED WITH CHILD-FRIENDLY AND ACCESSIBLE SPACES?



- Children and adolescents are provided with the opportunity to make choices on behalf of themselves (e.g., where to sit, what to play with, what to eat, who they want to talk with, what they need to feel safe, etc.)
- Children and adolescents are provided with the opportunity to use their own words to describe their experiences
- Children and adolescents are provided with child-friendly and accessible spaces (e.g., various sizes and heights of seating options, access to games, toys, art supplies, drinks and snacks)



Holistic healing modalities

The impact of trauma is often felt first in the body. It might be extremely difficult for trauma survivors to verbalize their thoughts, feelings, and memories related to their trauma. Survivors of sexual violence sometimes disconnect from emotions and physical sensations in an attempt to cope. Body-oriented or other nonverbal activities serve as a way for trauma survivors to reconnect to their bodies, manage their feelings, and communicate in nontraditional ways. It is helpful for programs to provide opportunities for survivors to express themselves using these types of alternate strategies.

Programs offer a range of holistic healing modalities or referrals to other allied programs or practitioners, including:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Meditation | <input type="checkbox"/> Equine or animal-based programs |
| <input type="checkbox"/> Tai chi | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Nature-based programs |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Movement | <input type="checkbox"/> Indigenous healing practices |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Exercise | <input type="checkbox"/> Other affinity groups |
| <input type="checkbox"/> Energy work | <input type="checkbox"/> Art and music-based programs | |

C. INDIVIDUAL ²

When we choose to address systems of oppression, help those who have been victimized, and hear traumatic experiences, we might become weary or emotionally changed from the weight of the work. Vicarious trauma is how our bodies, minds, spirits, and relationships react to and are impacted by the pain we witness every day when we work with survivors (Richardson, 2001). Organizational structures, including preventative and responsive policies and practices, are essential to supporting healthy organizations and individuals. On an individual level, advocates can employ methods that fit within their culture to manage their own experiences with vicarious trauma. How we manage our physical, emotional, spiritual, and intellectual responses to trauma can either help or hinder our ability to continue to do this work. By learning how to recognize when the work is affecting us in a negative way, we can learn how to manage stress and overwhelming feelings in a healthy way. When we are healthy, we can bring our best self to the work every day.



One way of grounding ourselves while doing this work is to think about events in our lives that create a sense of happiness, peace, or revitalization. As we develop plans for maintaining self-care and wellness, it can be helpful to notice those things that bring us joy and peace. Taking time to notice can help foster self-compassion in these areas and reinstate commitment for maintaining these practices in an effort to sustain wellness.

² From *Transforming the pain: A workbook on vicarious traumatization* by K. W. Saakvitne and L. A. Pearlman, 1966, New York, NY: Norton, Copyright 1996 by W. W. Norton. Retrieved from East Carolina University: http://www.ecu.edu/cs-dhs/rehb/upload/Wellness_Assessment.pdf

Maintaining self-care and well-being

Being “well” means something different to everyone. For many people, a personal wellness journey often arises out of a lack of balance somewhere in life that leads to setting a goal. As we work toward achieving our goals, we sometimes fail to recognize all of the factors at play and what’s already going well. When we embrace wellness as a process, we let go of envisioning it as something we achieve and check off our to-do list. Instead, we recognize that we must be deliberate and choose behaviors that will lead us toward a sense of wellness (Hall, 2012).

The key components of wellness can help to assess where things are going well in your life and where you would like to see a change. Together, these components of wellness can help you create a strong foundation for personal wellness.

Key components of wellness

Physical self-care

- Eat regularly and healthfully, according to your individual needs
- Exercise
- Get preventative medical care
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do another form of physical activity for enjoyment
- Take time to be sexual – with yourself, with a partner
- Get enough sleep

CREATING & MAINTAINING BALANCE

Preparing for work

- In the chaos of a busy day – or week – it can be hard to remember to take time to prepare yourself mentally and physically for work. Instead, a stressful workload often can cause you to jump into work the moment you wake up. When getting to work, your daily to-do list can already seem overwhelming. Over time, these habits can create imbalance, but by taking time to ease into the workday, you can lessen some of these stressors.



- Wear clothes you find enjoyable or comfortable
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones, computers, tablets

Psychological self-care

- Make time for self-reflection
- Have your own personal psychotherapy or seek therapy as needed
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not an expert or in charge, or try something new
- Decrease stress in your life
- Let others know different aspects of you
- Notice your inner experience – listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Engage your intelligence in a new area (e.g. go to an art museum, history exhibit, sports event, auction, theater performance)
- Practice receiving from others
- Be curious
- Stay present-focused
- Say “no” to extra responsibilities sometimes

- Enjoy something unrelated to work – water the plants, take a walk, meditate, play with a pet
- Positively reflect on your week – your strengths, accomplishments, and things learned
- Make time for a loved one, even if it’s a short call or an extra-long hug
- Instead of tuning into the news, listen to your favorite band – sing or dance along
- Before sorting through the endless list of emails, spend five minutes catching up with a coworker



Emotional self-care

- Stay in contact with and/or spend time with supportive people
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, relationships, and places, and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters and donations, marches, protests

Spiritual self-care

- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate or pray

CREATING & MAINTAINING BALANCE

Disconnecting from work

Bringing work home is not just a literal statement. Aside from taking projects home or continually staying connected to work email, constantly reflecting on your day's work also can encroach on your personal time. Creating boundaries, especially when it comes to time away from work, is important. Even during the busiest time of the year, it is still important to prevent work from encroaching on your time off. One way to disconnect from work is to create a clear break, allowing yourself time to enjoy things you might not otherwise have time to do.



- Sing
- Seek experiences of awe
- Contribute to important causes in which you believe
- Read inspirational literature (talks, music, etc.)

Workplace or professional self-care

- Take breaks during the workday (e.g. lunch, use the restroom)
- Take time to chat with coworkers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with your clients and colleagues
- Balance your caseload and/or workload so that no one day or part of a day is “too much”
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Ask for assistance or delineate tasks when needed
- Use paid time off (sick, vacation, personal days)
- Have an individualized plan for meeting goals and completing tasks
- Pursue professional development opportunities

- Create a routine for ending your day – make a to-do list for the next day or straighten your desk
- Talk to coworkers, share ideas for evening plans
- Take the scenic route home, taking in your surroundings, not your workday
- Do something for yourself – visit the library, stop at a garage sale, go for a walk, take a nap
- Turn off your cellphone
- Spend time with loved ones – prepare a meal together or enjoy the outdoors



- ❑ Give yourself the opportunity to reflect on requests and your ability to fulfill them (e.g. “I can’t commit in this moment but I will get back to you”)
- ❑ Acknowledge if/when you are no longer interested in or able to do the work (e.g., allow yourself permission to say “I’m no longer able to/interested in doing this work” or “It is too much” or “I need a change”)
- ❑ Develop a non-trauma related area of professional interest

Balance

- ❑ Strive for balance within your work life and workday
- ❑ Strive for balance among work, family, relationships, play and rest
- ❑ If comfortable, discuss with coworker(s) indicators on imbalance in your life, so others can help to recognize and help re-establish balance



CREATING AND MAINTAINING BALANCE

Enjoying extended time off

- Whether it is the weekend or vacation time, enjoying a few days away from work can be hard to appreciate if you are thinking about all the things you need to do at work. To create balance, it is important to stay disconnected from work, which can be harder over a longer period of time. Instead of immersing yourself in work and future projects, surround yourself with things you enjoy. Before you leave for the weekend or a vacation, get

to a good stopping point – this can make it easier to disconnect – but remember that most likely, finishing that to-do list today or in a week, is not going to make that big of a difference.

- Stay focused on your time off; try to avoid a countdown until you return to work
- Plan an impromptu trip, even if it is creating a fort in the basement or pitching a tent in the backyard

Becoming trauma-informed is a process. This process involves a gradual integration of trauma concepts and trauma-sensitive responses into daily practice. It will look different from program to program depending on organizational size, structure, and culture. The following are examples of changes programs identified as a reflection of becoming more trauma-informed:

- Staff is more engaged and excited about making changes
- Staff asks for more training about understanding trauma
- Trauma-related language (e.g., discussions about triggers, retraumatization, and trauma impact) is used more frequently in general discussions, staff meetings, and supervision
- Staff is better able to recognize that the people they serve have experienced trauma and are reacting in the present based on these past experiences
- Changes in attitude among staff since developing an understanding of trauma and its impact on survivors
- Staff responds differently to survivors based on their knowledge of trauma (e.g., they are more flexible, nonjudgmental, more patient)

Programs that have embarked on this journey have found new strength and inspiration in dialogue with survivors and staff, and renewed energy in providing safety, trust, choice, collaboration, empowerment, and cultural competence.

- Put a dent in that reading list
- Be artistic – paint, refurbish an old piece of furniture, make a friendship bracelet
- Sleep in, eat breakfast in bed, enjoying a relaxing day free of any to-do lists
- Enjoy time with friends and family
- Enjoy time with yourself without feeling like you have to do something all the time
- Practice being in the moment – if it sounds like fun, give it a try



SECTION EIGHT

ORGANIZATIONS



Founded by the Pennsylvania Coalition Against Rape in 2000, the **National Sexual Violence Resource Center (NSVRC)** identifies, develops and disseminates resources regarding all aspects of sexual violence prevention and intervention. NSVRC activities include training and technical assistance, referrals, consultation, systems advocacy, resource library, capacity-building, integrating research findings with community-based projects, coordinating Sexual Assault Awareness Month, co-sponsoring national conferences and events, and creating Web-based and social networking resources.



The **National Sexual Assault Coalition Resource Sharing Project (RSP)**, a collaborative project of Iowa Coalition Against Sexual Assault, North Carolina Coalition Against Sexual Assault, and Washington Coalition of Sexual Assault Programs, works to end sexual violence and increase services available to sexual violence survivors by developing tools, providing technical assistance and training, and otherwise assisting rape crisis centers and state, tribal and territorial sexual assault coalitions. The RSP provides technical assistance, support, and the dissemination of peer-driven resources for all state and territorial sexual assault coalitions, SASP administrators, and Rural Grantees that are dual/multi-service advocacy agencies. Through deep connections to coalitions, service providers, and survivors, the RSP is at the cutting edge of identifying emerging issues, advancing promising practices, and synthesizing the voices and experiences across the nation into coherent best practice models.



National Organization of Asian Pacific Islander Ending Sexual Violence (NAPIESV) is a national organization established by Asian and Pacific Islander anti-sexual assault advocates to give voice to the experiences of Asian and Pacific Islander women and girls who are victims of sexual assault. NAPIESV's goal is to provide technical assistance to culturally and linguistically specific organizations that are currently serving or attempting to serve victims of sexual assault in Asians and Pacific Islander communities.



The Minnesota Indian Women's Sexual Assault Coalition is a statewide membership tribal coalition, and a national technical assistance provider; working to end sexual violence against Native women and children. Our membership is comprised of advocates and others who are working to end violence in Native communities in Minnesota, and include Native and non-Native; male and female, individual and organizational members. We provide technical assistance to the Tribal Sexual Assault Services Program grantees nationwide to develop, enhance, or strengthen their sexual assault services. Our vision is to: Create Safety and Justice Through the Teachings of Our Grandmothers.

- Bass, E., & Davis, L. (2008). *The courage to heal: A guide for women survivors of child sexual abuse*. New York, NY: HarperCollins.
- Bein, K., & Davis, V. (n.d.). *Strengthening our practices: The ten essential strengths of sexual violence victim advocates in dual/multi-service advocacy agencies*. Retrieved from the National Center on Domestic and Sexual Violence: http://www.ncdsv.org/images/RSP_StrengtheningOurPractice_2012.pdf
- Bryant-Davis, T. (2005). *Thriving in the wake of trauma: A multicultural guide*. Westport, CT: Praiger.
- Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women, 12*, 30-45. doi:10.1177/1077801205277539
- Davies, J. (2007). *Helping sexual assault survivors with multiple victimizations and needs*. Retrieved from the National Sexual Violence Resource Center: http://www.nsvrc.org/sites/default/files/Helping-sexual-assault-survivors-with-multiple-victimizations-and-needs_0.pdf
- Fallot, R. D., & Harris, M. (2009). *Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol*. Retrieved from the University of Iowa Carver College of Medicine: <http://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf>
- Guarino, K., Soares, P., Konnath, K., Clervil, R., & Bassuk, E. (2009). *Trauma-informed organizational toolkit for homeless services*. Retrieved from the National Center on Family Homelessness: <http://www.familyhomelessness.org/media/90.pdf>
- Hall, K. (2012). *The eight key components of personal wellness*. Retrieved from: Befriending Your Body: <http://befriendingyourbody.com/the-8-key-components-of-personal-wellness/>
- Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems* (New Directions for Mental Health Services, Number 89). San Francisco, CA: Jossey-Bass.
- Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*, 3-23. doi:10.1002/jts.2490090103
- National Sexual Violence Resource Center, & National Sexual Assault Coalition Resource Sharing Project. (2012). *Building comprehensive sexual assault services programs*. Retrieved from http://nsvrc.org/sites/default/files/nsvrc_publications_article_sadi_building-comprehensive-sexual-assault-programs.pdf
- Proffitt, B. (2010, December). *Delivering trauma-informed services*. *Healing Hands, 14*(6). Retrieved from the National Health Care for the Homeless Council: <http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf>
- Richardson, J. I. (2001). *Guidebook on vicarious trauma: Recommended solutions for anti-violence workers*. Ottawa, Ontario: Public Health Agency of Canada, National Clearinghouse on Family Violence.
- Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: Norton.