

Washington State  
Department of Commerce  
Office of Crime Victims Advocacy

## **State of Washington Sexual Assault Services Standards**

### **Core Services for Accredited Community Sexual Assault Programs (CSAPs)**

Information, Referral and Awareness  
Crisis Intervention  
General Advocacy  
Legal Advocacy  
Medical Advocacy  
System Coordination

#### ***OPTIONAL:***

Primary Prevention

## INFORMATION, REFERRAL and AWARENESS

<b>Definition</b>	<p>This standard has two purposes:</p> <ul style="list-style-type: none"> <li>■ Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault and available services.</li> <li>■ Conducting community awareness activities related to sexual abuse/assault and available services to the community at-large.</li> </ul>
<b>Goal</b>	To provide sexual abuse/assault related information and resources.
<b>Duration</b>	Information and referral contacts are usually one-time. Awareness activities are usually one-time, but may reoccur.
<b>Activities</b>	<ul style="list-style-type: none"> <li>■ Assist individuals in evaluating what is needed including available and appropriate services and/or resources.</li> <li>■ Provide information verbally or in writing such as: <ul style="list-style-type: none"> <li>▪ Available services (including advocacy services provided by the CSAP)</li> <li>▪ Referrals to appropriate and relevant resources addressing individuals' needs</li> <li>▪ Information regarding sexual abuse/assault</li> </ul> </li> </ul> <p>Information may be provided through:</p> <ul style="list-style-type: none"> <li>▪ Individual contact</li> <li>▪ Outreach to underserved communities</li> <li>▪ Distribution of Materials</li> <li>▪ Public Speaking/Presentations</li> <li>▪ Community Education Events</li> </ul>
<b>Recipients</b>	<p>Any community members such as:</p> <ul style="list-style-type: none"> <li>■ Non-offending parents of child victims</li> <li>■ Victims/Survivors</li> <li>■ Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim</li> <li>■ Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel</li> <li>■ Community groups</li> <li>■ Marginalized and Native American communities</li> <li>■ General community</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (core curriculum and ongoing training). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

<b>CRISIS INTERVENTION</b>	
<b>Definition</b>	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.
<b>Goal</b>	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.
<b>Duration</b>	Short term. May be episodic.
<b>Activities</b>	<p>Activities to alleviate acute stress including:</p> <ul style="list-style-type: none"> <li>■ Information about the effects of victimization</li> <li>■ General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy)</li> <li>■ Information on services available in the community</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult or adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (core curriculum and ongoing training). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

## GENERAL ADVOCACY

<b>Definition</b>	Personal support and/or assistance in accessing sexual abuse/assault related services.
<b>Goal</b>	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault
<b>Duration</b>	Generally, 1 to 4 times per month; 3 months to a year
<b>Activities</b>	<p>All activities and services are client-focused and case specific.</p> <ul style="list-style-type: none"> <li>■ Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings)</li> <li>■ Practical help as needed; information and referrals which are case specific and client focused</li> <li>■ Ongoing, repetitive crisis intervention</li> <li>■ Arranging for services to enhance recovery (e.g., health, financial, housing)</li> <li>■ Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (core curriculum and ongoing training). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

## LEGAL ADVOCACY

<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
<b>Goal</b>	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.
<b>Duration</b>	Up to several years
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits</li> <li>■ Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow-up</li> <li>■ Support at interviews, trial and sentencing</li> <li>■ Assistance in preparing for court; informing the victim of her/his rights in legal settings</li> <li>■ Active monitoring of case through the legal system</li> <li>■ Assistance with protective/no-contact/anti-harassment orders</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (core curriculum and ongoing training). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

## MEDICAL ADVOCACY

<b>Definition</b>	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
<b>Goal</b>	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.
<b>Duration</b>	May vary significantly depending upon client's medical needs as related to the sexual assault.
<b>Activities</b>	<p>All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information &amp; Referral.</p> <ul style="list-style-type: none"> <li>■ Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam</li> <li>■ Information about medical care/concerns, including assistance with needed follow-up</li> <li>■ Support at medical exams and appointments</li> <li>■ Information and/or assistance with Crime Victim Compensation applications</li> </ul>
<b>Service Recipients</b>	<ul style="list-style-type: none"> <li>■ Child sexual abuse/assault victims</li> <li>■ Adult/adolescent sexual abuse/assault victims</li> <li>■ Non-offending parents whose children are sexual abuse/assault victims</li> <li>■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim</li> </ul>
<b>Qualifications</b>	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. All trainings must be approved by the Washington Coalition of Sexual Assault Programs (core curriculum and ongoing training). The provider must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Providers must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

## SYSTEM COORDINATION

<b>Definition</b>	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery
<b>Goal</b>	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.
<b>Duration</b>	An on-going process
<b>Eligible Activities</b>	<ul style="list-style-type: none"> <li>■ Develop partnerships</li> <li>■ Increase collaboration</li> <li>■ Assess gaps in service</li> <li>■ Foster cooperation</li> <li>■ Develop accountability process</li> <li>■ Develop new ways of delivering services</li> </ul>
<b>Potential Participants</b>	<ul style="list-style-type: none"> <li>■ Law enforcement</li> <li>■ Prosecutors</li> <li>■ Judiciary</li> <li>■ Child Protective Services (CPS)</li> <li>■ Schools</li> <li>■ Social services (private and public)</li> <li>■ Mental health services</li> <li>■ Medical facilities/practitioners</li> <li>■ Emergency services</li> <li>■ Other relevant groups, task forces, networks and individuals</li> </ul>
<b>Qualifications</b>	<p>System coordination should be initiated and led by a Community Sexual Assault Program.</p> <p>The staff and volunteers representing the Community Sexual Assault Program should represent the issues of sexual abuse/assault to the community accurately, fairly and regularly. They should understand the public policy-making process, build coalitions and articulate opinion to shape public policies that are beneficial for the organization and victims of sexual abuse/assault.</p> <p>They should commit to building community around sexual abuse/assault issues; promote effective relations among diverse agencies working with victims of sexual abuse/assault; facilitate cooperation between all of the agencies/organizations involved with victims of sexual abuse/assault.</p> <p>They also should encourage cooperation and collaboration with other organizations, seeking ways to improve services and/or reduce costs through cooperative efforts; share expertise with others to achieve partnerships; and organize and operate partnerships effectively.</p>

# ***OPTIONAL STANDARD***

## **Primary Prevention**



PRIMARY PREVENTION	
<b>Definition</b>	Comprehensive activities that promote attitudes, behaviors, and social conditions aimed at preventing sexual violence before it happens. Primary prevention programming must be culturally and linguistically appropriate specific to the identified community.
<b>Goal</b>	To prevent sexual violence in communities and increase the willingness of communities to prevent sexual violence.
<b>Activities</b>	<p>Activities will vary from community to community and population to population. Appropriate activities are those aimed at preventing sexual violence <b>before</b> it occurs. Examples Include:</p> <ul style="list-style-type: none"> <li>• A program or set of multi-session skill-building activities informed by community or cultural norms</li> <li>• A multisession set of activities on a topic logically connected with prevention (such as communication, parenting, trust, gender, boundaries, respect, building assets, social norms)</li> <li>• Prevention activities aimed at two or more of the four different levels of influence: individual, relationship, community, and society. This might combine education (individual) with policy examination (community) or media work (society) with peer education (relationship)<sup>1</sup></li> <li>• Community development or other community-led processes and activities that are logically connected to preventing sexual violence and shifting ownership of prevention from the organization leading the initiative to the community.</li> </ul> <p>The community development process is inclusive of:</p> <ol style="list-style-type: none"> <li>1. Establishing relationships within communities, ensuring the inclusion of marginalized and underserved communities</li> <li>2. Recruiting stakeholders from a chosen community</li> <li>3. Asking: Why does sexual violence happen here? (A)</li> <li>4. Asking: What would it be like without sexual violence? (B)</li> <li>5. Developing a plan to get from A to B</li> <li>6. Asking: how will we know we are accomplishing anything?</li> <li>7. Carrying out the plan</li> <li>8. Evaluation and revision</li> </ol>
<b>Participants</b>	<p>Individuals, a group of stakeholders or other groups within the identified community<sup>2</sup> such as:</p> <ul style="list-style-type: none"> <li>■ Youth</li> <li>■ Parents/Caregivers</li> <li>■ Community Members</li> <li>■ Service Providers</li> </ul>

<sup>1</sup> Levels of influence from the Social Ecological Model of Prevention, (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention).

<sup>2</sup> A community is any definable group of people who share concerns or interests

<b>Qualifications</b>	<p>Services must be provided by a community sexual assault program (CSAP) or a community-based non-profit organization, with a primary mission and history of serving a marginalized community<sup>3</sup>, Tribe or tribal organization<sup>4</sup>.</p>	
	<p><u>Direct Service Provider</u></p> <p><b>Initial Training:</b> 30 hours OCVA or WCSAP approved initial sexual assault training.</p> <p>5-hour WCSAP prevention orientation.</p> <p><b>Annual Training:</b> 12 hours WCSAP approved ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p><b>Initial Training:</b> 30 hours OCVA or WCSAP approved initial sexual assault training.</p> <p>5-hour WCSAP prevention orientation.</p> <p><b>Annual Training:</b> 12 hours WCSAP approved ongoing sexual assault training annually.</p> <p><b>Education/Experience:</b></p> <p>CSAP: two years of experience in sexual assault or domestic violence services.</p> <p>Marginalized community-based organization, Tribe, or tribal organization: two years of experience in culturally and linguistically appropriate sexual assault or domestic violence services.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>

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<sup>3</sup> Marginalized communities include, but are not limited to: lesbian, gay, bisexual, transgender and queer communities; individuals with disabilities; ethnic and racial communities; and Native American communities.

<sup>4</sup> Tribal organizations are non-profit organizations administered by Native Americans and whose primary mission is to serve Native Americans.