

SERVICE STANDARDS for the OPERATIONS of RAPE CRISIS CENTERS

The Rape Crisis Program Service Standards, established by the State Advisory Committee on Sexual Assault Victim Services pursuant to Penal Code (P. C.) Section 13837, set the minimum level of operations for Rape Crisis Program grant recipients. The goal of the Program is to reduce the level of trauma experienced by sexual assault survivors through provision of comprehensive and supportive services, to improve coordination of multi-disciplinary response systems, and to expand public awareness concerning sexual assault and its impact.

To qualify as a sexual assault victim counselor, hereafter referred to as “sexual assault counselor”, an individual must successfully complete a minimum of 40 hours training pursuant to California Evidence Code (E.C.) 1035.2, and be an employee or volunteer of a Rape Crisis Center receiving California Emergency Management Agency Rape Crisis Program funding. Rape Crisis Program services must be provided by sexual assault counselors, licensed therapists, or supervised interns/trainees.

Rape crisis centers should strive to provide culturally appropriate services to sexual assault survivors. Diversity among staff, volunteers, and Board members is a key to the utilization of agency services by members of marginalized communities. Therefore, centers are encouraged to implement focused outreach and recruitment to achieve diversity among staff, volunteers and Board members.

A. TRAINING REQUIREMENTS

1. **40-Hour Sexual Assault Counselor Training:** Per Evidence Code (E.C.) 1035.2, staff and prospective volunteers must receive a minimum of 40 hours of sexual assault training prior to interaction with sexual assault victims. Centers must issue a *Certificate of Completion of Sexual Assault Counselor Training* to qualified sexual assault counselors. A copy of that *Certificate* and the relevant Course agenda must be maintained in the sexual assault counselor’s personnel file.
2. **Training Curriculum** shall include, but not be limited to: Overview of Sexual Assault; Discrimination and Oppression; Child Sexual Abuse; Teen Sexual Abuse/Assault; Crisis Intervention; Referral Resources; Community Collaboration; Collaborative Response; Medical; Law Enforcement; Legal/Court; Documentation; Agency Procedures; and Victim Rights. (For curriculum content, see *Cal EMA Sexual Assault Training Certification Application*.)
3. **Training Manual:** The Training Curriculum must be available to sexual assault counselors. (See *Sexual Assault Training Standards: A Trainer’s Guide* at calcasa.org)
4. **Training Course Application:** A *Sexual Assault Training Application* must be submitted to and certified by Cal EMA prior to course presentation.
5. **Continuing Education:** On a yearly basis, sexual assault counselors must receive 8 hours of Continuing Education training to increase knowledge and remain current with developments and trends in the sexual assault field. Documentation of training retained in sexual assault counselor’s personnel file must include training date, time, topic, trainer, location, and attendees.
6. **Human Relations Training:** On a yearly basis, sexual assault counselors must receive training about groups that have experienced prejudice and discrimination on the basis of race, sex, age, class, religious belief, disability, or sexual orientation and the effect of such practices. This training is part of the 8 hours of required Continuing Education training and must be provided by persons with subject area expertise. Documentation retained in sexual assault counselor’s personnel file must include training date, time, topic, trainer, location, and attendees.

B. SERVICES

1. **1ST Contact/Crisis Intervention Services:** Initial contact with sexual assault clients/survivors.
 - a. Centers must maintain a 24-hour, 7-day-a-week telephone crisis line, which may include an answering service and/or call-forwarding system. All calls must be responded to by a sexual assault counselor within a 10-minute period.
 - b. Business hours: P.C. Section 13837 requires normal business hours to be maintained.
 - c. At a minimum, centers must serve the same number of sexual assault victims as there are cases of forcible rape reported to law enforcement agencies in the center's service area. Sexual assault includes, but is not limited to: rape; attempted rape; gang rape; unlawful sexual intercourse; rape by foreign object; spousal rape; sexual battery; oral copulation; sodomy; incest; annoying or molesting a child; and lewd or lascivious conduct with a child.
2. **Follow-Up Services:** On-going client/survivor contact to ensure continuity of services.
 - a. Centers must attempt to re-contact all clients/survivors within 3 working days after 1st Contact/Crisis Intervention Services if indicated by the needs of the client/survivor.
 - b. A minimum of 45% of clients/survivors receiving 1st Contact/Crisis Intervention must receive Follow-Up Services.
 - c. Follow-Up Services may occur independently or in conjunction with other methods of confirmed communication (e.g. at the start of an Individual Counseling session).
3. **Individual Counseling Services:** Provision of in-person counseling services.

Centers must offer Individual Counseling to all survivors/clients if indicated by the needs of the client/survivor.
4. **Group Counseling Services:** Facilitated support groups for sexual assault clients/survivors.
 - a. Centers shall provide for support groups either in-house or by referral.
 - b. If conducted in-house, services must be provided by a sexual assault counselor, licensed therapist, or supervised intern/trainee with training and experience in support group facilitation.
5. **Accompaniment Services:** Supporting sexual assault clients/survivors by being physically present during meetings or appointments.
 - a. 24-hour Accompaniment Services must be provided to hospitals, law enforcement agencies, district attorney's offices, court proceedings, and other agencies or locations if indicated by the needs of the client/survivor.

6. **Advocacy Services:** Intervening with agencies or individuals on behalf of sexual assault clients/survivors.
 - a. 24-hour Advocacy Services must be provided with hospitals, law enforcement, district attorneys, during court proceedings, and with other agencies as indicated by the needs of the client/survivor.
7. **Information and Referral:** Provision of sexual assault-related information.
 - a. Provision of information and referrals to sexual assault clients/survivors and the public.
 - b. Referral resources must be updated regularly and include: law enforcement; district and city attorneys; medical providers; mental health facilities; social services; child protective services; rape crisis centers; domestic violence centers; child sexual abuse treatment programs; victim/witness projects; group counseling services, if applicable; and, as available in the area, licensed therapists with knowledge and experience in the area of sexual assault.
8. **Community Education Programs:**
 - a. Centers must provide planned Community Education programs (e.g. seminars, workshops, presentations, speaking engagements, educational instruction) on topics such as sexual assault, Rape Crisis Center services and operations, and volunteer opportunities.
 - b. Community education programs must be conducted by sexual assault counselors and, if not, procedures must be established to handle sexual assault disclosures which occur at these presentations.
 - c. Centers should provide culturally and ethnically relevant community education materials.
 - d. Centers should provide linguistically appropriate community education programs.

C. AGENCY ADMINISTRATION AND COORDINATION

1. Centers must provide training to agencies that interact with sexual assault clients/survivors.
2. Centers must participate in quarterly multi-disciplinary meetings to coordinate comprehensive response systems for sexual assault survivors. The primary partners are rape crisis centers, law enforcement, district attorney's office, crime laboratory, sexual assault forensic medical examination team(s), victim/witness assistance center, and representatives of local medical sites(s) at which forensic sexual assault examinations are conducted.
3. Centers must directly assist or refer clients/survivors to victim/witness projects or private attorneys for assistance in the preparation of victim compensation claims.