Strengthening the Core
Webinar Transcript
Kris Bein & Valerie Davis
Resource Sharing Project

Kris: Welcome everyone to the Resource Sharing Project "Strengthening the Core." Val Davis and I are so excited to be here with you today to talk about the core services and characteristics of our work that we do. So, let's start with some introductions and talk about how the webinar works. For the audio portion of the webinar, you can listen over your computer speakers, or you can dial in and enter the passcode over your telephone. (More talk about how webinars work) So before we get started, Val, why don't you and I introduce ourselves?

Val: Sure! Thanks Kris. My name is Valerie Davis and I'm one of the Technical Assistance Specialist at the Resource Sharing Project. I work primarily on the Sexual Assault Demonstration Initiative (SADI) and on our Rural Grants, helping programs to enhance their sexual assault services. And I came to this work after about 15 years at a Dual/Multi-service agency in Eastern Iowa. I started out working as a shelter staff person, overnight and on the weekends, answering the crisis line and working with women and children at the shelter, then spent several years working as an advocate helping survivors in their healing, in support groups, in individual advocacy sessions, as well as responding to the hospital for evidence collection exams, helping survivors navigate the legal system, facilitating support groups, those types of things. And then I spent 6 years as the program director, supervising staff, building the budget, creating divisions for the program, ensuring quality services, etc. And I just wanted to share that so you all know where I'm coming from today. And again I'm very excited to have all of you with us!

Kris: Thanks Val. Well my name's Kris and like Val, I also come from a dual program. I did my work in rural southern Illinois where I was the sexual assault victim advocate for about 8 years. We were a dual program that served 7 counties, and I was responsible for serving sexual assault survivors in 3 of those counties. And also like Val, my job these days is to hang out and talk to rural advocates and talk about what we can do to enhance our sexual assault services. So in the webinar today we're going to try and define what exactly we do in our programs. We do our day to day work and in some ways we're disconnected from the national conversation about what it is to do rape crisis work. So we're going to talk about what we do, we'll talk about the common philosophies that bind us together as rape crisis centers, and then we'll look at how to adapt these core philosophies to rural work. Because, of course, so much of the work is created with city folks in mind and you and I know that those of us in rural communities need different things. So I want to get to know all of you a little bit and ask you some questions. So first, what does your agency do? So in your feedback box, A if you do only sexual violence, B only domestic violence, C both, and D other community or statewide work, like a coalition. So next I'd like to

ask what you specifically do. So answer if you're an advocate, program manager, coalition staff, or if you do other sorts of work.

Val: I see a lot of folks who are putting multiple answers, which doesn't surprise me that we all wear multiple hats.

Kris: I'm delighted that we have such a broad mix of listeners. And because we've got such a huge range of folks on the call, about 55 of you on the call, I would love to know where everyone is calling in from. So in the chat box, will you just tell us your city and state? Lots of folks from the plains states and out west, some friends from the south. I feel like we might have half of the states covered, Val.

Val: Yea, I see a lot of Washington, Michigan…

Kris: Great I'm so glad to have you on the call today! So I'm curious to know if any of you brought any specific questions to the webinar, or what do you hope to get out of this? What made you want to join the conversation? I know one of the things I was hoping for was just get a chance to talk about our common experiences and interpretations of our work.

Val: Oh definitely, and I think one of the things about our work is talking about, in particular for dual and multi-service agencies, how to improve our sexual assault programs. I think that that is overall what our goal is and I hope that that's what the folks on our call's goal is and identify what our responsibilities are as sexual assault programs and figure out what we can do to improve on those.

Kris: Certainly. And as Susan and Lauren point out, it's a constant struggle in our dual programs that we also seem to spend more time on domestic violence work and the community tends to pull us in that direction and it can be hard to know where to start in your sexual assault work and how to build up those services when we know that it's such a struggle in dual programs, so that's certainly what we're going to talk about today. And I see some comments about SANEs and SARTS, we'll talk a little bit about that, but mostly the focus will be on rape crisis work. And Renella, I hope we'll talk a little bit about how to improve our community relationships in a way to better protect survivors and help them along.

So when I look at this conversation on defining rape crisis services, every house is a little different. How I decorate my living room is a little different from how Val decorates hers, and we're each a little bit different. But we're all similar; the framing to the house is pretty much the same in traditional buildings. And our services work in a similar way, that Renella does her work is going to be a little bit different from how Francine does her work, or how Robin does her work, but we have these common structural elements that support all of our work, no matter what state or community we're in. And I also want to say, as we're looking at this

structure, I always like to ground us in one of my favorite quotes from Bliss Brown, who says "If what we say is what we see, then simply by altering our words, we may uncover entirely different worlds – dynamic new possibilities of being, relating, and living together." This is really important to me in our work, because everything about us, the fact that we're here together today, the fact that we have jobs, the fact that the laws are passed in our state, those are things that we decided, that we said, "There's a problem and we're going to do something about it." We said that there would be a federal office on violence against women, we said that there would be funding, we decided that there would be core services or service standards, and that there would be coalitions to create service standards. We made these decisions as a movement and I think it's good for us to be reminded time to time how powerful we are in our work.

So as we've talked about, its sometimes difficult to find the time and space to focus on sexual assault advocacy, and I know from a lot of the rural advocates I talked to that sexual assault victim advocacy can sometimes feel overwhelming, or confusing, or you feel like you need to know a lot of special things. But really, advocacy comes down to these core components: that we offer respect and validation, we provide boundaries, that we're a source of connection, that we provide realistic hope, that these core components of our work apply to every survivor in every situation. It helps in some circumstances that there are special things that we need to learn, but we always come back to these basics.

Val: Right, Kris, and you know if we think about the components of advocacy in general, it's distinct from therapy or specialized interventions, but advocacy plays an important role in healing, through those different components you were listing. And again advocacy isn't just about walking someone through their evidence collection exam, or to the courthouse to get an order of protection, it's really about helping survivors through their path to healing, and I know that several of us on the TA provider side that advocates are not the GPS to healing, like we don't tell survivors "take a turn here," or "do this," or "if you only do this, it will help you," we're really about providing that roadmap for their healing journey and how we build that roadmap is within those components of advocacy you see on the screen. And that's showing respect for survivors. And that means showing respect for them as whole people, with the cultural aspects that make us who we are, the fact that we are more than just a survivor, validating those experiences that they've had and making sure that our responses are normalized, providing information around healing, around the impact of sexual violence, resources in the community. We're going to talk about later how one of our core services is information and referral, providing connections to other survivors, connections to our services, help survivors reconnect even with themselves. Because we know one of the impacts of sexual violence is a disconnect that happens in survivors between their emotional self and their physical selves.

Kris: So these are the core components that always apply, but in many places, there are some more specifics sets of components, so what does it look like to provide respect, in what structures do we provide information. Who builds the structure of our work?

Val: Kris, I see that Francine asked the question, "Would we see collaborative strategizing" in this graphic?" And I'm not sure exactly what Francine means as collaborative strategizing, but certainly our approach in providing advocacy services is always providing in collaboration with the survivor, making sure our advocacy services are directed to the survivor in what they want to accomplish in advocacy etc. Sometimes people thing of collaboration strictly as community collaboration…right so Francine says she does mean between the survivor and the advocate. And certainly that is one of those main values and core beliefs that we hold.

Kris: Yea, when we talk about advocates and that roadmap, we mean laying out those options and making sure the survivor is in the driver's seat, and that we're there as the support. So when we look at what that looks like, service standards come from a couple different places, because we're a grassroots movement. So rape crisis services in Montana were developed for Montana and services in Main or Vermont grew up in those specific settings from the ground up. So each state, whether it's the coalition or other state regulators, created the service standards to reflect how the services grew up in the particular state. There was no national directive on this. This conversation is directive of our regional conversations.

So many state coalitions have come up with service standards to help direct their member programs in providing consistent care. In some cases state regulators and even state law get involved in saying what the core services and standards are in rape crisis programs. Often times when these get involved it's because there are specific state rules that must be followed like confidentiality laws, or licensure requirements for some staff, or for programs to receive state or federal money, they might have to follow certain rules and regulations. In other places the state coalition might put out recommendations for service providers, but they're not tied to any specific state law or regulation. So to get ready for this webinar, we pulled together a sampling of 15 state service standards. Most of them were from coalitions but a couple came from the office of Crime Victim Service, maybe DHS. So we looked at these 15 samples of service standards to come up with these core services that the 15 standards agreed on. So first we want to talk about some of the core characteristics of rape crisis centers. These core characteristics are true to dual programs as well as stand-alone programs. And I think sometimes when we hear rape crisis center, we think of stand-alone programs, but when Val and I use that term, we mean any program setting, just a sexual assault advocacy program.

So, before we get into the characteristics, I'd like to hear from you all. What are the fundamental beliefs and values of our work? One of the important things about rape crisis work is that we're not general social service practitioners, we are practitioners with specific

viewpoints on how the work should be done. We have very specific beliefs and values that guide our work and how we interact with survivors. So what do you all think are the common fundamental beliefs and values? Kim says belief in non-judgmental advocacy, absolutely. Believing the victim, always.

Val: And I think Francine mentioned one before, when she asked about that term collaborative strategizing, I think working in partnerships with survivors, respecting their choices, providing services that are based in empowerment, are all the things I see people mentioning as well.

Kris: People talking about listening, safety, inclusivity, empowerment.

Val: That justice and safety is defined by the survivor, that we work to make sure survivors aren't re-victimized.

Kris: Be survivor-focused and survivor-centered. And so certainly, one of the most striking things when you read the 15 state service standards, is that absolutely everyone talked about being victim-centered, providing empowerment. One of the core philosophies of our work is that we let the survivor's decisions guide our work, that we're not directive, that we don't act like a GPS but we do things to empower the survivor, that we let them make their own decisions, that one of the most damaging aspects of sexual assault is that your choices are taken away, and one of the ways we provide healing and help the survivor find their center is by giving that choice and control back to them in every decision they make in our services. And so I think, and I can see in our conversation, clearly one of the first things we all mentioned is that this is about survivors' choices, so we see that in practice in several different ways.

One, that it's in a lot of the training that we do, part of your initial training was about how to respect survivor choices, how to bring collaboration and empowerment into your work with survivors. I think it's a part of every training that we do, Val. But then we also see it in things like the paperwork that we do with survivors. Probably a lot of you have policies and procedures that make sure your survivors know all of the services that are open to them, that they know all of the services that they want and don't want. Many of you probably have survivor grievance procedures, and I think those are important because it tells the survivor, "Hey, if you're not happy, you're in charge. You have power over this situation if you're not happy with the services you're receiving here." That's one of the ways that makes our relationship with survivors a little more equal.

Most of the service standards also talk about anti-oppression work. As many of you talk about in your communities, and I'd love to hear about this in the chat box if this is true, we talk about sexual violence as a manifestation of oppression. That violence is rooted in oppression and if we are to end violence we have to tackle these larger issues around oppression. And no

just sexism, but we also need to tackle racism, classism, abelism, and I'm curious about how that comes up in your work as you talk about social justice and anti-oppression work. Some states require specific training around anti-oppression work, most of our states just kind of say, "hey this is something you should look at and think about."

And finally one of the other core philosophies are that our services are for everybody. And that's to say that we believe all survivors. That we don't do any screening with survivors that say "Hmm, I don't believe you, our services aren't for you." Rather the standards are very clear that anyone who says they are a sexual assault survivor gets our services. We are here to believe and support no matter what.

Val: And I think that also means that we make sure we're providing services for significant others, friends, family, as a way to help them support the survivor, and to be positive support.

Kris: Absolutely. Sexual violence doesn't just affect the survivor. They live in a network of relationships and so it's important that our services help their network as well because that only makes things stronger and better for the survivor. It's worth noting also that pretty much all the standards said that survivors can come to services whenever they want to. Meaning that they can come as much as they want to. There's no limit to timing. Also some survivors aren't ready to talk about the sexual assault until months or even years later. And all the standards are very clear that survivors were very welcome to come in 5 years, 50 years later to talk about sexual assault. And that we're going to be there to serve them no matter when the rape happened.

So one of the other core things that most of us agree on is that services should be free. that they are accessible to survivors, no matter who you are, no matter what your station in life is. This links to our anti-oppression work, that services always free. Some states and places allowed for charging for therapy, but generally that was only after a certain number of sessions and they required a sliding scale. But generally advocacy, crisis intervention, referral, were always free. Have any of you had experiences in charging for services? So I will keep talking as people are thinking about that.

Confidentiality is absolutely bedrock to our services. We know that survivors are going to open up about these most intimate crimes unless it is safe to do so, and confidentiality is how we create the safe relationship. So all of you have laws that govern your confidentiality, some of you are in states where you have laws specifically for rape crisis services, others of you all under general mental health provisions. But most of us also have additional agency policies about setting up confidentiality. And again it's about setting up that safe relationship.

Val: And Kris, I also think confidentiality could also include letting all survivors know what the limits to confidentiality are, so under what circumstances would your program not be able to maintain confidentiality. Making sure that you let every survivor know that.

Kris: And certainly for our rural work, it's so important to keep talking about confidentiality and the challenges and limitations to it because we know so many people in our communities, so it can be really difficult to provide confidential services when you know everyone. And people know your agency and they might see a survivor going into your agency. So we have the challenges in dealing with that we need to constantly be looking at as rural practitioners. I think in many cases that make our confidentiality stronger, because we have to think about the nuances more so than other folks to.

One of the other peculiar aspects to look at is 24-hour access to services. So all the states that we looked at mandated that services be available to sexual assault survivors 24 hours a day, many states clarified that it's important to be clearly labeled as sexual assault services, so that for example, publicity about your hotline clearly states that it's about sexual violence, and that's one of the smaller more manageable things that we can do in dual programs, to look at what words we're using to advertise for our services and make sure that we're using specific words for both domestic violence and sexual violence.

Val: And another thing we need to make sure especially because you brought up the hotline, that if our hotline is advertised as 24-hour, for domestic violence and sexual assault, to make sure that we really do have a 24-hour response for sexual violence. Oftentimes, making sure that SEXUAL VIOLENCE survivors really are getting that service 24 hours a day and not told that they have to call back in the morning. Or that you will contact and advocate and that advocate will call them back. We want to make sure that they get that quick response that they need when they're accessing the hotline.

Kris: And then the other access issue is accessing in-person services. So going out to the ERs to work with your local SANE or SART, being there in person. It's interesting to me, as I was reading through the service standards, because many states required that you respond within a certain amount of time. For example, you had an hour, or a half an hour to get to the emergency room from the time the hospital calls and tells you they have a survivor. As you may know in your rural work, you might not have anyone in an hour's distance to the hospital. So there were a couple of service standards for rural areas that said that for their urban centers they need to respond within 1 hour, for rural programs, the standard is that you get there as soon as you can. And for my coalitions on the call today, I think this is a really important conversation for us to have. To make sure that our rural programs can serve everyone, but still meet the requirements of their state service standards. And finally one of the other common practices in the field is to have trained workers. It's a recognition that survivors of violence have

been through very specific kinds of trauma that needs specialized care. It's a recognition that we need to provide specialized care to survivors, but also that for all of you, to keep doing this work that you're doing, you need knowledge and education because knowledge is power and it makes our work easier when we're trained. So most states require anywhere from 20 to 60 hours of initial training and then most of the states have requirements on continuing education that advocates have to get, anywhere from 2 to 12 hours of ongoing education every year. From going to state conferences, to national conferences, (I really hope we see you all at our national conference later this year!) so that we can keep our skills fresh and learn new things.

So let's talk now about the specific work that we do in sexual assault services. We've talked about the specific philosophies of how we do our work, but what specifically is it that a rape crisis center does? When you think of a SA program, what are those building blocks, what are those things that we do? Lori says that high turnover makes it hard to keep trained staff, that's absolutely true. I think that makes it all the more important that we have good training programs, and we have a good understanding of what our core services are. So when you all think of the core services of a SA center, what services do they provide? Lori's talking about exams and follow-up, (Other responses include 24-hour crisis line, medical, law enforcement, judicial accompaniment, prevention, case management, counseling, safety planning, hospital support, ongoing support, access to counseling, criminal justice and civic advocacy, education and outreach to schools, primary prevention, partnerships and collaboration). You all will be delighted to know that you agree with state coalitions. We talked earlier about why it's difficult to work in this field, and I want to come back to that conversation later. In the service standards we looked at, everyone talked about doing crisis intervention. Florida defines this as "a timely response…to an individual presenting a crisis related to sexual violence." So there's expectation that we provide general crisis support to the community, but that sexual assault survivors get specific crisis intervention.

Val: And I think that when we talk about crisis intervention and in particular crisis intervention for sexual assault survivors, oftentimes we need to clarify what we mean by crisis, because oftentimes and in particular for dual programs, we think of crisis as that immediate threat to physical safety, and we're really good about responding to that, but sometimes where we struggle is responding to emotion crisis, which oftentimes is where survivors of sexual violence are accessing those intervention services and in particular a hotline for those times when in an emotion crisis when they might be having a flashback, or are struggling with sleep or nightmares, maybe it's struggling with needing to get up and go to class today because the survivor knows they are going to see their offender in class and so they're having an emotional crisis. And so making sure that our crisis intervention services can respond to not only those immediate physical threats but also to emotional crisis as well.

Kris: The thing with these emotional crisis very challenging because there's not a lot of action for us to take, there aren't a lot of things to do, it's about being there and using some of our other advocacy skills and sometimes it doesn't feel like we're doing enough, but it's so important to just listen, that's a really important act that we do.

So the purpose of crisis intervention is to reduce trauma symptoms, which feels a little clinical, but really when we talk about crisis intervention, we're not looking for long-term solutions; it's about getting through the current moment so that the survivor then has the capacity and resources they need to work on the long-term. So oftentimes survivors might need advocacy, or working with a therapist, and they may have a bad night, they might have a flashback or a nightmare, and they just need to talk to someone. The purpose of crisis interventions is just to get through that flashback not to solve or get rid of flashbacks, just to get through this one. We do that by employing our skills of active listening and empathy, by reinforcing coping skills, teaching a survivor the breathing technique, or some positive self-talk. Can I have some of you put in chat some of your favorite coping skills that you share with survivors? I think it's important for us to always build up our repertoire of coping skills that we can bring out in trying situations (Responses include: listening, thinking about a favorite place, breathing, music, art, writing/journaling, dance, theatre, waking, soothing visuals, exercise).

And then we provide information to the survivor. It might be more information about our services because maybe they're a first-time caller. It might be information about other community services, such as if the survivor calls and was assaulted recently and doesn't know what to do, we talk them through what it means to get a SANE exam, what that feels like, what their choices are. It might be information about other community resources, maybe the survivor is struggling with substance abuse after years of child sexual abuse and you can give them information on trauma-informed substance abuse providers.

Val: Well, and I think that everything that I see mentioned in the chat box, providing listening and empathy, are just what we're talking about. But where I was headed was, oftentimes with dual programs struggle with providing crisis intervention for sexual assault survivors in the sense of how we structure our crisis line, in particular. Oftentimes we set up our structure where our crisis lines are answered by our shelter staff. In particular, nights and weekends may only have one person on staff at the time and maybe we have volunteers, but what we've done is that that staff person is in charge of managing that shelter, all of the crisis that communal living arise, plus then that person is responsible for answering that crisis line. And as we just talked about, listening and using coping skills, helping someone through their emotional crisis, that takes time and takes advocates that are present and in the moment with that survivor, and so sometimes structures that have that one person be the full time managing person in the shelter, all of that chaos, they don't have the time or space to do that effective crisis

intervention. Or, our staff are trained to make sure that the survivor is immediately physically safe, but then get their phone number and have someone else call them back later, which may or may not work for that survivor. So what Kris and I wanted to ask was, how can we set up our services so that our staff and our survivors are in a place where they can do this effectively?

Kris: And that might be something that we can be thinking about as we talk

Val: And I think too that that is something that programs haven't maybe figured that out yet, and so that's something that we can think about as well and share when we have time to think about it.

Kris: Joan says that her office has several private rooms in which to work with clients, as does Melissa. Let's keep thinking and talking about some of those ideas and maybe have a whole webinar on hotlines, that might be fun.

So let's talk next about advocacy. This definition comes from the NH coalition service standards, and it says "Supporting and assisting a victim/survivor to define needs, explore options, and ensure rights are respected within any systems" So it's not just defining exploring options, but we're there to make sure the systems are respecting survivors right.

So this advocacy takes place in several different ways and I want to note that while that definition we looked at is appropriate to advocacy to any survivor, in our dual programs we do need to look at how to create specific advocacy for sexual assault survivors. The nature of sexual violence is such that they have specific medical needs, specific legal needs, and other needs and as dual advocates we need to be prepared to meet all of those needs.

So in terms of medical advocacy, in our dual programs, we often struggle to find the resources we need to do advocacy as completely as we would like to, and sometimes our medical advocacy prioritizes emergency response. We set up structures and find the resources to do immediate medical advocacy when someone has been recently sexually assaulted, so we might do accompaniment to the ER, but when we look at enhancing our SA services, places to grow, we can look at building a comprehensive medical advocacy program. We know that survivors, whether they were assaulted very recently or whether they were assaulted long ago, have ongoing medical needs. Many survivors struggle with their annual gynecological visits or they have triggers or flashbacks around dental care, and those are issues where we can provide advocacy and support. Survivors have some ongoing needs related to recent sexual assaults related to testing for STIs, future anxieties about their medical care and those are all areas where we can look at to build our medical advocacy practices. And then the same concept is true of our legal advocacy. I find that when I talk to legal advocates, a lot of the legal advocacy involves safety planning, orders of protection, protective orders, and those are critically important but again when we look at enhancing our advocacy practices, building our services,

we want to look at the broader legal needs of SA survivors. So I know for a lot of advocates who focus on helping survivors with civil orders of protection you might not have a lot of experience in felony court. In SA cases, if and when they ever go to trial, are usually felonies and that's an advocacy skill that we need to think about learning. When we look at the broad needs of SA survivors we also look at general advocacy techniques. There are a lot of systems that we can and should be interacting with on behalf of survivors: housing, other mental health providers, immigration, educational systems, and employers. Immigration is becoming a bigger issue for a lot of our rural communities and so rural folks who are learning to learn lots more about immigration work. And I also want o note that a lot of the service standards including something about accompaniment, that we go with survivors to medical appointments, or we accompany them through the criminal justice system, if they need to meet with their employer for that safety planning. And I want to not that accompaniment is not the same thing as advocacy. When we accompany a survivor someplace, being there, providing that emotional support, providing the strength in numbers, that's a really critical service that we provide but we also want to do work to change the system, to make services more responsive to survivors. To intervene when survivors rights are not being respected and help them get what they want out of the system.

Let's talk about counseling and therapy a little bit. This definition comes from the Illinois Coalition where they define counseling as "Supporting the victim's recovery process through listening, encouraging, validating, reflecting, giving resources, and providing a safe counseling environment." In all of these service standards, the line between counseling and advocacy is blurry. Because advocacy provides a lot of emotional support it's very difficult to draw the line between what is advocacy and what is counseling. So we'll talk about that distinction as we go on. For the purposes of this presentation and what we see in the service standards, we are going to use counseling and therapy interchangeably, But looking at what we need in our rural communities, let's talk about access to counseling in rural communities. So in your community, is it A: totally easy to get survivors qualified counselors or we have counselors on staff, B: Can get survivors to community counselors, but sometimes it's difficult, C: Really difficult to find and keep qualified counselors as referrals, or D: or your community just does not have qualified counselor, and by qualified, I mean someone who you feel totally comfortable and confident referring a survivor to. (Answers: B, C, A, C, C, C, D, A, B, A, C, D, C) I see for a lot of us, it's pretty difficult. Most of us are having a hard time getting qualified counselors for survivors. I'm glad to see that for about a quarter of you, you do have counselors on staff. I would invite those of you who answer A to share how you're funding those positions. Because for most of us in rural communities that's one of the big challenges. It's hard to find the funding to support a counselor when our resources are so stretched.

So as I mentioned the line between advocacy and counseling is blurry. But when we look at advocacy, crisis intervention, and peer counseling kind of work, we can look at these short term kinds work: Validating them, letting the survivor know they're not alone, providing some education about what they're experiencing, talking about very specific issues, like we do in advocacy, we focus on specific issues in a survivors life. And then doing some active work in trigger plans, discussing care options.

Longer term therapy, according to the service standards and folks in the field, is really about excavation of issues, it's usually more intense and longer, and it uses a lot of planned intervention and specific modality. This typically means that therapists or counselors are required to have advanced degrees or training in those specific modalities.

So a connected issue to counseling and therapy are support groups. Support groups are where we "meet in a safe, supportive, non-judgmental environment on a regular, scheduled basis to exchange information, share techniques for problem solving, and to explore feelings resulting from sexual violence." So support groups are tricky, there's a lot that we, a lot of questions we still have about running support groups. Some programs have counselors run support groups; others allow advocates to run them.

Val: Sometimes groups are run together with an advocate and a counselor, so support groups are often structured quite differently, depending on resources. You can see that Kris and I put question marks behind three of our bullet points, because they are not so much answers, but more considerations to take into account as you build up your support groups. So do you want a group that is curriculum-based, and what does that mean? Is it more of a curriculum that you purchase, based in evidence and that has lesson plans for each week, or is it something your counselors have come up with specific topics that come up a lot in group, and so you put together a group based upon those topics, or do you want to leave it open and leave it up to survivors and each week focus on what the survivor needs. Or maybe at the first week you ask the survivors what topics they would like to have covered. Other considerations are do you want to have an open group where new survivors enter each group each week or come as they need to, or have closed groups, or short-term or long-term. So some programs offer 8- or 10-week closed support groups and I think that there's research that for SEXUAL VIOLENCE survivors, that the best format is a closed group where you start out with the same survivors throughout the entire 8 or 10 weeks and then new people aren't joining and you're not sure whose in the group, so that they've built that trust and camaraderie in the group. And then again, they are more short-term focused, not just ongoing. Certainly the survivors can join in the next 8- or 10-week program if needed, but there is a specific start and end time to the group.

Kris: One of the reasons that a lot of folks recommend short-term groups that have an end date is so you have the experience of graduation from the group. Some practitioners see that when you have an ongoing group, it can kind of inadvertently show that survivors need to be in group forever. The other kind of thing about support groups is that it's pretty clear that it's important for support groups to be segregated by victimization for example. If you have a sexual violence support group and 9 of the survivors are survivors of recent SA and one who is a child sexual abuse survivor, that one survivor is not likely to find as much validation or understanding or camaraderie in the group. Likewise, we've found that mixed sexual violence and domestic violence groups don't provide as much support to survivors as they would like. And like I said this is one of the hardest things for our rural folks, because we don't have a lot of folks, or enough folks for a group. So what have you all tried to make support groups work in your rural communities. And as you're doing this I want to say I'm very grateful for all of the wonderful ideas that I see in the chat box today, grateful that you are all so generous with your advice. So Suzy says that some programs offer gas cards to victims so they can go to a larger city for a support group. Nina advertises in the local paper, Suzette runs a series of short trauma healing groups, and Suzette are you doing those for certain types of victimization, or are they for victims in general?

Val: And making sure that our groups are cohesive is important, for instance taking into consideration age groups, so that you don't have your teens in with your adults. But also taking into account what is age-appropriate, say for a 12 or 13-year old and also a 17-year-old because of their emotional development. So those are things to take into consideration too.

Kris: Yea, a very important point. I see a lot f programs offer assistance with transportation and childcare, offering groups in the day as well as in the evening. This is so important for our rural programs and I'm thrilled to see that you all finding the resources to offer that.

Val: I see that Joan has a SA support group run by AmeriCorps interns at the county jail, and that is so great to go to where the survivors are, instead of asking them to come to us. Going to other locations, and a jail being one of the places, and also maybe partnering up with substance abuse programs in the community to offer a group there, or a homeless shelter.

Kris: I think that so many of these ideas point to the important to our connection in our community, which leads us to our next core service, providing information and referrals. All of the service standards we looked at placed a lot of importance on information and referral, it's a service that a lot of us don't think a lot about, we just do it. But I think it's important to our community of advocacy because information and referral is how we stay connected. This is our network of service providers. So when we think about enhancing our SA service, if you keep a book of community resources, it may be good just to look through it and make sure that all of the services that might apply are in there, if you do any sort of screening for counselors or

doctors or other professionals, for their appropriateness, make sure they're also in there for survivors. And just make sure we're thinking about the specific needs of SA survivors and what resources they might need.

Val: And making sure that we're asking those questions as we compile our resources lists or books is sometimes we think if just ask about domestic violence, that counselor we assume is going to be good also in SEXUAL VIOLENCE and vice versa, but that's not always true, so making sure that we're asking about SEXUAL VIOLENCE and DV both is important, that that professional is comfortable and experienced in working with SEXUAL VIOLENCE survivors.

Kris: So the other part of being part of a community network is working to improve our community response to SEXUAL VIOLENCE. And the first way we do that is responding to institutional or systems change. The Washington Coalition tells us that institutional advocacy is "the agency advocates for social change by addressing community conditions which adversely affect sexual violence victims/survivors and with other organizations working toward the elimination of sexual violence." So as we've talked about before with our individual advocacy, we don't just provide accompaniment, we actively advocate changing the system. So that might mean on an individual basis talking to a police officer about following up quickly on a case, or reaching out to a substance abuse provider about providing SA services to this person. On an institutional level that might mean meeting with the chief of police about policy or doing training for that substance abuse provider. It might be teaming up with a SANE to improve hospital protocol, or starting a community task force.

So all of this work to change the systems broadly and I see Sandy's got a good question in the chat box about what questions would you ask of counselors in looking for more providers? So I want to come back to that at the end of the session.

So in our dual programs finding time to do the institutational advocacy is hard, and we may hit a lot of resistance, and it's an issue we'll keep talking about in our future webinars. And we continue this conversation I would love to hear more from you all about what you're doing in terms of institutional or systems change.

So we interact with the community through institutional change but then our service standards also direct us to do work with the larger community doing prevention and awareness by being "an active community resource providing information, outreach, support and training. In addition, each member center shall be actively involved in community-based committees regarding sexual abuse."

I think it's a really important to be out there in the community, doing work specifically around sexual violence. So for a lot of us our mission statements say that we're here to respond

to sexual violence but we're also end violence. And that means that prevention is part of our mission.

Val: I think that a lot of times in the past programs have confused prevention with awareness, and like Laura mentioned, using primary prevention strategies like the bystander model is a way to start the conversation about SA. And not only should we talk about ending sexual violence but making sure that that is an active part of our mission statement, incorporating those prevention tools into our future planning. Sometimes those are the things that we cut during these tough economic times. We have our core services for individual survivors, so we think that we need to let go of our prevention services, but prevention is how we are really going to end SEXUAL VIOLENCE and so making sure we have those is important. And that means getting out to the community, awareness of our services.

Kris: So as we look at engaging the community in the conversation about sexual violence, what are you all doing to engage the community in Sexual Assault Awareness Month? What do you have going on this month? (Radio, newspaper, Commissioner's Proclamation, awareness classes, social media, governor's proclamation, take back the night, event at state capitol, bell ringing, college events, walk a mile in her shoes, balloon release, clothesline project, teal ribbons, teal magnets on law enforcement vehicles, healing art gala, SART meeting, bowling tournament, articles in paper, film showings, denim day) Looks like you are all doing some really amazing work! I feel sad I can't come to all of these! If any of you want to send Val or I want to send photos feel free to!

So thank you all so much for being with us today. I hope this was helpful to you, I know it was inspiring for me. So we both will send out copies of the slides after today, and also the publication this webinar is based on, is available at our website. And I guess I want to just close with a thought: "When we build a strong structure for our services, we can grow anything. So I hope that you all keep thinking about the structure of your SEXUAL VIOLENCE work and how to keep building and strengthening the support.

Val: Thank you!