Review of best practices for ICJI program areas and funding streams

Sexual Assault Services Program (SASP) and Sexual Offense Services (SOS)

A research partnership between the Indiana Criminal Justice Institute and the Indiana University Center for Criminal Justice Research

INDIANA CRIMINAL JUSTICE INSTITUTE
CENTER FOR CRIMINAL JUSTICE RESEARCH
SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS
INDIANA UNIVERSITY
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ICJI/CCJR Research Partnership

For more than a decade, the Indiana University Center for Criminal Justice Research (CCJR) has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana's justice systems including: *crime prevention; drug and alcohol abuse associated with crime; law enforcement; sentencing and corrections;* and, *traffic safety*. On behalf of ICJI, CCJR conducted program assessments of 12 federal grant programs between January 2006 and June 2008. In an effort to further assist ICJI in improving criminal justice programming and policy development in Indiana, CCJR entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for all Victims Services division programs and primary program areas under ICJI's Drug and Crime Control division and Youth Services funding streams, and 2) a statewide justice data records assessment that will serve as a first step in developing a statewide crime and justice data collaboration that could emulate the nationally recognized traffic safety records collaboration facilitated by ICJI.

Indiana Unversity Center for Criminal Justice Research

The Center for Criminal Justice Research (CCJR), one of two applied research centers currently affiliated with the Indiana University Public Policy Institute, works with public safety agencies and social services organizations to provide impartial applied research on criminal justice and public safety issues. CCJR provides analysis, evaluation, and assistance to criminal justice agencies; and community information and education on public safety questions. CCJR research topics include traffic safety, crime prevention, criminal justice systems, drugs and alcohol, policing, violence and victimization, and youth.

Indiana University Public Policy Institute

The Indiana University Public Policy Institute is a collaborative, multidisciplinary research institute within the Indiana University School of Public and Environmental Affairs (SPEA). Established in the spring of 2008, the Institute serves as an umbrella organization for research centers affiliated with SPEA, including the Center for Urban Policy and the Environment, and the Center for Criminal Justice Research. The Institute also supports the Indiana Advisory Commission on Intergovernmental Relations (IACIR).

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EXECUTIVE SUMMARY

In an effort to assist the Indiana Criminal Justice Institute (ICJI) in improving criminal justice programming and policy development in Indiana, the Center for Criminal Justice Research (CCJR) entered into a two-year research partnership (beginning in June 2011) to perform critical data collection and analytical tasks in two broad research areas identified as priorities by ICJI. The scope of work includes 1) a review of best practices for each ICJI program area and 10 major funding streams, and 2) a statewide criminal justice data assessment.

This report describes best practices for subgrants awarded under the Sexual Assault Services Program (SASP) and Sexual Offense Services (SOS) funding streams administered by ICJI. For this assessment, CCJR researchers consulted relevant materials from ICJI, including subgrantee information for the previous two funding cycles under each program, SASP and SOS subgrantee solicitation documents, and 2011 funded SASP and SOS subgrantee applications.

The SASP was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005. SASP is the first federal funding stream dedicated to the provision of direct intervention and related assistance for victims of sexual assault. The overall purpose of the SASP is to "provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault (Office of Violence Against Women, 2011, p. 1)." In Indiana, SASP dollars support ICJI work with the Indiana Coalition Against Sexual Assault (INCASA) and to target service providers equipped to utilize funding to improve service delivery (*2012 Sexual Assault Services Program Formula Grant Funds Program Narrative).* Major goals outlined for the 2012-2013 funding cycle include the following:

1. Enhance current services to outlying non-service area counties, through capacity building of existing programs to serve more victims and encourage existing domestic violence service providers to expand into the sexual assault service area through the use of qualified, well-trained victim advocates; and
2. Enhance services through targeted training of current victim advocates and broadening service capability to better reach growing immigrant communities around the state. (ICJI, 2012)

In Indiana, during the 2009 and 2010 federal fiscal years (FFY), ICJI received $478,089 in SASP awards from the Office on Violence Against Women (OVW). Of the total amount, ICJI was awarded $281,047 in FFY2009 and $197,042 in FFY2010. ICJI subgranted $243,416 to six sexual assault victim service providers in 2010 for an 18-month grant period. In 2011, ICJI awarded a total of $187,190 to six different service providers for 12 months.

In 2009, ICJI assumed responsibility for administration from the Indiana Family and Social Services Administration (FSSA) of the Sexual Assault Services (SOS) program. According to ICJI's 2012-2013 SOS notification of grant availability, SOS funding may be used in the following ways:

1. Improve sexual assault advocacy services for victims
2. Increase education and awareness in communities
3. Target underserved populations
4. Provide training for students and professionals in an effort to reduce reoccurrences of sexual violence

In ICJI's SOS solicitation, one of the four goals covers sexual assault services specifically, as follows:

"...ensuring sexual assault victim advocacy services are available statewide for victims within a reasonable distance and provided through a multidisciplinary team approach which includes a rape crisis center meeting the legal definition of a rape crisis center, defined as providing or ensuring that the full continuum of care from the onset of crisis to the completion of healing is available. This will be accomplished by:

1. Promoting the ongoing implementation of Sexual Assault Response Teams (SARTs) in each county;
2. Maintaining and building upon the existing statewide networks and develop strategies to include non-traditional entities in the continuum;
3. Supporting the implementation of the certification program for sexual assault victim advocates;
4. Supporting the ongoing expansion of direct services to victims of sexual violence with an emphasis on ensuring that victims in all 92 counties have access to direct services; and
5. Creating or expanding prevention education, public awareness, training for professionals, and resources that will address the issues of domestic violence, teen dating violence sexual assault, rape, and attempted rape" (ICJI SOS grant solicitation, 2011, p. 4).

Through the Victim Services Division of ICJI, for the 2009 and 2011 operating periods, ICJI awarded $440,914 to SOS subgrantees. For the two-year 2009-2011 grant period, $299,054 was subgranted to 20 nonprofit providers throughout the state. In 2011-2012, grant periods were shortened to one year, reducing the total amount awarded to $141,860 distributed among 19 organizations.

The assessment of best practices is structured according to broad types of sexual assault services provided under SASP and SOS, including 1) general service provision (including case management), 2) victim advocacy (medical and legal), 3) crisis response/intervention, 4) mental health services, and 5) prevention. CCJR also provides a summary of recommended service delivery practices for special populations identified by ICJI—Hispanic/Latino community, recent immigrants, adolescent males, and rural areas. Overall, the best practice assessment highlights specific programs as well as characteristics of recommended programs, a number of resources for further consultation, and concludes with recommendations.

Recommendations

CCJR's analysis of ICJI materials and best practice resources resulted in a number of key observations and recommendations that could improve overall SASP- and SOS-funded programs specifically and services to victims of sexual assault more generally. These recommendations are summarized below:

1. **Require subgrantees to identify specific best practice programs or program characteristics as part of the application process, and provide a detailed explanation of how selected best practices apply to areas of service provision.** Ensure that SASP and SOS funding applications include specific questions about subgrantees' prior or proposed incorporation of best practices.

2. **CCJR recommends that ICJI maintain a "best practices" library for division staff consultation and that would also be available to current and future subgrantees.** This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs.

3. **Given that ICJI has identified specific underserved populations (such as rural communities and/or recent immigrants) for expanded service provision, CCJR recommends the following:**

    a. Subgrantees should be required to describe in detail the need for targeted services in their area.

    b. Funding applications should require that subgrantees provide an in-depth description of how existing or new programs will be tailored to meet the needs of particular groups.

    c. Subgrantees that indicate prior service provision for specific groups should be able to clearly demonstrate a track record of being responsive to underserved populations, and/or the capacity to implement recommended practices for assisting particular groups.

4. **In general, require subgrantees to provide an in-depth description of how provider services assist victims of sexual assault.** This also will require subgrantees to distinguish between services, such as counseling that may be offered as a component of crisis response, or medical or legal advocacy, or support group or individual, long-term mental health services. To guide applicants in distinguishing between similar types of services, ensure that funding applications include term definitions that are readily understood. Subgrantees should be required to identify the type of counseling (group or individual) and who (licensed clinician or a volunteer) provides this service.

5. **To help ensure that sexual assault service advocates are trained and qualified, require subgrantees to provide detailed description(s) of training received and documentation of relevant credentials.** Subgrantees should clearly identify credentials of those individuals providing mental health services. Require documentation of credentials for individuals providing mental health services, legal counsel, or other professional services.

6. **CCJR recommends that ICJI consider streamlining subgrantee reporting forms.** SASP subgrantees submit a standardized OVW Annual Progress Report and SOS subgrantees complete monthly reports that are compiled by ICJI for annual reporting. Redesigning the SOS reporting form(s) to include standard variables similar to those in the OVW progress report will assist providers with documenting program service provision and types of victims served, including key demographic variables. ICJI also will be able to track and compare services at the subgrantee level. In addition, subgrantees that report using evaluation tools should be required to report results. Organizations that do not report efforts to evaluate their programs, should be offered training, sample assessment tools, and be required to report findings.

ICJI RESEARCH PARTNERSHIP PROJECT SUMMARY

The Center for Criminal Justice Research (CCJR), part of the Indiana University Public Policy Institute, has partnered with the Indiana Criminal Justice Institute (ICJI) to address critical issues related to Indiana's justice systems across a variety of areas; including program assessments of 12 federal grant programs conducted by CCJR between January 2006 and June 2008. In late 2009, CCJR and ICJI staff identified the next steps in this partnership, including two broad research areas identified as priorities by ICJI to be addressed over a two-year period (June 1, 2011 to May 31, 2013):

1. *a statewide crime data records assessment, and*
2. *a review of best practices for each ICJI program area and 10 major funding streams.*

The first research area in the project is a statewide crime data assessment. One of the main goals of this assessment is to enhance ICJI's research capabilities in its role as Indiana's Statistical Analysis Center. The assessment will focus on the data needs of ICJI and its partners, and CCJR will build awareness of issues pertaining to crime data by seeking input from local agencies/organizations. The second area of research in the project is a best practices review of major ICJI funding streams. The goal of the best practices portion of the project is to develop tools to help guide ICJI funding decisions and strategic investment of federal awards. There will be seven best practices reports pertaining to ten ICJI funding streams (see Table 1). For each best practices report, CCJR researchers will review ICJI's current funding and grant-making processes, examine federal guidelines and priorities for each funding stream, and conduct literature reviews of best practices for each funding stream. CCJR will synthesize this research to develop recommended types of program and characteristics that are strongly supported or promising.

This report describes research findings pertaining to best practices for subgrants awarded under the Sexual Assault Services Program (SASP) and Sexual Offense Services (SOS) funding streams administered by ICJI. The report includes a description of these two federal funding streams and ICJI's program, funding history, and a brief overview of services provided by subgrantees. The assessment of best practices is structured according to broad types of sexual assault services provided under SASP and SOS, including 1) general service provision (such as case management), 2) victim advocacy (medical and legal), 3) crisis response/intervention, 4) mental health services, and 5) prevention. CCJR also provided a summary of recommended service delivery practices for special populations identified by ICJI—Hispanic/Latino community, recent immigrants, adolescent males, and rural areas. Overall, the best practice assessment highlights specific programs as well as characteristics of recommended programs, a number of resources for further consultation, and concludes with recommendations.

Sexual Assault Services Program (SASP) and Sexual Offenses Service (SOS) Programs

SASP description

The SASP was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005. According to a fact sheet produced by the Office of Violence Against Women (OVW), SASP is the first federal funding stream dedicated to the provision of direct intervention and related assistance for victims of sexual assault. The SASP is administered as a formula grant program to states and territories. The overall purpose of the SASP is to "provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by the sexual assault" (OVW, 2011, p. 1). Furthermore, SASP supports efforts to assist victims "heal from sexual assault trauma through direct intervention and related assistance from social service organizations such as rape crisis centers through 24-hour sexual assault hotlines, crisis intervention, and medical and criminal justice accompaniment. "The SASP supports such services through the establishment, maintenance, and expansion of rape crisis centers, as well as other programs to help those victimized by sexual assault (OVW, p. 1).

SASP dollars support ICJI work with the Indiana Coalition Against Sexual Assault (INCASA) and target service providers equipped to utilize funding to improve service delivery *(2012 Sexual Assault Services Program*

Table 1. ICJI research partnership best practices reports

Funding stream	ICJI division	Report order	Publication date
Juvenile Accountability Block grants (JABG)	Youth Services	1	October 2011
Victims of Crime Act grants (VOCA)	Victim Services	2	April 2012
Justice Assistance Grants (JAG)	Drug and Crime Control	3	July 2012
Sexual Assault Services Program (SASP)	Victim Services	4	December 2012
Sexual Assault Services (SAS/SOS)			
Services, Training, Officers, and Prosecutors (STOP) grants	Victim Services	5	
Domestic Violence Prevention and Treatment (DVPT)	Victim Services	6	
Federal Family Violence Grant (FFV)			
Sexual Assault Services Block Grant (SSBG)			
Title II Formula grants	Youth Services	7	

Formula Grant Funds Program Narrative). Major goals outlined for the 2012-2013 funding cycle include the following:

1. Enhance current services to outlying non-service area counties, through capacity building of existing programs to serve more victims and encourage existing domestic violence service providers to expand into the sexual assault service area through the use of qualified, well-trained victim advocates; and
2. Enhance services through targeted training of current victim advocates and broadening service capability to better reach growing immigrant communities around the state.

According to ICJI's grant solicitation documents, SASP subgrants may be awarded to support rape crisis centers, and other nonprofit organizations, nongovernmental organizations, including faith-based and other community organizations that provide core services, direct intervention, and related assistance to victims of sexual assault. In targeting SASP funds for 2012-2013, ICJI and INCASA will give special consideration to service providers that demonstrate the ability to become responsive to underserved populations including rural areas and growing immigrant populations through expanded coverage in sexual assault victim services.

SOS program description

SOS dollars are subgranted from the Indiana State Department of Health via the Center for Disease Control's (CDC) Preventative Health and Health Services Block Grant (PHHSBG). According to ICJI's 2012-2013 SOS notification of grant availability, SOS funding may be used in the following ways:

1. Improve sexual assault advocacy services for victims
2. Increase education and awareness in communities
3. Target underserved populations
4. Provide training for students and professionals in an effort to reduce reoccurrences of sexual violence

ICJI funding priorities are outlined in the *Indiana Report: 2011 Action Plan Domestic Violence and Sexual Assault Services.* One of the four goals included in the report that specifically relates to sexual assault services in the SOS applications is:

> "...ensuring sexual assault victim advocacy services are available statewide for victims within a reasonable distance and provided through a multi-disciplinary team approach which includes a rape crisis center meeting the legal definition of a rape crisis center, defined as providing or ensuring that the full continuum of care from the onset of crisis to the completion of healing is available. This will be accomplished by:
>
> 1. Promoting the ongoing implementation of Sexual Assault Response Teams (SARTs) in each county;
> 2. Maintaining and building upon the existing statewide networks and develop strategies to include non-traditional entities in the continuum;
> 3. Supporting the implementation of the certification program for sexual assault victim advocates;
> 4. Supporting the ongoing expansion of direct services to victims of sexual violence with an emphasis on ensuring that victims in all 92 counties have access to direct services; and
> 5. Creating or expanding prevention education, public awareness, training for professionals, and resources that will address the issues of domestic violence, teen dating violence sexual assault, rape, and attempted rape" (Indiana Domestic Violence Prevention and Treatment Council, 2011, p. 8).

According to ICJI's SOS 2012-2013 funding solicitation, potential applicants are required to be an existing nonprofit or government provider offering services to victims of sexual assault. Agencies and organizations must use grants to support or provide direct services to victims. These services cover a broad range of activities, including the following:

1. General services (telephone contact, financial assistance, and referral)
2. Victim advocacy (such as assistance with participating in criminal justice proceedings)
3. Crisis response/intervention
4. Prevention and outreach efforts
5. Mental health assistance

ICJI SASP and SOS Funding History

The OVW made the first SASP formula award available to the states in 2009. During the 2009 and 2010 federal fiscal years (FFY), ICJI received $478,089 in SASP awards from OVW. Of the total amount, ICJI was awarded $281,047 in FFY2009 and $197,042 in FFY2010. From the initial program funding in 2009, ICJI subgranted $243,416 to six sexual assault victim service providers in 2010 for an 18-month grant period—January 1, 2010 through June 30, 2011 (see Table 2). The average award amount was $40,569. In 2011, ICJI awarded a total of $187,190 to six different service providers with federal funds received in 2010. The length of the grant period decreased to one year (July 1, 2011 through June 30, 2012) and the average award amount was $31,198.

In 2009, ICJI assumed responsibility for four domestic violence/sexual assault victim service funding streams from the Indiana Family and Social Services Administration (FSSA). One of the four funding streams was the Sexual Assault Services (SOS) program. Through the Victim Services Division of ICJI, for the 2009 and 2010 operating periods, ICJI awarded $440,914 to SOS subgrantees. For the July 1, 2009 through June 30, 2011 grant period, $299,054 was subgranted to 20 nonprofit domestic violence shelters throughout the state (see Table 3). The average award amount was $14,953. In 2011, grant periods were shortened to one year (July 1, 2011 through June 30, 2012), and the overall award amount was $141,860, with an average subgrant of $7,466.

Table 2. Sexual Assault Services Program (SASP) subgrantees, funding and counties served, by grant cycle

SASP Subgrantees	2010-2011	2011-2012	Counties served
Columbus Regional Shelter for Victims of Domestic Violence	$50,000		Brown, Dearborn, Decatur, Jackson, Jefferson, Jennings, Johnson, Ohio, Ripley, Shelby, and Switzerland
Council on Domestic Abuse, Inc.	$30,171		Clay, Parke, Sullivan, Vermillion, and Vigo
Crime Victim Care of Allen County	$16,997		Allen
Desert Rose Foundation, Inc.		$10,650	Morgan
Family Service Association of Howard County	$48,088		Cass, Howard, Miami, and Tipton
Forensic Nursing Specialties, Inc.		$67,440	Adams, Allen, Blackford, DeKalb, Elkhart, Grant, Huntington, Jay, Kosciusko, LaGrange, Noble, Steuben, Wabash, Wells, and Whitley
Indiana Center for Children and Families		$22,225	Hendricks and Marion
Indianapolis Institute for Families, Inc.		$15,875	Hendricks and Marion
Posey County Domestic Violence	$48,548		Posey
St. Jude House, Inc.	$49,613		Lake
Turning Point Housing, Inc.		$41,000	Marshall
YWCA North Central Indiana, Inc.		$30,000	Elkhart and St. Josesph
Total SASP dollars	**$243,416**	**$187,190**	
Number of SASP subgrantees	6	6	
Average subgrant size	$40,569	$31,198	

Source: ICJI 2010 and 2011 SASP award documents

Sexual Assault Services Provided by ICJI Subgrantees

Based on subgrantee narrative accounts detailed in currently-funded proposals, CCJR was able to gather broad services-related information. According to these accounts, SASP subgrantees provide 24-hour sexual assault hotlines, crisis intervention, and medical and legal advocacy. SOS subgrantees provide direct services to victims that cover a broad range of activities, including general services (telephone contact, financial assistance, and referral), victim advocacy (such as assistance with participating in criminal justice proceedings), crisis response/intervention, prevention efforts, and mental health assistance.

A review of the most recently funded SASP and SOS subgrantee proposals revealed that a number of organizations also have implemented widely-recognized programs that also have been evaluated for program efficacy. These include the following:

- *Sexual Assault Recovery Team (SART)*, provided by 10 subgrantees, (Selig, 2000);
- *Batterers Treatment (Intervention) Program,* offered by two subgrantees, (Coulter & VandeWeerd, 2009; Saunders, 2008);
- *Sexual Assault Nurse Examiner* program (SANE), provided by two subgrantees (Campbell, Patterson, & Bybee, 2012; Campbell, Patterson & Fehler-Cabral, 2010); and
- *Fatality Review Teams,* provided by two subgrantees (Watt, 2008; Wilson & Websdale, 2006;).

While these programs may not be funding specifically with SASP or SOS dollars, the reported implementation of such best practices demonstrates a level of program capacity on the part of ICJI subgrantees.

Table 3. Sexual Offense Services (SOS) subgrantees, funding and counties served, by grant cycle

SASP Subgrantees	2009-2011	2011-2012	Counties served
A Better Way Services, Inc.		$5,000	Delaware
Albion Fellows Bacon Center	$14,076	$7,038	Crawford, Dubois, Gibson, Harrison, Orange, Perry, Pike, Posey, Spencer, Warrick, and Vanderburgh
Alternatives of Madison County	$14,898	$10,000	Hamilton, Hancock, Henry, Madison, Marion, and Tipton
Center for Women and Families	$9,912	$5,610	Clark, Floyd, and Harrison
City of Gary - Commission for Women	$8,410	$6,000	Lake
Columbus Regional Shelter for Victims	$14,076	$7,038	Bartholomew, Brown, Dearborn, Decatur, Jefferson, Jackson, Jennings, Johnson, Ohio, Ripley, Shelby, and Switzerland
Council on Domestic Abuse, Inc.		$5,000	Clay, Parke, Sullivan, Vermillion, and Vigo
Crime Victim Care of Allen County		$5,000	Allen
Crisis Connection, Inc.	$30,000	$15,000	Crawford, Daviess, Dubois, Martin, Orange, Perry, Pike, and Spencer
Desert Rose Foundation	$10,860		Morgan
Families First Indiana, Inc.	$30,000	$15,000	Boone, Hamilton, Hancock, Hendricks, and Marion
Family Crisis Shelter	$13,476		Montgomery
Family Service Association	$14,000	$7,000	Cass, Howard, Miami, and Tipton
Family Services Society	$14,052	$7,026	Grant and Wabash
Middle Way House, Inc.	$9,420	$6,000	Greene, Lawrence, Martin, Monroe, and Morgan
North Central Indiana Rural Crisis	$11,754	$6,000	Jasper, Newton, and Pulaski
Prayer House of Deliverance	$33,768		Delaware
Prevail, Inc. - Hamilton County	$15,130	$7,565	Boone, Hamilton, Hancock, Madison, Marion, and Tipton
Putnam County Family Support Services		$5,000	Boone, Clay, Montgomery, Owen, and Putnam
Sheltering Wings Center For Women, Inc.	$12,428	$10,144	Boone, Clay, Hendricks, Montgomery, Morgan, Owen, Parke, Putnam, and Tippecanoe
St. Jude House, Inc.	$12,354		Lake
Stepping Stone Shelter for Women	$12,878	$6,439	La Porte
The Caring Place, Inc.	$8,164		Lake, Porter, and Starke
YWCA North Central Indiana, Inc.	$9,398	$6,000	Elkhart and St. Joseph
Total SOS dollars	**$299,054**	**$141,860**	
Number of SOS subgrantees	20	19	
Average subgrant size	$14,953	$7,466	

Source: ICJI 2009 and 2011 SOS award documents

BEST PRACTICE ASSESSMENT BY SERVICE AREA

General Services

Description

The general services provided to victims of crime, including victims of sexual assault, encompass the following: information and in-person referral, telephone contacts and referral, follow-up contact, and case management. Subgrantees can provide telephone and in-person information and referrals for services. Follow-up contacts with the victim may be done through various media (in-person, telephone, or written communication) to offer emotional support, provide empathetic listening, and check on the victim's progress. Broadly, case management services provide assistance and support to sexual assault victims. ICJI defines case management as:

> "services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that client rights are protected" (2011, p. 5).

The services and activities may involve providing assistance, support, and/or advocacy: 1) for basic needs, such as housing, food, transportation, and clothing; 2) with medical and legal processes; 3) involving accompaniment to hospitals, law enforcement agencies, and court appointments; and, 4) with economic stability (Boston Area Rape Crisis Center, 2012; Peace Over Violence, 2012; Rape Assistance and Awareness Program, 2012). The following sections offer programming considerations for subgrantees.

Programming considerations for telephone and in-person information and referrals for service

Subgrantees may provide information and refer relevant services to victims of sexual assault. Services range from referral information regarding available support groups to provision of information on appropriate medical/chemical/mental health treatment options. The following are best practices in providing these services effectively (see Minnesota OJP, 2010):

1. Maintain an up-to-date list of community resources (including contact information) that provide victim services
2. Establish and foster ongoing relationships with community resources to ensure access for victims
3. Establish and maintain consistent referral procedures in conjunction with community agencies and organizations
4. Be conscious of cultural differences as well as gender responsive

Programming considerations for follow-up contacts

Subgrantees may also contact victims in-person, via telephone, or via some form of written communication regarding victims' progress, provide emotional support, offer empathetic listening, or other follow-up service.

The following are best practices in providing follow-up contacts to victims (Arizona Coalition Against Domestic Violence, 2000; Muldowney, 2009; Woods, 2008):

1. Establish and maintain intra-organizational/intra-agency coordination and continuity between the initial and follow-up contacts
2. Follow-up contact should be optional for the victims
3. During the initial contact, inquire about the victim's preferred form of follow-up contact
4. Include exit appointments during which follow-up contacts can be set up
5. Victims using certain services, such as hotlines and advocacy, are not required to provide personal contact information—making follow-up contacts difficult. Subgrantees should try to collect data immediately post-service or upon completion of the call.
6. Consider collecting data electronically; this may increase victims' perception of anonymity

Programming considerations for case management

The last general service that subgrantees provide is individual support and/or assistance with a wide range of issues resulting from crime; this type of service is also known as case management. The following are best practices in case management (Minnesota OJP, 2010; Peace Over Violence, 2012; Rape Assistance and Awareness Program, 2012):

1. Assist victims in strengthening their own decision-making capabilities
2. Understand and correctly inform victims of all the possible civil and/or criminal justice options
3. Advocate for victims' rights and choices
4. Speak on behalf of the victims, if needed or requested by the victims
5. Assist victims in accessing relevant and available resources
6. Be culturally sensitive, appropriate, and gender responsive

Crisis Response/Intervention

Description

Crisis response/intervention involves a range of services provided to sexual assault victims, including crisis counseling and 24-hour information/crisis line. Crisis intervention can be defined as "a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life" (U.S. Department of Justice, 2012, p. 20). Crisis counseling can involve advocates, counselors, mental health professionals, or peers providing in-person intervention, emotional support, and/or guidance and counseling.

This type of service may take place at the scene of a crime, immediately after a crime, or on an ongoing basis. The 24-hour information/crisis hotlines provide information, referral, counseling, guidance, and emotional support. The following section offers programming considerations for subgrantees that work in the above-mentioned areas.

Programming considerations for crisis counseling

While there are various models for delivering crisis intervention, the themes that emerge from the relevant literature are that a provider of counseling services should do the following (Newmark, Bonderman, Smith, & Liner, 2003; Newmark, 2004; Roberts, 1994; Eaton, 2005; Roberts, 2005; Roberts & Roberts, 2005; U.S. Department of Health and Human Services, 1994; Young, 1993):

1. Immediately conduct a crisis assessment, including the victim's measure of safety to self and/or others, and the victim's need for emotional and physical safety and security
2. Make psychological contact and establish a relationship with the victim, which involves listening, validating, and honoring the victim's experience of victimization

The above steps often occur simultaneously. In addition, during counseling, the service provider should work with the victim to accomplish the following:

1. Examine the dimensions of the problem at hand in order to define it with specific open-ended questions (e.g., What event led you to seek help at this time? and When did this event occur?)
2. Allow the victim to express and subsequently validate his or her feelings and emotions in a supportive and nonjudgmental environment

Most adults and youths have developed various mechanisms to cope with crisis events. A hazardous event becomes a crisis when attempts to cope fail. Thus, the service provider should focus on identifying and modifying the victim's coping behaviors. Solution-based therapy—a method that emphasizes working with the victim's strengths—should be used (Roberts, 2005). In general, aside from completing the above-stated steps, the following should be done (Greene, Lee, Trask, & Rheinscheld, 2005):

1. *Set goals:* the service provider should help the victim set and define a goal (defined as a desired future state for the victim in terms of his or her feeling, thinking, and behavior) as specifically as possible; when a victim experiences trouble setting a goal with sufficient specificity, the service provider could use miracle, dream, and relationship questions to facilitate the process
2. *Identify solutions:* the service provider should use exception, coping, and past successes questions to assist the victim to identify solutions that are conducive to achieving the desired future state; at the same time, the service provider should use scaling questions to help the victim quantify and evaluate the situation and progress
3. *Develop and implement an action plan:* the service provider should ask the victim to complete certain tasks—based on thoughts, feelings, and behaviors that he or she has used in the past or is using presently—for problem resolution and goal attainment; some commonly used solution-focused tasks include the following:
    a. Formulate first session task
    b. Keep track of current successes
    c. Prediction task
    d. Pretend a miracle has happened
4. *Terminate and follow up:* at this point, the service provider should assist the victim to review his or her specific goal(s), assess his or her readiness for termination of services, and anticipate possible future setbacks; the service provider should also inform and seek permission from the victim for follow-up contact

There are several additional considerations for subgrantees that provide crisis counseling for victims of sexual assault:

1. Challenge rape myths that perpetuate a sexual assault victim's feelings of guilt, shame, and self-blame
2. Be culturally relevant, appropriate, and gender responsive
3. Develop and maintain a protocol with local agencies and/or hospitals which specifies when and how forensic medical exams and/or interviews should be conducted
4. Explain to the victim the procedures involved with the rape kit and forensic medical exam, as well as the legal and court procedures
5. If the victim is uncertain about forensic exams and/or interviews (because of distrust or embarrassment, or for fear of reprisal), empower the victim to make informed decisions, keeping in mind that he or she makes the final decision
6. During forensic medical exams and/or interviews, no law enforcement officer (regardless of gender) should be present, given the private and sensitive nature of the procedure; this practice, however, does not extend to responders who are legally qualified to conduct forensic exams and/or interviews, such as Sexual Assault Nurse Examiners (SANEs), forensic nurses, registered nurses, physician's assistants, and medical doctors.

Table 4 (see page 18) includes key resources that ICJI may consult in developing funding stream solicitations and evaluating subgrantee applications and that subgrantees can use for preparing proposals that are responsive to ICJI priorities and client needs. The materials are listed according to service categories in this report and are also hyperlinked for reader's convenience.

Victim Advocacy

Description

Victim advocacy involves a range of services supporting, accompanying and assisting a victim within any formal system with which the victim interacts (Bein, 2010, p. 6). Advocacy can be broadly broken down into

three service categories: medical, legal, and social services advocacy. While SASP and SOS grants may not be used to support certain medical advocacy services, many advocates in Indiana function as a crucial member of a Sexual Assault Response Team (SART). A SART is "a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services" (National Sexual Violence Resource Center (NSVRC), n.d.). A SART is generally comprised of specially trained medical personnel (such as a Sexual Assault Nurse Examiner (SANE)), law enforcement representatives, and victim advocates. Suggestions and best practices for advocates' interactions with other SART members are included in the appropriate sections.

Programming considerations for medical advocacy

Advocates often meet victims for the first time in a hospital or other medical care facility. Procedures and protocols vary but relevant literature reveals the following common themes and considerations (Bein, 2010; California Coalition Against Sexual Assault (CALCASA), 2011; Cole & Logan, 2008; National Organization for Victims Advocates, 1997; New Hampshire Coalition Against Domestic and Sexual Violence, 2007; Ohio Office of Criminal Justice Services, 2010; Preston, 2003; Texas Association Against Sexual Assault, 2008; University of Minnesota, Office of Student Affairs, 2012):

1. Provide emotional support, ensure that the victim is aware of his/her rights regarding medical examinations and criminal investigations, and clarify information about the examination and investigation process.
2. Protect the victim's privacy. In Indiana, conversations between the advocate and the victim are privileged and confidential and the victim (or victim's legal representative or guardian) is the only person who can waive that privilege (Rape, Abuse and Incest National Network (RAINN), 2012; Indiana Code 35-37-6).
3. Do not participate in the forensic examination process in any capacity (e.g., handling evidence, providing translation to law enforcement). The advocate's role in providing emotional support for the victim indicates a bias; evidence must be collected and handled by objective parties to ensure that it can be used in the prosecution process. Direct involvement in the forensic examination "prevents the advocate from attending to the survivor, creates role confusion for the survivor, and jeopardizes the survivor's confidentiality privilege because the advocate becomes part of the investigation process" (CALCASA, 2011, p. 40).
4. Whenever possible, request that medical examiners are trained sexual assault services providers.
5. Any incidents of victim blaming or unethical behavior by medical personnel or law enforcement should be reported and addressed immediately.
6. Discuss the victim's transportation and housing needs and make referrals as necessary.

If the advocate is functioning as part of a SART, interactions with medical personnel and law enforcement within the hospital may already be addressed in a procedures manual. Research suggests that adherence to clearly delineated roles and established policies and procedures, combined with open lines of interagency communication will reduce conflicts among professionals during and after the medical examination (Cole & Logan, 2008).

Programming considerations for legal advocacy

Again, policies and procedures will vary among organizations but the following themes emerge from relevant advocacy literature (Bein, 2010; CALCASA, 2011; Cole & Logan, 2008; National Organization for Victim Advocates, 1997; National Victim Assistance Standards Consortium, n.d; New Hampshire Coalition Against Domestic and Sexual Violence, 2007; Ohio Office of Criminal Justice Services, 2010; Texas Association Against Sexual Assault, 2008):

1. The advocate's role is to give information, familiarize the victim with the legal process, facilitate communication and provide emotional support. Ensure that the victim understands what is happening and his/her options but refrain from promoting a particular course of action.
2. As with medical advocacy, do not provide translation services during the investigative process. This compromises the independent, supportive role of the advocate, confusing the victim and potentially complicating the investigation. Further, it is the responsibility of the court to provide certified language translators during a trial (CALCASA, 2011, p. 45).

Other Considerations

1. While many advocates are paid professionals, volunteer victim advocates often perform similar services. Program coordinators must ensure that volunteer advocates receive appropriate training and are adequately supervised. Research indicates that this will prevent unintentional re-victimization on the part of the advocate; promote advocates' self-efficacy in dealing with medical, law enforcement, and legal professionals; and encourage volunteers' continued commitment to the advocacy organization (Hellman & House, 2006).
2. Whether paid or volunteer, victim advocates can experience vicarious trauma as a result of their activities. Vicarious trauma is broadly defined as "negative psychological consequences people in the helping professions such as victim advocacy, may experience as a result of being exposed to a survivor's accounts of trauma and witnessing the survivor's pain and suffering. Vicarious trauma has also been called compassion fatigue, empathic strain, and secondary trauma" (Ohio Office of Criminal Justice Services, 2010 , p. 23). Advocates should be aware of the common symptoms of vicarious trauma and develop a personal plan for handling stress. Program coordinators should also be alert to signs of vicarious trauma

among advocates and have an organizational plan that addresses this concern. A high level of organizational support has been found to encourage positive self-care in dealing with vicarious trauma (Wasco, Campbell, & Clark, 2002).

3. The following themes are evident throughout the industry's various ethical standards publications (National Organization for Victim Advocates, 1997; Office for Victims of Crime, n.d.; National Victim Assistance Standards Consortium, 2005)

    a. Be mindful that your primary responsibility is to the client and his/her interests.

    b. Maintain an attitude of supportive non-judgment in all communications with the client.

    c. Do not discriminate against clients, partners or other professionals based on age, gender, disability, ethnicity, race, national origin, religious belief, sexual orientation, residency, HIV status, occupation, sexual history, or physical appearance.

    d. Do not engage in sexual relations with the victim, during or after professional involvement.

    e. Personal relationships with victims, even of a platonic nature, are not appropriate. Refrain from establishing contact outside of the professional sphere.

    f. Do not openly criticize other professionals involved in a client's case. If a conflict occurs or inappropriate behavior is observed, report the incident to appropriate authorities.

4. The Indiana Coalition Against Sexual Assault (INCASA) provides Core 40 hour and advanced victim advocate training and certification at different locations throughout Indiana and online. In addition to those offered by INCASA, a number of online training curricula may be useful in developing advocacy skills (see *victim advocacy* in Table 4 on page 18).

Mental Health Services

Description

The negative consequences of sexual assault impact victims in numerous ways, both physically and in terms of mental health. Victims may experience post-traumatic stress disorder (PTSD), depression, suicidality, and/or substance abuse problems (Jordan, Campbell, & Follingstad, 2010). An in-depth investigation of best practices in the area of therapeutic or psychotherapy is beyond the scope of this report. However, there are general programming suggestions that should be considered. Most sources distinguish between long-term and crisis counseling, which has been addressed earlier.

Programming considerations for mental health services

Common themes that emerge from the literature regarding mental health services include the following (Covington, 2008; CALCASA, 2011; Macy, Giattina, Sangster, Crosby, & Montijo, 2009; Macy & Ermentrout, 2007):

1. *Support groups* assist survivors to better manage trauma of the sexual assault and experience support and understanding by providing these interventions:
    a. Information and education about the prevalence of sexual assault
    b. Reducing isolation and offering acceptance, empathy, and encouragement
    c. Helping survivors reduce and manage feelings of self-blame
2. Support group facilitators should be knowledgeable about sexual assault and trauma
3. Group meetings should be offered on a regular and consistent basis
4. *Individual therapy* can help survivors return to a level of functioning, reduce emotional distress, and develop positive long-term coping skills through these interventions:
    a. Information and education about the prevalence of sexual assault
    b. Helping survivors normalize feelings about the victimization
    c. Working with victims to address areas that represent significant needs and/or problems
5. Individual counselors should be knowledgeable about state policies regarding sexual assault, have contacts within the medical and legal systems, and be prepared to provide victims information about court and legal procedures and medical examinations.
6. A means of assisting survivors of sexual assault that is often cited is *trauma-informed care*, defined as "an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma plays in their lives" (National Center for Trauma-Informed Care, Welcome to the National Center for Trauma-Informed Care, 2012, p. 4). Key among the principles for creating a trauma-informed care environment are:
    a. Understanding trauma and its effects on survivors, including recognition that clients' responses and actions may represent adaptive responses to previous traumatic events
    b. Promoting an environment that is both physically and emotionally safe, including attention to appropriate boundaries between clients and professional staff and consistent and respectful provider responses that avoid triggering trauma reactions
    c. Adjusting staff behavior and interaction with clients that communicates values of self-empowerment, coping, recovery and supports survivors' capacity to successfully manage symptoms
    d. Providing gender-responsive services that engender an "environment—through site selection, staff selection, program development, and program content and materials—that reflects an understanding of the realities of women's and girls' lives and responds to their challenges and strengths" (Covington, 2008, p. 378)
    e. Ensuring respect for diversity and cultural competence in service provision that encompasses an understanding of cultural context and how it may influence survivors' perceptions as well as responses to trauma and recovery

For helpful resources pertaining to *mental health services*, See Table 4 on page 18.

Sexual Assault Prevention

Description

According to the Centers for Disease Control and Prevention, "primary prevention involves activities that occur before sexual violence has occurred to prevent initial perpetration or victimization" (CDC, 2004, p. 3). The goal of prevention efforts is to decrease the number of individuals who perpetrate sexual violence and the number of individuals who are victims of sexual violence. While there is limited evidence regarding what works to prevent sexual violence, many approaches are aimed at reducing risk factors and promoting protective factors for sexual violence. Primary sexual violence prevention education frequently addresses perceptions of sexual assault, consent, personal boundaries, gender roles, healthy relationships, conflict resolution, and skill building for these subjects.

Programming considerations

In general, practitioners can use prevention principles to strengthen approaches as well as evaluation to determine the efficacy of programs. Key principles of effective prevention programs include the following:

1. *Comprehensive:* strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem
2. *Varied teaching methods:* strategies should include multiple teaching methods, including some type of active, skills-based component
3. *Sufficient dosage:* Participants need to be exposed to enough of the activity for it to have an effect
4. *Positive relationships:* programs should foster strong, stable, positive relationships between children and adults
5. *Appropriately timed:* program activities should happen at a time (developmentally) that can have maximal impact in a participant's life
6. *Socio-culturally relevant:* programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms
7. *Well-trained staff:* programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision (Nation et al., 2003)

Additional research indicates that multiple learning styles should be taken into account by employing varied teaching methods. Prevention education programs should also be organized in such a manner that new information reinforces and expands upon previous material. The delivery of information by prepared, competent facilitators who are able to foresee potential controversies and strategically create learning opportunities also is critical (Kirby, 2005).

Several online resources may be useful to subgrantees in developing prevention efforts and are included in Table 4 (see page 18), under *sexual assault prevention.*

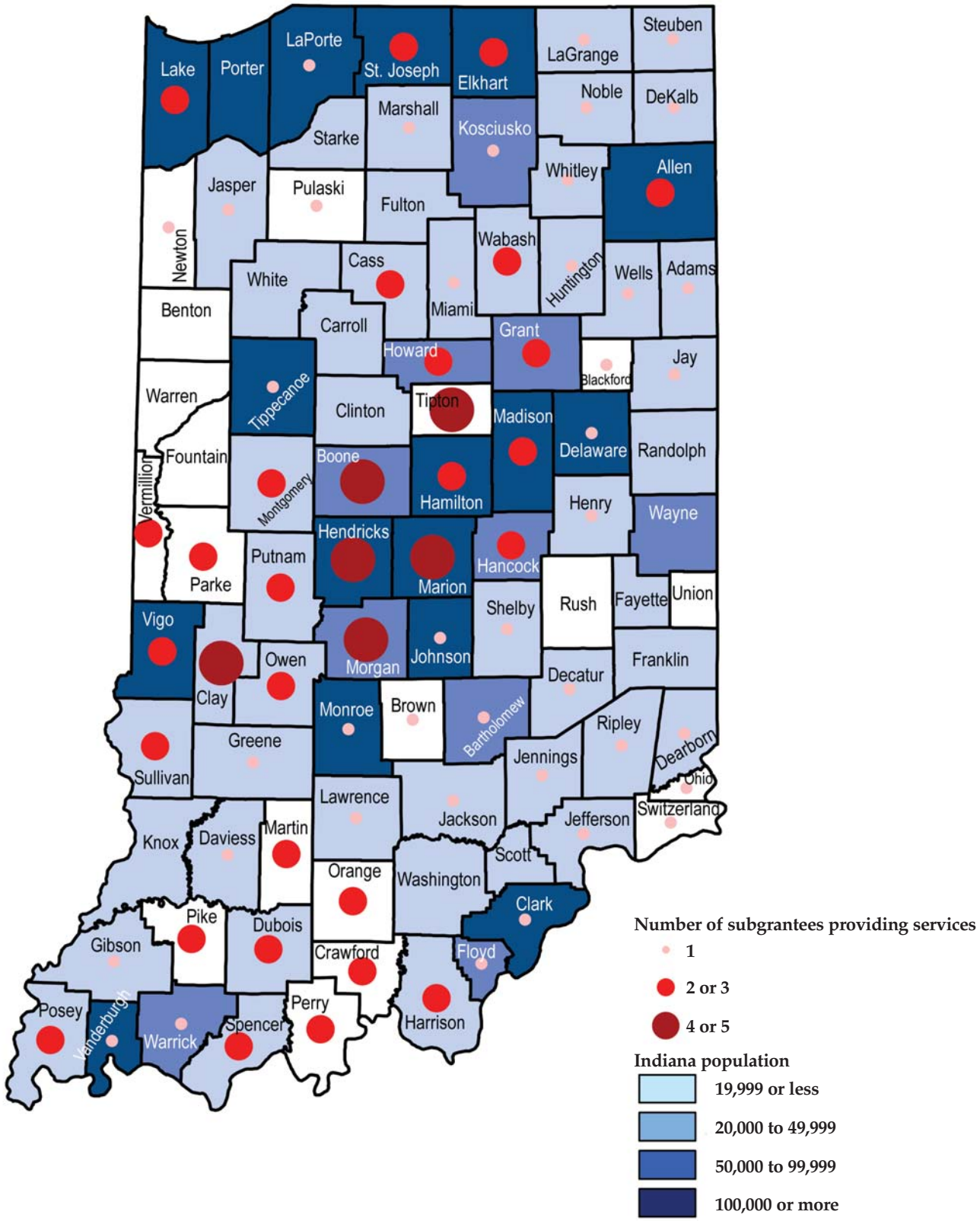
Special Populations Identified by ICJI

ICJI has identified specific groups for subgrantee funding consideration, including rural areas, the Hispanic/Latino community, recent immigrants, and male adolescents. CCJR augmented research of best practices in the areas of direct service provision to also include these target groups. Results of this assessment are discussed below. A number of resources that may be helpful for organizations working with special populations are available online and are included in Table 4.

Two of the goals outlined in the *Indiana Report: 2011 Action Plan Domestic Violence and Sexual Assault Services,* include 1) ensuring that victims services are available statewide within a reasonable distance, and 2) enhancing current service provision to outlying non-service areas. Researchers obtained county-level service information from 2011-2012 SOS and SASP subgrantee applications. Subgrantees were required to provide a list of counties served by their organizations. Based on SOS and SASP proposals, 74 of 92 counties have at least one subgrantee that provides sexual assault services in the county (see Map 1). Forty-one have 1, 27 counties 2 or 3, and 6 counties 4 or 5 subgrantees. However, 18 counties are without subgrantee-provided services: Benton, Carroll, Clinton, Fayette, Fountain, Franklin, Fulton, Knox, Porter, Randolph, Rush, Scott, Starke, Union, Warren, Washington, Wayne, and White. While the majority of these counties would be considered rural communities, at least two more populous counties do not have subgrantee services, Porter and Wayne.

According to the 2010 U.S. Census, 20 percent of Indiana's 92 counties have Hispanic/Latino populations of 5 percent or higher. In three of the four counties (Cass, Clinton, Elkhart, and Lake) with Hispanic/Latino populations of 10 percent or more, two or three subgrantees provide services (see Map 2). Clinton County does not have any subgrantee-provided services. Among the 15 counties with Hispanic/Latino populations between 5 and 9.9 percent, only one county—White—does not have subgrantee-provided services. Just over one-fifth of Indiana's 92 counties have a recent immigrant population that represents three percent or more of the total county population. Twelve counties in Indiana have a foreign-born population that represents five percent or more of the total county population (see Map 3). Only one of these counties (Clinton) does not have subgrantee-provided services, as reported in proposals.

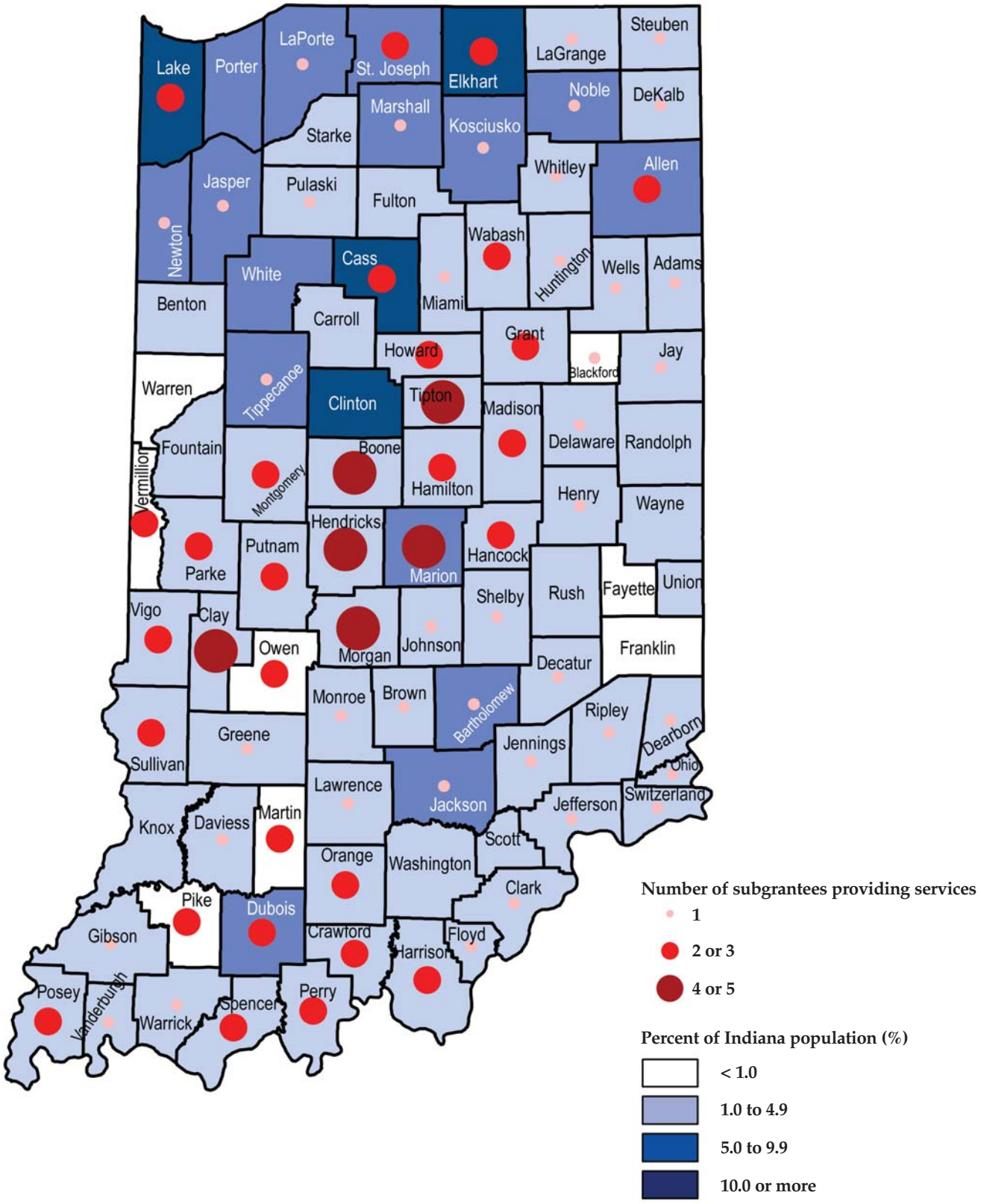
Map 1. Total population (2010) and number of 2011-2012 SASP and SOS subgrantees providing services by county



Source: U.S. Census Bureau, American Community Survey (2010) and ICJI SOS and SASP subgrantee proposals

Note: Researchers obtained county-level service information from 2011-2012 SOS and SASP subgrantee applications. Subgrantees were required to provide a list of counties served by their organizations.

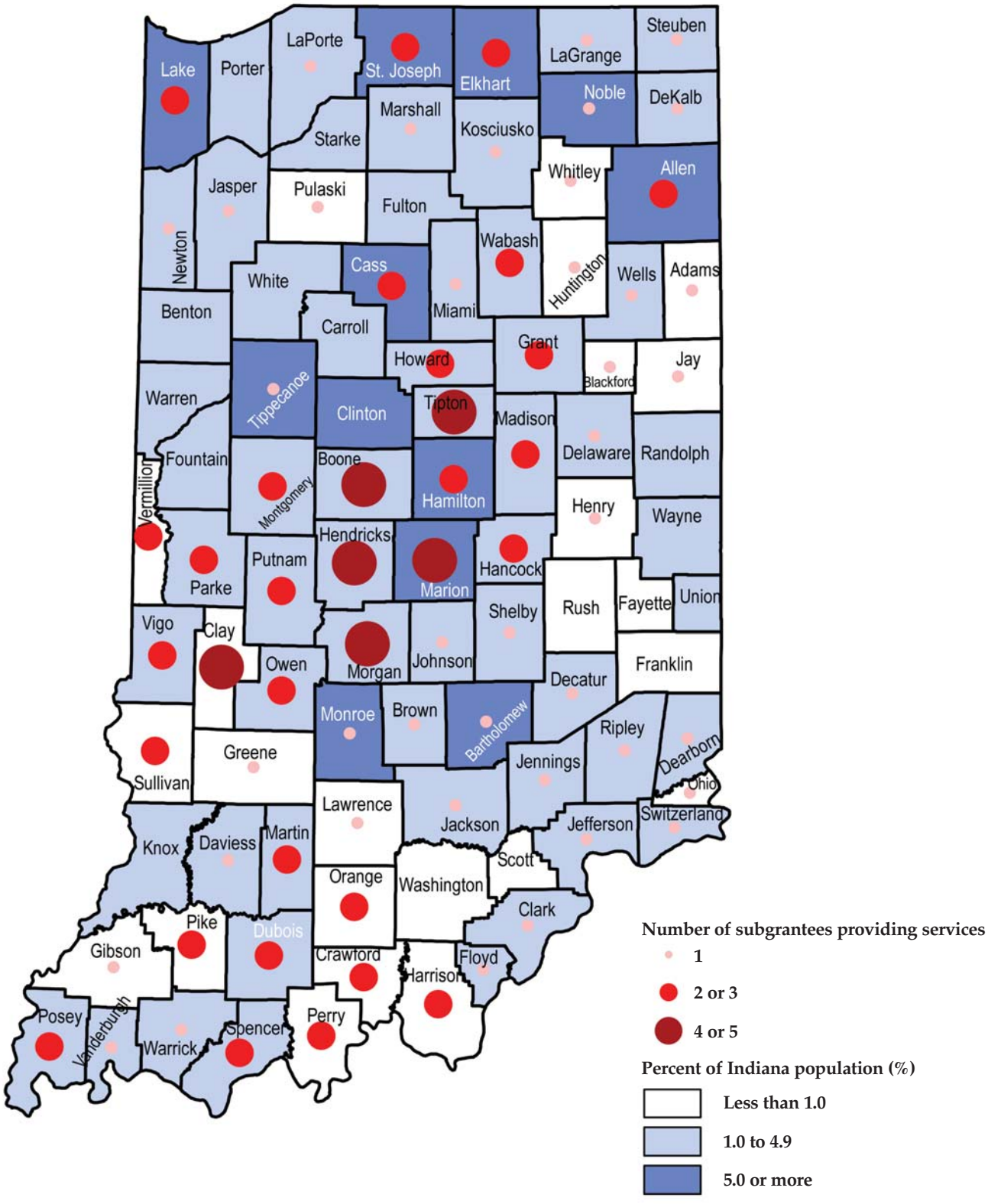
Map 2. Percent Hispanic or Latino origin population (2010) and number of 2011-2012 SASP and SOS subgrantees providing services by county



Source: U.S. Census Bureau, American Community Survey (2010) and ICJI SOS and SASP subgrantee proposals

Note: Researchers obtained county-level service information from 2011-2012 SOS and SASP subgrantee applications. Subgrantees were required to provide a list of counties served by their organizations.

Map 3. Percent foreign-born population (2010) and number of 2011-2012 SASP and SOS subgrantees providing services by county



Source: U.S. Census Bureau, American Community Survey (2010) and ICJI SOS and SASP subgrantee proposals

Note: Researchers obtained county-level service information from 2011-2012 SOS and SASP subgrantee applications. Subgrantees were required to provide a list of counties served by their organizations.

Rural communities

Common themes emerged from the review of recent literature on sexual assault advocacy in rural communities. These themes suggest the following:

1. Confidentiality is often difficult to maintain in small communities and rural providers must be particularly vigilant in their efforts to protect victims' privacy (Annan, 2011). If an advocate lives in the same community as a victim, the advocate is likely to encounter him/her in public. It is important that the advocate address this issue with the victim and respect the boundaries that he/she sets.
2. The distance victims have to travel to access certain services can be a significant deterrent to seeking service (Annan, 2011; Lewis, 2003). If it is not feasible to provide services locally, advocates should ensure that victims' transportation needs are met. Because victims may be reluctant to disclose needs in this area (Annan, 2011); the conversation should be initiated by the service provider.
3. Family and community attitudes towards sexual assault can significantly affect a victim's determination to report (Annan, 2011). Rural advocates should work with community leaders and local officials to educate the public about sexual assault. Advocates should also seek to ensure that law enforcement and nursing professionals are adequately trained and that interactions with the victim are supportive and appropriate (Lewis, 2003).

Members of the Hispanic/Latino community

Recommendations that emerge from literature regarding direct service provision within the Latino community include the need to use empathic and culturally-sensitive approaches. The integration of the following topics is also recommended: effective parenting skills for men, gender roles, marital sexual abuse, and religious beliefs surrounding these topics (Welland & Ribner, 2010). Additionally, the inclusion of community leaders, who may eventually assist with recruiting Latina participants, throughout the process is important. Face-to-face strategies, such as church presentations, may also be more effective than impersonal approaches such as mailed letters (Ahren, Rios-Madel, Isas, & del Carmen Lopez, 2010).

According to the OVC (2011) project, *Existe Ayuda Toolkit,* agencies that service Hispanic/Latino victims identify a number of challenges they face, including the following:

1. Lack of bilingual and bicultural direct-service staff and volunteers
2. Lack of bilingual and bicultural trainers
3. Lack of bilingual and bicultural materials
4. Variations in social and cultural background
5. Issues with web accessibility

OVC (2011) recommends the following approaches to ameliorate challenges:

1. Staffing patterns adequately reflect demographics of population served
2. Agencies should include description of bilingual services offered in materials (e.g., brochures and website)
3. Promote multicultural inclusion within an agency's board of directors
4. Incorporate language accessibility and cultural competency into all mandated staff and volunteer training
5. Earmark funds for second-language materials, bilingual staff, and interpreters
6. All program staff and volunteers should be trained in how to work with an interpreter

Recent immigrants

Challenges to and recommendations for improving service provision among immigrant communities often parallel those identified within the Latino community. The need for increased availability of linguistically and culturally appropriate services is essential. There are a number of barriers that immigrant victims may encounter when attempting to access sexual assault services. Barriers can include social isolation, fear of community rejection, housing, employment and income concerns, "providers' cultural misconceptions, language [and/or literacy] barriers, victims' misconceptions about the legal system, fear of law enforcement officials, fear of deportation, and prior trauma or victimization" (Mindlin, Orloff, Pochiraju, Baran, & Echavarria, 2010, p. 13; also see Orloff & Little, 1999; Southern Poverty Law Center (SPLC), n.d.). With regard to immigrant women, one study found that key to prevention and outreach is to address educational needs, provide culturally competent programs, and develop a network of community leaders and influential institutions within the particular community committed to violence prevention (Simbandumwe et al., 2008).

Based on a study regarding the experiences of immigrant women that self-petitioned under VAWA, researchers note that many organizations that provide services have no outreach to the immigrant community, provide services that are inaccessible, or not culturally relevant. A key finding of the research demonstrated that building community awareness occurs most effectively in places where members of the immigrant community are likely to connect, such as community clinics, churches, or Head Start programs (Ingram et al., 2010).

The literature on culturally sensitive service provision for immigrant victims of sexual assault suggests the following:

1. A victim-centered approach is crucial. Understanding the cultural background and personal experiences of the survivor is key to providing him/her with appropriate advocacy services.
2. Issues of privacy may be especially salient in immigrant communities. In smaller immigrant communities, it is possible that the victim may be connected to an interpreter. Interpreters employed by

the advocacy organization should be required to sign and regularly review a privacy agreement to ensure that the victim's privacy is not compromised (Mindlin et al, 2010).

3. Fully and clearly explain the investigation and reporting process and the roles of every person with whom the victim interacts (Mindlin et al., 2010; SPLC, n.d.). Victims should be aware of the implications of speaking openly with an advocate as compared to speaking openly with a law enforcement official or prosecutor. Be sure that he/she understands the rights and options afforded by the U.S. government and our legal system.
4. Be familiar with local, state, and federal law related to immigrant victims and their rights. There are some rights and options afforded by the Violence Against Women Act (SPLC, n.d.). Victim advocates should be aware of these rights and options and be prepared to refer the victim to an attorney, as necessary (Mindlin et al., 2010, p.21).
5. Interagency cooperation can be especially helpful. Agencies and networks working with immigrant populations in other capacities, such as housing, employment, or social programs, may have strong ties in the community. Working with these agencies and networks can help an advocacy organization develop culturally competent services and gain the trust of vulnerable populations.

Adolescent males

Research indicates that males, particularly adolescent males, often respond to sexual assault differently than females (Sepler, 1990; CALCASA, 2011). Common male responses to ongoing abuse include:

> "leveraging through extortive tactics, accommodating the abuse in order to resolve the dissonance of the experience, turning the victimizing experience into a perceived aggressive relationship, reenacting the behavior that victimized them against a vulnerable person, and focusing on material rewards" (Sepler, 1990, p. 77).

Programs that "assume universality when it comes to sexual victimization" (Sepler, 1990, p. 76) will likely not be effective with this population. Victim advocates and program coordinators should be aware of the differences between male and female responses to sexual assault and adjust their advocacy efforts accordingly. This is often referred to as gender-responsive programming and addresses the specific program needs of a particular gender in a particular situation (i.e., as a victim or as an offender).

Broadly, research indicates that single session sexual violence awareness presentations have limited opportunities to support young people to adopt positive behaviors. Recommendations for approaching this group include prevention programming that includes several short sessions. Additionally, successful education programs augment presentations with other activities (Kirby, 2005; Adair, 2006). Depending on information provided, programs might need to be gender responsive in addressing one gender or another. Schewe (2010) found that males demonstrate greater attitude changes in single-gender groups rather than mixed-gender groups.

The CDC (2012) recommends engaging high school students in mentoring programs or other skill-based activities that address healthy sexuality and dating relationships. A community-based, peer-to-peer health promotion program known as *MARS* addresses reproductive and sexual health behaviors among men ages 13 to 25. The mission of the program is to support men in taking a responsible role in promoting equality and cooperation in relationships, pregnancy, infection prevention, and overcoming stereotypical gender roles (Cupples, Zukoski, & Dierwechter, 2010). The program Safe Dates has been shown to prevent and interrupt sexual violence perpetration and is highlighted by *Crimesolutions.gov.* Safe Dates is

> "a school-based prevention program for middle and high school students designed to stop and prevent the initiation of dating violence, including psychological, physical, and sexual abuse that may occur between youths involved in a dating relationship. Program goals are to change adolescent norms on dating violence and gender roles, improve conflict resolution skills for dating relationships, promote victims' and perpetrators' beliefs in the need for help and awareness of community resources for dating violence, encourage help-seeking by victims and perpetrators, and develop peer-helping skill" (Office of Justice Programs, Crimesolutions.gov, "Safe Dates", para. 1, 2012).

Materials regarding services among special populations identified by ICJI—*rural communities, members of the Hispanic/Latino community, recent immigrants, and adolescent males*—are included in Table 4 (see page 18).

Table 4. Key resources by service area

SERVICE AREA	RESOURCES
General services	
Telephone and in-person information and referrals for services	**Best practices guidelines: Crime victim services** (Minnesota Department of Public Safety, Office of Justice Programs, 2010)
Follow-up contacts	**Best practices manual for domestic violence programs** (Arizona Coalition Against Domestic Violence, 2000)
	Best practices in methods for evaluation of crisis and counseling services provided to rape victims (Muldowney, 2009)
	First response to victims of crime (Woods, 2008)
Case management	**Best practices guidelines: crime victim services** (Minnesota Department of Public Safety, Office of Justice Programs, 2010)
	Case management (Peace Over Violence, 2012)
	Case management (Rape Assistance and Awareness Program, 2012)
Crisis response/intervention	
Crisis counseling	**Crisis intervention in child abuse and neglect** (U.S. Department of Health and Human Services, 1994)
	The national evaluation of state Victims of Crime Act assistance and compensation programs: Trends and strategies for the future (Newmark, Bonderman, Smith, & Liner, 2003)
Victim advocacy	
Training	**Advocacy skills training** (Pennsylvania Coalition Against Rape, 2012)
	Sexual assault advocate/counselor training (Office for Victims of Crime, Training and Technical Assistance Center)
	Volunteers serving victims of sexual assault (Hellman & House, 2006)
	Sexual assault training standards: A trainer's guide (California Coalition Against Sexual Assault, 2011)
	Online training courses (National Children's Advocacy Center)
Mental health services	
Support groups and individual therapy	**Sexual assault training standards: A trainer's guide** (California Coalition Against Sexual Assault, 2011)
	Consensus practices in the provision of services to survivors of domestic violence and sexual assault: A reference for North Carolina Service Providers (Macy, & Ermentout, 2007)
	Domestic violence and sexual assault services: Inside the black box (Macy, Giattina, Sangster, Crosby, & Montijo, 2009)
Trauma-informed care	**Creating trauma-informed services: A guide for sexual assault programs and their system partners** (Washington Coalition of Sexual Assault Program, 2012)
	National Center for Trauma-Informed Care (Substance Abuse and Mental Health Services Administration)
Prevention	
Sexual assault prevention	**Sexual violence prevention: Beginning the dialogue** (Centers for Disease Control and Prevention, 2004)
	National Sexual Violence Resource Center
	PreventConnect: A national online project dedicated to the primary prevention of sexual assault and domestic violence (California Coalition Against Sexual Assault)
	About Sexual Violence (National Online Resource Center on Violence Against Women)
Special populations	
Rural communities	**"It's not just a job. This is where we live. This is our backyard": The experiences of expert legal and advocate providers with sexually assaulted women in rural areas** (Annan, 2011)
	Unspoken crimes: Sexual assault in rural America (Lewis, 2003)
Hispanic/Latino communities	**Existe Ayuda Help Exists Toolkit** (Office for Victims of Crime)
	Arte Sana: Victim Advocacy SIN Fronteras (Victim advocacy organization, Latino sexual violence prevention)
	Latinas and Sexual Violence (Office for Victims of Crime, Existe ayuda help exists fact sheet)
	Sexual Assault Among Latinas Study (Cuevas & Sabina, 2010)
Recent immigrants	**Sexual violence against farmworkers: A guidebook for social service providers** (Southern Poverty Law Center, 2010)
	Empowering survivors: Legal rights of immigrant victims of sexual assault (Legal Momentum: The Women's Legal Defense and Education Fund, 2012).
	Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations (Robert Wood Johnson Foundation, 2009)
	Working with immigrant survivors of sexual and intimate partner violence (Virginia Sexual and Domestic Violence Action Alliance, 2011)
Adolescent males	**Understanding Teen Dating Violence, Fact Sheet** (Centers for Disease Control, 2012)
	Reaching young men: Lessons learned in the recruitment, training, and utilization of male peer sexual health educators (Cupples, Zukoski, & Dierwechter, 2010)
	Safe Dates program profile (Office of Justice Programs, Crimesolutions.gov)

Note: This table includes materials from numerous sources. Please see the final section of this report for a full list of references by author or organization.

Recommendations

Based on the assessment of current SASP and SOS materials and review of relevant literature and resources in the area of sexual assault services, CCJR offers the following recommendations:

1. **Require subgrantees to identify specific best practice programs or program characteristics as part of the application process, and provide a detailed explanation of how selected best practices apply to areas of service provision.** Ensure that SASP and SOS funding applications include specific questions about subgrantees' prior or proposed incorporation of best practices.

2. **CCJR recommends that ICJI maintain a "best practices" library for division staff consultation and that would also be available to current and future subgrantees.** This resource could assist ICJI division staff in developing funding stream solicitations and evaluating subgrantee applications. Similarly, subgrantees can utilize such a collection to develop proposals that are responsive to ICJI priorities and client needs.

3. **Given that ICJI has identified specific underserved populations (such as rural communities and/or recent immigrants) for expanded service provision, CCJR recommends the following:**

    a. Subgrantees should be required to describe in detail the need for targeted services in their area.

    b. Funding applications should require that subgrantees provide an in-depth description of how existing or new programs will be tailored to meet the needs of particular groups.

    c. Subgrantees that indicate prior service provision for specific groups should be able to clearly demonstrate a track record of being responsive to underserved populations, and/or the capacity to implement recommended practices for assisting particular groups.

4. **In general, require subgrantees to provide an in-depth description of how provider services assist victims of sexual assault.** This also will require subgrantees to distinguish between services, such as counseling that may be offered as a component of crisis response, or medical or legal advocacy, or support group or individual, long-term mental health services. To guide applicants in distinguishing between similar types of services, ensure that funding applications include term definitions that are readily understood. Subgrantees should be required to identify the type of counseling (group or individual) and who (licensed clinician or a volunteer) provides this service.

5. **To help ensure that sexual assault service advocates are trained and qualified, require subgrantees to provide detailed description(s) of training received and documentation of relevant credentials.** Subgrantees should clearly identify credentials of those individuals providing mental health services. Require documentation of credentials for individuals providing mental health services, legal counsel, or other professional services.

6. **CCJR recommends that ICJI consider streamlining subgrantee reporting forms.** SASP subgrantees submit a standardized OVW Annual Progress Report and SOS subgrantees complete monthly reports that are compiled by ICJI for annual reporting. Redesigning the SOS reporting form(s) to include standard variables similar to those in the OVW progress report will assist providers with documenting program service provision and types of victims served, including key demographic variables. ICJI also will be able to track and compare services at the subgrantee level. In addition, subgrantees that report using evaluation tools should be required to report results. Organizations that do not report efforts to evaluate their programs, should be offered training, sample assessment tools, and be required to report findings.

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Review of best practices
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Sexual Assault Services Program (SASP) and Sexual Offense Services (SOS)

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