

Pennsylvania Coalition Against Rape
Organizational Standards for PA Centers

(Approved by the PCAR Board of Directors on May 10, 2019)

Board of Directors Standard

Purpose: To ensure that each PA Center has a Board of Directors that follows the laws governing non-profit organizations in Pennsylvania and is responsible for all policies in accordance with the PCAR Subcontract.

Requirements:

1. When the rape crisis center is an independent organization whose mission is to provide services to victims of violence and crime, including the prevention of and service to victims of sexual violence, the governing board shall be the fiduciaries who steer the organization towards a sustainable future by adopting sound, ethical, and legal governance and financial management policies, as well as by making sure the Center has adequate resources to advance its mission.
2. When the rape crisis center is a component of an umbrella organization (e.g., YWCA, mental health provider) whose primary mission is something other than providing services to victims of some type of crime, the Board of Directors shall appoint an advisory board to be comprised of community members. The advisory board shall be comprised of community stakeholders, staff members (no more than 50% of membership), and at least one representative of the governing Board. The advisory body may give input on policy decisions that affect personnel, budgetary, and program development matters of the rape crisis center.
3. The Board of Directors of the Center shall reflect the range of diversity of the individuals in the community, including racial and ethnic identities, gender identities and expressions, sexual orientations, primary languages, and abilities of the counties served and shall include representatives from all areas of the counties served.
4. When the rape crisis center is part of an organization which serves both victims of sexual violence and domestic violence, or part of an organization that serves victims of all crime, it shall ensure that the Board of Directors maintains an equal focus on the issue of sexual violence.
5. The Board of Directors and the advisory body, where appropriate, shall maintain a record of meeting minutes. Meeting minutes shall include the date of the meeting, a list of those in attendance, and a record of actions taken.
6. It shall be the responsibility of the Board of Directors to notify PCAR within 10 business days of a change in executive leadership, either permanent or temporary, of the rape crisis center.

- a. Upon verbal notification to PCAR, a written confirmation must be sent to PCAR within two weeks.
- b. It must include the last date of employment of the director, designate who will be the acting director, and indicate who is the person authorized to sign invoices and the anticipated date of hire of the new executive director.
- c. The new executive director will be required to attend PCAR's new director training.

Bylaws Standard

Purpose: To ensure that the Board of Directors has a governing document.

Requirements:

1. The Board of Directors shall be governed by Bylaws developed in accordance with the requirements for non-profits organizations operating in Pennsylvania.
2. The Bylaws must be reviewed regularly in accordance with the schedule stipulated in the Center's Bylaws. At minimum, the Bylaws must be reviewed every three years. The adoption date, as well as the dates of any revisions, must be recorded in the Bylaws.

Organizational Standard

Purpose: To ensure that each PA Center is operating within relevant state and federal requirements.

Requirements:

1. A center shall be an independent incorporated non-profit organization that operates a rape crisis center with a 501(c)3 designation from the Internal Revenue Service.
2. A Center shall have a Federal Employer Identification Number issued by the Internal Revenue Service, U.S. Treasury Department.
3. A Center shall have a current certificate of registration from the PA Bureau of Charitable Organizations. The certificate shall be posted in a public area in the Center.
4. A Center shall maintain an operations manual which includes the center's policies and operating procedures, and is updated on an annual basis.

Conflict of Interest Standard

Purpose: To eliminate the potential for conflict or the appearance of conflict including personal interest.

Requirements:

1. The Center shall have a written policy and procedure to reduce the potential for, or appearance of, a conflict of interest. This shall apply to the functions and activities of the Board of Directors, PCAR-funded Center staff members, and volunteers associated with the Center.
2. The Center shall maintain signed adherence documentation in the personnel/volunteer files. The documentation will be updated annually.

Personnel Standard

Purpose: To ensure that the Center has written policies and required documentation for staff members, interns, and volunteers.

Requirements:

1. Personnel policies and job descriptions shall be reviewed regularly in accordance with the schedule stipulated in the document. At minimum, personnel policies and job descriptions must be reviewed every three years. The effective date shall be listed on personnel policies and job descriptions.
2. The Center shall comply with all relevant federal and state laws and regulations pertaining to employees.
3. The Center shall maintain personnel files for all staff members.
 - a. Personnel files for paid, full or part-time staff members must contain (at minimum):
 - Signed job description
 - PA New Hire Reporting Form
 - Salary History
 - W-4
 - Yearly Evaluation
 - Signed receipt of Personnel Policies
 - Signed receipt of Whistleblower Policy
 - Signed receipt of Drug-Free Workplace Policy
 - Signed receipt of policies related to HIV/AIDS in the workplace and in relation to clients (see HIV/AIDS Standard)
 - Signed receipt of the Conflict of Interest Policy (See Conflict of Interest Standard)
 - Signed Confidentiality Agreement
 - Signed receipt of Anti-Discrimination Policy
 - Signed receipt of the PCAR Code of Ethics (See Ethics Standard)
 - Signed receipt of Religious Non-Affiliation Policy

- Signed receipt of Sexual Harassment Policy
 - Report of criminal history from the Pennsylvania State Police (PSP)
 - Child Abuse History Clearance from the Department of Human Services (Child Abuse)
 - Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI)
 - Record of Sexual Assault Counselor Training including attendance record, syllabus, and copy of certificate
 - Documentation of required ongoing staff training (See Ongoing Training Standard)
- b. Personnel files for unpaid volunteers and interns must contain (at minimum):
- Job description
 - Application
 - Yearly evaluation
 - Signed receipt of Conflict of Interest Policy
 - Signed Confidentiality Agreement
 - Signed receipt of PCAR Code of Ethics
 - Report of criminal history from the Pennsylvania State Police (PSP)
 - Child Abuse History Clearance from the Department of Human Services (Child Abuse)
 - Fingerprint-based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI), or signed certification that volunteer meets required criteria to forgo
 - Record of Sexual Assault Counselor Training including attendance record, syllabus, and copy of certificate
 - Documentation of 6-hours offered ongoing volunteer training

Fiscal Standard

Purpose: To ensure that the Center complies with fiscal and audit requirements as set forth by generally accepted accounting principles.

Requirements:

1. Each Center shall have available fiscal records on a fiscal year beginning July 1 and ending June 30 in accordance with generally accepted accounting principles. These records shall be made available to PCAR upon request.
2. The Center shall have an accrual bookkeeping system.
3. The Center shall maintain fiscal records current to within thirty (30) days.
4. The Center shall maintain fiscal records as follows:
 - a. Cash Disbursement Journal – this journal must reflect an accounting of expenditures.

- b. Cash Receipted Journal – this journal must identify income received from all funding sources.
 - c. General Ledger – all transaction records in the individual journals must also be posted to separate ledger accounts and reconciled with bank statements. This will enable the Center to double-check all transactions.
 - d. Accounts Receivable Ledger – the ledger reflects the amount a customer owes to a Center at any specific time. This subsidiary ledger corresponds to the General Ledger.
 - e. Accounts Payable Ledger – this ledger reflects the amount the Center owes to vendors at any specific time. This subsidiary ledger corresponds to the General Ledger.
 - f. Payroll Journal – this journal must identify gross and net salary, taxes, benefits, and employee/employer-authorized deductions for appropriate personnel.
 - g. Receipts – all expenditures must be supported by a paid bill and with proper authorization for payment.
 - h. Tax and Benefit Payments – appropriate tax and benefit payments must be made on a timely basis and appropriately documented.
 - i. Salary and Benefits History – there shall be a record of all employee transactions: hire date, salary and salary changes, time and leave documentation, changes in status and benefits afforded the employee. Time and effort reports (time sheets) are required for all personnel funded with PCAR grant dollars. Time sheets must account for total activity for which employees are compensated. For example, if the employee spends 20% of their time on the PCAR funded grant project, 20% on a different grant project, and 60% of their time on other Center activities, time and effort for all three areas must be included on the time sheet. Time sheets must be signed by the employee and a supervisor, or be certified and/or approved via the center's electronic timesheet system.
5. The Center shall retain all financial records for a period of five years from the subcontract expiration date, and for such period, if any, as specified below:
- a. If the subcontract is completely or partially terminated, the records relating to the work performed prior to the termination shall be made available for a period of five years from the date of any resulting settlement.
 - b. Records which relate to litigation of the settlement of claims arising out of the performance or expenditures under the subcontract to which exception has been taken by the auditors shall be retained by the Center until such litigation, claim, or exceptions have reached final disposition.
 - c. Centers should have procedures in place regarding the retention of fiscal records which reflects the requirements for non-profit organizations, as well as state and federal requirements.

Risk Management Standard

Purpose: Risk management protects and adds value to a Center and its stakeholders through supporting the Center's objectives by: providing a framework that enables

future operations to take place in a consistent and controlled manner; improving decision making and planning by comprehensive understanding of the Center’s activity; contributing to more efficient use and allocation of capital and resources; reducing liability exposure, especially in non-essential areas of business; and protecting and enhancing assets and the Center’s image in the community.

Requirements:

1. The Center shall develop a Risk Management Policy which identifies and evaluates potential risk to the Center’s finances, personnel, property, service recipients, and reputation.
2. The Center shall have procedures in place to prevent the loss or corruption of critical financial data that would adversely affect the reliability of financial reporting or ability to continue as a going concern.
3. The Center shall establish disaster recovery plans which address flood, fire, terrorist attack, and other disasters that render the Center inoperable.
4. The Center shall have the following insurance coverage that meets the minimum sub-contractual requirement of PCAR:
 - a. Worker’s Compensation
 - b. Business Owner’s Fire and Casualty
 - c. Professional Liability
 - d. Employee Dishonesty
 - e. Directors and Officers
 - f. Unemployment Compensation
5. The Risk Management Policy shall include a process for periodic review.

Sexual Assault Counselor Training Standard

Purpose: To ensure compliance with 42 PA C.S.A. §5945.1 (Sexual Assault Counselor Privilege).

Requirements:

1. The Center shall provide a sexual assault counselor training program to all rape crisis center staff members and volunteers. This training shall occur prior to any confidential client contact or access to confidential client information. The Center is responsible for assuring the competency of individual providing instruction during the training program. When guest speakers are invited in to provide a portion of the training, a staff member must be present. At minimum, the Center’s training syllabus shall meet all PCAR standards, policies and applicable laws in accordance with the following training requirements:

<i>Category</i>	<i>Minimum Hours</i>
History and Philosophy	1.0
Local Center Information	1.0
Values Clarification/Anti-Oppression	5.0

Counseling Issues	12.0
Sexual Violence Issues	9.0
Ethics	2.0
Confidentiality	2.0
Functioning Within Systems	4.0
Advocacy	2.0
Information and Referral	2.0
Minimum Total Training Time	40.0
Practicum Time	5.0

2. The Center shall retain records to document the number of hours and type of training each individual receives.
3. No more than 20-hours of the 40-hour training can be completed online. Centers must use the training modules available at campus.nsvrc.org for any online training related to the 40-hour sexual assault counselor training. Any online training module other than those available on the NSVRC site must be reviewed and approved by PCAR prior to use in training.
4. The Center must include a practicum following completion of the 40-hour training in order to assess and evaluate the skills of the individuals completing the training. The practicum should include service provision to victims or significant other and be directly supervised by a Center staff member involved in the provision of direct services.
5. The Center is responsible for assuring that individuals transferring from another PA Center have received the same training required of sexual assault counselors (staff members and volunteers) in its Center. If not, the Center is required to provide the training needed to fulfill its requirements and to meet the PCAR Sexual Assault Counselor Training Standard.
6. It is the Center's responsibility to oversee and provide adequate and appropriate documentation. The Center's Direct Services Supervisor determines if an individual has met all the requirements to be a sexual assault counselor. An evaluation of an individual's ability and competency to provide service to victims of sexual violence must be completed and documented on an annual basis.
7. The Executive Director of the Center which holds a subcontract with PCAR must complete the Sexual Assault Counselor training within three months of assuming their position. As stated above, the Executive Director cannot have any confidential client contact or access to confidential client information prior to completion of the training. If the Center is located within a larger organization, it is strongly recommended that the CEO of that organization also complete the Sexual Assault Counselor training.

Ongoing Training Standard

Purpose: To ensure that staff members at Centers maintain and improve skills relevant to their position responsibilities.

Requirements:

1. The Center shall have a policy addressing the minimum ongoing training requirements for staff members.
2. All staff members who provide direct or prevention education services related to sexual violence shall have a minimum of six (6) hours of ongoing training, specifically related to sexual violence, for each subsequent fiscal year after completion of the required 40-hour Sexual Assault Counselor training.
3. The Center shall retain records to document the number of hours and type of training that staff members receive each year.
4. It is recommended that Centers offer at least two (2) hours of ongoing training specifically related to sexual violence each year to Board (or advisory board) members and support staff (e.g., maintenance or clerical).
5. Centers using volunteers to provide direct services to victims of sexual violence must offer at least six (6) hours of ongoing training, specifically related to sexual violence, for each subsequent year after completion of the required 40-hour Sexual Assault Counselor training.

Confidentiality Standards

Client Case Record Standard

Purpose: To ensure accurate recordkeeping of all client records.

Requirements:

1. The Center shall maintain the following client records.
 - a. PW-652 form – This form must be completed for each client receiving subcontract-required service and must be made available for review by the Contract Liaison during monitoring. As required by federal regulations, this form must be updated every six months of active service. Each client will have one PW-652 form per fiscal year. Centers using ETO Impact complete this assessment through completion of the Victimization Assessment when opening a new client.
 - b. Client Profile – Documentation of client profile information as required to be reported to PCAR. Centers using ETO Impact complete this assessment through completion of the Add New Participant screen.
 - c. Service Plan – This form is required for ongoing counseling clients. The service plan must be completed in collaboration with the client and should

be updated at a minimum of every six months. See the Center manual for additional information.

- d. Case Notes – This information shall reflect the provision of service, shall be tailored to the unique needs of the client, and shall not contain verbatim statements or judgmental or labeling language. Case notes shall also include evidence of case management activities, as well as documentation of a discussion regarding confidentiality, rights and responsibilities, and grievances. All employees must adhere to the ethical standards within their scope of service.
 - e. Form Verifying the Receipt of Information Regarding Confidentiality, Client Rights & Responsibilities, and Grievance Procedures – This form is required, verifying that the client has received information regarding confidentiality, client rights and responsibilities, and procedures for filing grievances. In situations where securing signed documentation from a client is inappropriate (e.g., first contact during a medical accompaniment or over the telephone) the Center will ensure that discussion of confidentiality, client rights and responsibilities, and procedures for filing grievances is documented in case notes, and that, if possible, a form is signed.
 - f. Other Information – The Center must include and release of information forms and other correlating documentation, if applicable. Information should only be released after securing written, informed, specific, and time-limited documentation that is signed by the client or legal guardian.
2. The Center is required to have a policy on recordkeeping that includes the content of client files, how much information is kept, the kinds of information kept, when client files are reviewed, and who is responsible for reviewing client files.

Client Case Records Maintenance Standard

Purpose: To ensure proper access, maintenance, storage, security, and retention of client records in any format – paper, electronic, or otherwise.

Requirements:

1. The Center shall maintain client records and a data collection system that upholds the confidentiality of the client.
2. The Direct Services Supervisor shall have primary responsibility for maintaining client records with current case notes and for supervising the case notes made by all other Center personnel. If the Center does not have a job title of Direct Services Supervisor, then the job description of the individual responsible for these duties must contain the following language: “This position shall be the Direct Services Supervisor as specified in 42 PA C.S.A. §5945.1.”
3. The Center shall have a policy that addresses the security of client records and information.

- a. Access to client data collection system and client records shall be limited to persons who have completed the requirements of 42 PA C.S.A. §5945.1.
 - b. Access shall also be granted to PCAR personnel who are responsible for monitoring the Center's compliance. Access will be given under the direction of the Direct Services Supervisor.
4. The Center's Direct Services Supervisor shall have primary responsibility for reviewing and retaining all client files for the required time period and for disposing of client paper files after the required time period has expired.
 5. The Center shall have a policy that specifies how often all client records are reviewed, updated, and closed, as well as when and the method of disposing of client paper files.
 - a. All active client records shall be reviewed at a minimum of every six months.
 - b. All closed client paper files shall be retained for a minimum of five years before they are disposed of.
 - c. Centers shall have a written procedure which outlines the method to be used to dispose of files.
 - d. No client record, or any part thereof, shall be destroyed in response to a subpoena.

Confidentiality Standard

Purpose: To ensure confidential communications exist between the client and a counselor in compliance with the requirements of 42 PA C.S.A. §5945.1.

Requirements:

1. The Center is required to have a written confidentiality policy which includes procedures and provisions for the release of information, services to children, response to subpoenas, and exceptions required by law as follows:
 - a. Suspicion of child abuse
 - b. Intent to harm self or others
 - c. Issues of competency
2. The Center's confidentiality policy and procedures shall address requests by the client to review and/or copy information from the client's file.
3. The Center's confidentiality policy and procedures shall address requests to review and/or copy information from a child's client file by that child's parent/legal guardian.
4. The confidentiality policy must be reviewed and approved by PCAR when changes occur in the following:
 - a. 42 PA C.S.A. §5945.1 (Sexual Assault Counselor Privilege)
 - b. 23 PA C.S.A. §6311(a) (Child Protective Services Law)

- c. Case law
 - d. PCAR Standards
 - e. Center Confidentiality Policy
5. All persons associated with the Center who come into contact with clients or client information are required to sign a confidentiality agreement which provides that such persons will maintain the confidentiality of such information.

Direct Services Standards

Subcontract-Required Services Standard

Purpose: To ensure that all subcontract-required services are provided to the community served by the Center.

Requirements:

1. A Center shall identify an individual as a client if the individual is a victim of sexual violence and receives services from the Center, and if the Center opens a client file that is consistent with all requirements listed in the Confidentiality – Case Records Standard.
2. A Center shall identify an individual as a significant other client when a non-offending individual of any age, other than the victim, has been affected by sexual violence, and receives service from the Center. A significant other includes, for example, a parent, guardian, spouse, partner, sibling, child, and/or close personal friend of the victim of sexual violence. Significant Other clients shall have separate client files which are consistent with all requirements listed in the Confidentiality – Case Records Standard.
3. The Center shall provide crisis services to the community served. Crisis includes the victimization incident, as well as recent memory, disclosure, triggering event, any legal proceedings or involvement, and other precipitating events.
4. If the Center's annual budget for sexual violence services is over \$100,000, the Center shall employ a minimum of one full-time or two part-time Sexual Assault Counselor/Advocates. A significant portion of this/these individuals' time must be dedicated to providing direct counseling/advocacy to victims of sexual violence. For a full-time Sexual Assault Counselor/Advocate this must be at least 80% of the individual's time. For two part-time Sexual Assault Counselor/Advocates this must be at least 50% of each individual's time.
5. The following services must be available to all residents of the county or counties served:
 - a. 24-hour Hotline – A 24-hour, advertised hotline service must be available and staffed by Sexual Assault Counselors to provide crisis intervention services. The Center shall have written procedures that ensure that the response time of a sexual assault counselor to all hotline calls is not more

than 15 minutes. An answering machine may not be used to answer the 24-hour hotline. Requiring a caller to leave a message requesting a call back does not sufficiently meet the Standard.

Documentation – This should be tracked in ETO as Hotline Counseling.

- b. Accompaniment to medical facilities, police investigations, and court proceedings – The Center shall have a representative available to accompany the client to examinations, investigations, interviews, and proceedings related to the client’s victimization. The Center will ensure that an advocate will deploy to provide medical advocacy within 15 minutes and have in-person contact with victims of sexual violence as soon as possible.

Documentation - This should be tracked in ETO as Civil Advocacy / Accompaniment; Criminal Advocacy/Accompaniment; Emergency Medical Accompaniment to a Hospital Setting; FRE Advocacy/Accompaniment; Law Enforcement Advocacy/Accompaniment

- c. Crisis Counseling – A Center must provide short-term intervention that is action focused, client-centered, and trauma-informed, and has limited goals to ensure safety and promote overall stability in response to a crisis related to a sexual assault, whether the incident occurred in the recent or distant past. The goal is to provide emotional support and concrete feedback/assistance for the individual. Crisis counseling helps problem solve and assists individuals in obtaining available resources. Delivery may take place via the hotline, during in-person sessions, or while accompanying a client through the legal, medical, or other community system.

Goals of Crisis Counseling:

- Safety and stability – Ensures the individual is safe, stable, and has a short term plan which includes management of self and the emergency situation
- Normalization - Helps the individual to recognize that most reactions to a trauma are normal and differ from person to person. Helps to educate the individual on common reactions and when to seek additional help.
- Preparation –Helps to predict and prepare for any practical issues that may affect individuals in the aftermath of a crisis, such as relocation, involvement with the legal system, or financial considerations.
- Connection – Helps connect the individual to formal and informal resources and support.

Crisis Counseling helps clients:

- Tell their story
- Normalize and validate their feelings and reactions to the trauma

- Recognize any safety issues
- Identify their immediate needs or concerns related to the crisis
- Develop a short term action plan for getting through the immediate crisis
- Understand their rights and review their options
- Briefly understand the effects of sexual violence and possible reactions
- Connect to other community resources that will support them in addressing needs
- Understand the scope and limitation of the center's service
- Establish initial realistic expectations related to systems (e.g., criminal justice, medical, etc.)
- Begin to regain a sense of personal power or control

Crisis Counseling may be a one-time response to a crisis event or may take place for several sessions following the crisis. Crisis Counseling may occur repeatedly over an extended period of time as clients experience new crises while navigating the trauma (i.e., going through the court system, release of the offender, telling family, etc.) Crisis counseling provided by a Sexual Assault Counselor is not designed to take the place of suicidality intervention, substance abuse, detox, or intervention related to severe mental illness but can work in collaboration with these other systems when provided as part of a holistic response to the individual's professionally assessed needs.

It is expected that staff members providing crisis counseling will successfully complete the training articulated in this document pertaining to Crisis Counseling skills and have an understanding of center policies, procedures, and philosophies and community resources. In order to provide Crisis Counseling, counselors must complete forty (40) hours of Sexual Assault Counselor training as articulated in 42 PA C.S.A. §5945.1 defining confidential communications with sexual assault counselors. This training will be developed with the guidance of the Sexual Assault Counselor Training Standard, meet basic competency needs, and satisfy the requirements of the statute defining confidentiality privilege. If the counselor anticipates working with clients in legal, medical, or other systems, it is recommended they complete additional specialized training. If the counselor feels that the client is in need of services outside the scope of their training, it is the counselor's responsibility to inform the client of their limitations, provide education on options and choices, and make appropriate referrals within the community.

Documentation – This should be tracked in ETO as Crisis Counseling.

- d. Supportive Counseling - A Center must provide individual counseling that is a client-centered, trauma-informed intervention based in empathy and active/reflective listening. It should be non-judgmental, unconditionally

accepting, and provided to victims of sexual violence who need ongoing support that does not rise to the level of therapy, do not wish to attend therapy, or are not yet ready to make the active changes therapy requires. Delivery may take place via the hotline, telephone, during in-person individual or group sessions.

Individual Counseling helps clients:

- Continue to normalize and validate their reactions to trauma
- Understand their rights and review their options
- Understand the effects of sexual violence
- Manage minor ongoing issues related to the trauma
- Identify and strengthen existing coping skills
- Develop new coping and personal safety skills
- Speak for themselves
- Manage expectations related to systems (e.g., criminal justice, medical, etc.)
- Begin to regain a sense of personal power or control

Supportive Counseling may be time limited or may be provided on an ongoing basis dependent on the needs of the client. It is expected that staff members providing individual counseling will successfully complete all the requirements for crisis counseling listed above in addition to ongoing specialized training in providing trauma informed support to clients. Supportive Counseling by a Sexual Assault Counselor is not designed to take the place of suicidality intervention, substance abuse, detox, or intervention related to severe mental illness but can work in collaboration with these other systems when provided as part of a holistic response to the individual's professionally assessed needs. If the counselor feels that the client is in need of services outside the scope of their training, it is the counselor's responsibility to inform the client of their limitations, provide education on options and choices, and make appropriate referrals within the community.

Documentation – This should be tracked in ETO as Individual Counseling or Group Counseling.

- e. Individual Advocacy – A Center must provide advocacy that facilitates the client's negotiation of systems encountered as a result of being impacted by sexual violence.

Documentation – This should be tracked in ETO as Individual Advocacy.

- f. Information and Referral – A Center must provide information and suggestions to assist clients in identifying relevant community services.

Documentation – This should be tracked in ETO as Information and Referral In-Person or Information and Referral Phone.

Therapy is not a required service. It is however a fundable service. The following information is included to provide guidance to Centers which choose to provide therapy to victims of sexual violence.

6. Therapy is an in-depth intervention provided to victims of sexual violence in response to the longer-term effects of the trauma. This typically is provided in scheduled, in-person sessions, or in group sessions. Therapy is strengths-based, interpersonal, relational intervention used by professionally trained therapists to aid clients in resolving problems of living, identifying survival skills, examining core beliefs, and working on process-oriented internal changes related to sexual violence. Therapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change.

The intended outcomes of therapy include:

- Allow the client to achieve a greater understanding of the trauma experienced
- Help the client to integrate the experience
- Assist the client in resolution of the trauma to healing.

Therapy services will likely be for a period of several months or longer. It is important to note that the therapeutic relationship starts with the first session.

In order to provide therapy, staff members will be a master's or doctoral-level clinician who is professionally licensed by the Commonwealth of Pennsylvania and whose professional scope of practice includes therapy; or a master's-level clinician, who has completed their course work, is working toward licensure in the Commonwealth of Pennsylvania, and whose professional scope of practice includes therapy, under the ongoing supervision of a professionally licensed clinician. In addition, therapists employed at rape crisis centers must also successfully complete all requirements for crisis counseling in addition to ongoing specialized training in providing trauma informed support to clients (to satisfy the requirements of 42 PA C.S.A. §5945.1 – see the Confidentiality Standard.) The therapist provides this service within the context of the center's policies/procedures/philosophies, and with an understanding of available community resources. Providing therapeutic services without required training and competency makes the client vulnerable to negative outcomes and exposes the Center to significant liability.

Centers which provide therapeutic intervention shall ensure the following:

- Centers must have a written policy regarding the supervision of therapists.
- Centers must ensure that staff members providing therapy receive clinical supervision from a qualified professional (i.e., professionally licensed therapist).
- All therapists must have trauma-informed training and incorporate trauma-informed approaches in the delivery of therapy services.

- A copy of the therapist's current professional license or certification shall be maintained in the Center's personnel files, and proof of professional liability insurance covering the therapist shall be maintained in the Center's files.
- Therapists shall follow all state and federal laws and the PCAR standards pertaining to confidentiality of their clients and recordkeeping.

Therapy at a Sexual Assault Center is not designed to take the place of advocacy services, suicidality intervention, substance abuse, detox, or intervention related to severe mental illness but can work in collaboration with these other systems when provided as part of a holistic response to the individual's professionally assessed needs. If the therapist feels that the client is in need of services outside of the scope of their training, it is the therapist's responsibility to inform the client of their limitations, provide education on options and choices, and make appropriate referrals within the community.

Documentation – This should be tracked in ETO as Therapy.

Program Accessibility Standard

Purpose: To ensure that all individuals have equitable access to services.

Requirements:

1. The Center shall make all services available to every member of the community, including people of all ages, races, creeds, gender identities, ethnicities, colors, national origins, marital statuses, sexual orientations, physical or mental abilities, cultures, language abilities, classes, economic statuses, education-levels, and HIV statuses.
2. The Center shall have written procedures regarding meeting service needs of individuals with physical disabilities, cognitive disabilities, or intellectual disabilities. Every reasonable effort should be made to ensure that locations where services are provided are fully accessible, or to make suitable accommodations for alternate locations. Procedures should address services over the telephone, as well as in-person, and should make provisions for adequate interpretation or translation of all forms and documentation provided to the client.
3. The Center shall have written procedures for meeting service needs if a client's primary language is other than English including ASL and assisted communication (augmentative and alternative communication devices). Procedures should address services over the telephone, as well as in-person, and should make provisions for adequate interpretation or translation of all forms and documentation provided to the client.
4. Children shall not be used as interpreters for counseling sessions, intake, group sessions, or other contacts with adult significant others receiving subcontract-

required services. Staff members and volunteers must be trained on these procedures annually.

Services Documentation Standard

Purpose: To ensure adequate information and documentation related to services is maintained by the Center.

Requirements:

1. The Center shall have a written grievance procedure which provides the opportunity for clients to present a complaint without fear of retaliation. Information regarding the grievance procedure shall be provided to Center staff members and volunteers for provision to Center clients.
2. If the Center uses an outside agency, professional answering service, or other individuals who have not completed the 40-hour Sexual Assault Counselor training to answer the hotline, that resource shall only be used to link callers with a trained Sexual Assault Counselor.
3. Centers shall ensure that answering service staff members have received training in crisis intervention and confidentiality. The training must occur annually and include a minimum of two hours.
4. A written agreement between the Center and the answering service must be on file at the Center and be reviewed by the Center at least annually.
5. The Center shall have written procedures that ensure that response time by Sexual Assault Counselors is not more than fifteen (15) minutes to all hotline calls.
6. The Center is responsible for notifying PCAR within 24-hours if the hotline is not in operation for more than a twelve-hour period.

Prevention and Education Standard

Purpose: To ensure that all centers provide both primary prevention and education awareness services to the communities within the county or counties served by the Center.

Requirements:

1. The Center shall make prevention and education services available in a manner that is culturally relevant and informed by the strengths and readiness of the communities within the county or counties served.
2. The Center shall make prevention and education services available to every member of the community, including people of all ages, races, creeds, gender identities, ethnicities, colors, national origins, marital statuses, sexual

orientations, physical or mental abilities, cultures, language abilities, classes, economic statuses, education-levels, and HIV statuses.

3. All prevention and education services must be victim-sensitive and focused on the accountability of people who commit acts of sexual violence.
4. Primary Prevention Activities – A Center shall identify programs, efforts, and strategies as Primary Prevention if they are focused on reducing perpetration on a community level by changing attitudes, behaviors, cultural norms, and systems that support sexual violence.
 - a. A prevention approach goes beyond raising awareness and reducing risk, and instead engages communities in creating long-term solutions. Effective prevention strategies address root causes and social norms that allow sexual violence to exist.
 - b. Primary Prevention is defined as population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring. Prevention efforts work to modify or eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and associated harm.
 - c. Additionally, primary prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that encourage healthy relationships and impede the initiation of sexual violence.
 - d. Primary prevention efforts are most effective when provided over time (more than once) with a particular audience.
 - e. Primary prevention changes behavior; strategies must move beyond knowledge or awareness and include opportunities for audiences to learn, practice, adopt new skills and behaviors that create environments free from violence.
 - f. A Center shall identify trainings as Primary Prevention if they build skills and enhance capacity to engage in sustainable prevention efforts (e.g., peer education programs, mentoring programs). Primary Prevention trainings must follow the Training of Trainers model.
5. Education Awareness Activities – A Center shall identify efforts and strategies as Education Awareness if they consist of one-time presentations or events designed to raise awareness about sexual violence, connect survivors to services, and promote self-advocacy and empowerment among participants.
 - a. An education awareness approach aims to increase community understanding of sexual violence, the prevalence and effects of sexual violence, and victim services.
 - b. A Center shall identify trainings as Education Awareness if they enable agencies to better meet the needs of victims of sexual violence (e.g., responding to disclosures, trauma-informed responses).

6. Systems Advocacy Activities – A Center shall conduct activities that develop relationships with community partners through personal contacts (in-person or by telephone), made to effect policy or procedural change, to improve a system’s response to survivors of sexual violence.
7. Community Outreach Activities – A Center shall provide information to the community regarding sexual violence and available services. This includes but is not limited to social media, websites, press releases, public service announcements, media interviews, and community-wide events.

Religious Non-Affiliation Standard

Purpose: To ensure that Center staff members do not promote their own personal religious/spiritual beliefs and do not disrespect the clients’ religious/spiritual beliefs.

Requirements:

1. The Center shall have a policy which stipulates that staff members and volunteers cannot initiate nor promote any religious doctrine when providing services to a client. In the context of a counseling relationship, staff members and volunteers may respond to religious/spiritual issues presented by the client in a respectful, non-judgmental fashion.
2. The Center shall maintain signed adherence documentation in the personnel/volunteer files.

Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Standard

Purpose: To ensure accurate information on HIV/AIDS and its relationship to victims of sexual violence is available to staff members and clients.

Requirements:

1. The Center shall have a client-centered HIV/AIDS Policy which addresses the following:
 - a. A client disclosure regarding HIV/AIDS status does not require informing all members of the Center’s staff.
 - b. The right of a victim/survivor to give informed consent to any test, treatment, or procedure.
 - c. The right of a victim/survivor to make an informed request for relevant testing of an offender.
2. Staff and volunteers providing direct services shall receive training on HIV/AIDS, universal precautions, and post-exposure prophylaxis best practices and options for access. This information should be reviewed annually.
3. The Center shall maintain signed adherence documentation in the personnel/volunteer files.

Ethics Standard

Purpose: To provide an ethical base for Center staff members and volunteers providing direct service.

Requirements:

1. Each Center, Center staff member, and Center volunteer shall adhere to PCAR's Code of Ethics.
2. The Center shall maintain signed adherence documentation in the personnel/volunteer files.

Technology Standard

Purpose: To ensure that Centers choosing to use technology in the provision of services are aware of the benefits and limitations for specific clients in specific situations.

Requirements:

1. Telecommunication technologies include but are not limited to telephone, mobile devices, interactive video conferencing, email, chat, text, and internet (e.g., self-help websites, blogs, and social media).
2. Centers that choose to provide services via telecommunication technologies must:
 - a. Ensure its competence with both the technologies used and the potential impact on clients.
 - b. Ensure that ethical and professional standards of care and practice are met at the onset and throughout the duration of service provision.
 - c. Obtain and document informed consent that specifically addresses the unique concerns related to services provided via telecommunication technologies. When doing so, Centers should be aware of applicable laws and regulations, as well as organizational requirements that govern informed consent.
 - d. Protect and maintain the confidentiality of the data and information relating to clients and inform clients of the potential risks to confidentiality inherent in telecommunication technologies.
 - e. Ensure that security measures are in place to protect data and information regarding clients from unintended access or disclosure.
 - f. Dispose of client-related data and information and the technologies used in a manner that facilitates protection from unauthorized access that accounts for safe and appropriate disposal.