

# Consensus Practices in the Provision of Services to Survivors of Domestic Violence and Sexual Assault

A Reference for North Carolina Service Providers



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Sound knowledge of which services are most beneficial for survivors is a critical component of providing effective community-based domestic violence and sexual assault services. Initial research findings show that health and safety improve for survivors who receive such services (i.e., crisis, advocacy, counseling, support groups, shelter services; see for example Bybee & Sullivan, 2002; Campbell, 2006; Resnick, Acierno, Holmes, Kilpatrick, & Jager, 1999; Wasco et al., 2004). Despite these promising findings, considerable gaps in the empirical knowledge persist regarding which services are most effective in helping survivors to achieve safety, violence cessation, and recovery from the trauma of violence (Mears, 2003; Wathen & McMillian, 2003). Furthermore, service delivery practices may vary considerably (from agency to agency and from provider to provider), and little is known about the necessary service components to ensure efficacy (Abel, 2000). Thus, research-based service guidelines have great potential to aid domestic violence and sexual assault agencies in their service delivery efforts (Jensen, 2005; Proctor & Rosen, 2003).

### Methods

From 2005-2007, a research team lead by Dr. Rebecca Macy conducted a multi-method study that addressed these critical knowledge gaps through a four-stage research project that included: (a) an extensive review of the domestic violence and sexual assault services literature, including a review of recommended practices from United States domestic violence and sexual assault Coalitions, which resulted in a review of 43 articles, books and manuals; (b) in-depth, qualitative, individual interviews with 12 directors of North Carolina (NC) domestic violence and sexual assault agencies; (c) seven focus groups with advocacy-training and funding (i.e., NC state-level) organizations; and (d) a survey of NC directors of domestic violence and sexual assault agencies (Macy, 2007). The survey included open-ended and Likert-scale items; questions were developed based on the literature review and interviews with agency directors. All NC directors (n=103) were invited to participate in the survey by either completing a web or paper version, and a 94% (n=97) response rate was obtained.

Although a research report detailing the findings from this research is available elsewhere (Macy, 2007), in brief, the findings from the research showed that there are six core domestic violence and sexual assault services, which are vital for helping survivors: (a) 24-hour crisis telephone lines, (b) court and legal advocacy, (c) medical and emergency room advocacy, (d) counseling, (e) support group, and (f) shelter.

Regardless of the service being delivered, findings also indicated there are five important service delivery strategies: (a) tailor services to the individual needs of each survivor; (b) provide survivors with information to enable them to achieve safety and recovery; (c) prioritize offering survivors emotional support and empathy; (d) emphasize community and interagency collaboration; and (e) provide services to all survivors regardless of their decisions about pursuing legal charges against the perpetrator. In addition to these overall findings, there were noteworthy findings about the specific core services. For example, findings showed that shelters should be continuously staffed (i.e., 24-hours-a-day, 7-days-a-week, 365-days-a-year) so that staff are available to address the needs of survivors and their families at any and all times. The

analysis also concluded that support group services are most effective when the groups are comprised of survivors who have experienced similar types of violence.

The development of an overall set of service guidelines was the primary goal of this research project. To address these goals, at the completion of the study, the four information sources (i.e., literature review, in-depth interviews, focus groups and surveys) were synthesized to create a foundation for the development of service guidelines for NC domestic violence and sexual assault agencies. A full description of this synthesis and the results can be found in the research report (Macy, 2007). Here we present a brief description of the synthesis procedures used.

### **Synthesizing the Findings**

An important benefit of using multiple research methods to investigate domestic violence and sexual assault services is that multi-method research can yield richer information about service delivery practices than information produced with any one method. Likewise, multi-method research can provide a broader range of findings than is possible with a single research method. In addition, the extent to which a result is found consistently across one or more research methods suggests that the finding is particularly robust.

In order to synthesize the myriad findings from this research project into a set of delivery practices, the following criteria were used: (a) the finding was a service delivery practice recommendation identified in the literature review; (b) the finding emerged from our analysis of the director interviews; (c) the finding was a service delivery goal ranked in the top five by at least 75% of survey participants; or (d) the finding was a service delivery practice with which a minimum of 75% of participants agreed or strongly agreed. It is our hope that these integrated, synthesized service delivery practices can help inform domestic violence and sexual assault service delivery practices generally. In addition, these findings could help form the basis of recommended service guidelines for North Carolina domestic violence and sexual assault services.

### **Focus on Both Domestic Violence and Sexual Assault Services**

We also note our dual focus on domestic violence and sexual assault services. Although these are often described as distinct service types, they intersect in important ways. First, although single-focused agencies exist, most agencies provide both sexual assault and domestic violence services (Bergen, 1996; Edmond, 2005). Second, researchers recommend cross-training providers to effectively deliver both services (Bergen, 1996; NC Coalition Against Domestic Violence, 2006) because survivors frequently experience both partner violence and sexual assault, sometimes as part of the same victimizing experience and sometimes over the course of their lives. For these reasons, we investigated both types of services in a coordinated way.

### **Caveats**

This research had several components and processes that helped to ensure the rigor and robustness of the overall findings including the use of multiple methods to investigate domestic violence and sexual assault service delivery practices. However, as with any research study, there are important limitations to this research that should be considered to adequately interpret the findings. Readers should closely review the comprehensive discussion of the research limits

included in the full report (Macy, 2007); however, the most critical study limitations are listed below.

There is no guarantee that the research team has determined an exhaustive, universal list of all important domestic violence and sexual assault service delivery practices. Other critical service delivery practices likely exist, even though they were not determined by this research.

The findings from the literature review suggested that combined domestic violence/sexual assault agencies may have less capacity to provide effective sexual assault services than agencies that focus exclusively on providing sexual assault services. Therefore, the overall research findings are limited since the survey findings reflect the overrepresentation of sexual assault service delivery practices conducted by combined agencies.

The overarching aim of this research was the development of guidelines for domestic violence and sexual assault services based on existing research and literature supplemented with the opinions, knowledge, and experiences of the directors of NC agencies. Consequently, these findings are based on expert opinion and consensus, and readers should keep in mind that these service delivery practices have not yet been empirically validated or tested.

Although our synthesis of the research findings shows that some consensus exists within the field regarding which services are needed by most survivors and how these services can be delivered most effectively. Despite this agreement, some areas of service delivery continue to be contentious. Please see the full research report for discussion of these areas (Macy, 2007).

The findings from this research can help provide guidance to service providers as well as suggest recommended guidelines for domestic violence and sexual assault service delivery. However, our findings also show that there is no one-size-fits-all approach to helping domestic violence and sexual assault survivors with safety and recovery from trauma. Each survivor's needs are likely to be unique and varied. Thus, service providers must always use their training, knowledge, and expertise to respond to survivors in individualized ways.

### **Using This Resource in Your Own Community**

It should be noted that this document was created using the perspective and expertise of North Carolina service providers with the intent of informing the provision of services to local domestic violence and sexual assault survivors. However, we propose that this reference could serve as a template for the creation of service guidelines specific to your community, since the research methods, structure, and many of the practice recommendations are universally relevant. Moreover, the service guidelines could be utilized, in conjunction with the accompanying case studies (please see Appendix A), in additional contexts, such as service provider trainings and continuing education, undergraduate and graduate student instruction, curriculum development, grant proposal generation, agency goal development and agency audits.

As this resource does not include exhaustive descriptions of terminology nor provide implementation guidance, we expect that this resource will be referenced by informed consumers who are familiar with service delivery practices or learners under the guidance of more experienced practitioners.

### **Overall Goals of Crisis Services**

Domestic violence and sexual assault agencies provide these services in response to survivors' crises and emergencies. Crisis services may be delivered in person or via telephone. For example, survivors may come to the office of a domestic violence or sexual assault agency or service providers may work with their local police departments to provide crisis services at a crime scene once safety is ensured or at another secure location. Alternatively, survivors may call agencies, and a provider will respond to the call. Crisis services are often the first point of engagement between the domestic violence or sexual assault agency and the survivor. Through the delivery of crisis services, survivors may become involved in other agency services such as support group, counseling and shelter.

A primary goal of crisis services is to respond to a survivor's needs in the aftermath of a violent event to enhance his or her capacity to manage this trauma and to connect the survivor with needed services. At the conclusion of crisis services, the following results should be achieved:

- The survivor's immediate safety is improved.
- The survivor's capacity to cope effectively with his or her crisis situation is enhanced.
- The survivor has more information about partner and/or sexual violence including:
  - the likely emotional impact of the violence,
  - safety resources, and
  - a better understanding of legal and medical options.

### **Provider Interventions**

- Using counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to the survivor.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, the provider emphasizes that the violence was not the survivor's fault and that many women and men experience similar violence. In addition, the provider also offers information about likely emotional consequences of the violence so that a survivor has information about the effects of traumatic violence.
- The provider offers the survivor referrals to other community services as needed.
- The provider offers information about legal and medical options. The provider then helps the survivor to explore these options through discussions with the survivor to assist with decision-making. However, the provider should always be careful not to lead the survivor to a decision about any particular option. The provider should always be mindful that all decisions must be the survivor's own decision.
- The provider helps the survivor with coping by providing information about stress management and self-care.

Providers should keep in mind that the safety needs, knowledge needs and options will be different for survivors of partner violence, survivors of sexual violence, and survivors of both partner and sexual violence. We recommend that providers receive in-depth training about crisis interventions for the types of survivors with whom they work the most. In addition, providers

should have general training about how to deliver crisis services to help survivors of all forms of violence because survivors of various types of violence may appear for crisis services.

### **Service Delivery Practices**

- Agencies ensure that these services are continuously available, that is, 24-hours-a-day, 7-days-a-week, and 365-days-a-year because survivors may need crisis services at any time or on any day.
- Agencies ensure that survivors receive an immediate response from a provider. Specifically, providers should directly and immediately respond to clients' requests for crisis help, rather than answering service personnel who then relay the call to providers.
- Agencies ensure that the crisis service is able to handle multiple callers or multiple survivors who appear in person.
- Agencies ensure that the telephone service is toll-free so that survivors do not bear any financial burden when accessing crisis services.
- Agencies ensure that providers of crisis services have training in and knowledge about domestic violence and sexual assault.
- Agencies ensure that providers of crisis services have training in and knowledge about crisis response skills.
- Agencies ensure that providers are able to respond to non-English speakers and those with hearing impairments.

### Overall Goals of Legal Advocacy

Domestic violence and sexual assault agencies provide legal advocacy services, including court advocacy, to improve the safety of survivors and their family members, help hold perpetrators responsible for the violence, and help assure that the justice system responds properly and with sensitivity to survivors (North Carolina Coalition Against Domestic Violence, 2006).

Specifically, providers of legal advocacy offer survivors guidance and support to help them navigate institutional obstacles in the police and justice systems that may present barriers to their safety. Following the provision of legal advocacy services, the following results should be achieved:

- The survivor's safety is improved.
- The survivor receives information about legal policies and procedures.
- (*Specific to sexual assault legal advocacy services*) A survivor returns to the pre-assault level of functioning.

Though these important outcomes should always guide legal advocacy services with survivors, we encourage readers to keep in mind that survivors may require short-term services, long-term services, or both. That is, some legal advocates provide services to survivors within the context of domestic violence court, where the advocate meets with a survivor once to help with a specific legal remedy. Alternatively, survivors may need legal advocacy services over a lengthy period of time (e.g., a period of several years), depending on the pace of court proceedings and prosecutions.

### Provider Interventions

- Using counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to the survivor.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, providers should emphasize that the violence was not the survivor's fault and that many women and men experience similar forms of violence. In addition, the provider should also offer information about likely emotional consequences of the violence so that a survivor has information about the effects of traumatic violence.
- The provider offers the survivor referrals to other community services as needed.
- The provider offers the survivor information about all relevant legal policies and procedures to help the survivor make informed decisions about her or his legal options.
- The provider accompanies the survivor to civil and criminal proceedings to offer support and provide information about the proceedings as needed.
- The provider provides help to the survivor in obtaining crime victim compensation. For example, the provider may help the survivor to get the necessary paperwork, answer questions about the paperwork and ensure that the paperwork is submitted to the correct agency or personnel.
- The provider helps the survivor obtain a no-contact order, an order of protection, child support or other legal remedies as needed.
- The provider liaises with police, prosecutors and other legal professionals on the survivor's behalf.

- The provider ensures that the survivor is treated sensitively by court and legal personnel and law enforcement to prevent secondary victimization.
- The provider is always mindful of the extent of the advocacy role and does not practice beyond the scope of her or his expertise (i.e., the advocate does not offer legal advice to the survivor).
- The provider conducts follow-up visits and phone calls to check on the survivor's status (i.e., need for any information or emotional support) as well as the status of any legal proceedings in which the survivor may be involved for as long as needed. As stated above, legal advocacy services may be needed at various times over many years after the assault to address issues such as prosecution, parole hearings and the release of perpetrators from prison.

Providers should keep in mind that legal needs will be different for survivors of partner violence, survivors of sexual violence, and survivors of both partner and sexual violence. We recommend that providers receive in-depth training about legal advocacy services for the types of survivors with whom they work the most. In addition, providers should have general training about how to deliver legal advocacy services to help survivors of all forms of violence because providers may find that they are providing services to survivors of both types of violence. For example, it is not uncommon for survivors of partner violence to have also experienced sexual violence from their intimate partners or other perpetrators.

### **Service Delivery Practices**

- Agencies ensure that these services are continuously available, that is, 24-hours-a-day, 7-days-a-week, and 365-days-a-year because survivors may need legal advocacy services to obtain a temporary order of protection or to interact with law enforcement at any time or on any day.
- Agencies ensure that legal advocates are knowledgeable about all relevant legal policies and procedures, including all relevant community policies, state policies and federal policies.
- Agencies ensure that legal advocates are mindful of providing services within their roles and areas of expertise and that advocates do not inappropriately provide legal advice or do anything to jeopardize the legal proceedings related to the survivors' cases.
- Agencies ensure that legal advocates have good rapport and a strong working relationship with the law enforcement and legal professionals in their community. A collaborative relationship with local law enforcement and legal professionals is necessary for agencies and advocates providing services to survivors.

### **Overall Goals of Medical Advocacy**

Both survivors of partner violence and sexual violence may need to interact with the health care system for the collection of forensic evidence, treatment of assault-related physical injuries, testing and treatment for sexually transmitted diseases, and, if desired, the receipt of emergency contraceptive care as well as HIV post-exposure prophylaxis (PEP). The overall goals of medical advocacy include helping survivors return to their pre-assault levels of functioning as well as encouraging survivors to take an active part in making medical decisions.

Though necessary, the medical exams and procedures used to collect forensic evidence may be distressing, traumatizing and anxiety-provoking for survivors. However, medical advocacy may help mitigate these emotional responses to the exam. Any reduction of anxiety and distress in conjunction with forensic medical exams is an important goal because high levels of anxiety and distress in the aftermath of an assault are also related to later mental health problems among survivors (Resnick et al., 1999). Thus, the provision of medical advocacy services is important for survivors. To the extent that medical advocacy services can help survivors manage their distress during the aftermath of an assault, advocates may help prevent future mental health problems among survivors. Following the provision of medical advocacy services, the following results should be achieved:

- The survivor is better able to manage any distress and trauma resulting from a forensic medical exam.
- The survivor is able to return to her or his pre-assault level of functioning.

### **Provider Interventions**

- Using counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to the survivor.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, providers emphasize that the violence was not the survivor's fault and that many women and men experience similar forms of violence. In addition, the provider also offers information about likely emotional consequences of the violence so that a survivor has information about the effects of traumatic violence.
- The provider helps the survivor identify supportive friends and family as well as other supports in her or his community. The provider also aids the survivor in developing a plan for engaging and mobilizing this support system during the aftermath of the assault.
- The provider offers the survivor referrals to other community services as needed.
- The provider offers the survivor information about all relevant medical policies and procedures to help the survivor make informed decisions about medical options and health.
- By providing information about the forensic exam and emotional support, the provider helps the survivor to manage any distress and trauma from the forensic medical exam.
- The provider accompanies the survivor to all medical appointments to offer support and provide information about the medical procedures as needed.
- The provider ensures that the survivor is treated sensitively by health care professionals to prevent secondary victimization.

- The provider assists the survivor in obtaining crime victim compensation. For example, the provider may help the survivor locate the necessary paperwork, answer questions about the paperwork and ensure that the paperwork is submitted to the correct agency or personnel.
- The provider is always mindful of the extent of the advocacy role and does not practice beyond the scope of her or his expertise (i.e., the advocate does not offer medical or health recommendations to the survivor).
- The provider conducts follow-up visits and phone calls for as long as needed to check on the survivor's status (i.e., need for any information or emotional support) as well as the status of any medical or health procedures in which the survivor may be involved. Provider follow-up is likely to cover a range of time. For example, the survivor may need help with acquiring emergency contraception a few days after the assault or HIV PEP, which requires extended access to medical services for up to several weeks after the assault.

Although medical advocacy is most often delivered by sexual assault agencies, survivors of domestic violence may also be in need of medical advocacy because of physical injuries and sexual violence by their intimate partners. Providers should keep in mind that medical and health needs will be different for survivors of partner violence, survivors of sexual violence, and survivors of both partner and sexual violence. We recommend that providers receive in-depth training about medical advocacy services for the types of survivors with whom they work the most. In addition, providers should have general training about how to deliver medical advocacy services to help survivors of all forms of violence because advocates may find that they are providing services to survivors of both types of violence. For example, it is not uncommon for survivors of partner violence to have experienced sexual violence from their intimate partners or other perpetrators. Whenever necessary, survivors of partner violence should also be made aware that they can avail themselves of forensic medical exams to document their physical injuries and any sexual violence that they experienced.

In addition and whenever possible, the providers of medical advocacy should strive to collaborate with the health care professionals who provide sexual assault forensic nurse examiner (SANE) services and the sexual assault resource service (SARS) in their communities. We recommend that all providers of medical advocacy services have expertise in SANE and SARS training standards for health professionals as well as the SANE and SARS procedures and protocols.

### **Service Delivery Practices**

- Agencies ensure that these services are continuously available, that is, 24-hours-a-day, 7-days-a-week, and 365-days-a-year because survivors may need medical advocacy services to at any time or on any day.
- Agencies ensure that medical advocates are knowledgeable about all relevant medical, health and forensic policies and procedures. In addition, agencies ensure that advocates have expertise in forensic policies and procedures for their respective communities and states as well as any federal policies.

### Overall Goals of Individual Counseling

Many domestic violence and sexual assault agencies provide individual counseling in which a survivor meets privately with a service provider to address the challenges that the survivors face in the aftermath of the assault. Following the provision of counseling services, the following results should be achieved:

- The survivor returns to his or her pre-assault levels of functioning, including a reduction in feelings of emotional distress in relation to the assault and violence.
- The survivor understands his or her reactions to the trauma of partner violence and/or sexual assault.
- The survivor develops (or enhances) positive coping skills.
- The survivor builds (or increases) social supports to help manage the consequences of the assault and violence.
- The survivor has reduced self-blame regarding the assault and violence.
- The survivor has increased feelings of self-esteem and self-efficacy.
- The survivor has received mental health services as needed to prevent negative mental health consequences of the violence.
- (*Specific to partner violence survivors*) The survivor has an understanding (or an enhanced understanding) of and more knowledge about domestic violence dynamics.

In addition to keeping these overall goals in mind, counseling service providers should be mindful that the quality of the service provider's interaction with the survivor is of critical importance for the helpfulness of the counseling. Providers should be trained in and utilize counseling strategies such as active listening, encouragement, validation and reflection. Providers should also realize that all these goals may not be achieved in one round of individual counseling with a survivor. Survivors may need two or more rounds of counseling, including multiple meetings, over a period of time to achieve all of these goals.

### Provider Interventions

- Using counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to the survivor.
- The provider presents information to normalize the survivor's reactions to violence. Due to feelings of distress and anxiety as a result of the assault, a survivor of violent trauma may feel as though he or she is "going crazy." The provider helps the survivor to understand that such feelings are experienced by most survivors of violent trauma. In addition, the provider also helps the survivor with normal reactions, such as powerlessness, loss, and anger, to the trauma of the assault and violence.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, providers emphasize that the violence was not the survivor's fault and that many women and men experience similar forms of violence. In addition, the provider also offers information about likely emotional consequences of the violence so that a survivor has information about the effects of traumatic violence. In the context of counseling, the provider can also offer information about the extent of partner violence and sexual violence as societal problems.

- The provider helps the survivor identify supportive friends and family as well as other supports in her or his community. The provider also aids the survivor in developing a plan for engaging and mobilizing her or his support system during the aftermath of the assault.
- The provider offers the survivor referrals to other community services as needed.
- The provider offers the survivor information about all relevant legal policies/procedures and medical policies/procedures to help the survivor make informed decisions about her or his legal options, medical options, and health. The provider then helps the survivor to explore these options through discussion to help the survivor with decision making. However, the provider is always careful not to lead the survivor to a decision about any particular option. The provider is always mindful that all decisions must be the survivor's own.
- The provider helps the survivor with coping by providing information about stress management and self-care. In the context of counseling, the provider can also offer strategies for increasing stress management and self-care behaviors to help her or him manage the traumatic consequences of the violence and other challenges in every day life.
- The provider helps the survivor with rebuilding (or building, if low before the assault) feelings of self-esteem, self-efficacy and self-worth.
- The provider helps the survivor with managing life problems (e.g., problems in work, parenting, and school) that may arise because of the violence. For example, the survivor may need to take time from work or school to manage the emotional consequences of the violence, attend medical appointments and meet with legal professionals. The provider helps the survivor problem-solve and manage these challenges.
- The provider ensures that the counseling is structured and focused.

### **Service Delivery Practices**

- Agencies ensure the safety and confidentiality of survivors during counseling meetings at the agency.
- Agencies ensure that their counseling service providers have knowledge about domestic violence and sexual assault, including medical and legal policies and procedures.
- Agencies ensure that their counseling service providers have collaborative relationships with legal and medical service providers in their communities. If, during the course of counseling, collaboration with other providers on the survivors' behalf becomes necessary, then the provider will be available to help the survivor access the needed services.
- Agencies ensure that survivors are able to access mental health counseling services, if such services are needed, by offering mental health counseling onsite at the agency or offering referrals to a mental health agency in the community.
- Agencies ensure that survivors with special needs (e.g., hearing impaired, visually impaired, physically disabled) are able to receive counseling services onsite.

### Overall Goals of Support Group Services

Support group services are unique among the various services provided by domestic violence and sexual assault agencies. Through the use of a group service modality, agency providers help survivors experience an environment in which they will find acceptance, empathy, and encouragement. In addition, survivors will also learn from other survivors' experiences with the violence to find role models (i.e., survivors who are farther away in time from the assault and who have made progress in their recovery efforts) for recovery (Koss & Harvey, 1991).

Following the provision of support group services, the following results should be achieved:

- The survivor returns to her or his pre-assault levels of functioning, including a reduction in feelings of emotional distress related to the assault and violence.
- The survivor understands her or his reactions to the trauma of partner violence and/or sexual assault.
- The survivor develops (or enhances) positive coping skills.
- The survivor builds (or increases) social supports to help manage the consequences of the assault and violence.
- The survivor has reduced self-blame regarding the assault and violence.
- The survivor has increased feelings of self-esteem and self-efficacy.
- The survivor feels supported and understood by others in the group.
- (*Specific to partner violence survivors*) The survivor has an understanding (or enhanced understanding) of and more knowledge about domestic violence dynamics.

Providers should also realize that all these goals may not be achieved in one round of support group services. Survivors may need two or more rounds of support group participation, with multiple meetings, over the period of time to achieve all of these goals.

### Provider Interventions

- Using group counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to survivors. A group leader also role models and encourages group members to offer emotional support and empathy for one another.
- The provider offers information to normalize the survivor's reactions to violence. Due to feelings of distress and anxiety resulting from the assault, survivors of violent trauma may feel as though they are "going crazy." The provider helps survivors understand that such feelings are experienced by most survivors of violent trauma. In addition, the provider also helps the survivors with normal reactions to the trauma of the assault and violence, such as feelings of powerlessness, loss, and anger. Again, a group leader role models and encourages group members to help normalize such reactions for one another.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, the provider emphasizes that the violence was not the survivor's fault and that many women and men experience similar forms of violence. In the context of the support group, the provider can also offer information about the nature of partner violence and sexual violence as societal problems.

- The provider helps the survivor identify supportive friends, family, and other supports in her or his community. The provider also aids the survivor in developing a plan for engaging and mobilizing her or his support system during the aftermath of the assault.
- The provider offers the survivor referrals to other community services as needed.
- The provider helps the survivor to improve her or his coping efforts by providing information about stress management and self-care. In the context of the support group, the provider can also offer strategies for increasing stress management and self-care behaviors to help the survivor manage the traumatic consequences of the violence and other challenges of daily life.
- The provider helps the survivor with rebuilding (or building, if self-esteem was low prior to the assault) her or his feelings of self-esteem, self-efficacy and self-worth. Again, a group leader role models and encourages group members to help one another with building these feelings.
- The provider helps each survivor within the support group build supportive and positive relationships with one another and with the group as a whole.

### **Service Delivery Practices**

- Agencies ensure that every support group has two leaders to help manage the group dynamics.
- Agencies ensure that group leaders have training and expertise in violence and trauma.
- Agencies ensure group members' safety and confidentiality during group meetings.
- Agencies hold group meetings in an accessible location, where parking and public transportation are available.
- Agencies offer childcare during group meetings.
- Agencies hold group meetings on a consistent and regular basis (e.g., one time a week at the same day and time every week).
- Agencies have providers screen all potential participants for group appropriateness. If a survivor is deemed inappropriate for groups services (e.g., the survivor is struggling with a substance abuse problem and is not able to attend the meeting free of substances), then other services such as individual counseling can be offered to the survivor. In addition, an agency provider can offer referrals to other community agencies that may be helpful to the survivor (e.g., in this case, a referral to substance abuse counseling services).
- Agencies ensure that survivors with special needs (e.g., hearing impaired, visually impaired, physically disabled) are able to participate in support group services onsite.
- Agencies provide different groups for clients who have experienced different types of violence (i.e., sexual assault only or domestic violence only groups).
- Agencies offer at least one support group in an open-ended format so that survivors may join the group at any time.

### Overall Goals of Shelter Services

Shelter services provide time-limited emergency residences for survivors and their children. The overall aims of shelter services include the promotion of the physical and psychological safety of survivors and their children; the reduction of survivors' isolation by helping survivors to connect with each other as well as to reconnect with their families and friends; and the reclamation of survivors' sense of control over their lives (North Carolina Coalition Against Domestic Violence, 2006). Thus, shelter services seek to help women achieve safety and reduction of violence in the short-term, with the long-term goal of helping women to live violence-free.

Shelter service providers aim to achieve these goals by helping survivors to access safety services as well other community services (e.g., health, financial, housing services). Following the provision of shelter services, the following outcomes should be achieved:

- The survivor's safety is improved.
- The survivor has increased the number of social relationships, and these relationships have improved in quality.
- The survivor has fewer feelings and thoughts of self-blame about the violence.
- The survivor has increased feelings and thoughts of self-efficacy and self-esteem.
- The survivor has learned from the experiences of other shelter residents who are also survivors.

### Provider Interventions

- Using counseling techniques such as reflective listening and statements of empathy and support, the provider offers emotional support and empathy to the survivor.
- The provider helps the survivor plan for safety.
- The provider offers information about violence and trauma. For example, providers should emphasize that the violence was not the survivor's fault and that many women and men experience similar forms of violence. In addition, the provider should also offer information about likely emotional consequences of the violence so that a survivor has information about the effects of traumatic violence. In the context of shelter services, the provider can also offer information about the extent of partner violence and sexual violence as societal problems.
- The provider helps the survivor identify supportive friends, family and other supports in her or his community. The provider also aids the survivor in developing a plan for engaging and mobilizing this support system during the aftermath of the assault.
- The provider offers the survivor referrals to other community services as needed.
- The provider helps the survivor with rebuilding (or building, if self-esteem is low prior to the assault) her or his feelings of self-esteem, self-efficacy and self-worth.
- The provider ensures that the survivor receives an intake assessment within 24-hours of admission to gather information about the survivor's needs and goals.
- The provider connects the survivor to other agency services, such as advocacy, support groups, and counseling.
- The provider works with the survivor to develop an individualized plan for shelter stay. Beginning with the survivor's goals for the stay and keeping in mind the survivor's safety, the plan will detail the agency services in which the survivor will participate, the community referrals that will be made for the survivor, and the action steps the survivor will take during the shelter stay.

## **Service Delivery Practices**

- Agencies ensure that shelters have security systems.
- Agencies ensure that shelters have security protocols and policies for staff and residents.
- Agencies ensure that their shelters provide survivors a safe place to live.
- Agencies ensure that shelter providers do not screen out survivors based on personal or family characteristics and needs (e.g., the survivor has an adolescent male child or children or the survivor has a disability).
- Agencies ensure that shelter providers do not screen out survivors because a survivor is unwilling to seek a protection order.
- Agencies ensure that shelters are staffed at all times so that survivors can always access support and help 24-hours-a-day, 7-days-and-week and 365-days-a-year.
- Agencies ensure that shelters have rules and policies to enable communal living yet offer flexibility to adult survivors.
- Agencies offer crisis admissions to the shelter available 24-hours-a-day, 7-days-a-week and 365-days-a-year.
- Agencies ensure that shelters meet survivors' basic needs and their family members' basic needs.

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# **Consensus Practices in the Provision of Services to Survivors of Domestic Violence and Sexual Assault**

A Reference for North Carolina Service Providers

Appendix A.  
Presentation and Training Case Studies.

## Case Study 1: Sexual Assault Survivor

Tyler is a 27 year old Caucasian woman who works at a consulting firm in a large urban area. She recently moved in with her partner, Ali, but she has been struggling with labeling her sexuality and has not disclosed her relationship to any of her colleagues at the firm. Her lack of candor about being a lesbian has caused a painful rift between Ali and Tyler and contributed to Tyler's worsening depression. After landing a management consulting contract with a large supermarket chain, her team decides to celebrate at a local sports bar, where the firm frequently picks up the tab. After a few drinks, Tyler makes her way to the restroom, followed by an intoxicated male colleague with whom she has been chatting all evening. He pushes her in from behind, locks the door, and rapes her. She calls the local crisis line at 1 AM from her home and asks to speak with someone from the agency as soon as possible. She would like for someone to meet her at the hospital. Her partner can be heard in the background angrily accusing Tyler of not really being a lesbian.

As you review the following questions, consider how the proposed service guidelines in each category can be individualized to Tyler's needs and background.

- *Crisis services and telephone hotlines:* How does the timing of Tyler's call affect her ability to receive services?
- *Legal and court advocacy:* How can a legal advocate help to minimize the potential for discrimination against Tyler?
- *Medical and emergency room advocacy:* How can a medical advocate help to facilitate Tyler's access to necessary medical care?
- *Shelter services:* How can a shelter services provider respond to a survivor in Tyler's circumstances?
- *Individual counseling:* What unique challenges might Tyler attempt to address with an individual counselor? Are there any barriers to Tyler's receipt of these services?
- *Support group services:* How could a support group facilitator best address the needs of Tyler and her partner, Ali?

How do your local agencies' guidelines differ from the consensus practices? How would Tyler's needs be met in your current circumstances? What if Tyler were a man in this scenario? How would that affect service delivery?

## Case Study 2: Partner Violence Survivor

Gloria is a 45 year old African-American woman who balances work as a LPN at a local nursing home on the weekends with her duties as the president of her church's women's guild, the Women's Missionary Society. During the week, she is a part-time caretaker for her infant granddaughter, Trinity. Gloria's busy work and volunteer schedules have left her with little time to address her chronic health concerns, and her ongoing struggles with obesity, uncontrolled diabetes and high blood pressure contributed to her recent mild stroke. Calvin, Gloria's husband of 23 years, has been on the police force in their community for a little over two decades, and he plans to retire in 2 years. Last weekend, after signing up for a shift administering flu vaccines to the nursing home residents, Gloria tearfully admitted to her shift supervisor, Alma, that she would be unable to complete her duties due to a recent injury to her right arm and hand. Concerned, Alma pressed her about the injuries, and Gloria admitted to sustaining them during a fall at home. After viewing the injuries for herself, Alma pressures Gloria to call the local domestic violence hotline from work. Gloria agrees to make to call, but she is extremely concerned that accusing her husband would cause him to lose his pension and the health insurance she needs.

As you review the following questions, consider how the proposed service guidelines can be individualized to Gloria's needs and background.

- *Crisis services and telephone hotlines:* How does the timing of Gloria's call affect her ability to receive services?
- *Legal and court advocacy:* How can a legal advocate help to minimize the potential for discrimination against Gloria? How can a legal advocate help to ensure Gloria's safety as well as her future economic and medical security?
- *Medical and emergency room advocacy:* How can a medical advocate help to facilitate Gloria's access to necessary medical care?
- *Shelter services:* How can a shelter services provider respond to a survivor in Gloria's circumstances?
- *Individual counseling:* What unique challenges might Gloria attempt to address with an individual counselor? Are there any barriers to Gloria's receipt of these services?
- *Support group services:* How could a support group facilitator best address Gloria's needs?

How do your local agencies' guidelines differ from the consensus practices? How would Gloria's needs be met in your current circumstances? What if Gloria were a man in this or a similar scenario? How would that affect service delivery?

### **Case Study 3: Partner Violence Survivor Who Has Also Experienced Sexual Violence From Her Intimate Partner**

Linda is a 36 year old stay-at-home mother with three children ages 2, 13 and 14. Her husband, Carl, is the father of her two year old son and a regional sales representative for an automotive parts distributor. Linda and her family live in a small rural township, so Carl spends much of his time on the road away from home. Linda mostly appreciates these absences because Carl's behavior at home is violent and unpredictable. Linda strongly suspects that he sleeps with other women when he goes out on sales trips, so she tries to avoid sexual contact with him. More recently, as his trip frequency has decreased, Carl has forced Linda to have sex with him upon his return from being out of town. Not long after Carl returned from his most recent trip, Linda began noticing yellow discharge with a funny odor and a burning sensation during urination. Later that week, when her 13 year old daughter, Kaylee, complained of a burning sensation during urination, Linda panicked and asked a neighbor for a ride to the county health department. After both Linda and Kaylee are treated, a clinic social worker is asked to speak with them and provide brief counseling and referrals. At Linda's request, Linda's neighbor drops off Linda and her children at the local domestic violence agency.

As you review the following questions, consider how the proposed service guidelines can be individualized to Linda's needs and background.

- *Crisis services and telephone hotlines:* How does the timing of Linda's appearance at the agency with her children affect her ability to receive services?
- *Legal and court advocacy:* How can a legal advocate help to ensure Linda's safety as well as her future economic security?
- *Medical and emergency room advocacy:* How can a medical advocate help to facilitate Linda's access to necessary medical care? How can a medical advocate help determine Kaylee's need for advocacy services?
- *Shelter services:* How can a shelter services provider respond to a survivor in Linda's circumstances with children of varying sex and age?
- *Individual counseling:* What unique challenges might Linda attempt to address with an individual counselor? Are there any barriers to Linda's receipt of these services?
- *Support group services:* How could a support group facilitator best address Linda's needs?

How do your local agencies' guidelines differ from the consensus practices? How would Linda's needs be met in your current circumstances? What if Linda were a non-English speaker in this scenario? How would that affect service delivery?

## Notes to Trainer

**Case Study 1:** Research has well established the link between alcohol use and sexual violence. Consider using this case study as an opportunity to debunk the myths surrounding alcohol use by the survivor and sexual violence. This case study also explores the possibility of several themes typical in advocacy for survivors of sexual assault:

1. medical consequences of assault;
2. workplace-related violence and discrimination;
3. varied responses from secondary survivors of violence;
4. special needs (and the potential for discrimination) that may arise in the provision of services to diverse populations; and
5. crisis event timing outside of regular work hours.

Assist the learners in investigating these themes.

The final question posed to the learner is meant to encourage the examination of gender with respect to sexual violence so that the diverse needs of male survivors of violence can be addressed.

**Case Study 2:** This case study explores the potential for several themes typical in advocacy for survivors of domestic violence:

1. medical consequences of assault;
2. sympathetic responses to perpetrators with strong ties to the community;
3. financial connectedness between survivor and perpetrator;
4. responsibilities that keep a survivor tied to the community in which the perpetrator lives;
5. special needs (and the potential for discrimination) that may arise in the provision of services to diverse populations; and
6. crisis event timing outside of regular work hours.

Assist the learners in investigating these themes.

The final question posed to the learner is meant to encourage the examination of gender with respect to domestic violence so that the diverse needs of male survivors of violence (though fewer than female survivors) can be addressed.

**Case Study 3:** This scenario illustrates how a survivor may only choose to seek help for her dependents, thereby neglecting her own needs. Consider using this case to discuss how the threat

of incest (or sexual assault by another individual against a minor), based on Linda's interpretation of Kaylee's symptoms, has led Linda to confront her own victimization. Incest or sexual assault of a minor can be discussed at the discretion of the trainer, depending on time constraints. Linda's symptoms are representative of Chlamydia (which she likely contracted during an assault by her husband), while Kaylee exhibits signs of a urinary tract infection (which she likely developed from poor hygiene practices or an anatomical abnormality). This case study explores the possibility of several themes typical in advocacy for survivors of domestic violence and sexual assault:

1. medical consequences of assault;
2. varied responses to marital rape;
3. diverse geographic locales in service provision;
4. financial connectedness between survivor and perpetrator;
5. responsibilities that keep a survivor tied to the community in which the perpetrator lives;
6. special needs (and the potential for discrimination) that may arise in the provision of services to dependents of survivors; and
7. multiple primary survivors.

Assist the learners in investigating these themes.

The final question posed to the learner is meant to encourage the examination of communication during crisis service provision in order to touch on the diverse needs of populations such as non-English speakers, persons who are hearing or visually impaired, and persons with developmental disabilities.