# INFONET SA SERVICE DEFINITIONS

# See ICASA Policy & Procedures for more detailed service descriptions.

1. **Non-Client Crisis Intervention** – Non-client crisis intervention is crisis intervention counseling provided to someone who is not assigned a client identification number because they do not give a name/identifying information and/or does not wish to become a client of the center or have their case re-opened. This service is usually provided via hotline but may occur in person, such as when someone discloses and receives crisis intervention services after an education presentation).

In most cases, this will be a victim-initiated call. In some cases, the call may be from a parent, other family member or friend who requests assistance in handling their emotions regarding the sexual assault or sexual abuse of a child, partner, family member, or friend.

2. **Client** – In the case of counseling, a person generally becomes a client when the center has gathered enough information to assign a client identification number or the person seeks additional services from the program subsequent to crisis intervention services.

In the case of advocacy, a person generally becomes a client when the center provides telephone or in-person advocacy services related to medical care or reporting to law enforcement.

A. **Victim** – Any person of any age who seeks assistance after being sexually assaulted.

B. **Significant Other** – Any person of any age who seeks assistance in dealing with their own crisis/feelings as a result of the sexual assault of a loved one. If contact with a significant other is solely focused on services provided to a victim who is a center client, this is Parent/Guardian Consultation (see #4 below) and the significant other does not become a client.

3. **Counseling** – Verbal assistance intended to be helpful to and supportive of victims of sexual assault or their significant others.

A. **In-Person Counseling** – Face-to-face (in-person or video) verbal assistance intended to be helpful to and supportive of victims of sexual assault or the significant other(s). **Video counseling or advocacy communications** are also included in in-person counseling.

B. **Telephone Counseling** – Time spent on the hotline or on another telephone line providing assistance to a center client who is dealing with sexual assault. **Text and chat electronic communications** are also included in telephone counseling.

C. **Family Counseling –** Counseling provided to two or more victims or significant others who define themselves as a family unit.

D. **Group Counseling** – Counseling provided to more than two victims or significant others who meet together on a regular basis over a period of time. This includes support groups, counseling groups, therapy groups, psycho-educational groups.

4. **Parent/Guardian Consultation** - Contact with a parent/guardian of a minor client or client with a disability regarding counseling services at the center. The purpose of this service is to monitor the client’s progress and provide and/or receive feedback regarding client’s status pertaining to counseling services provided at the center. In order to preserve client’s absolute privilege, the parent/guardian must be the custodial parent and/or legal guardian of a minor client or the court-appointed guardian of the person (for health care purposes) of a client with a disability. The rape crisis center will not engage in parent/guardian consultation with a parent/guardian whose interests are adverse to those of the client receiving counseling services at the center. Parent/guardian consultation is documented in the client’s file; the parent/guardian does not become a client as a result of this service.

Contact with the parent/guardian in the course of providing advocacy services is recorded as the advocacy service provided, not as parent/guardian consultation.

5. **Individual Advocacy** – Providing assistance in the company of or on behalf of a specific victim or significant other intervention on the victim’s behalf, during proceedings affecting the victim (e.g., accompanying victim to hospital or state’s attorney’s office).

A. **Medical Advocacy** – Individual advocacy related to medical procedures both at the hospital/medical care facility and during follow-up care.

B. **Criminal Justice Advocacy** – Individual advocacy with police, sheriff, state’s attorney, judge, court system.

C. **Civil Justice Advocacy** – Individual advocacy with civil justice personnel regarding victim’s rights and options, Civil No Contact Orders (CNCOs), civil court appearances and civil justice options as related to the sexual assault/abuse.

D. **General Advocacy** – Individual advocacy on behalf of victim/significant other(s) with school personnel, social service agencies, child protective services, housing, homeless services, drug/alcohol treatment agencies, adult education programs, unemployment services, mental health agencies, disability service providers, and other service providers.

General advocacy also includes external case coordination activities, often referred to as case management, which ensures that the counseling and/or advocacy services provided by the rape crisis center are coordinated with and informed by external services the client needs and/or is receiving.

6. **Information/Referral** – Responding to telephone or in-person requests for information about sexual assault, location of additional resources on the subject of sexual assault or location/explanation of other resources and services which may be helpful to a victim or significant other.

7. **Institutional Advocacy** – Affecting change in the policies and procedures of an agency or institution in order to insure more sensitive, responsible treatment of sexual assault victims. This may be done in-person, on the telephone, or in written or virtual communication. InfoNet lists a variety of institutions with whom center staff may advocate, such as law enforcement, medical and hospital, school, etc.

8. **Professional Training (Non-Prevention)** – Providing in-depth education, skills building, and evaluation of skills to prepare others to helpfully and effectively intervene on a victim’s behalf. This is usually offered to groups of people, although an individual may receive a one-to-one training session. InfoNet lists a variety of training audiences including law enforcement medical and hospital, clergy, etc.

9. **New Volunteer Training** – Providing in-depth education, skill building and evaluation of skills to prepare volunteers to provide services to victims and significant others.

10. **In-service Volunteer Training** – Additional training provided to expand volunteer skills.

11. **Media and Publications** – Time spent contacting print, radio, television, or Internet media outlets regarding sexual assault and related issues.

12. **Awareness Promotion** – Awareness promotion includes a broad spectrum of activities aimed at the community in general rather than a particular audience gathered for a presentation. Such activities may include: community health and resource fairs, distribution of flyers/leaflets in public venues, (media activities, radio, television, Internet and other strategies designed to reach the community at large with messages directed at increasing awareness of sexual violence and rape crisis services. Messages focus on sexual violence topics ranging from primary prevention to specific aspects of sexual violence or sexual violence services.

13. **Social Justice Activism** – Social justice activism includes a variety of strategies directed at social change. Strategies may be directed specifically at sexual violence or at the broad spectrum of oppressions that contribute to the perpetration of sexual violence. Strategies may include protests and rallies (e.g., Take Back the Night), task forces to engage the community in challenging oppression (e.g., community task force on racism) media activity (e.g., letters to the editor, opinion columns, press conferences) and other activist efforts to prevent and end sexual violence and oppression through changes in institutions, the community and the broader culture.

**PREVENTION SERVICES**

**Coalition Building/Institutional Partnership**

Coalition Building is the process of engaging with other community organizations in a collaborative, sustained effort to prevent sexual violence. Coalition members, including the rape crisis center, work together to plan and implement a broad range of prevention strategies. The rape crisis center may convene the coalition or joining a coalition being convened or continued by other stakeholders. Institutional Partnership is working with a single community organization with the goal of preventing sexual violence within their sphere of influence. *Example: Establish a community task force to address gender equality issues in a neighborhood.*

**Policy Education/Change**

Policy education involves sharing information about policy and policy-making to create or change laws, regulations, procedures, administrative rules or practices to prevent sexual violence. The prevention workers and other stakeholders identify a policy that needs to be adopted or revised to prevent sexual violence and advocates for the policy change. *Example: Prevention workers work with owners/managers of a local corporation to assess the work environment and needs regarding sexual harassment policy and works toward policy changes to prevent sexual harassment.*

**Education Programs/Public Education**Education programs are presentations to community groups across the age span designed to increase audience awareness, knowledge, and engagement as well as and to change attitudes and behaviors regarding rape culture. Education programs are evidence-informed, age appropriate and culturally inclusive. *Example: Prevention workers conduct Safe Dates prevention program in 17 middle school classrooms over Spring semester.*

**Professional Training: Prevention**
Professional training is development and delivery of training programs for community professionals regarding sexual violence prevention. Professional training addresses, risk and protective factors, effective prevention strategies and opportunities/engagement of professionals in sexual violence prevention efforts.

**Prevention Informational Materials**

Rape crisis center staff distribute sexual violence prevention informational materials through community health programs, resource fairs, digital platforms, and other public venues. *Example: Staff distributes sexual violence prevention posters and leaflets at local bars near college campus.*

**Community Mobilization**

Community mobilization is the process of organizing people, groups, and organizations to assume leadership for ending sexual violence and the spectrum of oppressions that contribute to rape culture. Community mobilization strategies involve multi-faceted activities sustained over time. *Example: Engage youth to take the lead in planning and implementing a series of rallies, media activities and other efforts to change rape culture in a school.*