



**RCNI QUALITY ASSURANCE  
FRAMEWORK for Member  
RCCS**

**May 2009**

## RCNI Quality Assurance Framework for Member RCCs

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### 1. INTRODUCTION.

#### THE PROCESS OF DEVELOPING THE RCNI QUALITY ASSURANCE FRAMEWORK.

The ***RCNI Strategic Plan*** was produced in consultation with and adopted by the RCNI membership. The plan captures members' commitment to best possible expert and professional service provision by RCCs for those affected by sexual violence. Members agreed that in the interests of survivors of sexual violence best practice minimum standards would be developed, agreed and implemented by all RCCs.

The RCNI members decided that within its role the RCNI would provide leadership in:

- *“Supporting and assisting the agreement and implementation of professional standards in the provision of services”* and
- *“Agreeing and implementing a membership charter”*.

In further objectives members agreed that the RCNI would

- *“Document, support and promote best practice”*,
- *“Support and promote good governance”* and
- *“Continue to offer a services support role”*.

In order to deliver on these objectives, the RCNI Board agreed that the RCNI seek funding to facilitate its members to actively participate in the development of a **Quality Assurance Framework (QAF)** through the RCNI Managers Meetings and related reports. It was agreed that external expertise would assist in facilitating this process.

To further support this work the RCNI staff undertook dedicated research of quality frameworks, minimum standards and developmental processes nationally and internationally as these related to supporting survivors. Through-out the process the RCNI is mindful of new Grant Aid Agreements and legal requirements which require minimum standards across the Violence Against Women sector.

Through the development of a Quality Assurance Framework a range of policies, protocols and documents have been identified which all member RCCs must have in place and implement in order to meet Quality Assurance Standards. Whilst recognising that RCCs are at various stages of meeting these, all members have agreed in principle that these are the minimum standards that, supported by the RCNI developmental approach, are desirable and achievable for the RCC sector at this time. This is especially the case given the current development of coordination, accountability and transparency across the NGO sector, which now forms the basis of many funding agreements.

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### 2. Supporting Members to Implement Quality Assurance Standards: The RCNI Developmental and Mutual Learning Approach

The RCNI has adopted a developmental approach to the implementation of minimum standards. This means that members are supported by the RCNI, through a dedicated staff role, to implement standards.

Many RCCs already implement many or most of the QA Standards as identified in the Quality Assurance Framework. The Services Support Coordinator (SCC) will identify with each RCC what processes and supports are required by each individual RCC in order to support implementation of standards where this is currently not the case.

This developmental and mutual learning approach has proven enormously successful previously, in for example the **RCNI National Statistics Project**. Without any additional resources, all RCCs were supported by the RCNI SSC role to develop and implement the highest quality of data collection, which now equips the entire sector with highly reliable quality assured data. When this project commenced, RCCs were collecting data in a variety of different ways, to a range of various standards. Assisted by dedicated external expertise, RCC and RCNI staff were simultaneously learning from each others' practice and experience how to make improvements as the project progressed. The RCNI provided the national co-ordination for this project, which has resulted in each RCC having its own high-quality data for local usage, and simultaneously nationally comparable data which has a much broader use. Every RCC has raised the quality of its data collection through this project.

- This project, amongst others, is a clear example of how the RCC sector can successfully raise its expertise and capacity nationally and reach high standards of professionalism across the sector through a developmental and mutual learning approach.

In keeping with the RCNI role and developmental approach the RCNI staff, in conjunction with the Board and Quality Assurance Committee, will research, develop and provide templates and/or the completed version of all of the documents required for implementation of Quality Assurance Standards by member RCCs.

**In moving forward in implementation, it is important to note that:**

- **This is about RCCs doing what we already do to the best that we can,**
- **The function of this is to provide the best for survivors**
- **This work is a resource for RCCs which will gradually cut-down on areas of duplication,**
- **We have done this very successfully before, with the National Statistics Project**
- **This is a highly consultative, inclusive process.**

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### 3. Implementing the RCNI Quality Assurance Framework. and Standards

The RCNI Board has now adopted the following structure towards the appropriate implementation of the RCNI Quality Assurance Framework and Standards where these are nominated in the proposed **RCNI Charter for Membership**.

The RCNI Board has established a **Quality Assurance Committee (QAC)**, with the following terms of reference. This remit will be reviewed after two years.

#### REMIT:

- As directed by the RCNI Board, the QAC will Research and Develop Quality Assurance Standards, for approval by the RCNI Board
- Along with the Executive Director (ED), support the Services Support Co-ordinator (SSC) in delivering a developmental approach towards the Implementation and Maintenance of Quality Assurance Standards by member RCCs
- Ensure the RCNI Quality Assurance Framework (QAF) and Standards remain relevant by developing a plan with the SSC to regularly update the standards. This plan will be submitted to the RCNI Board for approval.
- Make recommendations to the RCNI Board regarding any development of the RCNI QAF
- Celebrate the quality of services provided by member RCCs which meet the standards
- Where, following on from a fully developmental approach, ED and SSC have concerns about a member RCC s' implementation, the QAC will consider this situation in line with ED and SSC recommendations. The QAC will then determine, within its terms of reference, what further actions are to be taken. These actions can include (but are not limited to):
  - Providing further support
  - Meeting with the RCC Manager and/or Board
  - Giving the particular RCC a deadline by which the standard has to be implemented.
  - Recommending to the RCNI Board that a particular RCC's membership of the RCNI is suspended if and until certain specific standards are implemented.
- In the unusual circumstance where a member RCC does not implement standards and is not working with the RCNI towards same, consider the membership options of this RCC and make recommendations to the RCNI Board.

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### **QAC MEMBERSHIP.**

The QAC committee will be composed of three (3) RCNI Board members, who are RCC Managers, or who have equivalent management and governance expertise. The committee will have at least one (1) external person with expertise in: organizational and services development, governance in NGO sector, VAW sector.

### **CHAIRPERSON.**

The QAC will appoint a chair. One committee member would be nominated to deal with ED and SSC queries between meetings.

### **RESIGNATION AND TERMINATION.**

RCNI Board Member membership of the committee will be for a maximum of two years, and then reviewed. If the Manager of an RCC with which the committee has specific concerns regarding standards implementation is on the committee, that member will step down from that committee until the issue is resolved.

### **MEETINGS.**

The QAC will meet a minimum of twice per year, at which the SSC will report all member RCCs progress towards implementation of the minimum Quality Assurance Standards.

### **MINUTES.**

A record of meetings will be kept and agreed.

### **PROCESS OF LINKAGE WITH RCNI BOARD.**

A written report, including any recommendations, will be provided to the RCNI Board. A report detailing all RCCs progress towards meeting the standards will be provided to the RCNI Board and dependant on Board approval and can be considered by the Board for wider circulation.

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### 4. The RCNI Quality Assurance Framework Model.

When organisations put a framework on the work that they do, they:

1. describe the specific components of the work they do – the tasks, principles and goals of that work;
2. define the boundaries of their practice or what makes it unique or distinctive;
3. develop a process for exploring whether or not they have all those components in place or not;
4. create a standard for the work they do;
5. if a number of organisations are engaged in the same type of work, they are building a shared language for describing that work by adopting one framework for it.

### The RCNI Framework for member RCCs.

This framework document only includes those aspects of services delivery and social change that are or ought to be within the control of individual RCCs. The RCNI Quality Assurance Framework is divided into sections with the policies necessary to meet Quality Assurance Standards listed for each.

**Section 1** is a diagrammatic representation of the framework.

**Section 2** is a more detailed description of each of the sections in the diagram. This section describes what makes a rape crisis centre unique and the components of the work.

**Section 3** is a checklist for use in determining whether a centre has all of the necessary policies and documents in place.

Some of these documents are **RCNI Templates** of documents, versions of which are required by RCCs and which can be adapted locally.

Other documents are **RCNI Policy Documents**. Dependent on matters concerned, legal requirements etc, these documents have varying levels of adaptability. Some may in fact have to be implemented without any local adaptation. This is clearly indicated in each document.

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### 4.1 RCNI QUALITY ASSURANCE FRAMEWORK .

<b>IDEOLOGICAL FOUNDATIONS</b>		
<ul style="list-style-type: none"> <li>• Feminism - Human Rights – Equality</li> <li>• Gender based power analysis</li> <li>• Sexual violence a key form of discrimination</li> <li>• Belief in &amp; respect for survivors and their capacities</li> <li>• Perpetrators responsible for their actions</li> <li>• Drawing on the experience, wisdom &amp; power of survivors means RCCs can make a long-term difference</li> <li>• Participative working, including valuing volunteering</li> </ul>		
<b>GOOD GOVERNANCE</b>		
Fairness Accountability Direction Performance Legitimacy		
RCC RESPONSE	RCC ROLE	RCC ROLE
<b>SURVIVOR CENTRED &amp; TRAUMA-BASED APPROACH</b>	<b>IMPROVE SOCIETAL RESPONSE &amp; RCC ADVOCACY ROLE.</b>	<b>INSTIGATE REAL &amp; PRO-FOUND SOCIAL CHANGE TO PREVENT AND END SEXUAL VIOLENCE</b>
<ul style="list-style-type: none"> <li>• RCC Empowerment &amp; Survivor Recovery model</li> <li>• Services provided by appropriately trained and qualified staff and volunteers</li> <li>• All services confidential</li> <li>• Services accessible to all survivors when needed</li> <li>• Services include support, helpline, crisis intervention, advocacy, counselling</li> <li>• Services coordinated with other agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Inter-agency work</li> <li>• Training other professionals</li> <li>• Increased social knowledge about the extent and impact of SV</li> <li>• Providing advocacy role</li> </ul> Ensure survivors receive a better response from agencies and society	<ul style="list-style-type: none"> <li>• Education and Social Change Campaigns which promote a shared understanding of the causes of sexual violence and how to end it</li> <li>• Lobby for legal change</li> <li>• Lobby for social policy change</li> <li>• Model non-violence internally &amp; externally</li> </ul> Actively support & encourage diversity and equality.

### 4.2 RCNI Quality Assurance Framework Components.

#### 4.2.1 IDEOLOGICAL FOUNDATION.

The ideological foundation is the base from which RCCs function. This foundation informs RCCs actions and choices and describes what makes rape crisis services unique. Other organisations offer services to survivors of sexual violence however none of them have the same historic roots as RCCs, and none offer direct services and also instigate social change from the RCC set of ideological foundations.

RCCs in Ireland emerged from the women's movement in the 1970s and a new, feminist analysis of sexual violence which redefined rape as a crime of violence. Women started speaking about their experiences of rape, and started supporting victims. "A feminist understanding of sexual assault empowered victims to breach the barriers of privacy, to support one another and to take collective action"[1]. Many of the issues raised by feminists and the women's movement were later proven valid through research, which found that "sexual assaults against women and children were shown to be pervasive and endemic in our culture." RCCs were set-up by local women outside of the health or mental health systems, which remained resistant and even hostile to the realities of rape and sexual violence.

A feminist analysis recognises that all forms of sexual violence, whether committed against adults or children, involve the abuse of power and control by the perpetrator and the experience of powerlessness by the victim. Because of this analysis the returning of power and control to the survivor informs our responses and in particular informs the Empowerment, Survivor Recovery Model.

Centres act with full knowledge of the societal context, structures and myths which perpetuate, enable and support sexual violence. RCCs are aware of a culture which is often victim blaming and RCCs focus on holding perpetrators to account for their decisions and actions. In addition, as organisations RCCs strive internally to use power in a constructive, accountable and transparent manner.

RCCs recognise that men and boys are victims of sexual violence and that some women perpetrate sexual violence. We recognise that it is primarily men who are the perpetrators and women and girls who are primarily the victims. "[F]rom a long history of gender relations, many men have a sense of entitlement to respect, deference and service from women"[2]. The violence committed by men has been socially acceptable for many, many years and is rooted in the belief that men have a right to control women [3].

RCCs are the only services in Ireland which are dedicated to supporting survivors of sexual violence and which work from a survivor-centred and trauma-based approach. This approach flows from the analysis of sexual violence. Being survivor-centred means that the survivor's right to control her/his life is recognised, validated and supported. A trauma-

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based approach means that services are offered in the knowledge that a survivor's reactions are a normal response to a trauma. The needs of survivors are primary in determining service planning, forming relations with other agencies, and providing advocacy.

The work RCCs do is an important part of creating a more equal society where all human rights are respected. RCCs work from the conviction that sexual violence is a key indicator of fundamental inequalities in society. Centres strive for the creation of a society that accepts responsibility for the eradication of all forms of sexual violence and of all forms of violence against women.

An equality perspective broadens our focus to include the recognition that there are often factors, in addition to gender, which determine who has power and who does not have power. We recognise that some people experience multiple disadvantage and may be especially vulnerable to sexual violence and victimisation.

### **Implementing Quality Assurance.**

In order to ensure that the RCC ideological foundations continue to inform the sexual violence sector, RCNI members have decided that all staff and volunteer training will include this information and analysis.

Where previous staff or volunteer training has not included this analysis or perspective additional RCNI training is required.

As Board members have particular responsibility for deciding the mission and overall direction of RCCs, it is vital that all Board members are fully supported to do this through training in their role and responsibilities and training in the RCC analysis and approach.

The implementation of the RCNI **Training Policies** for board members, staff and other volunteers are required to meet the RCNI member RCC ideological quality assurance standards.

### 4.2.2 GOOD GOVERNANCE.

Good governance is an essential aspect of well functioning RCC. It is essential that it is in keeping with RCC ideology and enables staff and volunteers to deliver services and social changes in ways which are in keeping with RCC ideological foundations. Whilst RCCs began life often as collectives without any significant funding, growing numbers of staff and range of services provided has required development of governance structures. Clarity of role, written job/role descriptions, employment policies, written complaints procedures means that the power that staff, volunteers and board members have is constructive, transparent and accountable.

Every non-profit and charitable organisation requires a strong foundation of compliance with laws and regulations which relate to: planning, recruitment, employment of staff, volunteering, financial management, taxation and governance. It is also vital that all staff and volunteers, including volunteer Board members, are clear about their role and any legal and/or ethical responsibilities. Good governance requires a range of management and financial structures and systems which are:

- appropriate
- transparent
- accountable
- fair
- Responsible
- meet all legal and funder requirements.

They are largely within the remit of the Board and Manager roles. The Board of Directors is responsible for defining the organisation's mission and for providing overall leadership and strategic direction to the organisation. Board members should be provided with a clear job description, orientation to the work and ideological foundations of the RCC and on-going training and should fully understand their role and responsibilities.

The following policies and documents are required to be implemented by RCNI member RCCs in order to meet the Good Governance quality assurance standards.

- Current Strategic Plan, including mission statement which reflects RCC approach
- Annual Work Plan
- Articles & Memorandum
- Job/Role Descriptions
  - Board of Directors
  - Manager/director
  - Other staff
  - Volunteer
- Fiscal Management Policy
- Donations Policy
- Employment Policies
- Volunteer Policies
- Internal Pro-diversity/anti-discrimination Policy
- Respect/anti-bullying Policy

### 4.2.3 RCC SURVIVOR CENTRED AND TRAUMA-BASED APPROACH

“The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. The first principal of recovery is the empowerment of the survivor ... no intervention that takes power from the survivor can possibly foster recovery, no matter how much it appears to be in her immediate best interest.” (Herman, 1992, Pg 9).

RCC services are offered from an empowerment, survivor-centred and trauma-based approach. Being survivor-centred means that the survivor’s right and ability to control her/his life is recognised, validated and supported. A trauma-based approach means that services are offered in the knowledge that a survivor’s reactions are a normal response to a trauma. RCC counselling and support services seek to build equality of power between survivor and counsellor/support worker/advocate. The survivor is the expert on what she/he needs.

Because RCC staff and volunteers are trained in the reality of sexual violence, as well as the contributory causes and social contexts in which the violence is perpetrated, they may have information or knowledge that the survivor does not. Providing this information and assisting survivors in their choices is part of an empowerment approach. As RCCs also support people who are supporting survivors, this also applies to the work with those supporters.

A range of studies now validate this approach. Survivors report the following as important in support agencies:

1. Being met with warmth and acceptance
2. Being offered both emotional and practical support within a safe environment
3. Having support from people who understand the impact of sexual violence
4. Being validated - reactions to the trauma are normal and not sick or maladaptive
5. Being believed
6. Understanding the need to maintain confidentiality
7. Offering assistance in navigating the medical and legal processes
8. Being able to regain some degree of control over the process
9. Feeling that the choices are theirs. (See Jordan, 1998).

In terms of counselling specifically: “The survivor/recovery literature agrees that counselling for this client group [survivors] can only take place in the context of a therapeutic relationship where there is respect, positive regard and the assumption of growth. This re-

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quires a counsellor who has a clear understanding of the dynamics of sexual abuse, who is non-exploitative, empowering and clear on his/her as well as the clients' limits and boundaries". (Larkin, 1999.)

Outcomes evaluation research has shown that for survivors there are five indicators of recovery:

- safety,
- empowerment,
- creation/restoration of positive regard for self,
- reconnecting with the world and
- intimacy.

In developing evaluation tools, RCC service delivery will incorporate measuring RCC capacity to deliver these five indicators of recovery.

The relevant human rights standards in terms of service delivery are the rights to:

- Protection from inhuman & degrading treatment
- Protection of physical & moral integrity
- Health
- Self-determination
- Dignity
- Privacy
- Receive & impart information
- Access personal information
- Child protection
- Non-discrimination

The following policies are required to meet RCNI member RCC Service Delivery quality assurance standards:

- Direct Services policy
- Training Policy – staff and volunteer
- Counselling clinical supervision policy
- Record Keeping Policy
- Client Confidentiality Policy
- Outreach Policy
- Client Complaint Policy
- Reports policy
- Supporting teenager survivors Policy
- Suicidal client and suicidal caller policy
- Therapeutic Referral Policy
- External relationship Policy
- Data collection and dissemination Policy.

### 4.2.4 IMPROVE SOCIETAL RESPONSE AND RCC ADVOCACY ROLE.

The primary objective of the work described in this section is to ensure that survivors receive a better response from societal organisations and society as a whole than they have to date.

Improving responses is achieved through providing training and inter-agency work, and also through providing the unique RCC role of advocating for survivors. One clear indication of the unique role of RCCs is research findings that clearly demonstrate that survivors who have a rape crisis person advocating for them receive more and better legal and medical services[4].

#### RCC Advocacy Role.

An experience of sexual violence is an experience of trauma and isolation. Survivors may need to access a range of services at different times, and may also encounter difficulties reconnecting with community. Research tells us that victims of sexual violence can experience victim blaming attitudes, behaviours and practices from community service providers resulting in additional trauma for rape survivors. Negative community contacts are associated with poorer health outcomes for rape victims[5]. Research findings include the following recommendations:

- In light of the research findings RCCs should continue to work toward widespread availability of rape victim advocates' services: "Rape victim advocates appear to provide numerous benefits and can prevent serious negative consequences for rape survivors, and it is important that future research and policy efforts continue to find ways to improve the accessibility and availability of advocates' services" (See Campbell, 2006)
- Increased involvement by RCCs in supporting survivors to access medical services
- Increased training for all medical service providers.

In an RCC context advocacy means providing support and interventions which address the difficulties survivors encounter when seeking community help. It also means providing support which overcomes barriers to participation in community life. The job of a rape victim advocate is not only to improve service delivery but also to stop secondary victimisation.

Survivors who have the assistance of an advocate are significantly more likely to have police reports taken seriously and are less likely to be treated negatively by the legal system. Survivors who have advocate support report significantly fewer negative inter-personal contacts with medical personnel and reported less distress from their medical contact experiences. It is clear that Gardaí, legal and medical support make a vital difference for survivors.

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### Advocacy and Irish RCCs.

It is clear from the research that advocacy is an important RCC role which makes a very big difference for survivors in their recovery. It is also true to say that in Ireland the development of advocacy by RCCs has suffered as counselling has become the main service. Whilst a feminist approach to counselling is compatible with advocacy, some models of counselling are not and consider advocacy to be outside of the counsellors' role. Some RCCs have maintained an advocacy role, delivered either by staff or trained volunteers, and it remains central to their service. Some RCCs have extensively developed the provision of counselling, and have a very under-developed advocacy role. This may directly impact on survivors choices to engage with medical, legal or community systems. If the provision of support to do this is not explicit from the first contacts with an RCC, survivors may choose not to consider these options. It is very interesting to note that some Irish RCCs have significantly more clients reporting to the Gardaí than others. This appears in RCNI data to somewhat co-relate to these RCC having a bigger commitment to providing advocate support.

### RCC Training Role.

Whilst advocacy results in receipt of better services, training and inter-agency roles also improve responses by others. Training content will usefully focus on:

- the realities of sexual violence
- the impact of sexual violence
- common myths and victim blaming attitudes
- and information on how to support victims.

The fact that most rape survivors will first turn to family and friends highlights the importance of community education for potential support providers. (See *Deciding Whom to Tell*: Campbell, 2007).

“Combating rape myths, educating the public about sexual assault and training potential support providers to avoid negative reactions may help reduce the trauma of the assault and increase the likelihood that victims receive the support they are seeking. Simultaneously, continued efforts to train legal, medical and mental health professionals on how to effectively support rape victims is essential.”

When Training of Other Professionals is nationally co-ordinated, through standardised materials and standardised evaluation, the efforts of each individual RCC are greatly increased in their effects.

**RCC Inter-agency work** improves responses for survivors and also makes RCCs services accessible to survivors for whom their may be barriers in accessing services. This work includes the Development and maintenance of active links with local agencies such as:

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- Gardaí/PSNI
- HSE Community Health teams, medical and mental health professionals
- GPs
- Hospitals
- Other violence against women services
- Organisations working with and representing marginalised/vulnerable communities
- local drugs task forces
- local social cohesion agencies and efforts

A commitment to nationally co-ordinated approach to inter-agency work means that, for example, all members feed experiences/difficulties with court/Gardaí/ /PSNI/SATU accompaniment to RCNI on standardised reporting sheets which can then inform nationally organised change efforts. Whilst something may appear to be an experience locally, commitment to a nationally co-ordinated approach means that local successes and failures can be captured and either addresses or expanded.

The policies required by RCNI member RCCs to meet the Societal Response/Advocacy quality assurance standards are:

- [External relationships policy](#)
- [Advocacy Policy](#)
- [External Training Policy.](#)

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### 4.2.5 INSTIGATING REAL AND PROFOUND SOCIAL CHANGE.

This section includes the work that is explicitly done towards the elimination of sexual violence through understanding and addressing its root causes. This is the work that addresses the structures and societal attitudes which perpetuate, enable and even support sexual violence. The intention is to have a real and measurable impact on societal attitudes and structures which contribute to this acceptability and additionally hold the perpetrators accountable for his decisions and actions.

Education lies at the core of this work. A shared and coordinated approach is fundamental to this activity. This shared approach needs to inform all education work and also RCCs work in participation in other social change actions.

This work is again informed by RCC ideological foundations and includes:

- Nationally coordinated and standardised educational programmes the content of which focus on:
  - Social context in which violence is currently encouraged and validated
  - Gender inequalities and the relationship between those inequalities and power inequalities
  - Myths around sexual violence
  - Perpetrators accountable for their own actions
  - Sexuality, sexual norms and consent
- Engaging men who want to be involved in ways that focus on prevention efforts that are about male violence towards women, girls, boys and men
- Utilising opportunities to raise awareness such as International Women’s Day or the 16 Days Against Violence Against Women through actions which focus on causes and attitudes
- Developing relationships with local TDs, Senators, MLAs, MPs and other relevant government personnel, Use those relationships in conjunction with nationally agreed legal and social change strategies
- Acting locally out of nationally agreed strategies, for example **RCNI Agenda for Justice**

The policies required by RCNI member RCCs to meet Instigating Change quality assurance standards are:

- Education and Social Change Policy
- Pro-diversity / anti –discrimination external policy.

### 4.3. QUALITY ASSURANCE FRAMEWORK POLICY/DOCUMENT CHECKLIST.

**This section** is a checklist for use in determining whether a centre has all of the necessary policies and documents in place.

RCNI staff are currently completing all Templates and Policy Documents listed below, which will be available to all RCNI members, through the RCNI website. This is part of the RCNI role in assisting in supporting members to achieve Quality Assurance Standards.

Some of these documents are **RCNI Templates** of documents, versions of which are required by RCCs and which can be adapted locally. These Templates are intended as a useful resource to RCCs in order to meet the standards, and to avoid duplication across RCCs. The Templates are generally a Best Practice model.

Other documents are **RCNI Policy Documents**. Dependent on matters concerned, legal requirements etc, these documents have varying levels of adaptability, and may in fact have to be implemented as is with not adaptation.

The degree to which these can and cannot be adapted locally will be clear in each policy and document. For example, the **RCNI Client Confidentiality Policy** has some aspects which all RCCs are expected to implement as written, with no local adaptation, whilst an **RCNI Strategic Plan Template** is simply a useful resource to be generally adapted for implementation by each RCC.

1. **Current Strategic Plan**, including mission statement that clearly reflects RCC approach
2. **Annual work plan** based on strategic plan
3. **Articles and memorandum of association** covering Board of Directors and in line with current charities legislation
4. **Fiscal management policy**
5. **Job descriptions** for:
  - Board of Directors roles
  - Staff roles
  - Volunteer roles
6. **Employment policy** reflective of the ideological foundation and equivalent to RCNI policy including but not limited to:
  - Recruitment (to actively reflect within the staff and volunteer population the diversity of the population requiring services)
  - Probation
  - Training (links with training policy)

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- Evaluation
  - Sick/maternity/annual leave/time in lieu
  - Disciplinary procedures
  - Grievance procedures
7. Volunteer policy including but not limited to:
- Recruitment
  - Probation
  - Training (links with training policy)
  - Evaluation
  - Disciplinary procedures
  - Grievance procedures
8. **Training policy** in line with RCNI requirement including both sexual violence and role specific:
- Board members
  - Manager/director
  - Counsellors (in line with IACP/IAHIBs/PSI requirements)
  - Support workers
  - Other staff who have contact with survivors and supporters
  - Education workers
  - Advocacy staff/volunteers (SATU accompaniment, court accompaniment, Gardaí/PSNI accompaniment, medical accompaniment)
9. **Clinical supervision policy** for counsellors in line with IACP/IAHIBs/PSI requirements
10. **Pro-diversity/anti-discrimination internal policy**
11. **Pro-diversity/anti-discrimination external policy**
12. **Respect/Anti-bullying policy**
13. **Direct services policy**
14. **Record keeping policy**
15. **Data collection and dissemination policy**
16. **Client confidentiality policy**
17. **Client complaints policy**
18. **Supporting teenager survivors policy**
19. **Outreach policy**
- Geographic
  - Minority/underserved/vulnerable groups
20. **Suicidal client** and suicidal caller policy
21. **Donations policy**
22. **Reports policy**
23. **Advocacy policy**
24. **Therapeutic referrals policy**
25. **External relationships policy**
26. **Education and Social change policy**

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### ENDNOTES

1. Herman, pg 29
2. Robert Connell – On Men and Violence
3. Noted by the White Ribbon Campaign - A men's campaign to erase men's violence towards women
4. "*Do Rape Victim Advocates Make A Difference*" pg 3, Campbell, 2006
5. "The impact of negative social reactions can be quite profound.. indeed negative reactions have an extremely detrimental impact on recovery" Courtney, Campbell, Wasco, Sefl, 2007