


The Power of Social Connection

A GUIDE TO PROVIDING VIRTUAL
SUPPORT GROUPS

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FORWARD

As they say “necessity is the mother of invention”, so is crisis the catalyst for mobilization. In 2020, we were all experiencing multiple national crises and had to mobilize for our communities, programs, survivors, and ourselves. The Coronavirus pandemic, in conjunction with the disastrous and tragic impacts, also gave us the platform for innovating our services to meet the needs of the survivors in our communities. For many of us that meant very quickly transitioning our typical in- person services to virtual and telephonic platforms.

This was not an easy transition. There was certainly a learning curve as we all navigated deciding which platform works best for our clients and our organizations; however, through this process many of us found that offering some of our services virtually opened opportunities to reach new survivors in our communities. One of these services was virtual support groups. We know that group healing can be particularly effective for those who have been impacted by sexual violence and especially during a time where most people were isolating at home, “the power of social connection” was never more obvious. Throughout this time, we’ve heard from advocates that offering a virtual support group option reduced transportation and childcare barriers for those interested in participating, as well as, created a more anonymous space for those who were previously too shy or nervous to enter an in-person support group. Advocates across the state have expressed an interest in maintaining their virtual support groups “post-COVID”.

The goal for this manual is to help ease some of the stress that comes with offering a new service in addition to providing some tips and recommendations about maintaining your virtual support groups. In this addendum you will find information about platforms that you may want to host your group on, budgetary considerations, and types of groups that may work well in a virtual space. Many of the pieces in the initial support group manual [“The Power of Social Connection”](#) will still be relevant and essential to consider for your virtual support group, this addendum just has new suggestions specific to virtual groups that you may find helpful. Together, these documents will set you up for a group space full of connection and healing.

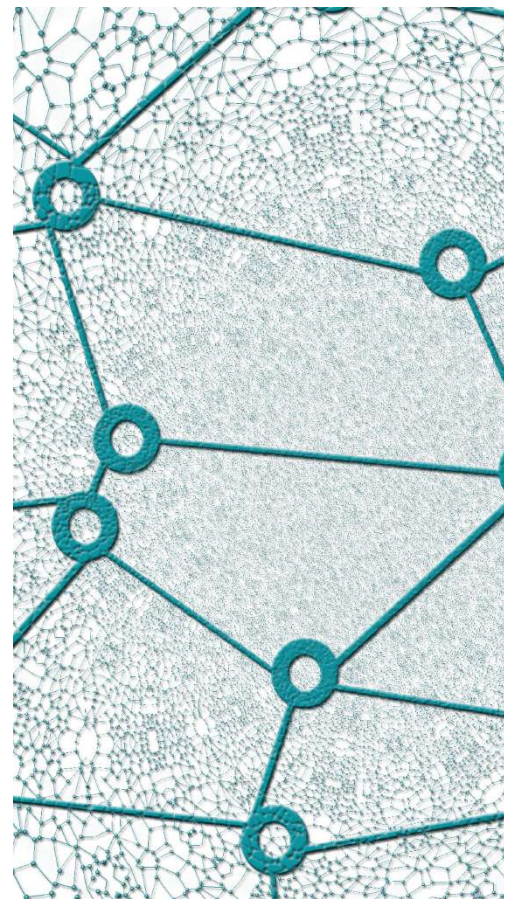
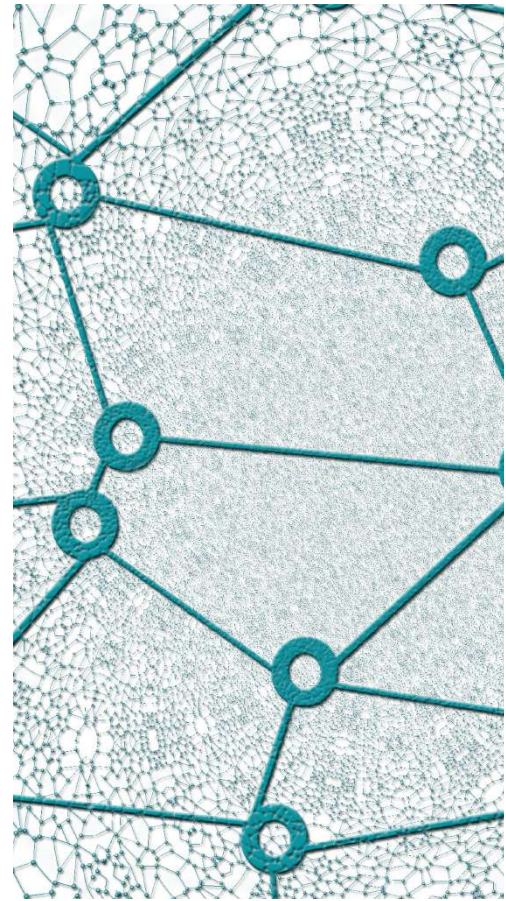


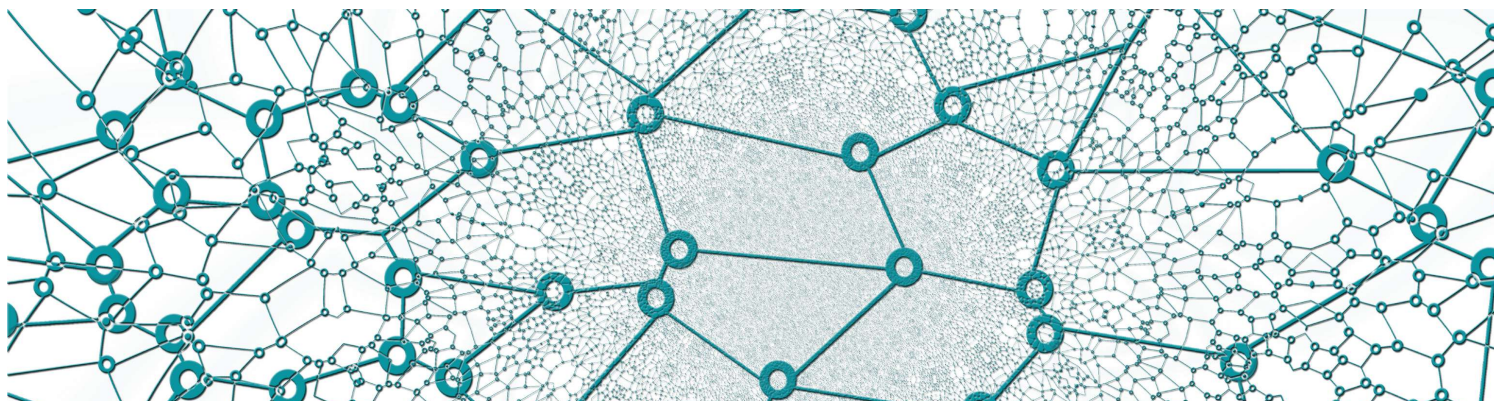
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ASSESSING AGENCY READINESS

When thinking about starting a virtual support group there may be some questions you want to ask your organization to determine if now is the right time. The National Network to End Domestic Violence's (NNEDV) Safety Net Project has put together a [worksheet](#) to help you address your agency's readiness for providing digital services. For the purpose of this document, we will be focusing on addressing your program's readiness for implementing a virtual support group.

In the event of a public health crisis or natural disaster, a program may be compelled to switch to virtual platforms in order to limit service interruption; however, during non-crisis times, all programs may not be able to sustain virtual services, including support groups. Some things you may want to consider when deciding whether to have a permanent virtual support group option at your program are: what are your goals for the virtual program, is this something your community wants or is equipped for, and does your program have the funds to maintain the cost of offering a virtual group? For example, many rural communities have limited internet access, so offering a virtual support group may not actually benefit the survivors in rural areas because they cannot access a virtual group. Whenever you are deciding to update or implement a new service, you should be centering the needs of survivors in your community. For more information on assessing agency readiness [check out this resource](#) from NNEDV.



CONFIDENTIALITY

VAWA/ HIPAA Compliance

Unless you are a licensed mental health professional or you have a grant that specifies differently, your virtual support group platform does not necessarily need to be HIPAA compliant. It is important that you are aware of any compliance requirements mandated by any of your other grants. Most RCC's are funded by VAWA. While VAWA has not specified any teleconference platforms as "compliant", when choosing a platform you must continue to adhere to VAWA confidentiality standards. "VAWA regulations clarify that grantees must not disclose, reveal, or release any personally identifying information regardless of whether the information has been encoded, encrypted, hashed, or otherwise protected. Additionally, VAWA 5 regulations require grantees to make reasonable efforts to prevent the inadvertent disclosure of identifying and individual information, especially when making use of any third-party database, or internal database managed by an outside company" (NNEDV, 2016). If you are using a platform that is HIPAA compliant, you are more likely to be able to maintain client confidentiality. [This document](#) from Victim's Rights Law Center may be a helpful resource on ways to protect survivor privacy when engaging in online services.

Informed Consent and Privacy

"As with more traditional services, informed consent is very important. Be sure to share information in plain language and give survivors a chance to ask questions. Whether you seek verbal or written confirmation will depend on the practice at your program, though generally if you don't require written consent on a phone call, you shouldn't need one for chat, video, or text. You do need written consent when survivors ask you to share their personal information with someone outside your program. Read more about [Digital Written Consent](#)" (NNEDV, Online Communication for Advocates).

The most important thing to remember when talking with a client about signing up for your virtual support group is sharing with them the risks that exist when engaging in any online service. Risks such as:

- "zoom bombing"
- Someone monitoring their device activity
- Other people in the home/ space during group
- Outsiders seeing chats between the sender and the receiver

What your role is as the advocate is to be transparent about these risks and share with the client what your program is doing to minimize the risks and to help them plan for ways to minimize the risks as well. Helpful questions to ask are: do you have children, spouse, family that could potentially interrupt while in the group? Is this a safe space?

VIRTUAL PLATFORMS

When creating an effective virtual survivors' group, it is helpful (and sometimes necessary) to use a virtual platform that is HIPAA compliant. The top 5 platforms that follow HIPAA guidelines are as follows: doxy.me, SimplePractice, thera-LINK, Zoom for Healthcare, and VSEE. All of these platforms are free for the client to utilize for both individual and group therapy sessions. There may be a difference in cost if you're looking for stronger security features, such as utilizing a room passcode and having a waiting room feature. These two specific features allow the facilitator to have control when it comes to protecting the safety of the clients that are in attendance. For example, if an individual attends the group that has not been invited the facilitator can easily remove that individual from the group. More of this is covered under the confidentiality and safety concerns section within this Virtual Support Group addendum.

Doxy.me

- HIPAA Compliant for all pricing options, including the “Free Forever” option.
- Clients do not need an account or to download anything to join a call.
- Room passcode and being able to edit the waiting room features are only available under the “Professional,” “Clinic,” and “Enterprise” pricing options.
- doxy.me offers various security features for all pricing solutions, including the “Free” pricing option. The features that are included are as follows: Secure data center, End-to-end encryption, no patient data stored (including PHI), Breach Insurance, and Signed BAA.
- Providers will need to purchase either the Clinic or the Enterprise to obtain the group feature.

SimplePractice

- Extremely user friendly
- Great interface experience
- Clients do not need an account or to download anything to join a call
- HIPAA Compliant for all pricing options
- Multiple integrated features for easier use
- Secure messaging available with “professional” option
- \$39/month essential option, \$59/ month professional option

Thera-link

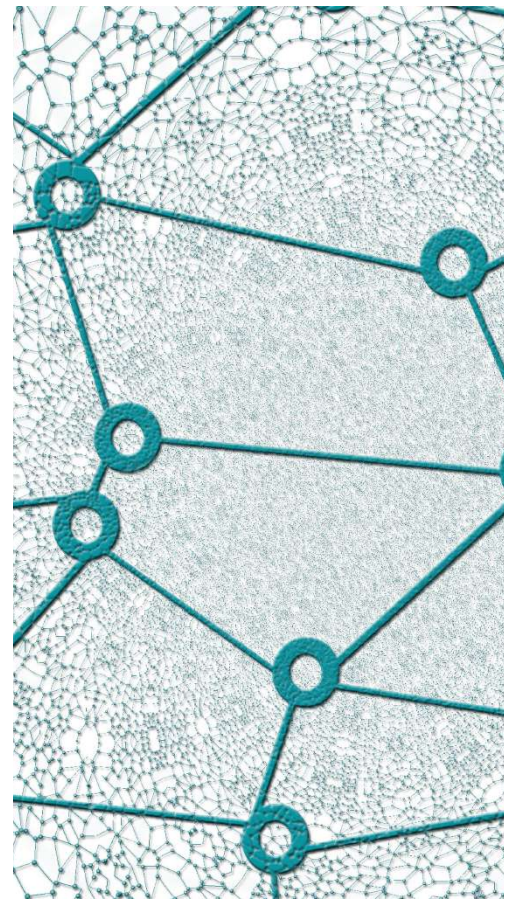
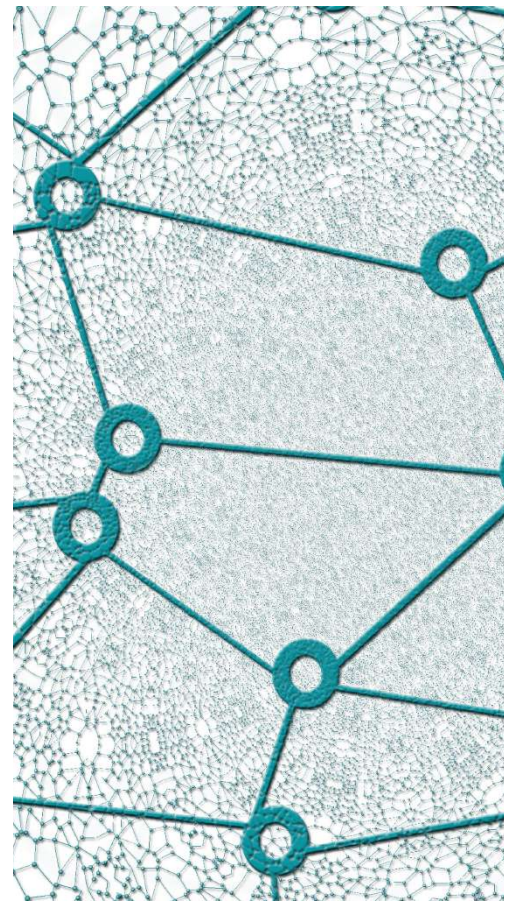
- HIPAA compliant for all pricing options
- All options include group session availability
- Discounts for non- profits
- 24/7 bilingual support desk
- Clients are required to create a log-in

Zoom for Healthcare

- HIPAA compliant
- Zoom is a great platform for access for those who are Deaf/ hard of hearing
- Zoom for Healthcare features are really built for the hospital setting
- Participants do have to create an account/ download an app

VSEE Messenger for Healthcare

- No download, one-click video calling
- Virtual waiting room
- Unlimited 1-1 video calls
- Dial- in by phone only available in “pro-messenger” and up (starting at \$49/month)
- Group calling available in all pricing options
- HIPAA BAA



ACCESSIBILITY

We want to make sure that we are offering our virtual support groups with accessibility in mind and acknowledging the barriers that exist when asking participants to use technology. As previously mentioned, for potential group members in rural areas, internet access is not as widely available and they may not have the bandwidth to connect using their video and sound. There are also technology literacy barriers that exist which we want to help our group members overcome by equipping them with the tools to use the technology to the best of their ability.

In this section we'll address some ways your rape crisis center can help prepare your staff and group participants to use the support group technology, as well as suggestions on ways to increase accessibility for your groups.

Internet Access Barriers

Let's start with internet access. If you have a survivor that is interested in being part of group but is worried about not being able to join due to internet access issues, talk with them about what their barriers are. Can they not afford to pay for internet? Are they in an area where internet access is not widely available? Here are some potential solutions that you could discuss:

- If the rape crisis center has internet access and a parking lot, offer folks who do not have access to internet to come to your parking lot and do group from their car.
- If using the RCC parking lot is not an option, you may want to consider talking with some community organizations about utilizing their parking lots/ spaces. For example, since groups often take place in the evenings, maybe a school in your community would allow participants to use their parking lot and Wi-Fi during group.
 - Other organizations that may be willing to help:
 - Faith organizations
 - YMCA/YWCA
 - Fire stations
 - Grocery stores

- Places like fast food restaurants and grocery stores often have free public Wi-Fi, so if there are limited options or you are having difficulty connecting with a community partner, that may also be a viable option.
- There are programs that may be serving multiple counties over a large geographic area. A virtual support group may be a good option for these programs, but internet accessibility is still an issue. One solution to this may be offering a hybrid in-person/ virtual group. This may look like having some group members in-person in the shared space and setting up a computer and projector to connect with the group members that may be joining virtually

Helpful Hint

need a projector or larger space? See if you can partner with a local church, library, or community center to see if they would allow you to use their space and technology

Tech Literacy

We're not all technology wizards, and that's okay! A lot of the platforms that are available to host your virtual support groups on are fairly user friendly, that being said, there may still be some group members that are not as comfortable using technology as others. Further, you may have staff members that are group facilitators that aren't as comfortable with this technology and will need some technical training as well.

You may want to consider making your first group meeting an optional technology learning space. You could have an example group space setup and walk the participants through the entire process of interacting with the platform: logging in, the different options that are available in the platform i.e. how to mute, turn your video on and off, change your name, etc. Practice interacting with the chat feature (if there is one) and if there are any setting options that would be helpful for the group to be aware of.

For many of our staff members, using virtual platforms is also new. It may be helpful for staff to get a tutorial on the different aspects of the virtual platform you choose and how to use different features. Are there settings that need to be updated on the host's side that will help group run more smoothly or create a more private, confidential space? It may be helpful for staff to be trained on some troubleshooting with the platform so if there is something that comes up in group one of the facilitators can address it without shutting the whole group down or someone having to leave the group due to technical difficulties.

Many, if not all, of the platforms that are available have employees on their team that offer technical assistance and troubleshooting, so be sure to get more information about what those services look like when you're choosing a platform. You may want a platform that offers 24/7 technical support or at least are open past 5pm for some of the later groups you have. Technical difficulties are inevitable, but they can be solved with the right support!

Common technical issues and solutions

I'm sure most of us have experienced being on a call where the person we're talking to starts to fall behind, their lips stop matching the words they're saying, and while we have grown to accept these little tech glitches, they can still be frustrating. We may not be able to solve all the issues that we see, but there are some ways to mitigate challenges.

For example, if the person's video is lagging, perhaps they can turn their video off to help with the amount of demand they're placing on their internet. It may mean that other group members turn their video off too to do their part. Another common issue is audio glitches. There can be static issues, sometimes the built-in computer speakers just don't want to cooperate, the list goes on. For these situations using headphones/ earbuds can come in handy, specifically the headphones that also have a microphone built in. These can minimize background noise and are as simple as plugging them into the earbud jack on your device. Another possible solution to audio issues if earbuds are not available, is keeping your video on and muting your sound so you can call in on your phone. This can potentially help with audio that is cutting in and out due to poor internet connection.

SAFETY PLANNING

Due to the nature of the work that we do and the population that we serve, there may be circumstances and situations that require a higher quality of engagement and response than most, such as when a client expresses suicidal ideations and discusses other forms of self-harm (i.e. cutting). Within the intake packet, it is best practice to form questions and healthy therapeutic dialogue surrounding this topic. It is also best practice to continue having this conversation throughout group, so that the client(s) know their resources, who and what supports them, and what to lookout for within themselves if they're having thoughts of suicide/self-harm. This will help to establish a safe place for the clients that we serve. Within the intake packet, having a section where this is asked and exploring if there is a history of past suicidal thoughts, ideations, and attempts can be helpful.

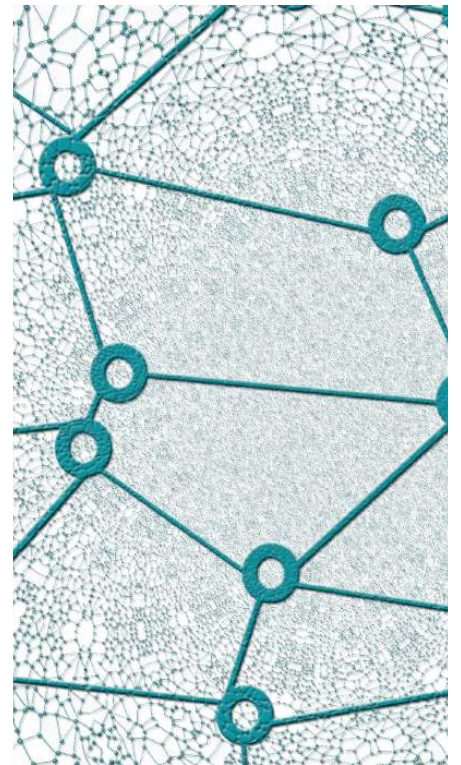
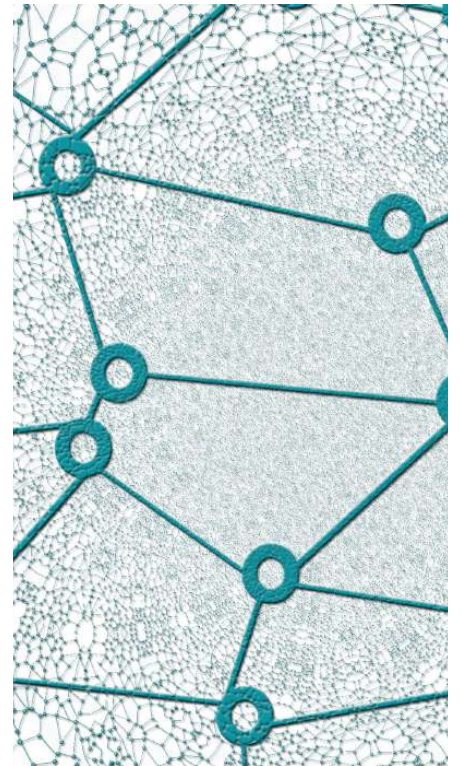
In an in-person setting it can be both easier to pick up on signs that a client may be having thoughts about suicide/self-harm and easier to respond in the event that a client discloses this. As the facilitator(s) of a virtual group, you may have some concerns about how to respond when someone discloses this and you're not in the same space together. Here are some things you can do to ensure client safety:

1. Use one of the facilitators to enter into a separate space with the client who discloses this.
2. As mentioned before, in the client's intake paperwork you and the client should have established a safety plan in the event this (or something else) comes up. Reference the safety plan and make sure the client has the support they need to play through the plan.
3. For most advocates there are not exceptions to calling LE or mobile crisis for suicidal ideations due to laws related to advocate privilege. This means that you should not immediately call 911 if the client discloses suicidal thoughts to you. You can however obtain verbal consent from the client to call 911 or mobile crisis and talk with the client throughout the process of you doing that. If possible, you should make that call while the client is still on the video call with you or offer to sit with them while they call themselves and wait for support to arrive.
4. In their support group intake, it will be helpful to get the clients' address in the event of an emergency and also see if they are open to signing a consent form for the advocate to call for help in the event of an emergency such as suicidal thoughts, self-harm, or another medical emergency (i.e. the client passes out on camera).

***If you do end up having to call 911 or mobile crisis you should still maintain as much of the client's confidentiality as possible. You do not have to share why you were talking with the client, what the group is for, any details about the client's situation, or even a last name. Sharing what happened or what was said that caused concern, the client's address, and the client's first name should be sufficient for them to get immediate help.**

Having check-ins with the members of the group is also best practice, especially when running a virtual group. One suggestion is to spend some time after the group has ended and check in with all the members, or if there are one or two that you have concerns about. If a client is absent from group and they did not notify you in advance that they wouldn't be there, you also may want to check in on them. This gesture can also show the client that someone cares about their well-being. This is important if someone is feeling suicidal. Finally, when talking with a client you have concerns about ask reflective questions regarding group open-ended questions about how they are doing and using "I've noticed...." if there are concerns of suicidal/self-harm tendencies that you might have picked up on during the group. Notice any changes in behavior. The main points to listen in for when asking about suicide and self-harm are the following: Is there a plan in place? Does the client have means to carry out the intent to harm themselves? Has something drastically happened (i.e lost a job, court trial not in client's favor).

Helpful Hint
when creating a safety plan with a client, give it a name (could be a code word) so that it can easily be verbalized to the client and managed while facilitating the group at the same time, a way to multi-task.



VIRTUAL SUPPORT GROUP TYPES

When thinking about what kind of group you want to host on your virtual platform, most of the support groups that you would hold in-person would still be applicable; however, there are some variations that may increase participant engagement and may even be used as a steppingstone for another group.

Setting the Tone

Setting the tone with the nature of the group that is being facilitated is one of the most important tools to utilize when running a virtual support group. This can occur during the client's initial intake and then at the beginning of each group session. Throughout the group intake for a virtual support group, it is important to review group rules and confidentiality. Talk with the client about what confidentiality is and brainstorm ways the client can maintain group expectations on their end during group sessions, i.e: childcare, who can overhear the group session, etc. Group therapy is not for everybody and it is okay to have this conversation with folks. The initial intake for group therapy is also the time to explore potential safety concerns and come up with a safety plan.

The first thing you may ask for is contact information, including phone number and address, it's helpful for all information that you have on the client to match up with what's in your database/ client file. Even if the client has filled out separate paperwork for your RCC, obtain consent to have this information and to be able to utilize it in case of an emergency during the group. If consent is not granted and the individual does not feel comfortable giving their contact information (this is okay), they might not be appropriate for a virtual support group at this time. In this case, you may want to continue having a few more individual sessions and then approach the conversation about joining the group.

This will also be a time to explore why does the client not feel safe to provide contact information? Brainstorm ways the client is able to join the group but in a way that feels safe to him/her/them.

Peer Led Teen Groups

If you've been having issues getting teens to engage in more traditional, in-person group settings at your program, having an online option may increase your traction. Young people tend to feel much more comfortable opening up via technology and are comfortable using these formats. The teen group may not be a traditional "trauma processing" group, and rather a free-flowing activity group. We know that teen survivors tend to respond better to their peers and often are not interested in oversharing details about the violence they experienced; however, it can still help them to be in community with people who have similar experiences as them and are at similar stages in life.

You may consider labeling it an "open" rather than a "closed" group and making it more of a drop-in format. We've seen with teen groups that attrition and inconsistency is normal. Rather than creating this pressure to be there every week, having a more fluid space may give the teen an opportunity to join when they feel like they need to.

This also means that what you do in group is not a set curriculum, but activities the group decides they want to engage in together that they feel would be beneficial. Perhaps that's collaging, group journaling, having discussions around challenges they're facing in school or at home.

Again, having a staff member there to co-facilitate and keep things on track is necessary, but giving the peers the opportunity to dictate the conversation and activities may help the participants feel more comfortable sharing and helps the facilitator build rapport.

Trauma Processing Group

This group can be considered a group therapy-styled group. It is best practice for this particular group to be facilitated by a licensed professional. If it is facilitated by anyone else, such as a non-licensed professional and/or intern, then close supervision, monitoring, and support should be provided at that time. This group is meant for understanding, processing, and coping with trauma in a safe group environment. The facilitator uses trauma psycho-education, multiple therapeutic modalities and techniques, and a supportive group structure to guide members through their journeys. Setting the tone during intakes with the clients and at the beginning of each group is very important when facilitating this type of group, both in-person and virtually. Having a disclaimer, such as a trigger warning has also been found to be very helpful when facilitating this type of group, due to the nature of addressing trauma.

Coping Skills Group

Engaging in a trauma- processing group virtually, and having that be your first group experience, may be overwhelming for some survivors. There may be group members that live alone and/or haven't had the opportunity to practice or even learn what their coping skills are at this point in their healing. It may be beneficial to offer a virtual group that is focused on coping strategies. This group could be a pre- cursor for the trauma processing group, or it could be a stand-alone group for those who are just looking for a support group and don't want to engage in group trauma processing.

"A coping skills group should include activities and discussion that center reducing feelings of isolation, identifying coping skills, and normalizing trauma responses" (Support Group Coordinator, OCRCC). It should not be centered around people sharing the details of the violence they experienced, but rather how they are managing the impacts of that violence on their everyday lives. This group may be largely psychoeducational where facilitators provide information on normal trauma responses (physical, emotional, mental) and create a space where group members can share the responses they may be having as a result of their trauma.

Some activities that the group may want to engage in are:

- Journaling about their experience trying different coping skills to identify what works and what was not as successful
- Providing worksheets to give participants the space to identify triggers and come up with a coping strategy for each trigger
- Strengths- based questions to ask the group to start discussions

Helpful Hint

The only difference between the two groups (group therapy and coping skills) is being mindful and having an understanding on how comfortable you as the facilitator are when it comes to the big "T", Trauma!

Facilitator Self-Care

One of the most important questions to ask yourself is, what are you going to do to take care of YOU? "Checking yourself at the door" is something that we can all practice so that you can be your best self when interacting and engaging with clients, especially when they have just opened up about their trauma. This means before entering or leaving a group you're practicing checking-in with yourself. What assumptions, personal feelings, lived experiences are you entering the space with and how can you manage those while maintaining unbiased and non-judgmental support for the group. Countertransference is when you have a personal, sometimes emotional, reaction to something a client is sharing based on your own experiences or beliefs. It happens to all of us and that's normal. It's just important to be aware of when it is happening so we can continue to provide the best support for our clients, and so we can do some self- reflection later and ask ourselves, "what is that about?"

Additionally, it's important to make a plan for how you will ground yourself or decompress following the group. What are you planning to do for you after the group has ended? Even if you only have 5 minutes before you go to your next session, pick your children up from school and/or get dinner ready for your own family, taking care of you will allow you to then be there for this amazing and powerful work that we get to do as our jobs.

Some examples of self-care:

- **Sitting in a quiet room for 5 minutes with eyes closed or softly gazed in front of you**
- **getting some fresh air**
- **going for a walk**
- **watching a funny tik-tok video.**

Whatever works for you! Just as it may be difficult for some of your clients to leave a virtual group and be alone with their thoughts, the same can be true for the facilitators. That's one of the benefits of having a co-facilitator, so you can talk after a group and lean on each other for support.

VIRTUAL GROUP LOGISTICS

Intake Processes

Preparation and organization are the two main components needed to run a successful group, for both in-person and virtual groups. The way to prepare and remain organized is having a thorough intake packet that covers all of the bases. General demographic and contact information, email addresses, and phone numbers should also be included within the intake packet. Obtaining permission (both written and verbal) that it is okay to send emails to the email address provided and to call/leave a message to the phone number provide. This is not only important for liability, but it is also a way to begin the rapport building with clients.

Intake is also a good time to review with clients how to navigate the platform that is being used for virtual groups. Maybe suggest a couple of test runs where the client can login and have the opportunity to verbally process any concerns that require troubleshooting, such as Wi-Fi/Internet access. Reviewing and reiterating the confidentiality component to virtual groups and what this means to the client is also important within the intake process. Is the client able to maintain confidentiality for both client and other members in the group by being the only one present? What strategies do they have in place to ensure privacy?

Facilitators

While it is always encouraged to have two facilitators during a support group, this is considered best practice when facilitating virtual support groups. Having two facilitators during an online group can help mitigate interruptions due to tech issues, offer additional support for those in the group who may be feeling triggered or need to have a side conversation, and can monitor the chat while the other facilitator is, well, facilitating. Before group it will be helpful for the two facilitators to discuss what each person's role may be during the group. Are they a support person in the chat? Are they going to hold a separate space if a participant requests a side conversation? This could be done by entering a "breakout room" with just that group member or perhaps before group you and your co-facilitator create a separate link for a private room for anyone who needs it during group.

As with any support group where you have co-facilitators, you may want to meet after group to debrief and talk about what went well and what you might want to change for next time. Especially in the early stages of hosting a virtual support group space, it can be helpful to have multiple perspectives on how to make the group as successful as possible.

Length of Group Meeting

It's not uncommon for an in-person support group to meet for 2-3 hours, once a week. While this may work in-person, we know that "zoom burnout" is real and your participants may feel it too. Rather than having a 2-3 hour group, you may want to consider that online engagement is different and can only last for so long. You may find that an hour long or hour and a half group is more reasonable when hosting online groups. This may mean that you change your curriculum to fit into this shorter time frame or that you have less participants in the group so everyone has more time to share.

In terms of whether you're going to do an 8 week v. a 6 week group (or however long your in-person groups are) that's up to you and the group. In a virtual space, people may prefer fewer weeks or they may be okay going longer because there are less barriers like traveling, finding out of home childcare, etc. It may be helpful to ask the group what they'd prefer. Also, keep in mind that the type of group i.e. trauma group v. coping skills group or open v. closed group may also be a factor in how many weeks your group is. For a trauma group, 6-8 weeks may be best so folks have time to process, share, and reflect while a coping skills group could probably be only 4 weeks since it's mostly psychoeducation and skill building. An open group could be 8-12 weeks so it's open long enough for people to find time in their schedules to drop-in while a closed group is probably best at 8 weeks or less as group members have made this time commitment and will probably want/ need that time in their schedule back.

Preventing "Zoom Bombing"

With the increase in online platform use, we have also seen an increase in what has been dubbed "zoom bombing" or meeting hijacking. This occurs when someone who is outside of your group or organization joins, often being inappropriate, obnoxious, or otherwise harmful to the group. There are ways to prevent "zoom bombing", though when online there are always risks and these should be discussed with potential group members so they can weigh their options when it comes to joining virtually or not.

Some ways to prevent meeting hijacking are:

- **Creating a meeting password that is only shared with group members (and that changes with each meeting).**
- **Enable waiting rooms that group members enter before coming into the shared space. Only hosts have permission to admit those in the waiting room**
- **While you probably did an intake with group members prior to the start of group, you may also consider having group members register on the platform prior to each individual session, so you know who to expect.**

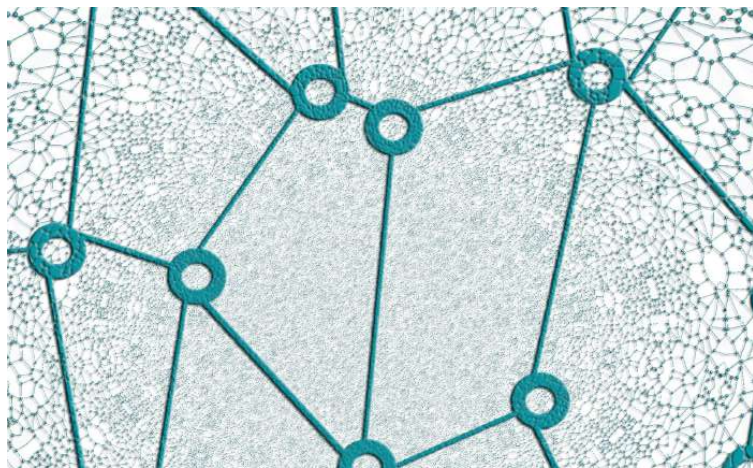
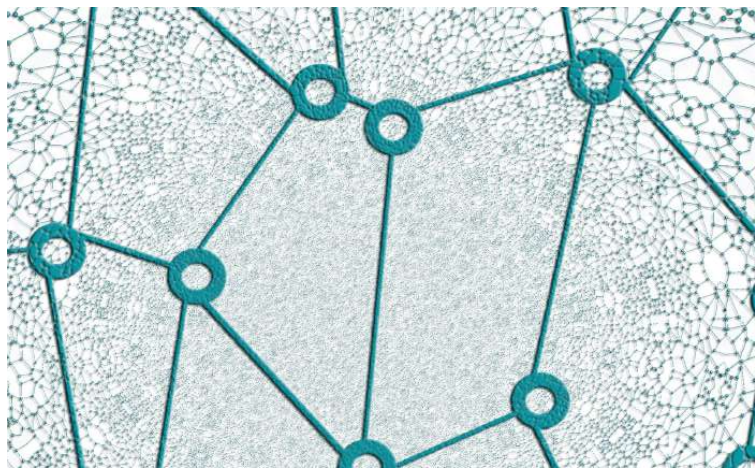
VIRTUAL SUPPORT GROUP COSTS

When planning a virtual support group, some of the materials and supplies will likely be the same that you would provide for an in-person group, i.e. handouts, writing utensils, self-care tools, such as stress balls, journals, etc. For your virtual support group participants, you may either have to mail these supplies to the participants if transportation, or other barriers, exist for them, or set up pick up times for group members to pick their supplies up from your agency. This may mean that you will have to factor in different costs in your budget for your virtual support group, such as postage to send packages.

In addition to these items, there may be some items you will provide to your virtual group members that you would not provide to your in-person members; for example, earbuds/ headphones. Including headphones in your budget to send to virtual group members is an excellent practice as it can help provide the group members with more privacy options if members are attending the group in a shared space and, as discussed before, can be helpful in minimizing sound glitches.

We always want to reduce barriers for survivors to join our groups. For survivors who are Deaf, hard of hearing, or have another hearing related disability, virtual support groups may be a great option. Factor in the cost of your agency providing closed captioning and an ASL interpreter to be present in the group.

Some programs may only use a virtual platform for groups, while others may offer many of their services using a video conferencing platform. If your program is only providing groups virtually, you may want to keep in mind the costs of using whatever platform you choose. Are these being allocated to your support group budget or somewhere else?

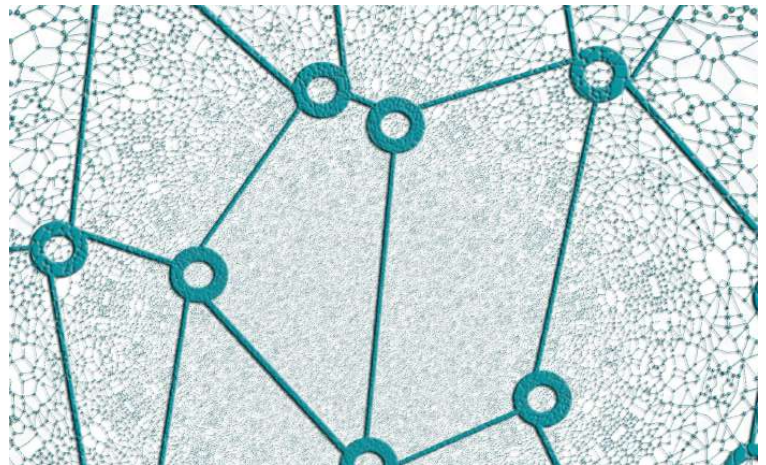
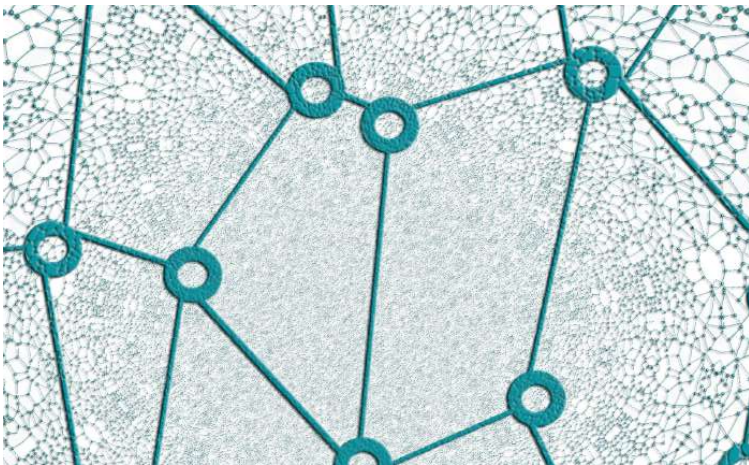


MARKETING YOUR VIRTUAL SUPPORT GROUP

The way you market your virtual support group will likely share in strategies you use to market your in-person groups. Things like directly offering them to clients you think may be a good fit or are already interested in group processing, putting flyers around your office or in other community partner's spaces, posting information online. These will all work.

What is important to be mindful of when sharing the information is that it is very simple, basic, and to the point. It should also illustrate the different types of groups that are currently being facilitated at that moment, along with how to register for a group. Emphasize that virtual groups are private and confidential and that they can choose whether they would like to share their video/face with the other members. It may even be worth mentioning that virtual support groups offer more anonymity among the members because you can choose to share your real name or an alias you are comfortable with. TIP: Advocates across the state have noted that they have seen more male engagement with their virtual support groups. Because of the added stigma male survivors often experience, the extra layer of anonymity may make them more comfortable.

For security purposes, you probably don't want to post any registration links or links to the actual group online or on your flyers. It's best to share a phone number that interested people can call (likely your support group facilitator(s)), an email address they can reach out to, or ask them to come in-person for more information.

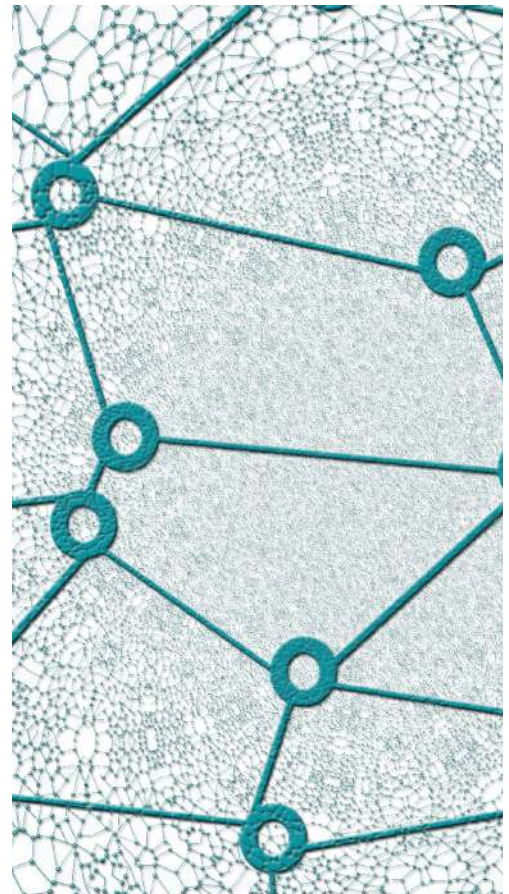
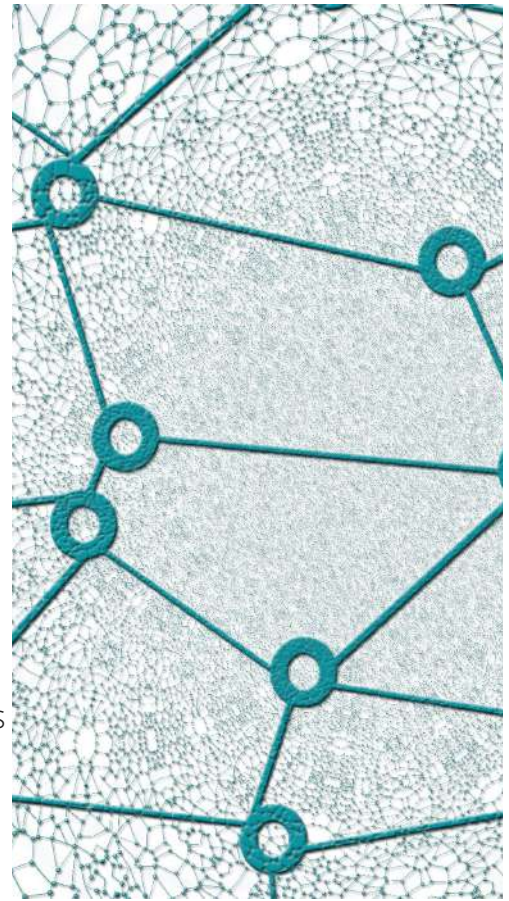


IN CONCLUSION

Adapting a new service comes with challenges and lessons learned that allow us to continue to innovate to best serve the survivors in our communities. Our hope is that if you're wanting to increase your capacity to provide virtual services through support groups, that this addendum will guide you through that process and make it a little easier.

We hope throughout the manual that your biggest take away is that this offering is another way of letting the survivors in your community know that you are here for them and want to reduce barriers that may impede them from receiving powerful healing services, such as group connection. The common theme that so many of our client's face is that they do not feel they have the right, ownership, and autonomy to use their voice. The simple gesture of giving them more options and asking them what they want can go a very long way with establishing rapport and trust. Flexibility and availability with our services and delivering group from this mindset can be very helpful in deepening group, and community, connection.

To echo what was shared in our initial support group manual, *The Power of Social Connection*, you know your communities best and if your community isn't asking for virtual support groups or isn't equipped to support these groups, that is okay. You are free to use just some of the pieces of this addendum if it will help you. While NCCASA and the RCC at Coastal Horizon's Center may have written this material, it was all inspired by things you all are already doing. This was truly a product of all of our efforts navigating through this public health crisis and we are proud to have a network of such dedicated, innovative advocates.



SURVIVORS Check-in

How are you doing today? (Scale 1-5) 1 being low and 5 being high.

- Emotionally? _____
- Physically? _____
- Spiritually? _____
- Mentally? _____

Best part/high of the last week?

Least great part/low of the last week?

What is something that you would like to talk about today?

What topic will be helpful to talk about during next group?

Women's Empowerment Survivors Group Intake Packet

[Your program here]

Date Completed: _____

Clients Name: _____

DOB: _____ Age: _____ Gender: _____

Race/Ethnicity: _____

Phone Number: _____ OK to Call: Y or N OK to leave Message: Y or N

Email Address: _____

Referral Source: _____

Presenting Mental Health Problem:

Mental Health History (onset & symptom):

Inter-Agency Involvement:

Get Consents completed and signed _____ Check when completed

Client's Name: _____

Women's Empowerment Survivors Group Intake Packet

[Your program here]

Date Completed: _____

Trauma History:

Diagnosis: _____

Medical History: _____

Current Medications:

Diagnoses: (Include reported symptoms with duration and frequency)

Risk Assessment: (Include history & safety plan)

Client's Name: _____

Women's Empowerment Survivors Group Intake Packet

[Your program here]

Date Completed: _____

Group Therapy History: (Questions can apply for both first timers and those who have had previous group therapy experience?)

- If this is your first-time experiencing group therapy, what has led you to this point at this time? What are you hoping to get out of group? What are some group rules that you would like to be included and followed for the duration of group?
- Previous group therapy experience: Pros and Cons? What would you like to see differently with this group? Stay the same?

Barriers with making it to group:

Transportation? _____

Limitations (physical, emotional, mental?) _____

Client's Name: _____

Women's Empowerment Survivors Group Intake Packet

[Your program here]

Date Completed: _____

Review the following group rules:

- **Confidentiality**
 - What is said in the group remains in the group, which also includes the members that are present within the group. Respecting boundaries and personal space.
- **Being consistent with attendance and arriving to group on time.**
 - I understand that this is a 16-week support group ____ (Initial).
 - I understand that the end date of this 16-week support group is _____.
_____(initial).
 - I understand that the group will start at 5:30pm and will end at 6:30 pm every Thursday _____ (initial).
 - Being consistent with attendance will allow for you and the other members of the group to enjoy the journey that you are about to embark on when signing up for this 16-week support group.
- **Phones**
 - No texting or talking on the phone during group.
 - Feel free to leave the group to answer the phone/respond to a text for emergency purposes.
- **Virtual**
 - I can provide a confidential and safe environment while engaging in a virtual zoom session for both myself and other members that are in the group.

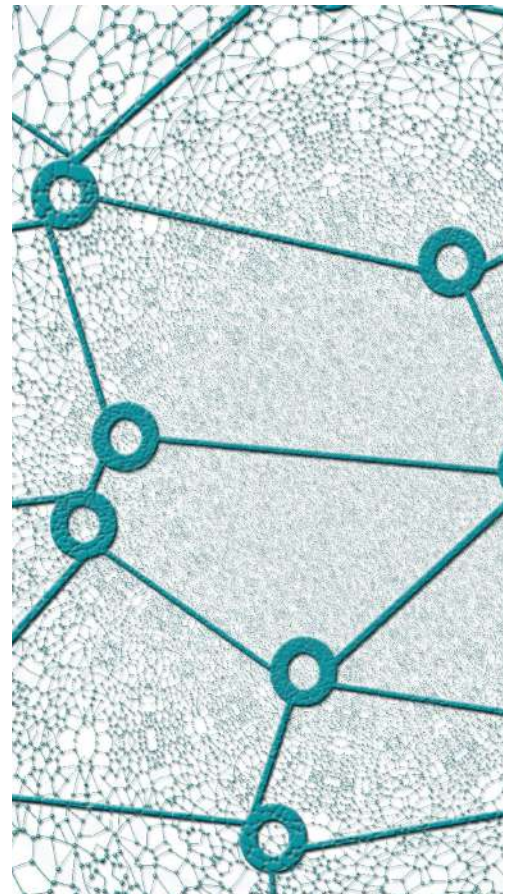
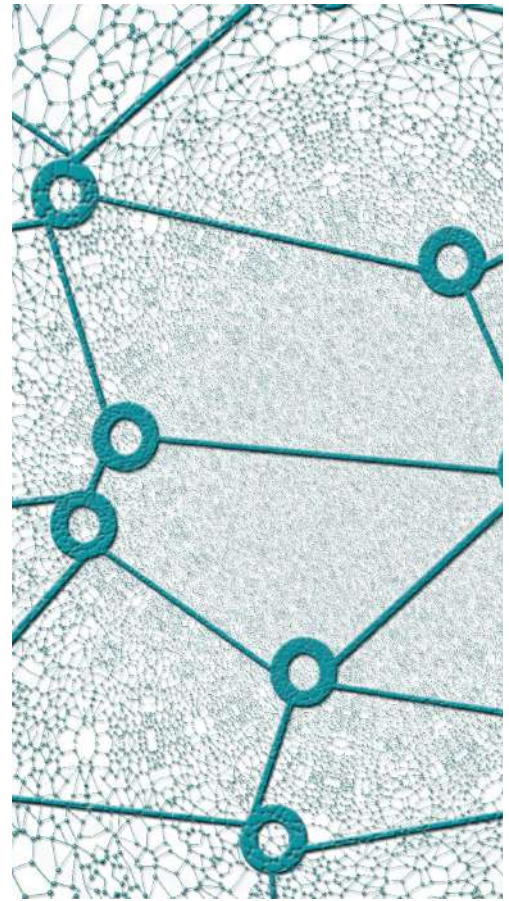
Signing below indicates that you have read, understand, and will follow the above group rules:

X _____
Client's Signature Date

Clinician's Signature Date

QUICK ACCESS LINKS

- [The Power of Social Connection Support Group Manual, NCCASA and OCRCC](#)
- [Digital Written Consent to Share Information, NNEDV](#)
- [Assessing Readiness for Digital Services, NNEDV](#)
- [Protecting Survivor Privacy When Working From Home, Victim Rights Law Center](#)
- [Assessing Readiness for Digital Services Worksheet, NNEDV](#)



Notes

Notes

This document shall not be altered or redistributed without prior, written approval from North Carolina Coalition Against Sexual Assault.

This booklet may be posted, promoted, or otherwise highlighted without alterations. If citing, please use suggested citation: T. Poole, L., D. Moore, M. 2021. *The Power of Social Connection: A Guide to Providing Virtual Support Groups*, NC Coalition Against Sexual Assault, Raleigh, NC.

