

CRITICAL ISSUES IN **SEXUAL ASSAULT**



*A Wilder Research report sponsored by
the Minnesota Department of Public Safety*

JULY
2007

ABOUT THIS REPORT

Wilder Research has been asked by the Minnesota Department of Public Safety, Office of Justice Programs, to develop brief reports that “tell the story” of victim services in the state and suggest new directions to forge ahead for the future. This report was made possible with funding from the U.S. Department of Justice, Office for Victims of Crime, and Office on Violence Against Women, and from the U.S. Department of Health and Human Services, Family Violence Prevention and Services Grant Program. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice or the U.S. Department of Health and Human Services.

Reports in this series:

- Domestic violence (December 2005)
- Sexual assault (July 2007)
- General crime (planned: 2007)
- Child abuse (planned: 2008)

This report combines local and national trends, published research literature, and insights gained through interviews with 25 expert observers from diverse perspectives. Interview participants included advocates and service providers, judicial and legal staff, survivors of sexual assault, culturally specific service providers, law enforcement personnel, national and local experts, and health care providers.

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July 2007

This report is available for free download at www.wilderresearch.org and www.dps.state.mn.us/ojp

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We are pleased to issue this report, the second in our series of critical issues in crime victim services. Telling the story of sexual assault in Minnesota demands we cast a wide net. Sexual assault is unique in its multifaceted issues, from vast underreporting of the crime and assisting victims with long-term effects impacting their daily lives, to addressing sex offender treatment and effective prevention strategies. While our task at the Office of Justice Programs is to provide funding for direct services to victims of sexual assault, we also support programs in developing a coordinated community response to sexual violence. Above all, victims have a right to be believed, supported, and given resources for healing.

The story of the development of sexual assault services in Minnesota is an inspiring one, with a history of over 30 years of accomplishments. Improvements to services continue with multi-disciplinary teams addressing the criminal justice systems' response to sexual assault. Connecting more closely with faith-based communities is helping reach underserved communities in new ways. The number of Sexual Assault Nurse Examiner (SANE) programs in hospitals across the state is increasing.

We as a nation have been slow to discover and develop effective methods for preventing sexual violence. Sexual assault service providers struggle daily with education efforts. Sexual assault isn't something most people are comfortable discussing and finding the right combination of strategies for achieving positive outcomes is challenging. Despite these difficulties many state and local agencies are exploring promising prevention ideas. Certainly we must increase our work on college campuses, helping young adults identify sexual assault when it occurs, teaching safe behaviors, modeling healthy relationships, and speaking openly about the issues.

This report covers a broad range of issues and gives suggestions for action steps. Eliminating sexual assault in our communities is a goal we all must strive to achieve. We look forward to engaging in new partnerships and collaborations to that end. We would like to hear your feedback about this report, along with your ideas and priorities for improvements in addressing sexual violence in your own communities and across the state.



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BACKGROUND BRIEFING

WHAT IS SEXUAL ASSAULT?

This report describes what is being done in Minnesota to assist victims of sexual assault, one of the most hidden and potentially devastating types of crime. *Sexual assault* can be broadly defined as sexual actions and words that are unwanted by and/or harmful to another person (Report of the Minnesota Interagency Task Force on Domestic Violence and Sexual Assault Prevention, 2005). Terms like *sexual abuse* and *sexual violence* are often used interchangeably with sexual assault.

Another broad term is *sexual coercion*, which refers to situations in which someone uses verbal or physical means to obtain sexual activity without the other person's consent. Sexual coercion includes situations in which someone administers drugs or alcohol, with or without the other person's consent, with the goal of obtaining sexual activity.

Rape is a more narrowly defined term. While sexual assault and sexual coercion may or may not involve penetration, rape generally refers to sexual penetration without consent. For example, the National Violence Against Women survey (U.S. Department of Justice, 1996), one of the most respected studies of the prevalence of sexual assault, defines rape as an event that occurs without the victim's consent and involves the use or threat of force to penetrate the victim's vagina or anus by

penis, tongue, fingers, or object, or the victim's mouth by penis.

The differences between these terms influence the way people understand the issues. It is important to keep in mind which terms are used in each study or information source, and how the researchers define those terms.

In this report, the broadest definition of sexual assault is the scope under consideration, although some statistics presented deal solely with rape.

MYTHS AND REALITY

Myths about rape and sexual assault can have a powerful influence on how victims are treated and the assistance that is available. This report counters some apparent myths and misconceptions with research-based evidence drawn from published studies and interviews with experts.

Similar to domestic violence, sexual assault stems from many factors, such as aggression, gender roles, and unequal power between men and women. Despite these similarities, it can be more difficult to discuss sexual assault. In a society that often has difficulty discussing healthy sexual behaviors and experiences, sexual assault can be especially stigmatizing for victims.

As a result, sexual assault is both hidden and well publicized in our society. While a few cases

FACT

In Minnesota, 2,626 rapes were reported to law enforcement in 2005.

(Minnesota Bureau of Criminal Apprehension)

“When the rapist took me to the bushes, he said, ‘Either give me what I want or you are going to die.’”

– Sexual assault survivor

receive almost excessive attention—especially those that are exceptionally violent or perpetrated by strangers—they do not necessarily give an accurate or complete picture. Some people have firsthand knowledge of sexual assault, either through their own experience or that of someone they know. Others know only what they learn through the news and entertainment media. False beliefs or misperceptions arise about the frequency of sexual assault, the characteristics of perpetrators and victims, opportunities to prevent assault from occurring, and the best ways to provide support following an assault.

HOW BIG A PROBLEM?

Even the best prevalence studies are inaccurate, since sex crimes frequently go unreported. According to the U.S. Department of Justice (2002), almost six in ten rapes are never reported to police. Most studies simply use the number of assaults reported in surveys or to law enforcement, without making an attempt to adjust for under-reporting.

To compound the difficulty of sizing up the problem, different research studies often define the term differently, focus on different segments of the population (such as certain age groups only, or women only), use a different time frame (lifetime vs. the past year only), and rely on different sources

of data (police reports vs. surveys of the public). The statistics also look very different if you count the number of victims rather than the total number of assaults in a given period.

Still, the available evidence amply demonstrates that sexual assault is a widespread problem that affects many people at some point in their lives. One of the most respected prevalence studies remains the decade-old Violence Against Women Survey conducted in 1995-96 by the U.S. Department of Justice. The results indicate that in the United States, 15 percent of women age 18 or over (and 2% of men) had been raped at some time during their lives. Another 3 percent of women (and 1% of men) had experienced an attempted rape.

TOO OFTEN LEFT UNSPOKEN?

Research suggests that more than half of all sexual assaults are not reported to the police or other authorities. Many factors come into play, such as victims’ feelings of shame or guilt or the fear that others will not believe them. Some victims do not identify the experience as sexual assault, especially if the perpetrator is known to them or if physical force was not used. In some cultural communities, fear or mistrust of the police and reluctance to involve a member of their community in the criminal justice system

play a role. Another factor is the fear of losing anonymity and privacy, especially in rural communities.

While the decision not to report sexual assault is understandable, it also has consequences. Victims who do not disclose an assault are less likely to receive potentially helpful medical, emotional, or advocacy support. The lack of accurate assault statistics can limit community awareness and commitment to do something about the problem.

Among all forms of personal assault, sexual assault has a unique set of effects on victims, including shame and fear. Under-reporting will probably continue, and victims should not be pressured to report their assaults against their own judgment. However, much can be done to make the community aware of sexual assault and the resources available to victims, whether or not they formally report their assaults to the police.

FOOD FOR THOUGHT

- Choosing whether to report an assault is a very personal decision; either way, there can be profound consequences for the victim. How important is it to increase reporting rates? What could be done to most effectively increase the rate of reporting, while also ensuring that victims’ distress is not compounded because they report an assault?

HUMAN TRAFFICKING

The problem of trafficking is gaining attention internationally, nationally, and locally. According to the United States Trafficking Victims Protection Act of 2000, human trafficking is “the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of commercial sex acts or labor services through the use of fraud, force, or coercion.” If the victim is under age 18, trafficking is classified as a crime even without proof of fraud, force, or coercion.

Estimating the prevalence of trafficking in Minnesota is challenging, due to the hidden nature of the crime and the lack of systematic tracking. Of the 119 Minnesota community agencies in a 2005 survey, 43 percent reported they had worked with at least one victim of sex trafficking (*Human Trafficking in Minnesota: A report to the MN legislature*, 2006). Of these agencies, two-thirds had worked with at least one adult female victim in the past three years, while one-quarter had worked with at least one child victim. The types of trafficking recorded in this survey included:

- Forced prostitution/escort services
- Pornography
- Forced marriage/servile marriage
- Forced stripping/exotic dancing

To help victims of trafficking, we must address challenges associated with difficulty reaching victims who are isolated and controlled; victims’ fear or shame; limited public awareness; and lack of specialized training for service providers and law enforcement (Minnesota Office of Justice Programs, Minnesota Statistical Analysis Center, *Human Trafficking in Minnesota: A report to the Minnesota Legislature*, 2006).

VOICES

“Under-reporting lets people walk around with blinders on because sexual assault ‘is not a problem in their community.’”

– Coalition staff member

ROLE OF THE INTERNET

In the past decade, the Internet has become an increasingly powerful tool for victims to find information and support. However, the Internet has also played a growing role in sex crimes. Cyberstalking—threatening behavior or unwanted advances using the Internet or other high-tech communication—is a well documented problem. Mobile phone, surveillance, and computer technologies provide new ways to harass or intimidate victims. Photos or video taken during a sexual assault can be quickly and widely shared, creating further trauma for victims. Potential perpetrators increasingly use chat rooms and instant messaging to seek victims, whether adults or youth.

A recent youth survey, while not specifically assessing sexual victimization, illustrates the prevalence of online harassment of adolescents (2006 Youth Internet Safety Survey). Of 1,500 youth age 10 to 17 who use the Internet regularly, almost one in ten reported being threatened or harassed online.

- About one in three felt threatened or embarrassed because of information that was posted or sent to someone else about them.

- About one in four also reported an aggressive offline contact (for example, someone came to the youth’s home or telephoned).
- Approximately two of three youth did not tell a parent.

Using instant messaging, blogging, and chat rooms each increased a youth’s risk of Internet harassment.

Controlling the predatory use of the Internet is difficult. Laws governing its use, where they exist, are often vague or difficult to enforce. While it is important to encourage people to report online incidents, it is also important to provide information and resources to help youth and adults protect themselves online.

In Minnesota, a federal grant has funded the Internet Crimes Against Children (ICAC) Task Force through the Saint Paul Police Department since 2000. In 2006, the surge in Internet crimes against children prompted the legislature to permanently fund a unit in the Minnesota Bureau of Criminal Apprehension to work with the task force. Adding a statewide agency to the other local, state, and national partners enhances the task force’s ability to pool their expertise to effectively investigate and prosecute Internet crimes such as

VOICES

“In the last five years there has been a complete transformation—the impact of technology on victims. We haven’t caught up with the explosion in pornography, the use of technology to solicit, and the ability of perpetrators to sell photos of victims.”

– Prevention service provider

child exploitation, pornography, and solicitation. Because Task Force members are dedicated to Internet crimes, they are able to stay current on emerging trends in victimization and perpetration. They also work with smaller law enforcement agencies that may not have the capabilities to pursue these types of crimes.

In addition to investigating and prosecuting crimes, ICAC has a strong commitment to public outreach. Members regularly make presentations to parent groups and youth services professionals to promote Internet safety for children of all ages. This includes stressing the need for parents and professionals to regularly ask their children about the community they interact with on the Internet.

FOOD FOR THOUGHT

- Given the difficulty in locating online perpetrators or enforcing existing laws, what are the best strategies to combat technology-based victimization? Who is responsible for addressing online perpetration? How can youth, parents, and others take steps to protect their safety online? How can the Internet be used most powerfully to help youth and adults avoid or recover from assault?

IDEAS FOR ACTION

- Expand awareness about the actual prevalence and nature of sexual assault, and include educators and policy-makers among the key audiences.
- Establish a consistent system to track and report sexual assault cases, including non-rape assault, that counts all victims regardless of gender or age and provides a method to estimate unreported cases.
- Provide public training and education to help people protect themselves from online harassment and victimization, including recommendations for parents to monitor and protect children and resources for reporting online harassment (such as the CyberTipline managed by the National Center for Missing & Exploited Children).
- Provide training for service providers and law enforcement personnel regarding human trafficking, including strategies for screening, reaching, and effectively serving victims.

FACT

An estimated 600,000 to 800,000 people are trafficked across international borders each year, including 14,500 to 17,500 entering the United States.

ONE WOMAN'S STORY

Anne grew up in a family plagued by emotional, physical, and sexual abuse. In addition to abuse by her father, her brother began raping her when she was in her late teens. Once she moved out of the house, she confided in a friend who directed her to a battered women's shelter.

The shelter staff connected Anne with counselors from a rape crisis center. Over time, Anne began to open up to them because "they made me feel comfortable talking about everyday stuff, and then they worked on the complicated stuff."

With staff support, Anne reported her brother to the police. Anne says that was a frightening experience because "the police seemed big and powerful and not very caring."

Although her brother admitted to the rapes, the district attorney charged both Anne and her brother with incest because he was under 18. Anne's reaction to the charge was disbelief and anger. "I was victimized twice, once by my brother and once by the court system." Because she was charged, she was no longer considered a victim and was ineligible for victim services through the court system.

Throughout the court process, the rape crisis center staff provided assistance. They talked to the district attorney, met with the public defender, accompanied Anne to court, and described the charges and plea options to her. In addition to working with a therapist, Anne continues to receive services from the rape crisis center. She credits the staff with helping her through some tough times in her life. "There is no way I could have dealt with it on my own," she says.

THE GROWTH OF SEXUAL ASSAULT AWARENESS AND SERVICES

In the mid- to late 1960s, the battered women's movement emerged in the United States. Strong influences in this movement included the rise of feminism and the civil rights, anti-war, and Black liberation movements. The battered women's movement greatly increased awareness of the prevalence of domestic violence and the needs of victims and developed many new services to combat the problem. Attention soon turned to sexual assault, focusing first on victims of rape and the needs of women experiencing both domestic violence and sexual assault. The focus expanded to include acquaintance rape and sexual assault of children.

TURNING POINTS: MINNESOTA AND UNITED STATES

1970s

- First rape crisis centers established in San Francisco and Washington, DC. (1972)
- First services available in Minnesota for victims of rape and sexual assault. (early 1970s)
- Susan Brownmiller's *Against Our Will* draws widespread public attention to the issue of rape and sexual assault. (1975)

- Minnesota Legislature mandates that the Commissioner of Corrections develop a statewide community-based program to aid victims of sexual assault. (1974)
- Minnesota is among many states in the 1970s to pass "rape shield laws" preventing defense attorneys from introducing evidence about the prior sexual history of sexual assault victims. (1975)
- Minnesota Department of Corrections creates the Minnesota Program for Victims of Sexual Assault to fund and provide assistance to programs throughout the state. (1975)
- National Coalition Against Sexual Assault (NCASA) forms to combat sexual violence and promote services for rape victims. (1978)

1980s and 1990s

- Minnesota is among many states to increase penalties for sex offenders. (1980s)
- Minnesota Coalition Against Sexual Assault (MNCASA) is incorporated. (1981)
- Ms. Magazine Project on Campus Sexual Assault draws attention to the prevalence of acquaintance rape. (1984)
- First National Symposium on Sexual Assault is co-sponsored by the Office of Justice Programs and the FBI. (1984)

VOICES

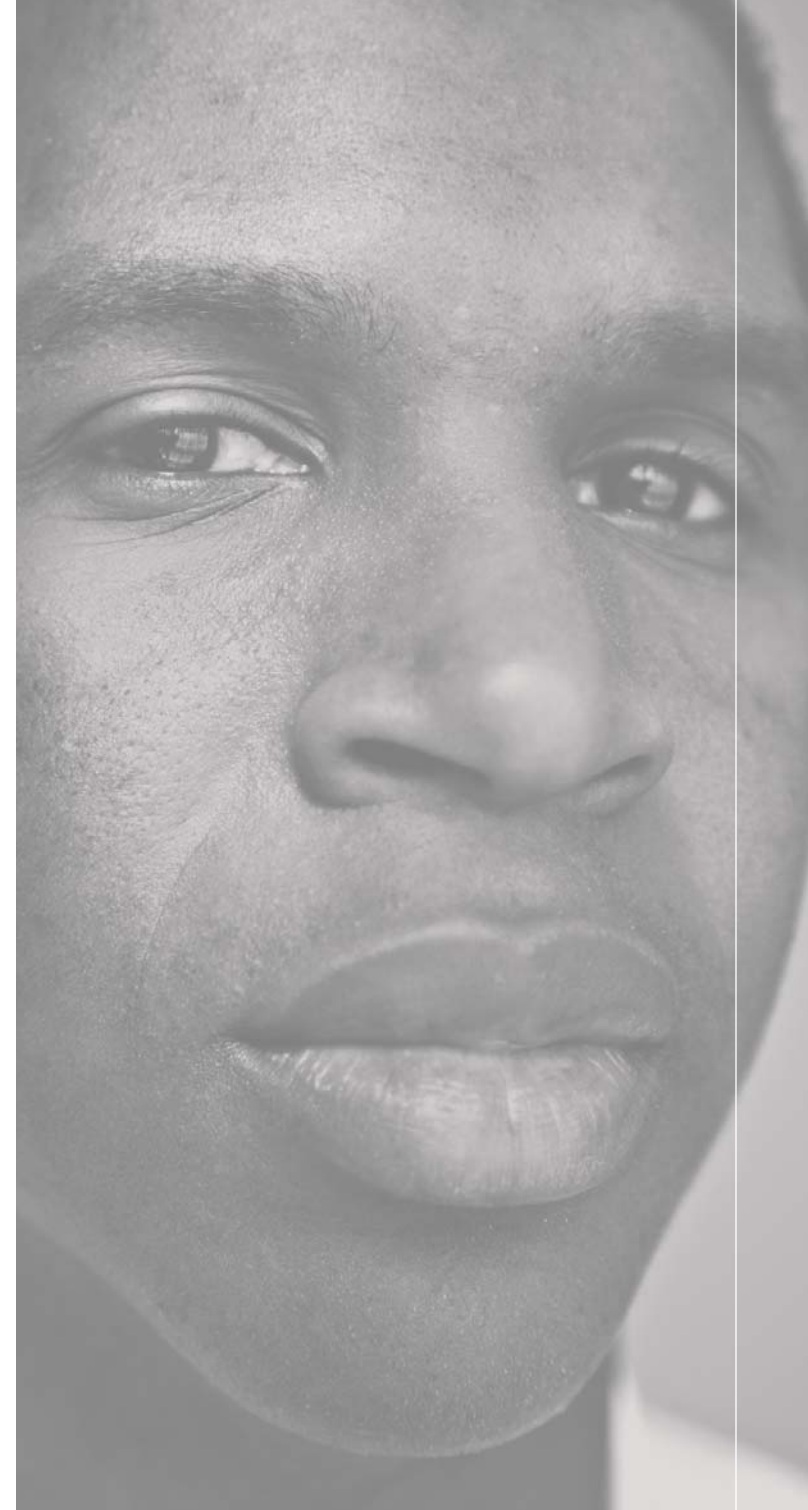
“I blamed myself for the abuse. I thought it was my fault for not escaping, for not running away.”

— Sexual assault survivor

- Campus Sexual Assault Victims’ Bill of Rights Act is passed. (1992)
- The National Crime Victims Research and Treatment Center and the National Victim Center release *Rape in America: A report to the nation* outlining the scope and effects of rape. (1992)
- Congress passes the Child Sexual Abuse Registry Act, establishing a national repository for information on child sex offenders. (1993)
- Congress passes the Violence Against Women Act (VAWA) as part of national crime legislation. (1994)
- The Community Notification Act, known as “Megan’s Law,” leads to public awareness on the location of convicted sex offenders. (1996)
- Congress passes the Drug-Induced Rape Prevention Act. (1996)
- The Child Protection and Sexual Predator Punishment Act of 1998 authorizes stiffer sentences for sex crimes against children and in other ways combats child sexual assault, including crime facilitated by the Internet. (1998)

Since 2000

- Congress passes the Trafficking Victims Protection Act of 2000.
- Congress appropriates about \$20 million to fund services for trafficking victims. (2002)
- Congress reauthorizes the Trafficking Victims Protection Act. (2003)
- The U.S. Department of Defense releases a report and recommendations for preventing sexual assault in the military. (2004)
- The U.S. Department of Justice establishes an online national sex offender registry. (2005)
- Renewal of the federal Violence Against Women Act extends coverage to 2011. (2006)



WHO ARE THE PERPETRATORS?

MYTH:
**RAPE BY A STRANGER IS THE GREATEST
SEXUAL ASSAULT DANGER.**

There is no typical perpetrator—they are too diverse a group. Sexual assault is committed by people of all races and socioeconomic groups.

Relationship: Sexual assault is most often committed by someone known to the victim, including family members, caregivers, acquaintances, spouses, and other romantic partners. According to the National Violence Against Women Survey, 86 percent of sexual assault victims know the perpetrator.

Gender: While most sex crimes are committed by men, there are also female perpetrators. When women commit sexual assault, the victim is most often a child.

Age: Estimates from the mid-1990s suggest that adolescents (ages 13-17) account for one-fifth of all perpetrators of rape, and one-half of all perpetrators of child molestation committed each year.

Race/ethnicity: In most cases, perpetrators are of the same race or ethnicity as the victim.

Some unique patterns emerge for victims who are American Indian. Fewer American Indian women (about 59%) know their assaulter. American Indian women are also more likely to be assaulted by perpetrators who are not American Indian. At least 86 percent of American Indian victims report being raped by someone of another race, indicating their increased vulnerability as potential victims (*American Indians and Crime*, U.S. Department of Justice, 2004).

WHAT MAKES PEOPLE MORE LIKELY TO COMMIT SEXUAL ASSAULT

Sexual assault is often blamed on male-dominated social structures that support sexual violence of men against women. While this is a widespread theory, it fails to take into account individual and social differences in attitude and behavior.

People become more likely to commit sexual assault through a complex interplay of individual, family, community, and societal factors. Here are some of the most significant and well documented risk factors:

- History of childhood sexual abuse or family violence

- Holding attitudes and beliefs supportive of sexual violence, including coercive sexual fantasies
- Social relationships with others who are supportive of aggression and/or sexual coercion
- Hostile, rigid, and controlling definitions of masculinity
- Drug or alcohol use
- Involvement in behaviors such as sexual promiscuity and physical assault
- Lack of emotional support and limited economic resources
- Community norms that support violence
- Weak laws or policies related to sexual violence
- High community tolerance for crime

CHILDHOOD SEXUAL ABUSE

People who are abused as children are significantly more likely to become perpetrators and victims of sexual assault in adulthood. An estimated 30 percent of adult sex offenders were sexually abused while growing up; the rate is even higher for those who sexually abuse young boys. Approximately 40 to 80 percent of juvenile offenders have experienced sexual abuse. Treatment approaches for child victims of sexual assault will be outlined in *Critical issues in child abuse* (anticipated publication: 2008).

WHO ARE THE VICTIMS?

Just as there is no typical perpetrator, there is also no typical victim of rape or sexual assault. Victims are found among all races, ages, and backgrounds. In addition, the under-reporting of sexual assault limits our ability to understand the characteristics of victims and their assaulters.

Minnesota tracks the number of sexual assault victims who receive state-funded services each year. These individuals may or may not be recent victims, since people often seek services years after an assault. From July 2005 through June 2006, agencies funded by the Minnesota Department of Public Safety assisted 7,360 primary victims of sexual assault, a decrease from 7,805 the previous year.

RISK FACTORS FOR VICTIMIZATION

Without implying that anyone is “asking for” or deserves to be assaulted, it is important to understand factors that might increase a person’s risk of victimization. These factors are less clearly understood than the risk factors for committing sexual assault, but the following factors appear to have an influence:

- A history of being sexually assaulted, especially as a child
 - Drug and alcohol use
- (Several studies indicate that at least half of all sexual assaults by acquaintances involve the

consumption of alcohol by the victim. In some cases, perpetrators intentionally use alcohol or drugs to reduce victims’ ability to resist an assault.)

- Lower socioeconomic status
- Higher number of sexual partners

Vulnerable persons are more likely to be targeted as potential victims. People requiring physical care are more likely to be victimized, including the elderly and individuals with disabilities, especially cognitive impairments. Sexual assault is also reported more frequently among people who are homeless. These victims may be more “invisible” to mainstream society, contributing to an inaccurate impression of the prevalence of assault.

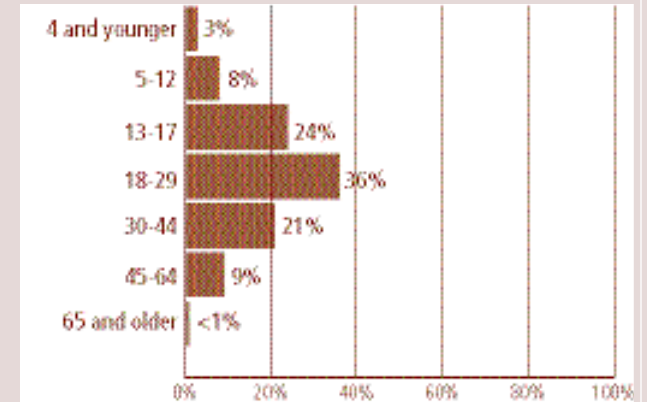
SEXUAL ABUSE AMONG PROSTITUTED WOMEN

MYTH:
SEX WORKERS CANNOT BE RAPED.

Another invisible group frequently targeted for sexual assault is people involved in the sex trade. The limited research on the experiences of this marginalized group affirms the high rates of victimization of women involved in street-level prostitution, especially when drug use is involved.

MINNESOTA VICTIMS OF SEXUAL ASSAULT ASSISTED BY STATE-SUPPORTED PROGRAMS, JULY 2005-JUNE 2006

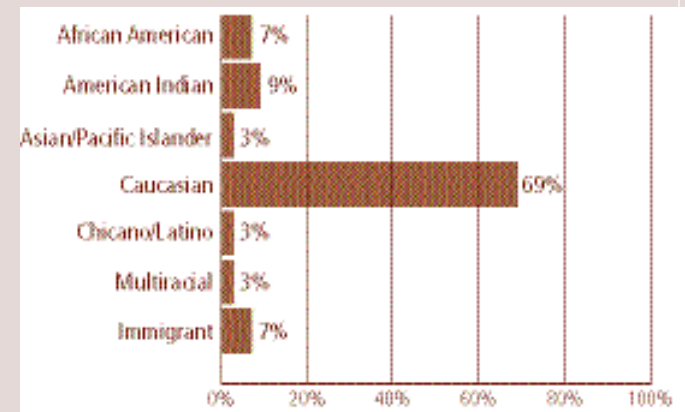
Total number of primary (direct) victims 7,360
Age



Men



Racial/ethnic background



Source: Minnesota Department of Public Safety, Office of Justice Programs

VOICES

“There is a mentality that guys can’t be raped. The men who come forward are very courageous.”

– Sexual assault survivor

Research suggests that more than 9 in 10 of these women experience sexual assault, often in the course of their work, by pimps, partners, or tricks.

IMPACT OF RACE/ETHNICITY

Sexual assault has a disproportionate impact on individuals from minority racial/ethnic groups. Overall, White women report lower rates of sexual assault than women from other racial/ethnic groups. While people of a race/ethnicity other than White make up only 13 percent of the state’s population, they represented 31 percent of the victims served by agencies funded by the Minnesota Department of Public Safety between July 2005 and June 2006.

MEN, WOMEN, AND SEXUAL ASSAULT

MYTH:
MEN ARE THE PERPETRATORS OF SEXUAL ASSAULT, AND WOMEN ARE THE VICTIMS.

Several studies have suggested that about one in ten victims of sexual assault is male. For example, the Violence Against Women Survey (1996) found that men made up 12 percent of those who had been sexually assaulted at some point in their lifetime. Most of this occurred during childhood

and youth; males are much less likely to be assaulted as adults.

In Minnesota, about 10 percent of the victims served through Department of Public Safety-funded agencies are male. According to the Bureau of Criminal Apprehension, in each of the five years between 2001 and 2005, 7 to 10 percent of the victims reporting rape were male.

Relatively little research is available on sexual assault of gay, lesbian, bisexual, and transgender victims. Most available research on same-sex assault focuses on prison rape, which reveals little about sexual assault in the community. Sexual assault of GLBT victims, as for other victims, can occur within relationships or among strangers. It can also be a component of hate crimes.

SEXUAL ASSAULT OF COLLEGE STUDENTS

The freedoms many young people associate with going to college (such as meeting new friends, living without adults, drinking alcohol, and attending parties) all help make rape the most common violent crime on college campuses. Women enrolled in college are more likely to be raped than other women of a similar age who are not college students. Women are especially likely to be raped in the first few weeks of their freshman

FACT

The average annual rate of rape and sexual assault among American Indians is 3.5 times higher than for all other races.

“Culturally, people see sexual violence against women as a problem. We need to do more to raise awareness about male victims.”

– Service provider

or sophomore years while they are making friends, learning about college life, and unsure about whom they can depend on.

Compared to all rape victims, college women are more likely to know their assailant. Perpetrators are often classmates, friends, current or former boyfriends, or acquaintances. College-age rapists tend to hold stereotypical sexist attitudes towards women, look at sex as a conquest, and have friends who support abusive behavior, including rape. They often ply women with alcohol and/or drugs, and choose their victims based on their ability to isolate the victim from friends. Associating or living with a group of men, such as a sports team or a fraternity where such attitudes are tolerated, can increase a man’s likelihood of perpetrating sexual violence.

Research suggests that serial rapists are commonly associated with acquaintance rape. However, because only a small portion of college rapes are reported to authorities, very few college rapists are identified or punished. This makes it difficult to ascertain how many college rapists are repeat offenders.

Colleges often provide rape awareness training for students, but experts believe that such programs often underemphasize acquaintance rape, including how to identify personal risk and avoid unsafe situations.

WHAT SEXUAL ASSAULT DOES TO THE VICTIMS

Physical consequences of sexual assault can include pregnancy, sexually transmitted diseases (STDs), and gynecological problems. Other physical symptoms, such as back pain and migraines, are also common.

Victims are also prone to psychological, social, and behavioral distress, such as shock, denial, depression, post-traumatic stress disorder, attempted suicide, and strained family relationships. Some victims experience temporary or long-lasting emotional or physical discomfort with sexual intimacy. Others engage in high-risk sexual behavior. For some victims, uncertainty can arise about sexual identity, especially if the perpetrator is of the same gender as the victim.

These consequences often occur immediately after the assault. In other cases, difficulties emerge gradually over time. Sometimes the consequences persist for years, prompting victims to seek services or support long after the assault has occurred.

IDEAS FOR ACTION

- Conduct additional research on sexual assault among special population groups, including cultural communities, male victims, GLBT victims, individuals who are homeless, the elderly, and people involved in prostitution. Use this research to design and implement effective prevention and intervention programs.
- Ensure that prevention activities are appropriate for higher-risk groups and address underlying risk factors.
- Draw attention to sexual assault within marginalized communities.
- Expand rape prevention activities on college campuses, including: (1) training for students on how to identify personal risk and avoid unsafe situations - this training should be offered to students before they are most vulnerable, even at summer orientation; (2) information and resources provided to students to help them appropriately support peers who have been victimized, since victims often talk to friends about the experience; and (3) prevention tactics targeted to men, especially those living in male dormitories and fraternities or involved in sports teams, to dispel the myths of rape and provide strategies for changing their behaviors, including addressing rape and sexually aggressive behavior by their peers.

ONE WOMAN'S STORY

Just after her 17th birthday, Jenny was walking home when she was raped by a stranger. After the rape, Jenny withdrew from friends and family. She received medical assistance but did not pursue counseling or other services for rape victims. Jenny felt alone, like she was the only one to experience rape. Her family tried to normalize the incident, pressuring her to "get over it."

As a high school senior, she fell behind in her classes and stopped participating in sports and activities. She describes sleepless nights, poor concentration, and a fear of being in public. She shopped until she was broke, started drinking, and had multiple sex partners. Jenny describes her sense of despair: "At times I wish he would have killed me so I wouldn't have to go through the pain."

Jenny graduated a semester behind her class. When she started college she threw herself into school and sports in an effort to forget the rape. "Basketball was my therapy. It was so physical that it got a lot of anger out."

Four years after the rape, prosecutors used DNA evidence to charge a suspect, bringing back all the emotions Jenny had tucked away. With support from the Hennepin County crime victims' staff, Jenny began to deal with the underlying emotions. Today Jenny feels that she has closed a chapter in her life. She is going to school, raising a family, and working full time. However, she is still dealing with the after-effects of the rape, including anger and fear that the perpetrator will try to find her when he is released.

WHAT SERVICES EXIST IN MINNESOTA?

Victims of sexual assault often turn first to friends and family rather than to formal support services. However, friends and family are often unprepared to provide the support needed by someone who has gone through the ordeal of sexual assault. To better meet the needs of victims, a range of formal support services are available in Minnesota.

TYPES OF STATE-FUNDED SERVICES IN MINNESOTA

Of Minnesota's 88 counties, 74 have sexual assault services funded through the Office of Justice Programs. These services are provided by 57 agencies. Some agencies are funded to work with specific populations or throughout the state. This includes funding for the Minnesota Coalition Against Sexual Assault (MNCASA).

State-funded services include:

Crisis phone lines answered by volunteers or staff 24 hours a day to provide immediate information and support to victims.

General services, including crisis intervention; short-term emotional support; assistance in meeting basic emergency needs (such as shelter, food, child

care, clothing); transportation; information and referral; and advocacy/assistance during medical procedures, law enforcement investigations, civil, criminal, and/or family court activities (such as filing victim compensation claims, accessing human/social/family services, assisting with interpretation, translation and culturally appropriate materials).

Support groups for victims.

Funded agencies are also expected to provide staff development, community education and outreach, professional training and systems change work, and collaboration with other agencies.

Of the 57 funded agencies, over half (60%) are part of multi-service agencies, funded to provide domestic violence and/or general crime victim services as well. Sexual assault programs in rural areas rely heavily on community education and outreach activities to combat the stigma of sexual assault and address the lack of reporting by victims. While many domestic violence service providers are trained to respond to sexual violence issues, the availability of sexual assault services is still significantly lower than for domestic violence, especially in rural areas.

VOICES

“Because victims often go first to a friend, we have to educate the general public about what do to, how to help, and how to understand.”

– Prevention service provider

FUNDING FOR SEXUAL ASSAULT SERVICES

In Minnesota, four funding sources are used to provide sexual assault services through the Office of Justice Programs:

- On-going direct service grants to non-profit, governmental, or tribal reservation agencies.
- Statewide coalition grant to the Minnesota Coalition Against Sexual Assault.
- VAWA (federal Violence Against Women Act) special project grants to improve access to and response of the criminal justice system to sexual assault.
- Minnesota Department of Health special project grants to five non-profit agencies for outreach and education to local public health and health care agencies about sexual assault and related health consequences.

With the exception of a decrease in fiscal year 2004, funding for sexual assault services has remained relatively stable over the past five years.

FOOD FOR THOUGHT

- How should public funds be distributed to best meet the needs of sexual assault victims? What are the facts and evidence on which to base this decision?

ROLE OF CHURCHES AND OTHER FAITH COMMUNITIES

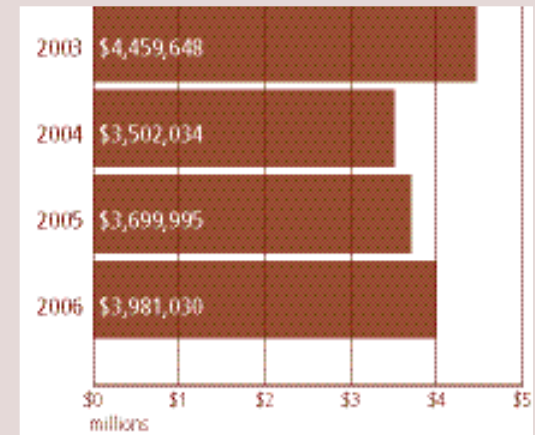
Faith communities can play an important role in sexual assault prevention and intervention, especially in some cultural communities. When some victims turn to their faith community for support, they may not receive the help they need. For example, clergy may not have training and information to deal with the subject matter of sexual assault and point victims to other resources. Faith communities can provide valuable support to sexual assault victims, such as offering information about resources, providing education about sexual assault, and intervening in violent relationships.

One group working with clergy to help them respond to sexual assault is the Saint Paul Area Council of Churches. The Council formed an All Faith Alliance for Crime Victims, which has created a video and online resource manual for clergy.

IDEAS FOR ACTION

- Publicize resources, such as rape crisis services, so that when victims turn to friends, family, and other natural networks for help, those people know how to provide assistance.
- Conduct outreach to faith communities and other organizations to educate them about sexual assault and resources available to help victims.

MINNESOTA FUNDING FOR SEXUAL ASSAULT SERVICES AND SPECIAL PROJECTS



Source: Minnesota Department of Public Safety, Office of Justice Programs

Notes: All figures are for the fiscal year ending June 30 of the year listed.

Cuts in state funding during fiscal year 2003 resulted in a decrease of sexual assault funding.

EFFECTIVE INTERVENTION PRACTICES

SERVICES FOR PERPETRATORS

**MYTH:
SEX OFFENDERS CANNOT BE SUCCESSFULLY
TREATED.**

Available statistics suggest that sex offenders generally have lower rates of recidivism (repeat offenses) than other types of violent criminals. One Minnesota study of 240 offenders five years after treatment indicated a 5 percent recidivism rate for sexual assault, compared to a 20 percent recidivism rate for other types of offenses. Recidivism rates appear lowest for perpetrators of incest and highest for those who victimize males not related to them. Recidivism rates are also higher for offenders who assault children. However, it should be noted that these rates are likely to underestimate recidivism, since they are based on repeated arrest. Because so many sexual assaults are never reported or prosecuted, it is difficult to obtain an accurate rate of subsequent offending.

Many perpetrators of sexual assault can be effectively treated to reduce the risk of repeat offenses. Common approaches include:

Cognitive-behavioral—Changing patterns of thinking related to sexual offending and changing deviant patterns of sexual arousal.

Psycho-educational—Increasing the offender’s concern for the victim and recognition of responsibility for the offense.

Pharmacological—Using medication to reduce sexual arousal.

The approaches shown to be most effective are cognitive-behavioral treatments combined with relapse prevention efforts, which help offenders anticipate and cope with the problems of relapse.

Some research suggests that programs based in the community appear to be more effective than those that take place in prison. However, one expert source points out that this conclusion may be flawed because higher-risk offenders may be receiving the prison-based services. What is most important is a continuum of varied levels of service in prison and following release. One promising practice is to provide after-care supervision for offenders following their release from prison.

A FEW CONTROVERSIAL APPROACHES

Most states have protocols to commit sexual offenders to a psychiatric unit if they show a propensity to re-offend after they complete their

prison sentence. In Minnesota, civil commitment of persons who have committed sex offenses falls under the Minnesota Commitment and Treatment Act. If the court finds someone to be either a “sexual psychopathic personality” or a “sexually dangerous person,” that person is committed to the Minnesota Sex Offender program operated by the Department of Human Services. While these commitments are designed to protect potential future victims, they have raised controversy regarding potential violation of offenders’ constitutional rights.

Another controversial technique is the use of lie detector tests (polygraphs) to ensure that convicted sex offenders are obeying the rules of their probation and not committing subsequent offenses. This policy has been challenged on grounds that polygraph use deprives offenders of their right to avoid self-incrimination. While the use of polygraphs is controversial, some probation officers have reported that it helps them to monitor offenders and many feel that it deters repeated crimes. One study also found that offenders generally agreed with the conclusions of examiners and found it helpful as part of their treatment and compliance with probation.

VOICES

“All of the attention is on the criminal justice system, [so] we are only treating a small minority of offenders. Most cases are out in the community, not in the system.”

– Sex offender treatment provider

WHAT HELPS VICTIMS RECOVER

In addition to medical services and assistance to navigate the law enforcement and judicial systems, many victims need assistance to deal with the emotional or psychological consequences of the assault. The psychological symptoms can include depression and post-traumatic stress disorder.

In a 2000 review by the National Crime Victims Research and Treatment Center, five promising approaches for meeting the needs of victims were identified:

- **Stress inoculation training (SIT)**—Teaches victims to recognize environmental cues that trigger fear and to practice relaxation and other techniques to reduce fear.
- **Prolonged exposure (PE)**, also known as flooding—requires victims to repeatedly confront images and memories of the assault in a safe environment until the fear and anxiety decrease.
- **Cognitive processing therapy (CPT)**—Combines elements of exposure therapy and cognitive restructuring to help victims process their emotions, confront thought distortions and harmful beliefs concerning the assault (such as self-blame), and cope with the assault in a healthy manner.

- **Multiple channel exposure therapy (MCET)**—Focuses on reducing panic symptoms before beginning exposure therapy, using breathing techniques and approaches for reducing negative or distorted thinking. Once the panic symptoms lessen, victims move into a CPT approach.
- **Eye movement desensitization and reprocessing (EMDR)**—Requires victims to identify a vivid visual image of the assault, a negative belief or thought, and a more positive preferred belief. Victims are guided to focus on the image and negative thought while simultaneously moving the eyes back and forth. In some cases, tapping or other stimuli are used instead of eye movement. After several repeated sessions, many victims report greater confidence in the positive beliefs.

Many support services for victims are provided one-to-one. Group therapy is also sometimes used. While group approaches often focus on relationship issues or victims' self-esteem, some research suggests that they may also be useful in addressing symptoms of post-traumatic stress disorder.

While there is some evidence to support each of these approaches, additional research evidence is needed on these and other potential models.

FACT

Sexual violence in Minnesota cost almost \$8 billion in 2005, or \$1,540 per resident. Most of the cost (88%) resulted from pain and suffering of victims, only 2 percent was accounted for by victim services and criminal justice.

(Minnesota Department of Health, 2007)

VOICES

“We need to provide more of a continuum of care—victims need to know where to receive support immediately after the assault, as well as who they should see later. They need to be empowered to make choices at every stage, and they need multiple options to choose from.”

– Coalition staff member

ONE MAN'S STORY

The first time George called the sexual assault crisis center he was 16. For four years, he had been repeatedly raped by his mother's boyfriend. The center did not offer services to men and they had nowhere else to send him. He left home at 18 and did not seek services again for his sexual, physical, and mental abuse until his early 20s. Again, he was told the rape crisis center did not serve men.

Instead, George started seeing a private therapist. “It took me quite a while in therapy to mention the sexual abuse. I talked about all the other abuse I experienced, but not that.”

Twenty years after the abuse ended, George suffered a significant breakdown. He entered an intensive behavioral therapy program which he describes as a life-changing turning point. In his words, “It taught me how to cope now. I went from being a victim to a survivor.”

Eventually, George began attending a support group for male victims at a local rape crisis center. Because he remembered how it felt to receive no support, he also became a volunteer advocate. He argues that services for men are still insufficient. “Society still does not have any idea of what men go through,” he says.

When working with victims from minority racial/ethnic groups, not only must services be available in the victim's language, but they should include culturally appropriate healing practices.

UNIQUE ISSUES FOR MALE AND GLBT VICTIMS

While men may experience many of the same emotional and psychological consequences as female victims, they may also have some unique reactions, such as aggression and gender identity confusion. Men are less likely than women to report sexual assault (especially when the perpetrator is female). Gay, lesbian, bisexual, and transgender victims also face unique barriers that prevent them from disclosing assault, such as societal rejection of homosexuality and reluctance for their sexual orientation or gender identity to become public.

Some studies suggest that men and GLBT victims who do report sexual assault are taken less seriously by law enforcement and receive less assistance from formal and informal support networks. Narrow legal definitions of rape restrict prosecution of many cases involving GLBT victims. Because many support and advocacy programs are designed for female victims, services are less accessible to males; those that are available may

not be appropriate. In addition, some service providers have reported reluctance to serve the GLBT community, due in part to fear of losing the support of socially conservative funders or government funding.

HELPING THE SECONDARY VICTIMS

The primary victim's family members, friends, and spouse or partner often need assistance dealing with their own reactions to the assault, not only for their own healing but also so they can provide positive support to the victim. Feelings of helplessness, guilt, frustration, and anger are not uncommon.

IMPORTANCE OF COORDINATED TREATMENT

Services to victims of sexual assault are often provided in a piecemeal, uncoordinated fashion. For example, a victim goes to the hospital for a physical exam and collection of evidence; to the police station to meet with a detective; to the state's attorney to discuss prosecution; to the rape crisis center for information and crisis counseling; and to many other agencies as well.

“Most people ultimately feel success when they move from victim to survivor, where the victimization is a part of who they are, not the definition of who they are.”

– Prevention service provider

This approach does not serve the victim as well as a multidisciplinary approach that coordinates medical services, victim services programs, and criminal justice services.

Sexual Assault Multidisciplinary Action Response (SMART) teams are local collaborative groups representing law enforcement, prosecution, health care, corrections, victim advocate representatives, and others. Because many victims do not report assaults to law enforcement, the teams work to include other systems that may be called upon to respond, such as public health, colleges and universities, junior high and high schools, community agencies, treatment providers, and faith communities. Teams work together to promote a victim-centered response to incidents of sexual violence, especially surrounding the investigation and prosecution of assault.

In Minnesota, each SMART team follows an eight-step process endorsed by the Office of Justice Programs:

1. Create an inventory of existing services.
2. Conduct a survey of victims’ experiences.
3. Conduct a community needs assessment.
4. Write protocols.
5. Ensure interagency commitment.
6. Provide training regarding new protocols.
7. Monitor implementation.
8. Evaluate the results.

Minnesota currently has 10 SMART teams funded through the Office of Justice Programs using federal funds from the Violence Against Women Act. Teams that are approved receive two years of funding, with the opportunity to renew for an additional two years if they have made significant progress towards the eight-step process. Following the four years of funding, they are eligible to receive a small amount of ongoing funding to ensure sustainability. Members of all funded SMART teams receive ongoing training and technical assistance through the Sexual Violence Justice Institute, a subprogram of the Minnesota Coalition Against Sexual Assault.

There has been little formal evaluation of the impact of these efforts on victims. However, an informal review and evaluation of the process is done by each SMART team as part of the eight-step process. The teams have been successful in developing and implementing victim-centered response protocols. Anecdotal evidence suggests that communities with SMART teams have seen a significant improvement in their response to victims of sexual assault through these protocols and improved coordination. Critical factors that contribute to the success of teams include having strong collaboration among the partners, closely following the eight-step process, and working together over a sustained time period.

A NATIONALLY RECOGNIZED MINNESOTA TREATMENT PROGRAM

Alpha Human Services in Minneapolis received the 2001 American Probation and Parole Association President’s Award for leadership and innovation in the treatment of sex offenders.

They currently provide the only inpatient treatment program for adult male sex offenders in Minnesota, serving up to 23 individuals at a time. In addition to inpatient services, Alpha Human Services offers:

- Programs for male and female adult and adolescent misdemeanor and felony sex offenders
- Treatment for victims of sexual abuse
- Groups for spouses and partners of sex offenders
- Post-release services for adult male sex offenders
- Comprehensive psychosexual assessments

Alpha Human Services uses a cognitive behavioral model. Treatment approaches include role playing, insight, written assignments, and medication. Their primary goal is to help offenders understand their actions and what they need to do to avoid subsequent offenses. Other features include communication with probation officers and treatment staff, development of a support network, and polygraphs.

While some offenders seek these services on their own, most are referred for services by county probation officers or the Department of Corrections. Others are referred by attorneys, child protection staff, or family members.



VOICES

“The best approach to sexual assault investigation, prosecution, and recovery of the victim is the collaboration within multidisciplinary teams. This really addresses the victim throughout the whole process.”

– Police officer

IDEAS FOR ACTION

- Promote accurate information about the sexual assault of males and gay, lesbian, bisexual, and transgender individuals; provide outreach to these victims and offer specialized support services, perhaps in partnership with organizations that already serve these groups.
- Ensure that perpetrators receive access to effective intervention services, including cognitive-behavioral approaches, relapse prevention methods, and transition services for offenders leaving the prison system.
- Align current services in Minnesota with the most promising approaches for meeting the needs of victims, including those practices highlighted by the National Crime Victims Research and Treatment Center.
- Gather more evidence on the efficacy of different intervention approaches, especially for victims from diverse cultural communities.
- Reach out to secondary victims of sexual assault to ensure that they receive needed support.
- Provide training and resources to regions considering implementing SMART teams to ensure their readiness for meaningful collaboration.
- Expand the use of local SMART teams to promote effective, multidisciplinary responses to victims of sexual assault.

PROVIDING MEDICAL SUPPORT

Medical facilities play an important role in the response to sexual assault. They collect evidence, provide medical treatment, and serve as a site for emotional crisis support. While some emergency rooms are equipped to treat rape victims efficiently and compassionately, many victims face long waits and substandard care (such as inexperienced staff conducting evidentiary exams). Victims may also experience invasive questions about their attire, behavior, or past sexual history. While some victims choose not to receive medical care, others find it is not readily available or not offered to them.

Medical services for a sexual assault victim can differ according to the situation and the victim's characteristics. For instance, research has found that women of color, those raped by someone they know, or those under the influence of drugs and/or alcohol are less likely to receive comprehensive treatment and referrals. Some medical staff and facilities, because of specific religious values, are unwilling to provide emergency contraception.

Advocates can make the emergency room and medical examination a more tolerable experience. With an advocate, a victim is more likely to receive additional medical services, including emergency contraception and STD prophylaxis, report significantly fewer negative interactions

with medical personnel, and report less distress from their medical experiences.

The consequences of sexual assault can emerge at different times, either immediately after the assault or years down the road. Because many sexual assault victims do not seek help immediately, medical personnel who treat them at a later time may not be trained to recognize symptoms that result from a prior sexual assault. In these cases, they may not provide adequate support or referrals to appropriate services.

IDEAS FOR ACTION

- Ensure that all hospitals have staff members who can competently conduct a forensic exam and attend to the needs of sexual assault victims. This could include a SANE program serving each hospital or another trained professional acting as part of a coordinated response team for sexual assault victims.
- Train health care providers, in addition to emergency room staff, to recognize injuries or symptoms that could originate from earlier sexual assault and to provide assistance and referrals to victims.
- Provide all sexual assault victims who seek medical care with screening for pregnancy and sexually transmitted diseases and with preventive care options.

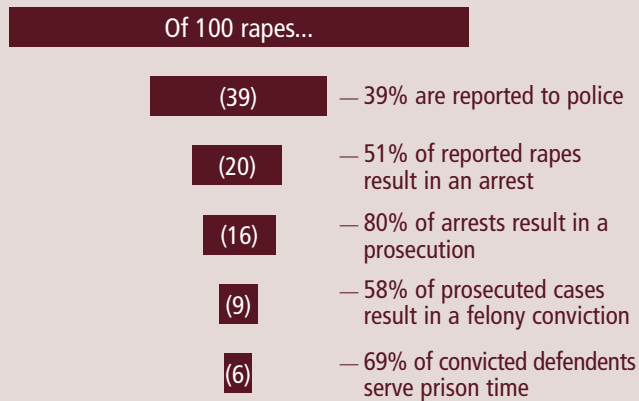
WHAT'S BEING DONE: SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAMS

Sexual Assault Nurse Examiners (SANEs) are nurses trained in collecting forensic evidence while also attending to the victim's emotional and medical needs. SANE programs were created in the late 1970s in several states, including Minnesota. An International Association of Forensic Nurses now certifies SANEs.

Working with SANEs can provide a number of benefits for victims, including reduced waiting time for medical services, improved quality of the exam, increased access to medical services (such as STD treatment, pregnancy testing and prophylaxis), more referrals to victim services, and a greater likelihood of reporting assault to police. Because of the improved evidence collection and increased reporting rate, more charges are filed against perpetrators in SANE cases. SANEs are also able to serve as expert witnesses, leading to a higher conviction rate and longer sentences.

LAW ENFORCEMENT AND JUDICIAL RESPONSE

HOW MANY RAPES LEAD TO PRISON TIME?



In the 39% of attacks that are reported to the police, there is only a 16% chance that the rapist will serve time in prison. Factoring in unreported rapes, **about 6% of rapes**—1 out of 16—will result in prison time for the rapist.

Source: National Center for Policy Analysis, 1999 (based on statistics from the 1990s).

FACT

In Minnesota, 41 to 49 percent of all rapes reported between 2001 and 2005 resulted in an eventual arrest.

Source: Minnesota Bureau of Criminal Apprehension

After a sexual assault is reported, police make crucial decisions about whether a crime occurred and, if so, how to classify it. If police determine that an incident was not a sexual assault, the case is usually not forwarded for prosecution.

Often, police make these determinations based on observable evidence such as the severity of the assault. The willingness of the victim to prosecute is also considered. In contrast to domestic violence, where it has become increasingly common for police officers to gather evidence and proceed with a charge even if the victim does not want to participate, in cases of sexual assault, the victim's willingness to prosecute tends to be given more weight.

This gives cultural dynamics an even greater role in sexual assault cases. Victims from some cultural communities may be less willing to participate in a prosecution, due to negative community experiences with the police or reluctance to involve minority men in the criminal justice system. This reluctance to prosecute can discourage the law enforcement

officer from charging the alleged perpetrator with an offense.

When the police do make an arrest, prosecutors must decide whether to file charges. Research has found that prosecutors consider similar issues as the police. While willingness of the victim to participate in prosecution is important, some research has found that police and prosecutors can influence a victim's willingness based on whether or not they see the case as "winnable."

Police may also challenge the credibility of the victim. This is especially true for victims who are perceived by the police as "less sympathetic" (such as victims who have been drinking).

Both police and prosecutors may use narrow definitions of rape in determining the merit of a case. Non-penetration forms of assault are sometimes not taken as seriously.

The presence of an advocate can make a difference in law enforcement. If victims are provided with an advocate immediately after the assault, police and prosecutors are more likely to pursue cases.

VOICES

"Law enforcement needs more education, awareness, and attitude change. What the victims 'were doing that night' is called into question—which makes it difficult for the victims to go through the system."

— Coalition staff member

“Delay in prosecution is a really heavy burden for victims. Before they can feel safe, victims must wait and wait and wait. The statutes that make sexual assault cases a priority are worthless. There are so many statutes making everything a priority that nothing is a priority.”

– Judge

SPECIAL LAW ENFORCEMENT CHALLENGES FOR AMERICAN INDIAN VICTIMS

The average annual rate of rape and sexual assault among American Indians has been estimated to be 3.5 times higher than for all other racial groups. Most of these assaults are committed by individuals who are not American Indian. Research also indicates a greater tendency for American Indian women to be assaulted by family members. American Indian victims are especially unlikely to report assaults for several reasons, including mistrust of non-Indian agencies and advocates or fear of being ostracized in their community.

Another challenge is jurisdictional confusion and complication. Depending on the nature of the crime, the location of the crime, and whether the perpetrator and/or the victim is American Indian, a sexual assault may fall under federal, local, and/or tribal jurisdiction. Guidelines for determining jurisdiction are clearer in Minnesota

than in some other states. However, real or perceived difficulty in determining jurisdiction can still promote apathy among officials, resulting in untimely action or none at all. This uncoordinated response reduces victims’ chances of prompt and effective investigations and prosecutions.

VICTIM EXPERIENCES IN THE JUDICIAL SYSTEM

Despite the difficulty of participating in legal proceedings, many victims want to participate in order to influence the outcome, empower themselves, or resolve the emotional aspects of the assault.

Further trauma can await victims in the criminal justice system. Delays in the court process, the public nature of the trial, the formality of the legal proceedings, reliving the assault to provide testimony or statements, lines of questioning based on stereotypes or myths, and isolation from the proceedings are unintended but very real ordeals for victims.

AN ADVOCATE FOR VICTIMS IN THE LEGAL SYSTEM

In 1979, the Hennepin County Attorney’s Office contracted with the Rape and Sexual Abuse Center to provide legal advocacy services for sexual assault victims. The position was designed to provide victims with support and information early in the prosecution process. Over time, county prosecutors have come to value and rely on this service.

The Legal Services Specialist enters the process after a victim’s complaint is investigated by the police and turned over to the County Attorney. After the County Attorney reviews the case, the Specialist lets the victim know whether prosecution will move forward. If not, the victim is invited to meet with the attorney to discuss how the decision was made.

If the case is prosecuted, the Specialist keeps the victim updated on the progress of the case, explains the prosecution process including the victim’s role as a witness, outlines the sentencing guidelines for the crime being charged, explains how to file a victim impact statement, helps to prepare the victim for trial, is available to attend court with the victim, and arranges for the victim to be notified when the perpetrator is released from jail. In addition, the Specialist provides information about the Crime Victims’ Reparations Board.



VOICES

“Cases are sometimes weak because the victim recants, or chooses to not cooperate. Sometimes they simply do not see themselves as victims. Since the victims are typically the main source of evidence, these cases cannot be pursued.”

– Service provider

Beginning in the 1970s, laws have been enacted to protect victims from the disheartening aspects of testifying and prosecution. However, research indicates that these changes have had a limited effect because of inconsistent implementation of the new laws.

Victims tend to be more satisfied with their experience in the legal system when they receive information and support throughout the proceedings. Studies have found that advocates play a useful role in ensuring that the resolution of the legal process is satisfying for victims.

Restorative justice models, which allow victims of sexual assault to confront their perpetrators outside of a formal court process, may also be beneficial for some victims. Critics have expressed concerns that restorative justice processes may re-traumatize victims by putting them face-to-face with perpetrators and that the process may fail to hold offenders accountable by promoting more lenient consequences. Others argue that these approaches are victim-centered, only occur with the consent of the victim, and are carefully facilitated to ensure safety.

While these approaches have not been rigorously researched, anecdotal evidence suggests that they can be a positive experience for some victims, providing them with support and ensuring that their voice is heard in determining appropriate consequences for the perpetrator.

Restorative justice models are not the right choice for all victims, however, and should only be used when victims and perpetrators are both willing and prepared for the process. Because these approaches require interactions between victims and perpetrators, it is important that the facilitators are well-trained and able to design a process that is safe and productive for the victims.

IDEAS FOR ACTION

- Expand educational efforts with law enforcement, prosecutors, and judges to ensure consistent and appropriate response to victims of sexual assault.
- Expand advocacy services for victims throughout their interactions with law enforcement and the judicial system.
- Increase the availability of culturally specific prevention and advocacy services for American Indians.
- Integrate crime victim advocates into the corrections system.
- Consider strategies for improving access to speedy trials for victims of sexual assault.
- Implement restorative justice approaches and study their effectiveness.

PREVENTION

**MYTH:
SEX OFFENDER REGISTRIES AND
COMMUNITY NOTIFICATION ARE THE BEST
STRATEGIES FOR PREVENTING SEXUAL
ASSAULT.**

In our society, we are bombarded with sexual images and information. However, most people are not raised to discuss sexuality openly. Many parents are uncomfortable answering questions from their children about sex. School staff and service providers are also often reluctant to discuss sexuality with students and patients. When sexuality is discussed, it is often limited to biological information or presented in a restricted, negative way. Youth receive messages about the importance of abstinence, but receive little information or guidance about strategies for expressing their developing sexuality in appropriate, healthy, and respectful ways. Similarly, they may have limited opportunities to practice communication and negotiation skills as they relate to sexual expression.

This societal discomfort with sexuality contributes to sexual assault in several ways. Not only may it make victims less comfortable disclosing their assaults, but it may also limit our ability to prevent assaults from occurring. While not every assault is preventable, some can be avoided by better training people to protect themselves from unhealthy relationships or risky situations.

FOOD FOR THOUGHT

- How can we best prevent sexual assaults in a society that is reluctant to openly discuss sexuality? What are the best approaches for teaching young people about healthy sexual relationships and how to avoid situations that put them at higher risk of victimization?

Efforts to prevent sexual assault typically fall into two categories: the criminal justice model (working primarily with offenders) and the public health model (widespread public awareness and education). While there is some merit to the

HEALTH CARE-FOCUSED SEXUAL ASSAULT PREVENTION GRANTS

In 2005, the Minnesota Department of Health (through the Office of Justice Programs) funded five sexual assault programs working with health care staff and/or public agencies to increase screening for sexual assault and referrals to necessary services.

The five agencies chosen for two years of funding were instructed to design programs based on the Department of Health's *Domestic and Sexual Violence in Minnesota: Strategies for Prevention and Intervention - Five Year Objectives for Health Care and Public Health Systems*.

The grantees took different approaches, including outreach to nursing homes and group homes, displaying posters about sexual violence in exam rooms, posting agency materials in waiting rooms, and providing training about sexual assault to doctors, nurses, emergency room personnel, law enforcement officials, nursing home personnel, nursing students, chiropractors, and dental professionals.

In the course of conducting these projects, grantees found that many physicians were wary of screening for sexual violence because they were uncertain where to send the victims for help. Their comfort increased once they were able to provide referrals to local sexual assault programs. Overall, these projects have built relationships between sexual assault programs and the broader community and have increased access to services for victims.

VOICES

“Prevention work is broader than just promoting awareness—it is important to change policies and systems that tolerate sexual assault at all levels.”

– Coalition staff member

VOICES

“Sexual assault information should be incorporated into sexual health and pregnancy prevention initiatives. The focus should be on promoting healthy sexuality in general, not just preventing assault.”

– Service provider

OVERVIEW OF THE PREVENTION SPECTRUM

One potentially useful framework for preventing sexual violence is the Prevention Spectrum designed by the Prevention Institute, based in California. The spectrum describes six levels that are necessary for prevention.

THE SPECTRUM OF PREVENTION
Influencing Policy and Legislation
Changing Organizational Practices
Fostering Coalitions and Networks
Educating Providers
Promoting Community Education
Strengthening Individual Knowledge and Skills

criminal justice approach, a broader public health prevention strategy is needed to reduce the incidence of assault.

Criminal justice approaches, such as offender registries and community notification, may be useful for monitoring known offenders, but limited evidence exists to determine whether they ultimately help decrease repeat offenses.

Offender registries and community notification can have a number of negative consequences, such as:

- Heightening, rather than reducing, community safety worries and parents’ anxiety.
- Higher costs and workload for law enforcement.
- Lower likelihood of reporting assaults when the perpetrator is a victim’s friend or family member (due to the stigma of being publicly connected with someone on the registry).

Offenders also report that registries limit their access to stable housing and employment, as well as encouraging ostracism, harassment, and harm to their family members.

PREVENTION: WHO IS BEING MISSED?

Prevention should include both broad community awareness and specific services for those at higher risk of being victimized, as well as those at higher risk of being perpetrators. These prevention services should directly address the underlying risk factors.

Many primary prevention programs address college-age populations. While this is a critical age for sexual assault incidents, prevention should also be extended to younger children. These strategies are especially important due to the linkage between childhood and adult sexual abuse.

Many prevention activities are school-based. While school is an important setting, prevention efforts should also focus on families, the media, and other community settings (such as youth organizations or faith communities).

COMPONENTS OF PREVENTION

According to a 2004 review of sexual assault prevention models, most published studies assessing the impact of sexual assault prevention programs produced some positive changes in participants’ attitudes or behaviors. However, most current prevention efforts in the United

VOICES

“We live in a society that sexualizes women, yet refuses to talk about healthy sexuality. For instance, the abstinence only campaigns do not deal with the reality of forced assault. The question is, how do we as a society make healthy sexuality an acceptable topic?”

– Service provider

States have no strong underlying theoretical framework. More research is needed on the effectiveness of these prevention efforts in order to create an evidence based framework.

Some prevention efforts focus on underlying attitudes that contribute to risk factors for sexual assault. These include publicizing information about the prevalence of assault, debunking myths about rape, discussing sex role stereotypical behaviors, and providing practical suggestions for safe dating. While these programs can successfully change attitudes, they have not been found to lead to long-term behavioral change (such as increasing assertiveness and/or self-defense skills). These approaches may provide useful information, but should be combined with techniques that more directly focus on behavior, or include “booster sessions” to promote longer term changes.

Other potentially useful prevention strategies include teaching coping strategies that reduce the use of alcohol and drugs; challenging the use of violence as a means of conflict resolution; developing strategies for disengagement from problematic relationships, including alerting a trusted adult (parent, relative, teacher, coach, religious leader, health professional); and options for legal recourse.

FOOD FOR THOUGHT

- What are the most important strategies for reducing sexual assault in your community? What age groups should be targeted and which key messages or skills should be emphasized? How much emphasis should be placed on teaching people to avoid victimization, as opposed to reducing perpetration?

IDEAS FOR ACTION

- Involve men in prevention efforts, such as through the efforts of the Minnesota Men’s Action Network.
- Expand prevention efforts directed to families and community-based organizations.
- Conduct research to establish promising prevention models based on sound theory.
- Provide age-appropriate information regarding sexual assault prevention to people of all ages.

ONLINE INFORMATION SOURCES

The following web sites contain useful information on sexual assault topics, and also contain links to other information sources.

Rape, Abuse, and Incest National Network

<http://www.rainn.org/>

National Sexual Assault Coalition Resource Sharing Project

<http://www.resourcesharingproject.org/>

National Sexual Violence Resource Center

<http://www.nsvrc.org/>

Office on Violence Against Women Sexual Assault Resource

<http://www.usdoj.gov/ovw/saresources.htm>

Minnesota Coalition Against Sexual Assault

<http://www.mncasa.org/>

Minnesota Indian Women’s Sexual Assault Coalition

<http://www.miwsac.org/>

Minnesota Men’s Action Network

http://www.menaspeacemakers.org/map_v2/mman.asp

Minnesota statutes related to sex crimes

http://ros.leg.mn/data/revisor/statutes_index/current/SISE/sex_crimes.html

