

Ramsey County Test Site

Evaluation Report

FISCAL YEAR 1998 - 1999

Ramsey County Test Site

1998-99 evaluation report

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Contents

Summary	1
Research results	3
Background on Ramsey County	3
Process data.....	5
Results of eight-step process activities	6
Issues to consider	10
Background.....	12
Brief program description.....	12
Methodology.....	13
Research results	14
Background on Ramsey County	14
Process data.....	20
Results of eight-step process activities	21
Victim experiences survey results	24
Feedback from marginalized populations.....	59
Issues to consider	67

Figures

1. Overall satisfaction with agency services	8
2. Ramsey County sexual assault statistics for 1998	23
3. Demographics	27
4. Initial contact	29
5. Referrals by first contact.....	30
6. Inter-agency referrals.....	31
7. Initial contact with law enforcement.....	32
8. Law enforcement communication.....	33
9. Satisfaction with law enforcement.....	34
10. Advocacy support during contact with law enforcement	36
11. Victims' initial contact with medical facilities.....	37
12. Victims' experience with medical staff's treatment.....	38
13. Victims' experience with medical staff's communication	40
14. Advocacy support during contact with medical service providers	41
15. Initial contact with prosecution.....	43
16. Satisfaction with prosecution's handling of charged cases	44
17. Victims satisfaction with prosecution handling of plea agreements.....	46
18. Advocacy support during contact with prosecution.....	48
19. Victims' contact with advocacy	49
20. Victims' satisfaction with advocacy.....	50
21. Victims' experience with mental health professionals.....	52
22. Victim's experience with criminal justice system	55
23. Overall satisfaction with agency services.....	58

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Summary

The Model Protocol: Test Site Project was commissioned to improve services to victims of sexual assault. It is funded by the Minnesota Center for Crime Victim Services with federal STOP Violence Against Women Act grant funds. The project is administered by Victim Services of Dodge, Fillmore and Olmsted Counties.

This project is intended to help multidisciplinary agencies work together to develop a more victim-centered protocol for responding to sexual assault victims. An eight-step process for developing, implementing and evaluating protocol is being used to guide the test sites. This process was developed on the national level by Anita Boles and John Patterson (Sage 1997). The guidelines of the eight-step process dictate that, at a minimum, test sites have to secure commitment from four “core” providers of service to victims of sexual assault: law enforcement, victim advocacy, medical, and prosecution.

This process was first pilot-tested in Pine Bluff, Arkansas and Denver, Colorado and is currently being implemented in five Minnesota Counties and one reservation site. The other Minnesota counties started the process prior to Ramsey County. The Project did not receive a grant proposal from an urban site in the first grant process. The funder directed the Project to test the eight step process in an urban environment with a focus on improving the response to communities of color and other underserved populations. In a competitive grant process Ramsey County was awarded the urban grant.

The steps included in the eight-step process are as follows:

1. Inventory of existing services
2. Victim experience survey
3. Community needs assessment
4. Write protocol
5. Renew interagency agreements
6. Train agency staff
7. Monitor protocol implementation
8. Evaluate protocol effectiveness

Ramsey County is the only urban site implementing this process. One reason the Model Protocol Project added an urban site was to focus on ways to improve the coordinated response to communities of color and other underserved and unserved populations. Ramsey County has sizable Southeast Asian, African American, Native American and

Hispanic communities. All of these communities have representation on the Sexual Assault Protocol Team.

Methodology

Wilder Research Center designed an evaluation plan that included a combination of qualitative and quantitative methods. The Project Administrators were interested in getting the perspective of a research consultant who specializes in conducting research with members of diverse or underserved communities. A representative of Rainbow Research in St. Paul critiqued Wilder Research Center's evaluation plan. This consultation was particularly helpful in fleshing out the questions that should be addressed by the selected research activities.

Wilder Research Center collected data from many of the stakeholders in this process to gather baseline and process information. The baseline data will provide a perspective of Ramsey County's support system for victims of sexual assault prior to the implementation of the eight-step process. The process data will provide a perspective of how effective the process and its participants are at promoting inter-agency cooperation to improve the system's response to victims of sexual assault in a culturally competent way.

Specifically, the research activities conducted by Wilder Research Center included the following:

- Analysis of grant application and surveys completed by Sexual Assault Protocol Team members prior to training in the eight-step process
- Observations of training session
- Observation of monthly Sexual Assault Protocol Team meetings
- Observations of victim experience survey and public hearing committee meetings
- Observations of public hearings
- Review of Southeast Asian and Hispanic focus group summaries
- Analysis of victim experience survey results
- Review of research procedures and research results completed in year one, which include agency statistics and inventory of community resources.

Research results

The Ramsey Site's Sexual Assault Protocol Team, accomplished most of what its members planned for year one:

- Attending a three-day training session
- Collecting agency statistics
- Producing a community resource inventory
- Hosting and facilitating two public hearings on sexual assault that targeted attendance from African American and Native American populations
- Supporting the facilitation and consolidation of information from Hispanic and Hmong focus groups
- Implementing the victim experiences survey

A discussion of these activities and their results follow, as well as a general description of the inter-agency relationships that have developed as a result of these endeavors.

Background on Ramsey County

The Ramsey County Sexual Assault Protocol Team has a strong foundation. Previous cooperative efforts have likely contributed to the success of the collaborative in year one.

Grant application data

The application package that Ramsey County completed included a list of the parties committed to the process, a narrative showing the need for doing the work of improving their response to victim/survivors of sexual assault, the benefit of using the resources of the Model Protocol Project, and a discussion of what efforts could be made to improve the safety of victims of color in Ramsey county. It also described the challenges the team expects to face and the expertise they have that will help them to overcome these challenges.

The authors of the grant application described a history of commitment to a collaborative agency response to incidents of sexual assault and the need to revitalize this past effort. The authors mentioned that this was of particular importance given an increase in the diversity of the population in Ramsey County. Their greatest concern was the ability of

their team to secure the commitment of partnering agencies to engage in real change at the system and agency levels.

Pre-training surveys

Each of the agencies that committed to participating in the Sexual Assault Protocol Team in the grant application was asked to have up to two staff members complete a survey prior to the training in the eight-step process. Nine Sexual Assault Protocol Team members completed the survey and gave consent to have their surveys reviewed by Wilder Research Center for this report. This data provided the project administrators with an idea of what participants' perceptions of their county's strengths and opportunities for improvement are. Participants' responses to the survey generally corroborate what was in the grant applications as well as providing additional detail about the agencies that serve victims of sexual assault.

Following are highlights of the survey results. They are categorized into collaborative strengths and opportunities for improvement as survey respondents described them. It is interesting to note that some concepts show up as both strengths and opportunities for improvement.

Strengths

- Existing protocols or specific policies within their agencies that help keep victims informed
- Experience, expertise and gender diversity of agencies' staffs
- Cooperation between agencies involved in the sexual assault response system

Opportunities for Improvement

- Lack of prestige of law enforcement agencies' sex crimes units
- Limited ability of sex crimes units to attract and keep top quality officers, and screen out officers who are insensitive to sexual assault victims
- Time required to develop cases that meet the county attorney's rigid charging criteria
- Limits to accessibility and timeliness of service from all agencies

- Restrictive policies that inhibit action and failure to enforce existing policies
- Poor inter-agency communication
- Cultural or language barriers to serving communities of color well

Training

The level of commitment of the Sexual Assault Protocol Team members was apparent from the generally good attendance at the training, and the survey participants' comments about their strengths. They have an opportunity to better meet the needs of their community by engaging agencies that serve communities of color and underserved populations, and this was accomplished to some degree at the training. Several representatives of agencies that serve communities of color and other underserved populations, who had lent their support to the process attended the training, though they had not been included as a partner in the original grant application.

It was evident from the training that there are some differences in perceptions about appropriate systems operation and professional's roles within them. For example, advocates frequently misunderstood law enforcement's reluctance to arrest immediately after an incident. There is a time limit for how long a suspect can be held before charging and this can adversely influence evidence collection. Therefore, certain case-handling strategies exist, including delaying arrest, may appear insensitive, but actually help the case, and in turn, the victim. This protocol development project is giving Sexual Assault Protocol Team participants the opportunity to learn more about one another, and develop more interagency trust, particularly with the personnel from agencies with whom they have not collaborated in the past.

Process data

Wilder Research Center staff attended most of the monthly Sexual Assault Protocol Team meetings as well as several subcommittee meetings to assess the collaborative atmosphere among Sexual Assault Protocol Team members. In addition Wilder Research Center reviewed Sexual Assault Protocol Team monthly meeting and periodic subcommittee meeting minutes.

Following are several accomplishments and characteristics of the Sexual Assault Protocol Team that illustrate the strengths of this site:

- Communities of color are well represented on the Sexual Assault Protocol Team.

- Many of the Ramsey County Sexual Assault Protocol Team representatives have significant levels of influence within their organizations.
- Sexual Assault Protocol Team members took the time to get comfortable with each other and understand the needs of the various agencies on their team early on in the process.
- Sexual Assault Protocol Team members' commitment to the process has been evident in the generally good attendance at monthly team meetings and subcommittee meetings, including attendance and participation from agencies representing communities of color.
- Sexual Assault Protocol Team members took on delegated responsibilities to facilitate task accomplishment in subcommittees.
- Sexual Assault Protocol Team members took turns hosting the well-attended monthly meetings at their agencies. Staff of the host agency were invited to attend the meetings which helped increase the team's visibility within that agency. Host agencies that focus on serving communities of color included Model Cities, CLUES, Breaking Free, Women's Association of Hmong and Lao, Inc. and American Indian Family Center.
- Some agencies have already improved their internal procedures as a result of Sexual Assault Protocol Team relationships.

Results of eight-step process activities

Resource inventory

The Ramsey site coordinator was primarily responsible for compiling the data for Ramsey County's inventory of existing resources, or "resource inventory." Sexual Assault Protocol Team members gave the site coordinator feedback about appropriate agencies they thought should be included in the resource inventory. The site coordinator added to their recommendations with data from the statewide "First Call for Help" database. The resource inventory is fairly extensive, which is indicative of the urban environment.

The resource inventory identified two service providers that have not been involved with the group to date that might help to reach other diverse communities in Ramsey County. One serves the Jewish communities and provides bilingual service to Russians, which is a sizable immigrant population in the metro area. Another provides services to people in the gay, lesbian, bisexual, transgender community.

Number of sexual assault cases

The site coordinator for Ramsey County compiled the following statistics about the incidence of sexual assault from information provided by agency staff. Reviewers should consider these numbers independently. Agencies often have different definitions of what constitutes a sexual assault, therefore their counts may be limited by the severity of the incident. For example, some hospitals only conduct evidentiary exams for rape, therefore assaults in which penetration did not occur might be overlooked. Furthermore, victims contact agencies at different points in their lives. They may report past incidents that they recently recalled, or that they chose to postpone reporting for other reasons. Some victims choose to report to only one agency, and some choose to report to multiple agencies. Therefore, in future data collection endeavors, these baseline measures will be comparable to themselves, rather than any aggregate figure of assault incidents.

Ramsey County agencies statistics for the calendar year 1998

Law enforcement

St. Paul Police	255
Ramsey County Sheriff	38

Medical

Regions	197
United	13
Health East (St. Johns and St. Josephs)	47± 1

Prosecution

Ramsey County Attorney's Office	80
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Victim Services

Model Cities	5 ¹
Sexual Offense Services	584
Chicanos Latinos Unidos En Servicios	86

Victim experiences survey results

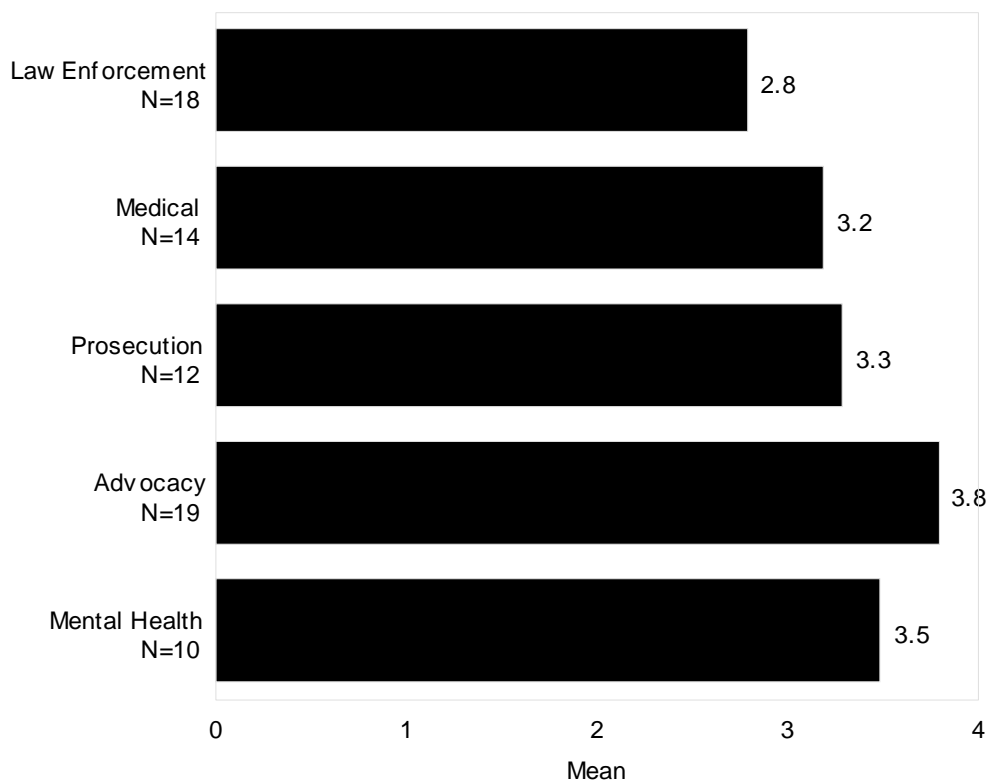
The results of the victim experiences survey show that a majority of survivors, typically about three-fourths, were satisfied with the services they received from most sexual assault service providers. However, some victims had bad experiences with one or more providers. Some of their dissatisfaction is likely the result of the investigation or

¹ Based on statistics from January through March of 1999.

prosecution of cases not going the way that they had hoped. However, survivors revealed in the open-ended portions of the questionnaire that there were other sources of dissatisfaction, including not being believed, not being treated with respect or sensitivity and not being informed about the policies or procedures of the criminal justice system and its interface with agencies serving victims. In addition, a victim whose case did not have the outcome she had hoped for, still felt a sense of justice, simply because the prosecution staff believed her. This is an example of how important it is to consider the process that victims go through as well as the outcome of the case.

To get a comparative understanding of the level of client satisfaction with the agencies covered in the survey, Wilder Research Center asked each of the survey participants who had contact with a given agency to rate their overall satisfaction with the services they received from that agency. Possible responses were 1 = “very dissatisfied,” 2 = “dissatisfied,” 3 = “satisfied,” and 4 = “very satisfied.” Figure 1 displays the mean or average ratings each agency received from the survivors who accessed their services.

1. OVERALL SATISFACTION WITH AGENCY SERVICES



As the figure shows, the agency with the highest mean score (mean=3.8) was advocacy, followed by mental health (mean=3.5), prosecution (mean=3.3) and law enforcement (mean=2.8). Mean scores between 3 and 4 are between satisfied and very satisfied, mean scores between 2 and 3 are between dissatisfied and satisfied. Clearly advocacy and mental health are more geared towards serving and empowering victims, and medical providers are trying to aid in the healing process as well as obtain evidence necessary to prosecute the case. The prosecutor's office also scored in the satisfied range, which speaks well of the prosecutors and their advocacy program. While the role of law enforcement is not to provide the same kind of support, it is likely that their service to sexual assault victims could be improved.

It is important to keep in mind that the victims who participated in this study had a wide variety of experiences with sexual assault response system professionals. Their positive and negative experiences may be related to the circumstances of their case; however, it is also likely that personalities factored into the way that they were treated. Each peace officer, advocate, nurse, prosecutor and mental health professional has a different personality and set of beliefs about sexual assault. These differences contribute to the variation in the quality of service provided between and within agencies. Therefore, it will be important to emphasize the need to be consistent, and raise the bar of the average worker in each agency to the highest quality of service provided by the most dedicated staff at that agency.

Feedback from communities of color and other underserved populations

Ramsey County is the home of many diverse communities. While each of these communities face a different set of unique issues, like immigration status, and clan politics, they also share some of the same barriers to accessing the services provided by the sexual assault response system in Ramsey County. The Sexual Assault Protocol Team held or co-sponsored several public hearings and focus groups to gather specific information about the accessibility of the sexual assault response system to these communities. Members of all of these communities felt that victims from within their community did not get the same treatment that they perceive white victims get from systems staff. They pointed to racism within the system, insensitivity to diverse cultures and a lack of staff who are from those cultures or understand them. This issue needs to be considered by the Sexual Assault Protocol Team.

Victims from within these communities face a great deal of isolation. Frequently they are unable to get the support they need from within their own community, or even their family. Advocates should be aware of the lack of support, and possible outright hostility that these victims may face and be sure to address this when they work with them.

Many of the study participants voiced the need to do outreach so that community members are educated about the issues or at least informed about the options that are available to them. The educational outreach is important for both adults and children. It is important to partner with the service providers or resources that are most likely to be trusted and used by members of these communities, otherwise the information will not be seen or heard. Children can be reached at schools, where it would be helpful to have culturally competent counselors with whom they can speak.

Finally the Sexual Assault Protocol Team should address the issue of confidentiality. Interpreters from within a victim's own community can be helpful in getting messages across; but due to the close-knit nature of some immigrant, racial and ethnic communities, this can lead to breaches of confidence. It might be worthwhile to give victims the option of having a culturally specific staff person help them (or not), just as some victims are provided with the support of gender-specific staff. It might also help to empower some of these victims if service providers gave them the opportunity to select or exclude interpreters from a list, or for the Hmong community to specify that interpreters who identify with a specific clan not be used. Finally, there was some concern about the quality of interpreters. One member of the Sexual Assault Protocol Team who works with the Hmong community felt that it was imperative to give interpreters more training in the confidential nature of their jobs.

Issues to consider

Ramsey County's Sexual Assault Protocol Team has had a very productive first year of activities. Based on the experience of the three original test sites with task completion, and the relatively large size of Ramsey County, the Sexual Assault Protocol Team chose to set the realistic goal in year one of completing the community needs assessment. While they did not quite finish writing that document within the fiscal year, all activities that contribute to it were completed and it is close to completion as of the writing of this report. Furthermore, Wilder Research Center has had the opportunity to review most of the material that will be included in their community needs assessment. The next step that this group will undertake is writing its protocol.

Besides the achievement of process goals, namely getting through the first four steps of the eight-step process, Ramsey County's Sexual Assault Protocol Team had goals related to inter-agency cooperation and engaging communities of color. The members of the Sexual Assault Protocol Team have proven that they can strengthen existing ties and actually work together to make real changes in the system. They have also done an excellent job of engaging agencies representing communities of color, as well as getting feedback on the system from victims and other members of those communities.

However, the diversity within the rest of the agencies on the team has been called into question by members of these communities in focus groups and at public hearings. This appears to be born out among the representatives on the Sexual Assault Protocol Team, as all of the members who represent law enforcement, prosecution and medical providers are white. Most of the diversity within the group comes from representatives of advocacy organizations that serve specific populations.

Ramsey County's Sexual Assault Protocol Team should be commended for the work that they have done in year 1. They have already refreshed themselves with a workshop on, protocol monitoring, and outcome evaluation to help guide them as they begin writing protocol. The facilitator helped team members to address the need to focus on the needs of victims of color and other underserved populations in the second year of implementation of the eight-step process. The eight-step process itself is challenging, and this added element makes the process an even greater challenge. However, the level of commitment and sophistication of the Sexual Assault Protocol Team members indicate that they are capable of rising to these challenges in year 2.

Background

The Model Protocol: Test Site Project was commissioned to improve services to victims of sexual assault. It is funded by the Minnesota Center for Crime Victim Services with federal STOP Violence Against Women Act grant funds. The project is administered by Victim Services of Dodge, Fillmore and Olmsted Counties. Victim Services of Dodge, Fillmore and Olmsted Counties engaged Wilder Research Center to evaluate Ramsey County's first year as a test site. The goal of the Test Site Project is to help multidisciplinary agencies work together to develop a more victim-centered protocol for serving victims of sexual assault.

Brief program description

The guidelines of the eight-step process dictate that, at minimum, sites secure commitment to the project from four "core" providers of service to victims of sexual assault: law enforcement, victim advocacy, medicine, and prosecution. Ramsey County has secured a commitment from all four core providers.

This process was first pilot-tested in Pine Bluff, Arkansas and Denver, Colorado and is currently being implemented in five Minnesota Counties and one reservation site. The other Minnesota counties started the process prior to Ramsey County. The Project did not receive a grant proposal from an urban site in the first grant process. The funder directed the Project to test the eight step process in an urban environment with a focus on improving the response to communities of color and other underserved populations. In a competitive grant process Ramsey County was awarded the urban grant.

The steps included in the eight-step process are as follows:

1. Inventory of existing services
2. Victim experience survey (VES)
3. Community needs assessment
4. Write protocol
5. Renew interagency agreements
6. Train agency staff
7. Monitor protocol implementation
8. Evaluate protocol effectiveness

Ramsey County is the only urban site implementing this process. One of the reasons for its selection as a test site is to explore if the eight-step process can be implemented in a culturally competent way. Ramsey County has sizable Southeast Asian, African American, Native American and Hispanic communities. All of these communities have representation on the Sexual Assault Protocol Team.

Methodology

Wilder Research Center collected several different types of data from many of the stakeholders engaged in developing the protocol to gather baseline and process information for this evaluation. The baseline data will provide a perspective of Ramsey County's support system for victims of sexual assault prior to the implementation of the eight-step process. The process data will provide a perspective of how effective the procedures and participants are at promoting inter-agency cooperation to improve the system's response to victims of sexual assault in a culturally competent way. Specifically, the research activities conducted by Wilder Research Center included the following:

- Analysis of grant application and surveys completed by Sexual Assault Protocol Team members prior to training in the eight-step process
- Observations of training session
- Observation of monthly Sexual Assault Protocol Team meetings
- Observations of victim experiences survey and public hearing committee meetings
- Observations of public hearings
- Review of Southeast Asian and Hispanic focus group summaries
- Analysis of victim experiences survey results
- Review of research procedures and research results completed in year one, which include agency statistics on sexual assault cases and an inventory of community resources for sexual assault victims.

Research results

During year 1 the Ramsey site's Sexual Assault Protocol Team, accomplished most of its year 1 plans. This included:

- Attending a three-day training session
- Collecting statistics from participating agencies
- Producing a community resource inventory
- Hosting and facilitating of two public hearings on sexual assault that targeted attendance from African American and Native American populations
- Supporting the facilitation and consolidation of information from Hispanic and Hmong focus groups
- Implementing the victim experiences survey

A discussion of these activities and their results follow, as well as a general description of the inter-agency relationships that have developed as a result of these endeavors.

Background on Ramsey County

Grant application data

The application package that Ramsey County completed included a list of the parties committed to the process, a narrative showing the need for doing the work of improving their response to victim/survivors of sexual assault, the benefit of using the resources of the Model Protocol Project, and a discussion of what efforts could be made to improve the safety of victims of color in Ramsey county. It also described the challenges the team expects to face and the expertise they have that will help them to overcome these challenges.

United Hospital is the fiscal agent for the Ramsey County Sexual Assault Protocol Team and shares the leadership of the team with Sexual Offense Services of Ramsey County. In the grant application the following agencies made a commitment to work together to develop a protocol:

- United Hospital
- Ramsey County Sheriff's Department

- St. Paul Police Department
- Ramsey County Attorney's Office
- Region's Hospital's medical division and its Health and Wellness Program that serves deaf and hard of hearing clients
- Sexual Offense Services of Ramsey County (SOS)
- Hmoob Thaj Yeeb (Hmong Peace)
- Asian Women's United

The Sexual Assault Protocol Team invited other agencies to participate in the training in June, and the group continued to expand throughout the fiscal year as it identified interested parties that were willing to make a commitment to the process.

According to the grant application, Ramsey County agencies and personnel that respond to victims of sexual assault have been involved in improving the system since 1973. At that time, meetings among system professionals resulted in the revision and improvement of protocols for medical, law enforcement, legal services and human services. In addition, these early reformers created a rape and sexual assault victim crisis center known as Sexual Offense Services. After this flurry of activity, the group maintained contact in response to specific needs, but did not continue to meet formally.

In December of 1997, members from the four core agencies (law enforcement, advocacy, prosecution, and medical) in Ramsey County formed a committee and agreed to pursue this grant. They pointed out that while they have been leaders in the area of developing a better response to sexual assault in the past, it is a topic that deserves revisiting, particularly given the increasing diversity of the population within Ramsey County. To this end, the committee identified several agencies from communities of color that they have invited to the table. While all of these agencies did not accept the invitation to be a full partner initially they did write letters of support in which they agreed to be resources for the project. Since then many of them have become more intimately involved, and plan on committing their agencies' support to the project by signing an interagency agreement prior to the next fiscal year. This speaks well of the Sexual Assault Protocol Team's efforts to address the needs of diverse communities.

The primary challenge identified by the committee in the grant application was securing commitment from core agencies to do the intensity of work required for this. Other challenges include implementing real change at the agency and system level and monitoring and evaluating the extent and impact of those and other changes over time.

Pre-training surveys

Up to two members of each of the agencies that committed to participating on the Sexual Assault Protocol Team in the grant application could complete a survey prior to the training on the eight-step protocol development process. Nine did so and consented to having Wilder Research Center review their surveys for this report. Their responses provided the project administrators with an idea of what participants perceived to be the strengths and weaknesses of their county's existing response to sexual assault. Their responses to the survey generally corroborate what was in the grant applications as well as providing additional detail about the agencies that serve victims of sexual assault.

The survey explored respondents' knowledge about the Model Protocol Test Site Project, and how they thought their agencies could benefit from it. Few respondents knew very much about the project, but many offered ideas about how it would benefit their agency. Some of these ideas include more coordination, communication, cooperation and planning between agencies, review of current methods, additional training, improving the consistency of response across agencies, and improving the system's response to communities of color. One respondent described several very specific needs related to the collection and handling of evidence.

When asked to describe changes they would like to see to improve the system's response to persons of color and other underserved populations, many respondents suggested the need to help agency staff understand diverse cultures, their beliefs and the needs of persons with disabilities. Having people available who speak a victim's language; ensuring that underserved populations receive equal respect and equitable representation in court proceedings; broadening the availability of services to underserved communities; and reaching out to and educating the leaders in immigrant communities to help them understand American culture and laws are some of the ways the sexual assault response system can demonstrate cultural competency. In relation to the treatment of suspected perpetrators, at least one respondent expressed concern about the system's use of race as a justification for undue sentencing or violence in an arrest.

Respondents had the opportunity to comment on what they felt was most effective about their current response to women who are sexually assaulted, and why they know it is effective. They mentioned, existing protocols or specific policies within their agencies that help keep victims informed. They also mentioned the strength of various agencies in the context of their employees' experience, expertise, gender diversity, size and hours of operation. In addition, several people mentioned that the cooperation between agencies involved in the sexual assault response system is a strong point in their community.

The survey asked respondents for opinions about their agency's response to victims of color and other underserved populations. Many people felt that their agency's response

was the same for all persons, and saw this as a generally just response. Some felt that their agency tried to meet the needs of diverse populations through staff training in diversity issues, the hiring of diverse staff, the use of interpreters, and referrals to culturally specific programs. However, some respondents mentioned that their agency might be perceived as mainstream, and that services that meet the needs of all of the racial and ethnic groups in their jurisdictions are not available. A respondent from an agency that assists one ethnic group emphasized the notion that victims in African American, Asian American and other communities that are not part of the white population are not well served.

The survey also asked respondents which agencies were most consistent and effective in their response to sexual assault victims and which agencies present the greatest obstacles to providing victims with this kind of a response. Two or more survey participants identified each of the agencies on the Sexual Assault Protocol Team as being consistent and effective in their response to sexual assaults, however respondents expressed some concern about culturally competent responses to sexual assault. The same respondents who pointed to the strengths of several agencies also pointed to their weaknesses – or the role they can play as an obstacle. Some of the specific obstacles identified included:

- The timeliness of service from all agencies.
- Restrictive policies that inhibit action and failure to enforce existing policies.
- Poor inter-agency communication.
- The lack of prestige and therefore interest of good officers in being part of law enforcement's sex crimes unit, and the insensitivity of some officers (particularly male officers) to sexual assault victims.
- The rigid charging criteria of the county attorney and the time that cases can take.
- Difficulty accessing advocacy services through the crisis line.

Some participants also mentioned that some client characteristics make it difficult to respond effectively, such as cultural barriers to reporting the crime, and language barriers. Their descriptions focused on the victim as a barrier, rather than the lack of availability of appropriate services for persons outside the mainstream, white American culture. As articulated, this would seem to be a variation of blaming the victim, although frustration with lack of knowledge and lack of resources could well be the basis of this perspective. In either event, it warrants further reflection.

A question that asked respondents to describe a case that was handled effectively by the system revealed that some respondents were not familiar with any particular case that was handled effectively. Those who did have specific knowledge gave several common descriptions of the system's response. These descriptions included: shared or well-handled evidence collection (for example, an informative interview conducted by a child welfare agency on behalf of law enforcement); good medical evaluations; aggressive prosecution; the provision of support (particularly ongoing support from law enforcement, advocacy and prosecution's victim witness advocates throughout the criminal justice process); and intra-jurisdictional cooperation and sharing of resources. However, even when describing effective case handling, respondents noted that some controversy is always involved in the handling of cases in the Hmong community.

When asked to describe a case handled ineffectively by the system, some people were, again, unable to describe such a case. One respondent described a case in which a Hmong victim who was deaf and developmentally disabled reported a rape several months after it occurred. Because of the delay, physical evidence could not be collected. Two respondents described cases in which one of the people with whom the victim had initial contact after the rape (a patrol officer in one case and a nurse in the other) informed the investigating officer that they felt that the victim was lying. The result was combative interview with the victim, and a poorly handled case. Other issues that came up included the time victims are required to wait for medical exams, victims' comfort levels during medical exams, and negotiated settlements in cases because of time constraints.

Training

The eight-step process training session was held in June of 1998, and followed the same curriculum as the training for the 3 original Minnesota Test Sites. The training participants responded well to the session, and it was clear that these were committed professionals, who had been in their field for many years. In addition, many of the professionals from within the mainstream branches of the system were familiar with one another through previous cooperative case handling. Unfortunately, the Site Coordinator had not been hired at the time of the training, so she was unable to attend. She felt that this put her at a disadvantage as far as getting a good understanding of the process, and having the initial introductory period where Sexual Assault Protocol Team members interacted and got to know one another.

Participants were enthusiastic about the eight-step process and wanted to personalize and take ownership of it. One of the ways that this played itself out, was that they chose a slightly different name for their group – Sexual Assault Protocol Team – than the recommended name, Sexual Assault Inter-Agency Council.

The initial group met its goal of including professionals from culturally diverse agencies at the training. Six of the 21 regular participants in the training represented organizations that primarily serve African Americans, people of Hispanic descent, Hmong and South East Asians, American Indians and the deaf and hard of hearing. In addition, two staff members, one American Indian and another who works with gay, lesbian, bisexual and transgender communities attended the training. These participants frequently voiced their opinions about the process, and responded to questions about how the group could best meet the needs of their communities. Furthermore, whenever possible the trainers modified the curriculum slightly to introduce cultural perspectives. For example, in a break-out session where smaller groups discussed the steps involved in processing a case, the trainers presented one of the groups with a case in which the victim was Hmong, and another group discussed a case in which the victim was deaf.

Overall training participants were positive about the curriculum, the trainers and the work that they accomplished as a team. They developed a mission statement and a description of what victim-centered means and they elected two co-chairs to provide leadership and facilitation in the process. This site is unique in that primary leadership in the process comes from the chairs, and the site coordinator provides administrative support. This might be a result of the level of sophistication of the participants and the need for leadership from within the professional community to enhance the leaders' credibility. It is clear that the two chairs are very committed to the process and fulfil their roles admirably; however, it might be prudent to consider including a person of color in one of these positions in the future.

Conclusions

The Ramsey County Sexual Assault Protocol Team has a strong foundation. Previous cooperative efforts have likely contributed to the success of the collaborative. The level of commitment of the members was apparent from the generally good attendance at the training, and the survey participants' comments about their strengths. The Ramsey team had an opportunity to better meet the needs of the county's diverse population by engaging agencies that serve communities of color and underserved populations, and this was accomplished at the training.

It was evident from the training that there are some differences in perceptions about what is an appropriate response from different agencies within the sexual assault response system. For example, advocates frequently misunderstood law enforcement's reluctance to arrest a suspect immediately after an incident. There is a time limit for how long a suspect can be held before charging and this can adversely influence evidence collection. Therefore, certain case-handling strategies exist, including delaying arrest, that may appear insensitive, but actually help the case, and in turn, the victim. This project

provides an opportunity for Sexual Assault Protocol Team participants to learn more about one another, and develop more inter-agency trust and understanding, particularly with the personnel from agencies with whom they have not collaborated in the past.

Process data

Meeting notes and observations

One of the most important consequences of this process is the development of relationships among the members of the Sexual Assault Protocol Team. If these relationships are positive, they can have an influence on the perspectives of the personnel at the agency from which Sexual Assault Protocol Team representatives come. This is particularly true if the Sexual Assault Protocol Team members are in relatively influential positions. In the case of the Ramsey County Sexual Assault Protocol Team, many of the representatives are leaders within their organizations.

Sexual Assault Protocol Team members' level of influence will also be a factor in realizing change within participating organizations. This has been an issue at the original three Minnesota Test Sites, some of which are having difficulty convincing the leadership of their organizations that change is necessary. However, if it is not possible to engage a high level representative in the process, it is still important to keep relevant agencies engaged in the process, by including other staff. These staff may be able to bring a strong message back to their agency through the political clout of the team as a whole.

Regardless of Sexual Assault Protocol Team members' level of influence within their organizations, their commitment to the process has been evident in the generally good attendance at monthly Sexual Assault Protocol Team meetings and subcommittee meetings. During the first several months of the project, Sexual Assault Protocol Team members took turns describing their agency's structure and typical response to sexual assault. They also talked about what was helpful from other agencies, and what made their job more difficult. This offered people the opportunity to get comfortable with each other and understand the needs of the various agencies on their team.

While the early monthly meetings were dedicated to getting an understanding of the different pieces of the system, Sexual Assault Protocol Team members were also planning the implementation of the second two steps. The coordinator suggested working on all three first steps at the same time. Team-members volunteered to serve on two subcommittees, one to handle the victim experiences survey and the other to handle the public hearings while the coordinator worked on the resource inventory. The committees formed in September 1998. Persons of color served on both committees. The committees developed strategies to accomplish their goals and then reported back to

the larger group, often with questions or requests for ideas. Other members typically supported the committees' plans and offered useful ideas and services. For example the decision to offer incentives to survivors who participated in the victim experiences survey, and suggestions for speakers at the public hearings and offers to contact these speakers came from the larger group.

The Sexual Assault Protocol Team's business also included updating the team members on progress in the change process at various agencies. Members talked about failures, successes and changes in the way their agencies respond to incidents of sexual assault. Some of these changes were improvements that grew out of Sexual Assault Protocol Team relationships. For example the hospitals worked together to make a more consistent form for recording treatment of patients who allege sexual assault. This cooperation came about in part, from training provided by staff from the County Attorney's Office. This training extended to multiple hospitals because of conversations that were facilitated by connections made between the prosecutor's office and medical providers on the Sexual Assault Protocol Team. In addition, the two largest hospitals have arranged to have one of them take on all of the lab work related to sexual assaults, which will help in the investigation and prosecution of cases. Sexual Offense Services worked with Model Cities to help them develop a sexual assault program for African American women. In addition members of the Sexual Assault Protocol Team regularly attend conferences and workshops on topics related to sexual assault and the eight-step process (including responding to domestic assault, specialized training for nurses, and how to hold a public forum).

Finally, as the end of the year approached, the poor handling of a case by multiple agencies resulted in a case not being pursued, and a victim feeling unsupported by the system. Representatives from some of the agencies involved shared this incident and their regrets about it with the Sexual Assault Protocol Team. They also shared their agencies' commitment to change their responses so that similar situations would not arise. Agency leaders and their Sexual Assault Protocol Team representatives identified specific breakdown points in the system and educated all staff regarding what was done improperly and how to improve. It is questionable whether the mutual sharing of information and the commitment to quickly changing agency response would have taken place had the event occurred prior to the initiation of the Sexual Assault Protocol Team.

Results of eight-step process activities

The Ramsey Test Site planned to complete three research activities in year 1. They planned to compile a resource inventory and agency statistics on sexual assault, implement the victim experience survey, and hold several public hearings or focus groups

on the issue of sexual assault. This portion of the report describes the results of these research activities, as well as the process involved in completing them.

Resource inventory

The Ramsey site coordinator gathered data for the community needs assessment by asking for all Sexual Assault Protocol Team members to bring in resource lists that identified organizations or individuals to whom they would refer victims. She then sent letters and surveys to all of the agencies identified by staff requesting them to return the completed surveys for compilation. She also used the most extensive list available to the community, the “First Call for Help” data base, to ensure that the resource inventory was inclusive.

The resource inventory lists the agencies alphabetically by name with their address, phone number and payment information (i.e. free, sliding fee, insurance accepted, etc.). Marks in check columns identify the types of services offered, whether the agency targets specific communities or populations (e.g., Latino, children, deaf, etc.), and the languages in which service is provided. In addition the Sexual Assault Protocol Team has compiled a list of interpreter services and court certified interpreters.

The resource inventory is fairly extensive, which is indicative of the urban environment. In preparing the resource inventory, the Sexual Assault Protocol Team identified two service providers who have not been involved with the Sexual Assault Protocol Team to date. These service providers might help the team reach other diverse communities in Ramsey County. One serves Jewish communities and provides bilingual service to Russians, which is a sizable immigrant population in the metro are. Another provides services to persons who are gay, lesbian, bisexual and transgender.

Agency statistics

The Sexual Assault Protocol Team asked members from each of the participating agencies to collect statistics for the past year on the number of sexual assault victims with whom they had contact and demographic data on these victims. Some agency personnel collected additional information about the nature of the assault, the perpetrator and case information. A consolidation of the demographic information about victims from 1998 is presented below in Figure 2.

2. RAMSEY COUNTY SEXUAL ASSAULT STATISTICS FOR 1998

	Total number of sexual assaults	Age 18 or older	Percent female	Percent persons of color
Law enforcement				
St. Paul Police	255	-	81% ^a	40% ^b
Ramsey County Sheriff	38	26%	82%	-
Medical				
Regions	197	-	-	-
United	13	-	-	-
Health East (St. Johns and St. Joes)	47± 1	-	-	-
Prosecution	80	27%	86%	30%
Victim services				
Model Cities	5 ^c	100%	100%	100%
Sexual Offense Services	584	-	-	-
CLUES	86 ^d	51%	84%	94%

^a Gender unknown for 16 percent of cases. 214 cases provide the basis of the percentage.

^b Unknown for 41 percent of cases. 150 cases provide the basis of the percentage.

^c This is a new collaborative effort between SOS and Model Cities that developed when the Sexual Assault Protocol Team started, therefore statistics are only available from January through March 1999.

^d Demographic information not available for 16 cases. Seventy cases provide the basis of the percentages.

Reviewers should consider these statistics independently. These agencies have different definitions of what constitutes a sexual assault, therefore their statistics may be limited by the severity of the incident. For example, some hospitals only conduct evidentiary exams for rape, therefore assaults in which penetration did not occur might be overlooked. Furthermore, victims contact agencies at different points in their lives. They may be reporting past incidents that they recently recalled, or that they chose to postpone reporting for other reasons. Some victims choose to report to one agency and some choose to report to multiple agencies. Therefore, in future data collection endeavors, these baseline measures will be comparable to themselves, rather than any aggregate figure of assault incidents.

The agency with the highest number of contacts with victims is Sexual Offense Services, which reported 584 new contacts in 1998. These might be victim contacts (primary) or contacts from persons close to victims (secondary), although they do refer to new contacts. Sexual Offense Services did not provide demographic information on victims. CLUES had 86 contacts with victims. Half of them were 18 or over (51%), most of them were women (84%) and most of them were persons of color (94%). The low number of victims reporting to Model Cities (n=5) is a result of the small size of the organization, as well as the novelty of the program which did not get started until 1999. All of the victims served by Model Cities were African American females over the age of 18.

St. Paul Police reported the second largest number of assaults in 1998 (n=255). Forty percent of the victims they served and had data on were persons of color. The Sheriff's Department had many fewer cases, probably because it is smaller and does not have jurisdiction in the City of Saint Paul. Nearly three-quarters of the victims served by the Sheriff's Department were under the age of 18 (74%). Both law enforcement agencies served mostly female victims (81% to 82%).

The county attorney's office had contact with 80 victims in 1998. Most of the victims were women (86 percent), most of them were under the age of 18 (73%), and 30 percent of them were persons of color.

Regions Hospital served 197 victims of sexual assault in 1998. The other hospitals show lower numbers due to the way that assaults had previously been recorded in their medical files. This disparity in data collection has compelled the latter institutions to change their reporting methodology. All of these facilities now code all alleged incidents of sexual assault as such. As a result, they will likely have increased numbers in 2000. None of the hospitals provided demographic data on the victims they served.

Victim experiences survey results

The second step in the eight-step process is the collection of data about the system from victims who have had experience with it. In their book, Boles and Patterson provide a model victim experience survey for this purpose. The site coordinators from the first three test sites, and the project directors in consultation with Wilder Research Center, modified this model to cover more specific aspects of the system. Wilder Research Center reformatted the revised survey for use as a telephone survey. The Ramsey Sexual Assault Protocol Team reviewed this version as well as a shorter version of the survey prepared by Olmsted County with consultation from Wilder Research Center. The subcommittee decided that the long form would be acceptable to English-speaking participants, but that it was too complicated to be translated. Two Sexual Assault Protocol Team members representing agencies that work with the southeast Asian

community in the Twin Cities felt that focus groups would be a more appropriate method of data collection in that community than a survey. Representatives from the Hispanic community agreed that focus groups would be more effective than surveys in their community as well.

Wilder Research Center requested all Sexual Assault Protocol Team agencies that serve a predominantly English-speaking clientele to provide a list of victims who had been involved in cases that were at or near closure during the 18-month period ending December 31, 1998. Six agencies were willing or able to attempt contacting survivors they had served. Four of the agencies got consent from as many victims as they could and passed those names on to Wilder Research Center: (1) a victim advocacy agency that is part of the Ramsey County Prosecutor's Office, (2) Breaking Free, an agency serving women who have been victimized and have been involved in prostitution, (3) Sexual Offense Services (SOS), a county advocacy agency serving area victims, and (4) the Ramsey County Sheriff's Department. The other agencies that attempted to include victims were an advocacy agency that primarily serves victims in the Minneapolis area, but sometimes provides service to Ramsey County residents, and an advocate for deaf and hard of hearing victims who is based out of a Ramsey County hospital. The Minneapolis-based advocacy agency was unable to complete any surveys with eligible victims. The deaf advocate interviewed three former clients using American Sign Language. Although none of them had received services in Ramsey County besides advocacy, their responses did provide some insight into the types of barriers that members of the deaf community face when seeking help from the system.

Wilder Research Center received the names of 25 consenting victims. The center's interviewers were able to locate and complete surveys with 23 of these survivors. Advocates from the local advocacy agency completed two additional surveys and mailed them to Wilder Research Center, for a total of 25 surveys. All survey participants received twenty dollars for taking part in the study. The stipends were made possible by contribution solicited from agencies who are not on the Sexual Assault Protocol Team.

The Sexual Assault Protocol Team agencies identified far more former victims than completed the survey. Fourteen of the surveys came from the local advocacy program's contacts, seven came from the advocacy program in the prosecutor's office, three came from the agency supporting women who had been involved in prostitution and one came from the sheriff's department. While the sheriff's department had only been able to identify 16 eligible survivors, the three other agencies combined had identified over 300 eligible survivors. However, many of the survivors from the advocacy agency within the prosecutor's office were eliminated when they did not respond to letters requesting their participation. Many of the survivors from the other two programs could not be found. This has been a common problem at all of the test sites. The amount of time that has

passed since the case was closed is long enough that many of them have moved, changed their telephone numbers, or even their names. Some women declined to participate, some were incarcerated and unable to complete the survey (although one survey was completed with an incarcerated victim) and some never answered their phones. Despite these barriers, Ramsey County's sample for the victim experiences survey is the largest to date from any test site.

Experienced Wilder Research Center interviewers conducted 23 of the 25 completed surveys. This is a departure from the way that the first three test sites conducted the victim experiences survey. It also proved to be a much less problematic process than the other sites had experienced. At the site in Olmsted County, advocates and a staff person who was not an advocate were given an abbreviated interviewer training by Wilder Research Center staff. All of them attempted to conduct the interviews, although the staff person was the only one to complete any interviews with victims. At the three original test sites advocates received an abbreviated interviewer training. This training was further complicated because some errors were identified in the survey, which resulted in some minor changes in it prior to implementation. At some of the sites several weeks elapsed before advocates were able to begin interviewing, and they were not retrained at this point. In addition, many of the advocates felt close to the victims. Some were unable to detach themselves from their professional role and supportive behavior enough to conduct an unbiased interview. Some of the advocates at the original test sites reported that the victims they interviewed went into crisis during the interview, or that they spent an hour or more conducting the interview. When the victim experience survey was conducted by professional interviewers, as happened to be the case in Ramsey, the survey participants did not have any difficulty responding to the questions and the time to complete the survey ranged from 15 minutes to a half an hour. In addition, victims were able to be more candid in their response to questions about the services provided by advocacy agencies. This had been an issue when advocates asked victims about the services they had themselves provided.

Having a consultant (Wilder Research Center) involved in the sampling process appears to have helped to motivate persons within agencies at the original test sites and the Ramsey site to get the sample together. Many of the Sexual Assault Protocol Team members from these sites mentioned that they were pleased with the assistance, because they were not clear on how to manage the process themselves. The Olmsted site had some difficulty with this task, which might have gone better with the assistance of an outside consultant – unfortunately, financial constraints made that impossible.

It would be ideal for all sites to have professional interviewers conduct these surveys. Enlisting the support of interviewers locally, from colleges or Universities where research is conducted might be an option of some sites. However, accessing external consultation

services can be cost prohibitive. Therefore, it will be important for future sites to recruit volunteers from advocacy and other agencies who feel comfortable conducting unbiased interviews, and preferably volunteers who have not had prior contact with the victims they interview.

Sample

Twenty-five surveys were completed with survivors from Ramsey County. Figure 3 presents the demographic characteristics of the victims interviewed. Survivors ranged in age from 13 to 68 with a plurality (36%) in the 41 to 60 year age category. Most respondents were white (72%) women (92%), although there was some representation from persons of color from the African American, Hmong, American Indian and Semitic communities, and one person identified herself as multi-racial. These survivors also spanned the possibilities in terms of their education levels. A plurality (32%) of them had graduated from college, and most of them (76%) had at least gotten a high school education. Sixteen percent of the 24 percent of survivors who had not completed high school were 17 years old or less.

3. DEMOGRAPHICS

Age categories	N	P
13 to 17	4	16%
18 to 25	6	24%
26 to 40	5	20%
41 to 60	9	36%
60 or older	1	4%
Total	25	100%
Gender		
Male	2	8%
Female	23	92%
Total	25	100%
How would you describe your race or ethnic background?		
White/Caucasian	18	72%
Black/African American	3	12%
Multi-racial	1	4%
Hmong	1	4%
American Indian	1	4%
Semitic	1	4%
Total	25	100%

3. DEMOGRAPHICS (CONTINUED)

Years of education	N	P
Less than high school	3	12%
Some high school	3	12%
High school graduate	6	24%
Some college	4	16%
College graduate	8	32%
Post graduate	1	4%
Total	25	100%

Results

Many of the survivors who took part in the survey had contact with multiple agencies, and could answer more than one section of the questionnaire. However, few survivors had contact with all of the agencies. For this reason, there are many instances when the results have been compiled for fewer than 20 survey participants.² Percentages based on samples of fewer than 20 respondents should be considered with caution as the percentages reflect the responses of too few people to be conclusive. However, they might be indicators of strengths or weaknesses in the system that are typically elaborated on by the respondent in the open-ended portions of the questionnaire.

One set of questions asked survivors which agency they contacted first after the incident, how long after the incident they reported and whether or not they received referrals to other agencies from the first agency with which they had contact. Figure 4 below shows the distributions of responses to these questions.

² It is Wilder Research Center's policy not to report percentages when the number of participants falls below 20; however, in this instance for consistency in presentation all percentages are reported as any one table may have greater than or fewer than 20 respondents.

4. INITIAL CONTACT

What was the first agency you were in contact with after this assault?	N	P
Law enforcement	10	40%
Medical/hospital	3	12%
Advocacy organizations	6	24%
Mental health	1	4%
Social services	2	8%
911	3	12%
Total	25	100%
Report time since incident		
Less than one day	11	46%
1 day to 1 week	5	21%
1 week to 1 month	4	17%
Over a month	4	17%
Total	24	100%
Referrals to other agencies or organizations for more help		
Yes	15	60%
No	10	40%
Total	25	100%

Survivors were most likely to contact law enforcement first (52%) which includes calling 911. They were next most likely to contact an advocacy organization (24%), a medical provider (12%), social services (8%) and mental health providers (4%). These survivors were most likely to have reported the incident within a day – typically right after it happened (46%); although some took up to a week (21%), and a few took more than a week (17%) or more than a month (17%) to report. No relationship was evident between how soon after the incident a survivor reported and the agency to which it was first reported.

Figure 5 presents survivors' responses to the question of whether they were referred to any other agencies after they made the first contact. A majority (60%) of respondents said that they did get referrals to other agencies, although a substantial portion of them were not referred on and one victim said she got the impression that she should not contact anyone because the case was under investigation. The only two agencies with large enough samples to make any kind of inference were law enforcement and advocacy.

Law enforcement, made referrals about half of the time, whereas five of the six people who received the services of advocates in Ramsey County reported getting referrals.

5. REFERRALS BY FIRST CONTACT

First Contact	At any point during your contact with this agency did they suggest that you should contact other agencies or organizations for more help			
	Yes		No	
	N	P	N	P
Law enforcement	5	50%	5	50%
911	1	33%	2	67%
Medical/hospital	2	67%	1	33%
Advocacy organizations	5	83%	1	17%
Mental health	1	100%	-	-
Social services	1	50%	1	50%
Total	15	60%	10	40%

Wilder Research Center also considered to whom referrals were made. Figure 6 presents these results. While the numbers are too small to be conclusive, the data shows that of the five people referred by law enforcement, two referrals were to medical, two were to advocacy and one was to mental health. One client also remembered receiving a list of resources from law enforcement, but not the content of that list. The medical provider referred two people total, one of them was referred to advocacy and one was referred to advocacy and medical. One person also mentioned getting a resource list, but did not remember what was on it. Four people identified the agency to which they were referred by advocacy. They all reported being referred to law enforcement and one respondent each reported being referred to the other core agencies.

One issue brought up by these participants was that 10 of the referrals were made to agencies outside of Ramsey County. People often do not experience a seamless system in Ramsey County because they live elsewhere or the assault happened elsewhere. The Sexual Assault Protocol Team and the project funders may want to consider extending the scope of the project beyond county lines in the future, at least in the Twin Cities area.

6. INTER-AGENCY REFERRALS

First agency contacted after assault that gave referrals	Law Enforcement	Medical	Prosecution/legal	Advocacy	Mental health	List of resources	Total Referrals
Law enforcement (n=5 of 13 ^a)	-	2	-	2	1	1	6
Medical/hospital (n=2 of 3)	-	1	-	2	-	1	4
Advocacy organizations (n=4 of 6)	4	1	1	-	1	-	7
Mental health (n=1 of 1)	1	-	-	-	1	-	2
Social services (n=1 of 2)	-	-	-	1	-	-	1
Total (n=13 of 25)	5	4	1	5	3	2	20

a Includes three 911 contacts, 1 of which gave a referral

Victims' Experience with Law Enforcement

Nineteen survivors had experience with law enforcement in Ramsey County and rated their satisfaction with specific aspects of those experiences. Figure 7 presents these results. Seventy-six percent of these respondents had contact with law enforcement, 21 percent had contact with the Sheriff's Department and 79 percent had contact with the St. Paul Police Department. About one-quarter (4 of 19) survivors who contacted law enforcement used 911. All of the survivors who called 911 said they were satisfied or very satisfied with the concern of the 911 operator. Most survivors (13 of 15) reported being satisfied or very satisfied with the speed with which law enforcement responded to their call. Half of these respondents reported to law enforcement immediately after the incident (50%), the others reported it anywhere from one day after the incident to well over a month after the incident. Law enforcement professionals in Ramsey County have pointed out the importance of quick reporting to ensure the integrity of evidence in the case; however, the timeliness of the report should not influence how law enforcement treats a victim.

7. INITIAL CONTACT WITH LAW ENFORCEMENT

Did you have contact with law enforcement in Ramsey County?	N	P
Yes	19	76%
No	6	24%
Total	25	100%
Did you call the 911 operator?		
Yes	5	26%
No	14	74%
Total	19	100%
How satisfied were you with the concern of the 911 operator for your safety?		
Satisfied	2	50%
Very satisfied	2	50%
Total	4	100%
How satisfied were you with how quickly law enforcement responded to your call?		
Dissatisfied	2	13%
Satisfied	4	27%
Very satisfied	9	60%
Total	15	100%

Survivors also described their satisfaction with the way law enforcement representatives treated them and the kinds of information the officers and others gave. Their responses to these questions have been presented in Figure 8. Twelve of 17 survivors reported that

law enforcement notified them of their rights. Of the 11 who gave more information about the notification, five said that the notification was verbal, five received a card, and one reported being referred to an advocate. Some victims reported that they did not remember what was on the written materials given to them, yet others have reported that it is important to have written documentation of what is going on in their case and the system. Clearly people have different ways of absorbing information. It might be important to pass on information in more than one way, perhaps requesting that officers explain the cards when they give them out, to ensure that more victims understand the information that they receive.

The survey asked survivors how satisfied they were with the explanation that law enforcement gave them about what to expect during the investigation. Most (13 of 19) of them were “satisfied” or “very satisfied” with the explanations given by law enforcement officers, although four were “very dissatisfied” and two were “dissatisfied.” Eleven of 19 survivors reported that they were notified when the suspect was arrested. No arrest was made in five of the remaining cases, and in three of the remaining cases the survivors were not notified of the suspect’s arrest.

8. LAW ENFORCEMENT COMMUNICATION

Did law enforcement notify you or your rights as a crime victim?

	N	P
Yes	12	71%
No	5	29%
Total	17	100%

How?

Verbally	5	45%
With a card	5	45%
Referred to a victim advocate	1	9%
Total	11	100%

How satisfied were you with what law enforcement told you you might expect during the investigation?

Very dissatisfied	4	21%
Dissatisfied	2	11%
Satisfied	9	47%
Very satisfied	4	21%
Total	19	100%

Were you notified as soon as the suspect was arrested?

Yes	11	58%
No	3	16%
No arrest made	5	26%
Total	19	100%

Figure 9 shows the distribution of survivors' responses when asked how satisfied they were with the respect law enforcement gave to their wishes related to the case and how satisfied they were with their overall experience with law enforcement. Twelve respondents were "satisfied" or "very satisfied" and seven were "dissatisfied" or "very dissatisfied" with the respect shown by law enforcement for their wishes. The dissatisfied persons were asked to explain why they were dissatisfied. A few survivors felt that the responding officers were not respectful or helpful, but when the officers who regularly deal with sex crimes took over, the case was well handled. Some felt that law enforcement did too little to protect them and pursue the case, some felt that they were not believed, and one was upset because she was not able to have the support of an advocate while making the report. Several excerpts from their comments are included below.

The first detective was not helpful. He did not believe what had happened. After a person from sex crimes was assigned, the process went very smoothly.

[The responding officers were] cold and distant and very difficult to communicate with. Left me standing on the boulevard for over five minutes with only a blanket wrapped around me while they decided how to get me to the hospital.

They did not seem to believe me or my daughter... Police always make it seem that the assaults are the fault of my daughter or us (parents).

They tell me I don't have enough proof. They don't do anything. At the time I made the police report I wanted to have the advocate stay with me, and the officer wouldn't let her.

9. SATISFACTION WITH LAW ENFORCEMENT

How satisfied were you with the respect law enforcement gave to your wishes related to the case?

	N	P
Very dissatisfied	4	21%
Dissatisfied	3	16%
Satisfied	6	32%
Very satisfied	6	32%
Total	19	100%

How satisfied were you with your experience with law enforcement overall?

Very dissatisfied	3	17%
Dissatisfied	3	17%
Satisfied	6	33%
Very satisfied	6	33%
Total	18	100%

Only 18 survivors responded when asked how satisfied they were with their overall experience with law enforcement. The distribution of their responses was similar to their satisfaction with the respect shown by law enforcement. Twelve survivors reported being “satisfied” or “very satisfied” with law enforcement overall and six were “dissatisfied” or very “dissatisfied.” When asked to explain their ratings, the respondents who gave positive responses were pleased with the respect that particular officers showed, the availability of staff, the way that the case was handled, and how well they were kept informed. The comments from those who were not satisfied related to particular officers and how the case was handled.

Clearly, not all cases have outcomes that allow victims to feel that justice has been served. Perhaps special attention needs to be paid to communication with victims when their cases are not charged, or law enforcement chooses not pursue the case for whatever reason. Simply saying that there is a lack of evidence is not enough. Furthermore, it is possible that victims could clarify unclear events in the case that might help to shore up inadequate evidence. Several positive and negative responses are included below.

I guess it's that they let me know every step of the way with updates. They handled it really quickly as far as bringing charges against him.

One officer was very helpful in telling me what to do when suspect started harassing me at work. However I felt I had to prove myself to them because suspect was an acquaintance. They did not understand my fear...or address my need for physical safety.

The outcome was disappointing. They didn't call me, I had to call them. In the end he got away with everything. My clothes were taken. A full kit was taken. A witness saw him enter the house. They did not follow through.

Investigator was always available and explained what to expect—even came by my house to explain.

The victim experiences survey also asked survivors if any of their law enforcement contacts offered the support of advocates, if they received help from advocacy, and how satisfied they were with that support. The distributions of their responses are included below in Figure 10.

10. ADVOCACY SUPPORT DURING CONTACT WITH LAW ENFORCEMENT

Were you informed by law enforcement that you could have a crime victim advocate present during your contact with law enforcement?

	N	P
Yes	5	28%
No	13	72%
Total	18	100%

Did a victim advocate help you during your contact with law enforcement?

Yes	5	26%
No	14	74%
Total	18	100%

How satisfied were you with the help the victim advocate provided you during your contact with law enforcement?

Satisfied	1	20%
Very satisfied	4	80%
Total	5	100%

According to most of the survey participants (72%), law enforcement failed to inform them that they could have a crime victim advocate present during their contact with law enforcement. Three survey respondents who said law enforcement did inform them of the support available, took advantage of it. Another person who had the support of a victim advocate had contacted social services first and had been referred by social services to advocacy. Four of the survivors who received help from an advocate were “very satisfied” with the support they received and one was “satisfied.”

Survivors who did not receive the support of an advocate during their contact with law enforcement were asked why they did not. Twelve of them said they were unaware that advocacy support was available and two reported that they did not think it was necessary or did not take the initiative to pursue it.

Medical

Fifteen of the 25 survey participants sought help from medical providers. The survey asked these victims about their initial contact with medical providers, the treatment they received, the quality of the communication from the staff and their overall impressions of the medical services they received.

Figure 11 presents the distribution of survivors' responses to questions about their initial contact with medical providers, the time that passed between the incident and their access to services, and their satisfaction with the waiting room. Most victims (60%) sought help within 48 hours of the incident. This is important, as critical medical evidence is more difficult to collect 48 hours after a sexual assault. Most survivors (82%) were "satisfied" or "very satisfied" with the waiting room they used prior to being examined, and most received referrals from medical personnel to other agencies (73%).

11. VICTIMS' INITIAL CONTACT WITH MEDICAL FACILITIES

Did you have contact with medical/hospital?	N	P
Yes	15	60%
No	10	40%
Total	25	100%
Report Time		
Within 48 hours	9	60%
Over 48 hours	6	40%
Total	15	100%
Did the medical providers offer to refer you to other agencies?		
Yes	11	73%
No	4	27%
Total	15	100%
How satisfied were you with the waiting area you stayed in before the examination began?		
Very dissatisfied	1	9%
Dissatisfied	1	9%
Satisfied	6	55%
Very satisfied	3	27%
Total	11	100%

Figure 12 presents survivors responses to questions related to their treatment during the exam and the staff who conducted it. Most were "satisfied" or "very satisfied" with the medical staff's respect for their wishes (73%), the speed with which staff completed their medical exam (79%), and the staff's efforts to make it as easy and comfortable as possible for them to leave (75%). However, at least three people (20%) were "dissatisfied" or "very dissatisfied" with the treatment they received, and 29 percent of

survivors were “dissatisfied” or “very dissatisfied” with the overall medical services they received. Responses to an open-ended question that asked survivors to explain their overall rating of the medical services they received relate to some of the more specific services they received. Most of the people who were “dissatisfied” reported being dissatisfied with the time that it took to access service, a few were unhappy with the quality of the treatment and one requested but was unable to get service from a female doctor. Despite these negative comments, most survivors made very positive statements about the treatment they received. A sample of their comments are included below.

We waited for hours. Evidence was not collected. Concern was not expressed for the victim...Treatment was impersonal and not thorough. Seemed inappropriate.

It was 17 hours before the rape kit was done. No DNA was recovered.

I could say “stop” at any time. I never felt what happened was my fault. In fact, I was encouraged to feel the opposite of that. I was also encouraged to stand on my own at the same time I was told I could come back for help at any time.

They took the time to see what was going on—to look at my situation and how I could seek help.

They were sensitive. They treated me as a person who mattered, not just someone off the street. Nurse held my hand during exam. Very nice people. I was really lucky.

12. VICTIMS' EXPERIENCE WITH MEDICAL STAFF'S TREATMENT

How satisfied were you with the medical staffs respect for your wishes?

	N	P
Very dissatisfied	3	20%
Dissatisfied	1	7%
Satisfied	2	13%
Very satisfied	9	60%
Total	15	100%

How satisfied were you with how quickly the medical staff completed your medical examination?

Very dissatisfied	3	21%
Satisfied	5	36%
Very satisfied	6	43%
Total	14	100%

12. VICTIMS' EXPERIENCE WITH MEDICAL STAFF'S TREATMENT (CONTINUED)

How satisfied were you with their efforts to make it as easy and comfortable as possible for you to leave?	N	P
Very dissatisfied	2	17%
Dissatisfied	1	8%
Satisfied	4	33%
Very satisfied	5	42%
Total	12	100%

Were there adequate follow-up services from the medical provider?		
Yes	4	36%
No	7	64%
Total	11	100%

Overall, how satisfied were you with the medical services you received?		
Very dissatisfied	1	7%
Dissatisfied	3	21%
Satisfied	2	14%
Very satisfied	8	57%
Total	14	100%

Medical staff can provide a great deal of important information about the exam and health consequences of sexual assault to victims of sexual assault. Figure 13 presents the distribution of survivors' response to questions about the quality of staff communication. Most clients were "satisfied" or "very satisfied" with the medical staff's explanation of the purpose of the steps involved in the exam (85%), how the medical exam and evidence collection were to be paid for (75%), how the staff responded to questions about injuries or physical consequences of the assault (85%) and the information provided about sexually transmitted diseases (85%). For each question, however, two people (not the same two people) were "dissatisfied" or "very dissatisfied" with the medical staff's communication. Several comments made in an open-ended question about survivors' experience with medical providers revealed that communication was very important to them. Samples of both positive and negative remarks about communication are included below.

Explanations were not given.

They were very compassionate, they went slowly, explained every move and why it was necessary.

The lady was nice and explained everything she was doing.

13. VICTIMS' EXPERIENCE WITH MEDICAL STAFF'S COMMUNICATION

How satisfied were you with the medical staff's explanation of the purpose and steps involved in the exam?

	N	P
Very dissatisfied	2	15%
Satisfied	4	31%
Very satisfied	7	54%
Total	13	100%

How satisfied were you with the information the medical staff provided to you about how the medical exam and evidence collection was to be paid for?

Very dissatisfied	2	25%
Satisfied	4	50%
Very satisfied	2	25%
Total	8	100%

How satisfied were you with the way the medical staff addressed your questions about the injuries or possible physical consequences of the assault?

Very dissatisfied	1	8%
Dissatisfied	1	8%
Satisfied	7	54%
Very satisfied	4	31%
Total	13	100%

How satisfied were you with the way the medical staff informed you about sexually transmitted diseases, HIV/AIDS and possible pregnancy?

Very dissatisfied	1	8%
Dissatisfied	1	8%
Satisfied	3	23%
Very satisfied	8	62%
Total	13	100%

The victim experiences survey also asked survivors who received medical services whether the medical staff offered to arrange to have a victim advocate present, if they accessed the support of an advocate and how satisfied they were with the support they received if they had contact with an advocate. Figure 14 presents these results. Only two survivors reported being offered the support of an advocate, both of them took advantage of that support. One was “satisfied” with the support received, the other was “very satisfied.” When asked why, eight of the people who did not receive the help of an advocate said that they were not aware that it was an option. Others who responded to the question either chose not to access their support, got support from their family or reported that medical staff called an advocate, but the advocate was not involved during the medical procedures.

14. ADVOCACY SUPPORT DURING CONTACT WITH MEDICAL SERVICE PROVIDERS

Were you asked if you wanted a victim advocate to be with you at the hospital?	N	P
Yes	2	15%
No	11	85%
Total	13	100%
Did a victim advocate help you during your contact with the medical providers?		
Yes	2	14%
No	12	86%
Total	14	100%
How satisfied were you with the help you received from the victim advocate during your contact with the medical providers?		
Satisfied	1	50%
Very satisfied	1	50%
Total	2	100%

Prosecution

The victim experiences survey covers survivor’s contact with prosecution in great detail to cover the multiple directions in which a case can move through the system. The analysis has been broken down into several sections, including the initial contact, satisfaction with the charging of cases, satisfaction with the prosecution of the case, and satisfaction with prosecution after the case is closed. Since every case is different, the number of survivors eligible to answer these sections decreases as cases get resolved on

their way to trial. People who want their case tried but have it pled out or dismissed without being charged are more likely to be dissatisfied with their contact with prosecution because they were unable to achieve their desired outcome – what they perceive to be justice. Victims’ ratings of the prosecution at these points should not necessarily be considered a poor reflection on the prosecutor’s office.

The distributions of survivor’s responses to questions about their initial contact with prosecution have been included below in Figure 15. About half of the survey participants had contact with prosecution. Most of these participants (91%) had most contact with a prosecuting attorney, a victim advocate, or a combination of the two. Most of these survivors (76%) were “satisfied” or “very satisfied” with the explanation they received of the criminal justice process. Eleven of the 13 cases (85%) were charged, the two survivors whose cases were not charged were “dissatisfied” or “very dissatisfied” with the discussion they had with members of the prosecutor’s office prior to the decision not to charge.

While it is likely that the dissatisfaction is related as much to the decision not to charge as the discussion, this might be an area where some consideration could be made to ensure that survivors feel heard. The situation is similar to that of dissatisfied victims coping with law enforcement’s decision not to pursue a case. Similarly, the discussion regarding the decision not to charge might give prosecution an opportunity to gather the additional information needed. It would also be an opportunity for prosecution staff to address safety concerns, refer the victim to other agencies, and discuss other avenues of justice-making such as a civil process. At the least, prosecution should ensure that the victims feel that they have been given an adequate explanation of why they did not get the opportunity to pursue the justice they feel they deserve.

15. INITIAL CONTACT WITH PROSECUTION

Did you have contact with prosecution?	N	P
Yes	13	52%
No	12	48%
Total	25	100%

What was the position of the person with whom you had the most contact?

Court prosecuting attorney	5	38%
Victim advocate	5	38%
Prosecutor and advocate equally	2	15%
Missing	1	8%
Total	13	100%

How satisfied were you with the explanation of the criminal justice process as it related to your case and possible outcomes?

Dissatisfied	3	23%
Satisfied	5	38%
Very satisfied	5	38%
Total	13	100%

Was the perpetrator prosecuted in this case?

Yes	11	85%
No	2	15%
Total	13	100%

How satisfied were you with the discussion you had about the case prior to a decision not to prosecute?

Very dissatisfied	1	50%
Dissatisfied	1	50%
Total	2	100%

Overall, how satisfied were you with the prosecution staffs handling of your case?

Very dissatisfied	1	8%
Dissatisfied	1	8%
Satisfied	3	25%
Very satisfied	7	58%
Total	12	100%

Survivors whose cases were charged out rated their satisfaction with the way that the prosecutor’s office handled their case after charging. Those ratings are included below in Figure 16. Ten of the 11 survivors whose cases were charged reported that the prosecutor’s office informed them of their rights as victims, 9 of 10 said that they received referrals from the prosecutor’s office, and 7 of 11 asked to be notified ahead of time about hearings related to their case. Five of the seven who requested notification were “satisfied” or “very satisfied” with the pre-notifications. The two people who were not satisfied made the following comments:

I don’t feel like I was given enough notice. It seemed very last minute.

I was not aware that it was going before a judge, and the perpetrator pled guilty to a lesser charge.

All 10 survivors who responded, said that they were "satisfied" or “very satisfied” with the prosecutor’s explanation of each hearing. Nine of 10 were “satisfied” or “very satisfied” with prosecution’s efforts to reduce court delays. And eight of nine were satisfied or very satisfied with their explanations of delays that did occur.

16. SATISFACTION WITH PROSECUTION'S HANDLING OF CHARGED CASES

Did the prosecutor’s office tell you about your rights as a victim?	N	P
Yes	10	91%
No	1	9%
Total	11	100%
Did the prosecutor’s office offer to refer you to any other agencies for additional help?		
Yes	9	90%
No	1	10%
Total	10	100%
Did you ask to be notified ahead of time about any hearings related to your case?		
Yes	7	64%
No	4	36%
Total	11	100%
How satisfied were you with these pre-notifications?		
Very dissatisfied	1	14%
Dissatisfied	1	14%
Satisfied	2	29%
Very satisfied	3	43%
Total	7	100%

16. SATISFACTION WITH PROSECUTION'S HANDLING OF CHARGED CASES (CONTINUED)

How satisfied were you with the prosecutor's explanation of each hearing?	N	P
Satisfied	5	50%
Very satisfied	5	50%
Total	10	100%

How satisfied were you with the prosecutor's office's attempts to minimize court schedule delays?		
Very dissatisfied	1	10%
Satisfied	5	50%
Very satisfied	4	40%
Total	10	100%

How about their explanations of the causes of delays that may have occurred?		
Dissatisfied	1	11%
Satisfied	5	56%
Very satisfied	3	33%
Total	9	100%

Survivors whose cases were projected to go to trial rated their satisfaction with the way that the prosecutor's office handled the trial or pleading of their cases. Only two survivors had their cases go to trial. One was "satisfied" and the other "very satisfied" with how prosecution prepared them for trial and how they handled the case. One of the two trials resulted in the sentencing of the perpetrator.

Nine of the 11 survivors whose cases were charged had their case end in a plea agreement. Their responses to questions about the plea process are included in Figure 17. Six of the nine survivors were "satisfied" or "very satisfied" with the prosecutor's efforts to include them in discussion of the plea, and three were not satisfied. Six survivors were concerned about the plea agreement. Four of these survivors said that the judge was informed of their concerns and one each said that the judge was not informed or they did not know whether or not the judge was informed of their concerns. Seven of nine respondents said that they had received enough help from prosecution to prepare a victim impact statement, although two did not. Only 4 of 10 survivors were "satisfied" or "very satisfied" with the way the prosecutor's office handled the case after it was closed. The other six were "dissatisfied" or "very dissatisfied." The reasons these six gave for their dissatisfaction included poor communication and leniency towards perpetrators as well as some more specific issues related to their individual cases. Four of their comments are included below.

I wish they would of [sic] told me more options to keep him away from me since he was not sentenced.

Perpetrator was moved between facilities and I was not informed. I didn't realize another form needed to be filed.

Ten year sentence appealed—reduced to five.

We were not notified. It almost seemed like the perpetrator needed to be protected just because she was a juvenile—so did my daughter. This is backwards.

17. VICTIMS SATISFACTION WITH PROSECUTION HANDLING OF PLEA AGREEMENTS

Thinking about the plea negotiations, how satisfied were you with the way the prosecutor's office involved you in discussions related to plea agreements?

	N	P
Very dissatisfied	1	11%
Dissatisfied	2	22%
Satisfied	4	44%
Very satisfied	2	22%
Total	9	100%

Did you have concerns about the plea agreement?

Yes	6	67%
No	3	33%
Total	9	100%

Was the judge informed about your concerns at or before the plea hearing?

Yes	4	67%
No	1	17%
Don't Know	1	17%
Total	6	100%

Thinking about the sentencing, did you receive enough help to prepare a victim impact statement?

Yes	7	78%
No	2	22%
Total	9	100%

How satisfied were you with the handling of the case after it was closed?

Very dissatisfied	3	30%
Dissatisfied	3	30%
Satisfied	1	10%
Very satisfied	3	30%
Total	10	100%

Respondents explained their overall ratings of their experiences (presented in Figure 16) with prosecution in reply to an open-ended question. Their negative comments were primarily related to the outcome of the case. Two respondents who were generally pleased with the prosecutor's office, but dissatisfied with the outcome expressed their distaste for the judges. However, one survivor who was otherwise positive felt that the prosecutor's office made mistakes in confidentiality, one of which jeopardized this survivor's safety. Some of the comments are included below:

Attorney said that because my daughter (age 12) went in the car with the suspect (age 21), there was nothing they could do. He had assaulted other girls from the same area, but he never went as far as he did with my daughter.

I felt that they didn't listen to my daughter's and my concerns. I felt they catered towards the perpetrator. They settled for a lower charge so they wouldn't have to tie up the court system.

First, the prosecutor called my home while I was on vacation and revealed much information to my mother—much more than I had told her. This was a breach of confidentiality. Second, when the order of protection was prepared and served on the perpetrator, it included my last name. Up to that point the perpetrator only knew my first name. We (family) are the only listing with that last name. He will be out in three years and he will be angry and he'll know where to find me.

All in all they handled it well. I don't blame prosecution. I think the judge just felt sorry for the perpetrator, I don't know why he would.

Most survivors were very positive in their descriptions of their experience with the prosecutor's office. They mentioned the compassion of the staff, the effort they made to listen and keep them informed, and the skill with which they handled and investigated cases. One survivor, whose case did not have the outcome she had hoped for still defended the prosecutor's office for believing her. Clearly there are ways that prosecution can be victim-centered, without losing site of the case. Several of the victims' comments are included below.

During the actual sentencing the prosecution really gave me all the ins and outs. Everything that needed to be done and said was thoroughly covered.

The intelligence behind conviction and outcome establishing him as a serial rapist—the connection with all the other rapes. She (attorney) was well prepared and handled the case very well.

They kept in contact with me through the whole thing. They tried very hard to not have me appear in court and I never had to.

They were backing me up—they knew I was telling the truth—the lawyers were backing me up.

I didn't have to struggle to get information.

As it did for other professions, the survey asked survivors what efforts prosecution made to help them access the support of an advocate. Figure 18 presents these results. Ten of the 11 survivors (91%) reported that they had been informed that they could have an advocate present during the prosecution of their case. Eight of these survivors sought the support of advocates, and all of them were very satisfied with the help they received during their contact with prosecution.

18. ADVOCACY SUPPORT DURING CONTACT WITH PROSECUTION

Were you informed that you could have a victim advocate present during the prosecution of your case?	N	P
Yes	10	91%
No	1	9%
Total	11	100%

Did a victim advocate help you at any stage of the prosecution of your case?		
Yes	8	73%
No	3	27%
Total	11	100%

How satisfied were you with the help of the victim advocate provided you during your contact with prosecution?		
Very satisfied	8	100%
Total	8	100%

Advocacy

Survivors who had contact with other agencies described their experiences with advocacy relative to the way advocates supported them in their dealings with other agencies. However, some people did not have contact with any people in the sexual assault response system besides advocacy. All people who had any contact with advocates rated their satisfaction with the advocates' communication, sensitivity to their needs and general support. Their responses to these questions have been presented in Figure 20.

Figure 19 presents the distribution of survivors' responses to questions about their access to advocacy. Nineteen of the 25 survivors surveyed (76%) accessed advocacy services. About a third (35%) contacted advocacy immediately after the incident and an additional 53 percent contacted advocacy within a week. The agency contacted by most survivors was Sexual Offense Services, although several other advocacy agencies provided services to these Ramsey County victims (the four people who had contact with more than one advocacy agency rated the organization with which they had the most contact). Most of these survivors (79%) reported that their advocates referred them to other agencies.

19. VICTIMS' CONTACT WITH ADVOCACY

Did you receive services from a victim services or advocacy agency in your county?

	N	P
Yes	19	76%
No	6	24%
Total	25	100%

Advocacy Agencies Accessed^a

(The first five agencies listed were the agencies with which victims had the most contact. Respondents were asked to think of their contact with these agencies while responding to the remainder of questions about advocacy. The other three agencies were not evaluated in this study.)

Sexual Offense Services	14	74%
Breaking Free	3	16%
Rape Victim Center	1	5%
Victim Services	1	5%
Midwest Resource Center Therapist	1	5%
Reparations Board	1	5%
Ramsey County	1	5%
CASA	1	5%
Total Cases	19	100%

Did the victim advocate offer to refer you to any other agencies for additional help?

Yes	15	79%
No	3	16%
Don't Know	1	5%
Total	19	100%

^a Total responses add to more than 19 due to acceptance of multiple responses.

Figure 20 presents the distribution of survivors' responses to questions about the quality of the advocacy services they received. All of the victims said that the advocates informed them of their rights as crime victims. Ninety-four percent were "satisfied" or "very satisfied" with each of the following aspects of the advocacy services: (1) the emotional support advocates provided to help them deal with the immediate crisis, (2) the explanation of what to expect from law enforcement and the criminal justice system, and (3) the support advocates gave to them to deal with the effects of the crime. All of the survey respondents were "satisfied" or "very satisfied" with advocates' explanations of court procedures, the support they provided during hearings and trials, the advocates' respect for survivors' wishes, and the help they provided overall.

20. VICTIMS' SATISFACTION WITH ADVOCACY

How satisfied were you with the way the victim advocates gave you emotional support and helped you deal with the immediate crisis?

	N	P
Dissatisfied	1	6%
Satisfied	2	11%
Very satisfied	15	83%
Total	18	100%

Did they inform you of your rights as a crime victim?

Yes	19	100%
Total	19	100%

How satisfied were you with the explanation given about what to expect from law enforcement and criminal justice system agencies?

Very satisfied	10	59%
Satisfied	6	35%
No explanation given	1	6%
Total	17	100%

How satisfied were you with how well they explained court procedures in terms you understood?

Satisfied	4	31%
Very satisfied	9	69%
Total	13	100%

How satisfied were you with the advocacy and/or support they provided during hearings and trials?

Satisfied	2	25%
Very satisfied	6	75%
Total	8	100%

20. VICTIMS' SATISFACTION WITH ADVOCACY (CONTINUED)**How satisfied were you with the help you got from the victim advocate to deal with the effects of the crime?**

	N	P
Dissatisfied	1	6%
Satisfied	6	33%
Very satisfied	11	61%
Total	18	100%

How satisfied were you with the way the victim advocate respected your choices?

Satisfied	2	11%
Very satisfied	16	89%
Total	18	100%

How satisfied were you with the help the victim advocates provided, overall?

Satisfied	3	16%
Very satisfied	16	84%
Total	19	100%

Survivors' responses to a request to explain their overall ratings of advocacy revealed that many survivors were happy with the closeness they felt to their advocates, describing them as friends or family. They also appreciated the information that their advocates provided, the support they gave them to be strong, their cultural sensitivity, and their availability. Only one person had a negative comment about an advocate's lack of understanding, and one person suggested that the agency needed more staff to provide help. Several of their responses are included below.

They're very supportive. I felt like—almost—like more a part of a family. Very caring people and that helped a lot.

They took the time out with me, one-to-one. They helped me with very real needs—housing, clothing—even referred me to safe social situations where I could relax and socialize with other people. They covered a variety of needs—and were there for me throughout the whole process.

They had someone who understood my daughter's culture.

There was nothing too horrible to tell them. I never felt I was horrible. They helped me with understandings I could grasp. Mostly they were—and are—always available. Response was healthy, encouraging and supportive.

Mental Health

Ten survivors (40%) had experience with mental health professionals in Ramsey County. They rated their satisfaction with various aspects of their contact with these professionals, including their initial contact, the service provided, and the sensitivity of the staff. The distributions of their responses to these questions are in Figure 21.

The mental health providers of 40 percent of these survivors referred them to other agencies. Most respondents (8 of 9) were “satisfied” or “very satisfied” with the ease of scheduling an appointment. All of the survivors who responded reported being “satisfied” or “very satisfied” with their therapist’s explanation of their rights and responsibilities in therapy, listening and validating skills, respect, provision of emotional support throughout the healing process, and with the services provided overall. Survivors were more positive about mental health providers than any other group in the sexual assault response system.

21. VICTIMS' EXPERIENCE WITH MENTAL HEALTH PROFESSIONALS

Did you receive services from a mental health facility in your county?	N	P
Yes	10	40%
No	15	60%
Total	25	100%

Did they offer to refer you to any other agencies for additional help?		
Yes	4	40%
No	6	60%
Total	10	100%

How satisfied were you with how easy it was for you to get an appointment?		
Dissatisfied	1	11%
Satisfied	2	22%
Very satisfied	6	67%
Total	9	100%

How well did the therapist explain your rights and responsibilities of therapy?		
Satisfied	5	63%
Very satisfied	3	38%
Total	8	100%

21. VICTIMS' EXPERIENCE WITH MENTAL HEALTH PROFESSIONALS (CONTINUED)

How satisfied were you with how well they made you feel listened to and that your feelings were important?	N	P
Satisfied	3	30%
Very satisfied	7	70%
Total	10	100%

How satisfied were you with their respect for you?		
Satisfied	2	20%
Very satisfied	8	80%
Total	10	100%

How satisfied were you with how well they provided emotional support throughout the recovery process?		
Satisfied	3	30%
Very satisfied	7	70%
Total	10	100%

Overall, how satisfied were you with the mental health services you received?		
Satisfied	5	50%
Very satisfied	5	50%
Total	10	100%

Survey participants explained their ratings in response to an open-ended question. Most of them had very positive things to say about how the therapists helped them heal, provided emotional support, and even medication. One person, who reported being satisfied with the service received, did state that a male doctor was not supportive. A sample of the responses follows.

I have felt that any question or concern has been responded to. I felt treated in a respectful manner—even at times when I was more “fallen apart” than “put together.” I was never made to feel guilty.

They came right away when they were needed. Even went to my daughter’s school. Wonderful. I’m really happy kids have people like this to help them.

They did give me medication and I needed it to help me sleep. They also gave me emotional support.

System-Wide Satisfaction

The victim experiences survey also included some general questions about how well the system did at making victims feel safe, financially compensated for any losses, and secure in dealing with the media, and at addressing the concerns of friends or family members. Figure 22 displays the distributions of their responses to these questions.

Most people (76%) who felt entitled to financial recompense for their experience were “satisfied” or “very satisfied” with the information they got through system personnel to help them ask for reparations, restitution or other financial relief. The five people who were not satisfied with the help they received from the agencies with which they had contact explained why they felt dissatisfied. Three of these respondents reported not getting information, or being misled into believing they were going to get restitution for their clothes, but getting nothing. The other two did not respond to the question appropriately.

Most survey respondents (84%) reported being “satisfied” or “very satisfied” with the ability of these agencies to make them feel safe, although four survivors were “dissatisfied” or “very dissatisfied.” The explanations of the people who were not satisfied covered a wide variety of issues; therefore, they have all been presented below.

Perpetrators are free to hurt my daughter again as well as others. [advocacy] gave realistic information of how to lower the odds of harm (be aware of surroundings, don't be alone, etc.) but police don't really care. As the cop said, the criminals have more rights than the victims.

So many people involved—it was hard to feel safe any way.

The perpetrator hangs out in this neighborhood and he doesn't live here. My daughter is very afraid.

Mental health and [advocacy] helped me feel safe, however police and legal totally did not help me feel a sense of safety at all. Concern for my physical safety was missing.

22. VICTIM'S EXPERIENCE WITH CRIMINAL JUSTICE SYSTEM

How satisfied were you with the information you got to help you ask for reparations, restitution or other financial relief because of your contact with these agencies?

	N	P
Very dissatisfied	1	6%
Dissatisfied	4	22%
Satisfied	10	56%
Very satisfied	3	17%
Total	18	100%

How satisfied were you with these agencies ability to make you feel safe?

Very dissatisfied	2	8%
Dissatisfied	2	8%
Satisfied	14	56%
Very satisfied	7	28%
Total	25	100%

How satisfied were you with the assistance you got dealing with media questions about your assault?

Very dissatisfied	1	20%
Dissatisfied	1	20%
Satisfied	2	40%
Very satisfied	1	20%
Total	5	100%

How satisfied were you with the agencies' ability to deal with any barriers or problems you might have had to getting service?

Dissatisfied	2	14%
Satisfied	5	36%
Very satisfied	7	50%
Total	14	100%

Did you have a family member, friend or other support person or persons with you throughout the process?

Yes	17	68%
No	8	32%

How satisfied were you with the efforts made by all of the agencies we've talked about to address that person's questions and concerns?

Satisfied	12	80%
Very satisfied	3	20%
Total	15	100%

Only five survivors responded when asked how satisfied they were with the assistance they got dealing with media questions about the assault. Three were “satisfied” or “very satisfied,” one was “dissatisfied” and one was “very dissatisfied.” Nineteen of the 20 who did not respond said that this question did not apply to them, as they had no contact with the media.

When asked how satisfied they were with the agencies’ ability to deal with any barriers or problems they might have had to getting service, most respondents (86%) were “satisfied” or “very satisfied,” although 2 of 14 (14%) were “dissatisfied.” The latter two survey participants explained.

An error was made on the order for protection. I had a male therapist instead of female. They revealed details to my mom.

Police in first report only took short notes. Then they rewrote my story and it wasn’t right.

Finally, survivors had the opportunity to make other comments. Many of them wanted to make generally positive comments about the agencies from which they received service. Agencies that received positive comments included advocacy, prosecution, and nursing staff.

Some survivors wanted to comment on specific injustices that they felt they had encountered in the system. One comment from a Hmong victim should be considered carefully by the Ramsey Sexual Assault Protocol Team, as it is very pertinent to their focus on communities of color. Apparently law enforcement’s attempt to be culturally competent by securing a Hmong officer to whom the victim could report the incident backfired. It caused a delay in reporting and may have led to a breach in confidentiality. The Hmong victim’s comments as well as a sample of other specific criticisms of service and recommendations for improvement follow, with the intent of helping the Ramsey team to determine how to improve services. General comments (typically positive) have not been included due to limited space.

The reason my report didn’t show up is because my boss paid money to the police. Police think I’m Hmong. I should have a Hmong officer to make the report and that’s why it took a long time to make a second report to the Minneapolis Hmong officer. Then it was related to my boss.

The women were very good to deal with. Except for the one man downtown (department sergeant), the rest of the men were not good to deal with—including the male therapist and male law enforcement people. Mental assessments of the perpetrator at [Hospital] added to length of time (9 months) in resolving disposition. Courts did not know what to do with perpetrator—at one point the choice seemed to be between sending him to St. Cloud, which was not equipped to handle him, or setting him free for lack of there being an appropriate facility.

You are not safe anywhere. If my daughter can't go out in her own area what good is that? Only one I was happy with was the [advocacy agency]. The hospital asked to hear the details of the incident many times, yet they did not do an exam thorough enough to be able to get any evidence. Police never did anything. Emotional strain was never addressed. We were not taken seriously. The two people who did this are out in society—they never got help either.

Young people under 18 need support groups of their own. I searched for a group with girls her age (12) and was never able to find one.

I just think the judge was unfair, the kid (perpetrator) lied obviously three times. I had pictures of my injuries and he still got off. The trial was unfair. Now I have a scar, and emotional ones, too. The judge was unfair.

My daughter's school is horrible! Even though I arranged with social work for [agency] advocate to have access with my daughter in school—school refused access to [agency] advocate. Also, teachers would come up to my daughter and taunt her with “I know why you weren't in school last week” statements. Also, other kids and their parents were continuously mean to my daughter.

Reflecting on the case, the juvenile court system needs improving as far as prosecuting juveniles. I've had one other experience with this system and it seems like juveniles get off too easily. All in all, though, everything went all right.

[Agency program] is a great service. It should be on billboards so that more young ladies know about it.

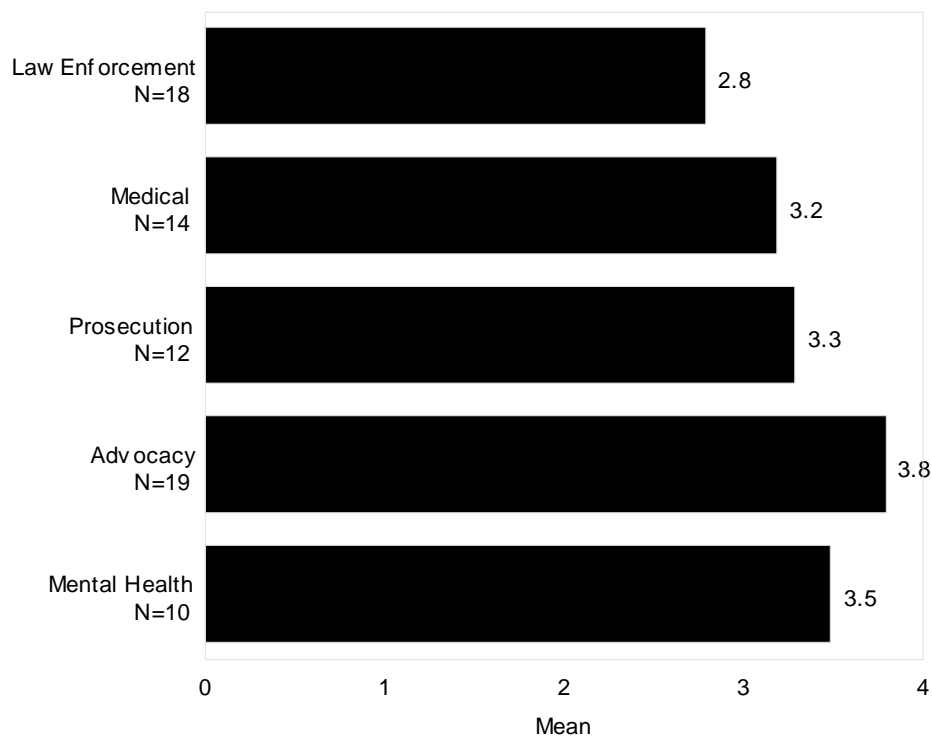
Summary

The results of the victim experiences survey show that while a majority of survivors, typically about three-quarters, were satisfied with the services they received, there were almost always a few people who had bad experiences with service providers. Some of their dissatisfaction is likely the result of the investigation or prosecution of cases not going the way that they had hoped. However, survivors revealed in the open-ended portions of the questionnaire that other sources of dissatisfaction exist. They include not being believed, not being treated with respect or sensitivity and not being informed about

the policies or procedures of the criminal justice system and its interface with agencies serving victims. In addition, a victim whose case did not have the outcome she had hoped for, still felt a sense of justice, simply because the prosecution staff believed her. This is an example of how important it is to consider the process that victims go through as well as the outcome.

To get a comparative understanding of the level of client satisfaction with the agencies covered in the survey, Wilder Research Center asked each of the survey participants who had contact with a given agency to rate their overall satisfaction with the services they received from that agency. Figure 23 displays the mean or average ratings each agency achieved for all of the survivors who accessed their services.

23. OVERALL SATISFACTION WITH AGENCY SERVICES



As the figure shows, advocacy agencies had the highest mean score (M=3.8), followed by mental health (M=3.5), prosecution (M=3.3) and law enforcement (M=2.8). Mean scores between 3 and 4 are between "satisfied" and "very satisfied." Mean scores between 2 and 3 are between "dissatisfied" and "satisfied," or neutral, with means above 2.5 suggesting that people are slightly more satisfied than dissatisfied. Clearly advocacy and mental health are more geared towards serving and empowering victims, and medical providers are trying to aid in the healing process. The prosecutor's office also scored in the satisfied range, which speaks well of the prosecutors and their advocacy program.

While the role of law enforcement is not to provide the same kind of support, it is likely that their service to their clients could be improved.

It is important to keep in mind that the victims who participated in this study had a wide variety of experiences with personnel in the sexual assault response system. Their positive and negative experiences may be related to the circumstances of their case; however, it is also likely that personalities factored into the way that service providers treated them. Each peace officer, advocate, nurse, prosecutor and mental health professional has a different personality and set of beliefs about sexual assault. These differences contribute to the variation in the quality of service provided. Therefore, it will be important to emphasize the need to be consistent, and raise the bar of the average worker to the highest quality of service provided by the most dedicated staff.

Feedback from marginalized populations

Early on in the monthly meetings, the Sexual Assault Protocol Team decided that the public hearings would be a good way to collect data from victims who are not part of the mainstream white community. Feedback from members representing agencies that serve these marginalized communities made it clear to the rest of the Sexual Assault Protocol Team that the victim experiences survey was not appropriate for some cultures, particularly those where English is a second language. Further discussion led to the decision to hold two public hearings, one for the African American community, and one for the American Indian community. The Sexual Assault Protocol Team also felt that focus groups would be more appropriate than public hearings for the Hmong and Latino communities and for people who are outside the mainstream in terms of their sexual orientations. Therefore, the Sexual Assault Protocol Team launched five separate data collection activities to uncover the needs in these marginalized communities.

A sixth data collection approach came out of efforts to conduct victim experiences surveys with survivors from the deaf and hard of hearing community. A Sexual Assault Protocol Team member who provides advocacy to deaf and hard of hearing victims in Ramsey county and the surrounding areas attempted to interview four victims using the victim experiences survey. However, the format of the victim experiences survey was not appropriate for most of these victims, as they had not had contact with service providers in Ramsey County other than advocacy. Therefore, the interviews were relatively brief and informal. Because the feedback was not extensive and it generally corroborates the other data collected for underserved communities, the results are presented in this portion of the report.

Public hearing for African Americans

The first public hearing was held at Model Cities. The Model Cities program provides a number of services to African American women by African American women, including services related to sexual assault. The Sexual Assault Protocol Team collaborated with Model Cities to conduct this hearing. The format of the hearing was a panel of professionals from the core agency types, although they were not necessarily Sexual Assault Protocol Team members or member agencies. The member agencies that took part on the panel made a special effort to have African American staff represent them on the panel even though they may not have been the designated Sexual Assault Protocol Team members.

The forum was open to the public, but Model Cities clients predominated in the audience. Approximately 12 non-members of the Sexual Assault Protocol Team attended the hearing from beginning to end. However observers estimate that as many as 40 people (including Sexual Assault Protocol Team members) attended at least part of the session or viewed it from outside of the main hall.

An African American performance artist made the first presentation. She told the story of how sexual assault affected her life. This set a solemn, but open tone to the hearing, and attendees responded by opening up to the group and talking about their experiences with sexual assault, and the agencies in Ramsey County with which they had contact. Several important issues that came up about the African American community:

- The incidence of sexual assault against African American women is higher than it is in the general public.
- Due to the history of oppression of African Americans in the United States, there is a natural distrust of the system and its ability to help African American victims.
- African Americans tend to have strong family, community and religious ties and turn to these resources for help with problems. However, when the problems are internal to their own community, African Americans tend to deny their existence in order to avoid further persecution of the community as a whole for having these problems.
- African American victims can benefit a great deal from the help of an advocate, although they do not commonly get this support.

Following are some of the reasons why victims said that they are reluctant to report sexual assault:

- Fear that male friends or family will retaliate against the perpetrator.

- Reluctance to hand over an African American perpetrator to a white criminal justice system, even if it means self-sacrifice. Also known as the “Super Woman Syndrome,” whereby African American women feel that they should be able to handle things on their own.
- Belief that the criminal justice system will not seek justice if the perpetrator is white.
- Fear of not being believed, or of being blamed for the assault because of his/her race.
- Lack of services specific to the African American community. Lack of African American staff in mainstream service providers.
- Women used in prostitution, or who have issues with alcohol or drugs are reluctant to report because of their own criminal activity and history of abuse by system personnel.
- Difficult for some victims to recognize abuse when it is intergenerational and not condemned by parent or authority figure.

Public hearing for American Indians

The American Indian Public Hearing took place on May 27, 1999 at the Hubb Center in St. Paul. The American Indian Family Center sponsored it. The format was similar to that of the African American Hearing. A panel of sexual assault response system personnel, one of whom was an American Indian, described how their agency responds to victims of sexual assault. In addition, an American Indian from the American Indian Family Center presented the stories of a few American Indian women that were part of a traveling national exhibit on violence against women.

Twelve people from outside of the system attended the meeting. Two attendees were from the Native American press, which may have contributed to any resistance to speaking out that attendees may have felt. However, some people did speak out, and several issues came up about the American Indian Community and the interaction of this community with the sexual assault response system. Some of these issues or themes were similar to issues brought up in the African American hearing. Following are the main barriers to seeking support from the system that came out of the hearing:

- The incidence of sexual assault in the American Indian community is much higher than it is in the general population. Many victims of sexual assault have a history of being assaulted, so it is considered “just another incident.”
- A history of oppression by government-supported agencies in the United States has led to a natural distrust of the system, which is perceived as being very white.

- The system does not make culturally sensitive services available to American Indian victims.
- Shame: women in the community are not supportive of one another. The community passes judgement on victims.
- When alcohol is a factor in the assault, victims fear that their case will not be treated seriously.
- Racism, poverty and feelings of powerlessness are barriers to building strength within the community and among individuals to combat this problem.

Hmong focus groups

To assess the needs of the Hmong community, the Sexual Assault Protocol Team conducted four focus groups. The program manager of Hmong Women's Peace, a sexual assault program serving Hmong women in Ramsey County, facilitated these groups. One of the groups was a pre-existing support group, and women who had no significant relationship to one another comprised the other three.

The facilitator asked focus group participants several questions about sexual assault in the Hmong community. Who are the victims and perpetrators? What are the root causes of abuse in this community? How does the Hmong community view victims of sexual assault? How do family members treat them? What barriers do these victims face in accessing services? What can the sexual assault response system do to raise awareness in the Hmong community about services.

Respondents suggested that girls and women of all ages are victims of assault as well as little boys. They identified men and women, and more specifically relatives as the perpetrators of these crimes. The root cause of sexual assault in the Hmong community identified by these participants were mostly related to proscribed gender roles and the community's acceptance of these roles. They described sexual assault as an act of manhood. The Hmong community supports the proposition that men have the right to sexually assault women. Women are made to feel it is their duty or they feel powerless to challenge men's need to exert power over them. Young Hmong males use rape in gang initiations, and if the victim becomes pregnant, the community forces the perpetrator and victim to marry. The Hmong community condones sexual comments about women and little girls at work and social gatherings including funeral homes.

Hmong women who are sexually assaulted find it difficult to come forward about being victimized because their family, friends, and the community at large will victimize them again. Family members will deny the abuse when it is incest. Typically the community

blames victims for being assaulted and treats them harshly. The community considers them “unpure” or “used.” Victims feel ashamed and get punished for the assault, while the perpetrator does not.

Focus group participants identified several barriers that victims face to accessing the legal system and other services. Since the Hmong community does not recognize sexual assault, addressing it as such is difficult for those within the community. They have no support system for sexual assault victims within the community, and the act of publicizing the event will reflect poorly on the victim, her family and her clan. Therefore, a victim might want to report, but not be identified so that she can protect herself within her community. The fear of threats, or being rejected by the community if the story gets out are real fears. Many victims feel that service providers do not ensure appropriate confidentiality. The community is small enough that the enlistment of support from Hmong staff can lead to gossip and breaches of confidentiality.

The participants felt that the way to raise awareness about these issues in their community would be through radio and television for adults and schools for youth. Have trained (culturally appropriate counselors) at schools and publicize information in bright posters in girls’ bathrooms.

Latino focus groups

Two focus groups occurred with members of existing support groups. Participants in the first group were members of a support group for battered women, participants in the second group were members of a support group for women with HIV. The facilitator read a scenario to focus group participants. In the scenario, a man sexually assaults a woman. After reading the scenario, the facilitator asked participants to respond to several questions about what they thought might happen to the victim, or what that victim might do. Discussions of these scenarios brought up a great deal of information about the barriers that Latino victims face when attempting to get help for incidents of sexual assault.

These participants identified many of the same issues as the other two groups. Following are several of the themes that came up related to seeking help as a victim of sexual assault.

The culture has traditionally supported an unequal relationship between men and women, in which there is a great deal of male domination. Men expect women to provide them with sex without their having to ask. If women do not keep the men happy, the perception is that men will go elsewhere to fulfill their needs. Some women sacrifice themselves to avoid losing men. This is a lesson that mothers pass on to their daughters. However, mothers tend not to educate their daughters about sex and its risks.

Legal issues, particularly immigration status, make many victims reluctant to seek help because they fear being deported or sent to jail. Victims also report getting misinformation and the runaround from criminal justice professionals when they seek legal help (for example Orders for Protection). The general belief is that the sexual assault response system, particularly the criminal justice system, is racist and Latinos will have a hard time getting the justice they deserve. Finally victims have concerns about confidentiality and the publicity of cases. Gossip in the community is a concern.

To provide outreach service providers will have to get on Spanish radio and TV, in Spanish newspapers, Latino social service centers and in schools, according to the focus group participants. They also suggested putting information in Spanish grocery stores and Latino churches. However, a few participants mentioned that churches can be very conservative about these issues, and may make the process more difficult for victims by not seeing the issue of sexual assault as a problem.

Focus groups with people with marginalized sexual orientations

In September of 1999 a mixed group of professionals from the gay, lesbian, bi-sexual and transgender communities met to discuss the issue of sexual assault, access to the criminal justice system and other services. The participants did not identify themselves as victims of assault, only as members of the alternative sexual lifestyle community.

Focus group participants were asked to explain why they thought someone from their community might not report a sexual assault to the police and what they thought people from the various agencies that support these victims do to help them through the ordeal.

The barriers to reporting included shame, fear of the police, and fear of the broader community's response to their identity. Participants also suggested that they would not be believed or that the case would not be taken seriously. In addition some discussed the need to protect the perpetrator if it was a partner.

These participants felt that the sexual assault response system could be more friendly to members of their community by providing those involved in the court system with timely information about the process ahead of time and informing them about the progress of their case, or why it is not being charged. They felt that law enforcement and prosecution and the media treat members of the alternative sexual lifestyles who are victims of rape differently than they treat other victims of sexual assault, and would like to see change in this area, or at least greater sensitivity from professionals in the system.

Participants also expressed concern that medical providers are not well-enough informed about how to collect evidence in these kinds of rape cases, and that victims' needs should be addressed before the business of paperwork.

These victims need the same things as other victims from advocacy and people in general. They need to be believed and not judged. They need emotional support. And they need prompt, confidential service and the support of someone who understands them.

Interviews with victims with hearing impairments

An advocate on the Sexual Assault Protocol Team conducted four interviews in American Sign Language with sexual assault victims who have impaired hearing. Originally intended as additions to the victim experiences survey these interviews revealed that the victim experiences survey instrument was inappropriate for these victims, as they had experienced most of their contact with system personnel outside of Ramsey County. However, it is likely that the types of issues they face are similar to those faced by members of the deaf and hard of hearing community in Ramsey County.

Study participants were concerned about the ability of the system to meet their needs. One victim reported not using the system because of past contacts where nothing came of her reports. The rapist in her case was her boss who she still fears. Another victim was angry about the number of times she was required to repeat her story to law enforcement. She pointed out, “they had the report, they should just read it!” These victims were relieved to have the support of advocates and female officers when they were available.

Conclusions

While each of these communities is different, with different sets of unique issues, like immigration status, clan politics, and high levels of sexual assault, they also share some of the same barriers to accessing the services provided by the sexual assault response system in Ramsey County. Members of all of these communities felt that victims from within their community did not get equal treatment from system staff. They pointed to racism within the system, insensitivity to diverse cultures and a lack of staff from their own cultures who would be better able to understand them. The Sexual Assault Protocol Team needs to consider this issue.

Victims from within these communities face a great deal of isolation. Frequently they are unable to get the support they need from within their own community, or even their family. Advocates should be aware of the lack of support, and possible outright hostility that these victims may face and be sure to address this when they work with them.

Many of the participants voiced the need for agencies to do outreach so that community members become educated about the issues or at least informed about the options that are available to them. The educational outreach is important for both adults and children. It is important to partner with the service providers or resources that members of these

communities are most likely to trust and use, otherwise they will not see the information. Providers can reach children at schools, where it would be helpful to have culturally competent counselors with whom the children can speak.

Finally, the Sexual Assault Protocol Team should address the issue of confidentiality. Interpreters from within a victim's community can help get messages across, but due to the close-knit nature of some of these communities this can lead to breaches of confidence. It might be worthwhile to give victims the option of having a culturally specific staff person help them (or not), just as some agencies give victims the option of gender-specific staff to support them. Providing victims from marginalized communities the opportunity to select or exclude interpreters from a list, or providing the Hmong community with the opportunity to specify that interpreters who identify with a specific clan not be used might also help to empower some of these victims.

Issues to consider

Ramsey County's Sexual Assault Protocol Team has had a very productive first year. Based on the experience of the three original test sites with task completion, the relatively large Ramsey County Sexual Assault Protocol Team chose to set the realistic goal of completing the community needs assessment in year 1. While they did not quite complete this activity within the fiscal year, they completed all activities that contribute to it and the document is close to completion as of the writing of this report. Furthermore, Wilder Research Center has had the opportunity to review most of the material that will be printed as part of the community needs assessment. The next step that the Ramsey County group will undertake is the writing of protocol.

Besides the achievement of process goals, namely getting through the first four steps of the eight-step process, Ramsey County's Sexual Assault Protocol Team had goals related to inter-agency cooperation and engaging communities of color. The members of the Sexual Assault Protocol Team have proven that they can strengthen existing ties and actually work together to make real change in the system. They have also done an excellent job of engaging agencies that represent communities of color, as well as getting feedback on the system from victims and other members of those communities. However, members of these communities have called the diversity of many of the agencies represented on the Sexual Assault Protocol Team into question in focus groups and public hearings. This appears to be born out among the representatives on the Sexual Assault Protocol Team, as all of the members who represent law enforcement, prosecution and medical providers are white. While it is clearly important to increase the diversity of these agencies, these team members should be commended for their commitment to this process, as it can be hard to be the front line responding to racism and cultural competency concerns and do it well. Most of the diversity within the group comes from representatives of advocacy organizations that serve specific populations. These team members should also be commended for their commitment to the process given the historic distrust and perhaps some bad experiences with the system.

Ramsey County's Sexual Assault Protocol Team should be commended for the work that they have done in their first year. They have already refreshed themselves with a workshop on protocol monitoring and outcome evaluation to help guide them as they begin writing protocol. There they began to address the need to focus on the needs of African American, Hmong, Latino and other marginalized groups of victims. The eight-step process itself is challenging. The added element of focusing on the needs of diverse groups makes the process an even greater challenge. However, the level of commitment and sophistication of the Sexual Assaults Protocol Team members indicate that they are capable of rising to these challenges in their second year.