
Georgia Sexual Assault Survey

A Statewide Assessment Of Victim Services

A Report Of The Georgia
Statistical Analysis Center

Governor's Criminal Justice Coordinating Council
Atlanta, Georgia

January 24, 2000

Applied Research Services, Inc.
"turning data into decisions"

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We would like to thank the following organizations and individuals for their assistance in conducting this research: the program directors of the Rape Crisis Centers and Victim Witness Assistance Programs that participated in site visits, interviews and surveys; Liz Flowers of GNESEA; the Justice Research and Statistics Association, and a special thanks to Ann Burdges of the Gwinnett Sexual Assault Center.

This project was funded by the U.S. Department of Justice, Bureau of Justice Statistics, 1997 and 1998 State Justice Statistics Program Grant# 97-BJ-CX-K013.

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DEDICATION

This report is dedicated to the victims of sexual assault who participated in this research project. Thank you for opening your wounds and sharing your thoughts. We applaud your efforts.

Chapter 1. Introduction

The statistics are overwhelming -- thousands of women and girls in Georgia are sexually assaulted each year. According to the F.B.I (1998), a rape occurs every six minutes in the United States; and southern states have the highest rates (per population) of rape in the nation. In Georgia, there were 2,229 rapes (including felony-level sexual assaults) reported to the police in 1998, a rate of 29 for every 100,000 residents (Georgia Bureau of Investigations, 1998).

While national studies repeatedly indicate that only one in three rape victims ever report their assault to the police (U.S. Department of Justice, 1997), health surveys estimate that as many as one out of every six Georgia women between the ages of 15 and 44 has experienced sexual intercourse against her will (Georgia Department of Human Resources, 1995). Despite the thousands of citizens affected each year, very little is known about the needs of victims, some of whom turn to Georgia's formal criminal justice system for "justice." In fact, we have little knowledge of the *aftermath* of sexual assault.

This study represents the first attempt in Georgia to understand the availability, quality and delivery of *services* to victims of sexual assault statewide -- services funded in 1998, in part, by over ten million dollars of federal funds.

No one is better qualified to help policy-makers understand the needs of the victims of sexual assault than the victims themselves and those who provide services to victims on the front lines. The opinions and recommendations of victims, victim service program directors and front line victim service personnel and volunteers are summarized in this report. The purpose of the current study is twofold:

- (1) to provide state and federal level policy-makers with critical information for funding and grant program planning for sexual assault related services, and
- (2) to improve services to victims of sexual assault in Georgia.

Project Funding

This research project was funded by the Georgia Statistical Analysis Center, which is housed in the Governor's Criminal Justice Coordinating Council -- the agency that administers federal block grant funds to victim service programs in Georgia.

Two federal initiatives help to fund services to victims. The *Violence Against Women Act* (VAWA) authorizes discretionary grant programs that fund state efforts to "enhance victim safety and ensure offender accountability." The *Victims of Crime Act* (VOCA), which established in 1984 the *Crime Victims Fund* in the U.S. Treasury, receives and redistributes fines, penalties and forfeitures from convicted federal criminals. Both initiatives assist victim service program providers in Georgia -- including rape crisis (or sexual assault) centers and victim witness assistance programs that offer services to victims of sexual assault. During Fiscal Year 1998, Georgia received \$3,459,000 in VAWA and \$7,284,000 in VOCA funding. Statistical reports from the VOCA and VAWA programs indicate that an estimated 13,985 victims of sexual assault received services.

While it is reasonable that the limited funds are devoted to direct service, training, education, and equipment, it is unfortunate that an evaluation of the *use* of such funds typically remains unaddressed. In an attempt to fill this void, the Statistical Analysis Center (SAC) of the Governor's Criminal Justice Coordinating Council dedicated its 1998 *State Justice Statistical Program* funds to the assessment of services to victims of sexual assault. This report describes the results of that SAC statewide assessment.

Research Questions

This year-long research project, conducted by *Applied Research Services, Inc.* (Atlanta, Georgia), focused on six primary research questions:

- Why do some victims of sexual assault choose *not* to report their victimization to the local police?

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- Can improved victim services encourage women in Georgia to report sexual assaults to the proper authorities?
 - What types of services are provided to victims of sexual assault requesting help through Victim Witness Assistance Programs or Rape Crisis Centers in Georgia?
 - What service needs, if any, are currently not being fulfilled by the state's network of Victim Witness Assistance Programs and Rape Crisis Centers?
 - What is the variability in utilization of victim services, quality of services, and accessibility to services across the 46 judicial circuits in Georgia?
 - How can the distribution of funds for services best meet the articulated needs of victims?

Outline of Report

Each chapter of this report presents the opinions and recommendations of a combination of 300 victim service program directors, front-line victim service personnel and volunteers, and victims. The survey data were collected between June of 1998 and March of 1999.

Chapters are organized around the following topics:

Chapter 2 Sexual Assault Victim Services in Georgia

Chapter 3 The Need for Education, Training and Technical Assistance

Chapter 4 The Voice of Victims

Chapter 5 How Can We Improve Services to Victims?

Chapter 2. Sexual Assault Victim Services In Georgia

Victims of sexual assault in Georgia can receive a wide variety of services among a network of 70 programs statewide. Services range from telephone crisis counseling, to medical examinations and treatment, to individual counseling, notification of court hearings and testimony preparation. Services are delivered through two general types of programs – *Rape Crisis (or Sexual Assault) Centers (RCC)* and *Victim Witness Assistance Programs (VWAP)*.

The research team documented victim service program operations, service provision, and clientele through three mechanisms: on-site visits to individual programs, personal interviews with program directors, and anonymous surveys of both program directors and program personnel (both paid and volunteer). The mail-back anonymous surveys were distributed through program directors at the 46 *Victim Witness Assistance Programs* located in the District Attorney offices of the 46 judicial circuits and 22 *Rape Crisis Centers* that were in existence at the time of data collection.

Thirty-five of the 68 program directors participated by completing surveys (response rate of 51%) and 205 program personnel and volunteers (unknown response rate, given lack of documentation on the population). The following pages present highlights from the 240 surveys.

Variety and Quantity of Services

The majority of program directors and personnel, for both Rape Crisis Centers and Victim Witness Assistance Programs, report that the overall *variety* of services offered by their programs meets the needs of the local victims (74% of VWAP and 54% of RCC directors; 51% of VWAP and 62% of RCC personnel/volunteers). However, while many feel that the variety of services is sufficient, they are concerned that the *volume* of services should be

increased. Directors and personnel agree that Georgia's network of service programs should, given the level of need, serve more victims.

Program directors report that they serve an average of 3.5 counties and deal with an average of ten law enforcement agencies, all with an average of 2.5 full-time employees. One-half of all programs describe the geography of their service area as "primarily rural." Sexual assault accounts for 72% of the RCC and 23% of the VWAP workload. The primary source of program funding is federal VOCA funds (for one-half of the programs studied); and 11% of programs receive federal VAWA funds.

While the mission, location, and population served influence heavily the environment of a victim service program, many services are common across all programs. Table 1 lists the most frequent types of services offered at RCC and VWAP programs statewide.

All Rape Crisis Programs offer services such as 24-hour crisis hotlines, referrals to shelters/safe-houses, accompanying to medical exams and court proceedings, on-site counseling to victims and family/friends, explaining legal proceedings (on-site and by telephone), community education/prevention and professional training.

All VWAP programs offer four services: victim notification of legal proceedings; notification of case status; tracking cases through the criminal justice system process; and assisting with victim compensation applications. In addition, VWAPs are likely to offer services such as explaining legal proceedings over the telephone, accompanying victims to court, referrals (to shelters and social services), and follow-up interviews with victims and transportation.

The variety of services provided to victims can also be quantified by examining the daily duties of front line staff working with victims. Table 2 itemizes the five most frequent "daily duties" of personnel and volunteers. RCC personnel spend their time answering crisis calls, accompanying victims to medical exams, making referrals, and providing counseling. VWAP personnel spend much of their time

Table 1. Top Ten Most Frequently Offered Services

<u>RCC</u>	<u>% of Programs</u>	<u>VWAP</u>	<u>% of Programs</u>
24 hour telephone crisis hotline	100%	Victim notification of legal proceedings and dates	100%
Referrals to shelter/safehouse	100%	Victim notification of legal case status	100%
Accompanying victims to medical examinations	100%	Tracking cases through criminal justice system process	100%
On-site counseling to victims	100%	Assistance in victim compensation application	100%
On-site counseling to friends/family	100%	Explaining legal proceedings to victims by telephone	96%
Explaining legal proceedings to victims on-site	100%	Accompanying victims to court proceedings	96%
Explaining legal proceedings to victims by telephone	100%	Referrals to shelter/safehouse	87%
Accompanying victims to court proceedings	100%	Referrals to social services	87%
Community education/prevention	100%	Follow-up telephone interviews with victim	70%
Professional training	100%	Transportation services	61%

Table 2. Top 5 Daily Duties Of Personnel/Volunteers

<u>RCC</u>		<u>VWAP</u>	
Answering 24 hour telephone crisis hotline calls	78%	Victim notification of legal proceedings and dates	91%
Accompanying victims to medical examinations	77%	Victim notification of legal case status	89%
Making referrals to shelter/safehouse	71%	Explaining legal proceedings to victims by telephone	87%
Referrals to outside social services (medical/mental health treatment, housing, etc.)	69%	Accompanying victims to court proceedings	85%
On-site counseling to victims	63%	Explaining legal proceedings to victims on-site	83%

notifying victims, explaining legal proceedings and accompanying victims to court.

Profile of Personnel

Directors of victim service programs typically have a professional background in providing direct victim services (77% of RCC and 61% of VWAP directors), as seen in Table 3. The typical director leads a program that has existed for eight years, serving as director for four years. They are likely to be white and between the ages of 36 and 50 years. All directors of Rape Crisis Centers reported at least a bachelor's degree, with 46% reporting a master's level college degree. In contrast, 43% of VWAP directors reported less than a bachelor's level college degree.

Table 3. Profile Of Program Directors

	RCC	VWAP
Age		
35 and under	39%	32%
36-50	53%	50%
Over 50	8%	18%
Race		
White	85%	91%
African American	8%	9%
Other	7%	0%
Education		
High school diploma/GED	0%	17%
Some College	0%	13%
Associate's Degree	0%	13%
Bachelor's Degree	54%	35%
Master's Degree	46%	17%
Juris Doctorate	0%	4%
% with background in direct victim services	77%	61%
Average experience with this program	4.0 yrs	3.9 yrs
% providing training in sexual assault to new employees	92%	35%

Table 4 presents a profile of front-line staff— personnel and volunteers. Personnel/volunteers are younger and more likely to be African-American than program directors. The majority of personnel have a college degree (73% of RCC and 68% of VWAP respondents). One out of four RCC personnel has a master's level degree, Ph.D. or J.D. Job status differs across the two program types. The RCC respondents indicate they are primarily volunteers, whereas 78% of the VWAP personnel indicate they work full-time. Few personnel indicate that they are certified counselors (12% of RCC and 2% of VWAP respondents).

Medical Examinations for Evidence Collection

One out of four of the participating Rape Crisis Centers report that medical exams are performed on-site. In addition, both RCC and VWAP programs refer victims to medical facilities. Accompanying the victim to the medical exam is a service offered by most programs; 62% of RCC and 9% of VWAP directors report that personnel always accompany victims to medical exams.

Georgia law provides that in cases of sexual assault reported to law enforcement, it is the law enforcement agency that is responsible for paying for the medical exam (O.C.G.A. §17-18-2). Among the victims participating in the current study, one-half received a medical exam for the collection of evidence. Despite the law, one in three victims who reported their assault to police and underwent a forensic medical exam received the bill; one in three victims paid for her own medical exam, sometimes with the assistance of personal insurance.

Table 4. Profile Of Personnel/Volunteers

	<u>RCC</u>	<u>VWAP</u>
Age		
35 and under	57%	57%
36-50	28%	27%
Over 50	15%	16%
Race		
White	75%	66%
African American	20%	31%
Hispanic	3%	1%
Asian	2%	1%
Other	0%	1%
Education		
High school diploma/GED	3%	9%
Some College	24%	23%
Associate's Degree	7%	11%
Bachelor's Degree	39%	41%
Master's Degree	21%	13%
Juris Doctorate	3%	2%
Ph.D.	1%	1%
No answer	2%	0%
Average experience with this program	2.2 yrs	2.2 yrs
% receiving training in sexual assault	91%	35%
% of caseload sexual assault	72%	23%
% speak a second language	16%	15%
% full-time employees	23%	78%
% volunteers	60%	15%
% certified counselors	12%	2%

Georgia's Crime Victims Compensation Program

Georgia's Crime Victims Compensation Program allows victims to apply to the State for funds to reimburse them for expenses incurred as a result of a violent crime. According to the Victims Bill of Rights (O.C.G.A. §17-17-6), law enforcement and court personnel are required to inform victims of the program and provide information on the application process. Notification by victim service personnel is required by CJCC of all Georgia VOCA and VAWA grant recipients as well. The Governor's Criminal Justice Coordinating Council has taken an active interest in improving the information dissemination by providing training to victim services providers in each judicial circuit.

Lost wages and fees, funeral expenses, medical expenses, and psychological treatment are among the financial costs incurred by victims. The Georgia Department of Human Resources (1998) reports that the average cost incurred due to a rape is \$47,000. One service offered at victim service programs is the opportunity to apply for this compensation. However, the law specifies that victims must report their assault to the police in order to be eligible for compensation.

As many as 70% of VWAP directors report that their staff members *always* explain the Crime Victims Compensation Program to their clients, coinciding with 66% of VWAP personnel reporting that they *always* explain the program to victims (see Table 5). Twenty-six percent of directors and 27% of their personnel say that they *always* assist victims with completing the compensation application.

Victim notification and assistance with the compensation program is less evident at rape crisis centers. Among RCC directors, almost one-half say their staff members *always* explain the victim compensation program to clients, yet only 19% of RCC personnel say that they *always* explain the program to clients (see Table 5). Thirty-one percent of RCC directors and 11% of their personnel say that they *always* assist victims with completing the application.

Table 5. Crime Victims Compensation Program

	RCC	VWAP
% victims informed – Directors	46%	70%
% victims informed – Personnel	19%	66%
% victims informed -- Victims	25%	60%

In the current survey, roughly one out of four victims (29%) reported that the victims compensation program was explained to them. Only 16% of the victim respondents applied for compensation, one-half of whom received funding (see Table 6). This funding proportion may be misleading, as some respondents still had applications pending. Among respondents who received funds, the average time lapse between application and receipt of money was almost eight months (233 days). This lapse was due to a backlog in application processing.

Table 6. Victim Activity With The Crime Victims Compensation Program

Explained	29%
Applied	16%
Received Money	8%

(Average # days to get money = 233)

A critical need to reduce delays in the compensation program was noted by victims who cite extreme personal financial hardships endured as a result of their victimization – lost job time and expensive medical treatment. In addition, directors and personnel for both Victim Witness Assistance Programs and Rape Crisis Centers express the need for a speedier compensation process. Since this survey was conducted, the Criminal Justice Coordinating Council has already made changes to the process. As of the beginning of 1999, the backlog of cases has been reduced and claims are now being processed within four months.

As noted in Chapter 4, conclusions from the victim survey were based on 60 responses. Given the small sample, generalizations about the victims compensation program should be cautious. Sexual assault victims are less likely to report their victimization to law enforcement and in turn may be less likely to file for compensation. During the federal fiscal year 1999 (October 1, 1998-September 30, 1999), 93 of the 1,828 claims were submitted by sexual assault victims (assault victims account for the largest proportion of claims); 85 of the 1,773 victims receiving compensation were victims of sexual assault (91% of sexual assault victim applications were funded). Sexual assault victims received \$102,203 of the \$4 million paid out.

Serving Victims with Special Needs

All victims share some of the same fundamental needs, but there are those victims with special needs who require specialized services. As a system, victim services should be prepared to handle language barriers, physical handicaps, mental handicaps and other special needs that victims might present.

The large majority of individuals surveyed report that their programs have access to interpreters for non-English speaking victims. In addition, nearly one in six personnel/volunteers speaks a foreign language. Directors report that non-English speaking victims come into their programs an average of 1.5 times a month. On average, one physically-disabled victim and three emotionally-disabled victims are reported to contact programs each month.

Interaction with Law Enforcement

For many victims of sexual assault, law enforcement professionals represent the first contact with the criminal justice and/or victim service systems. Police are a critical partner to victim service programs as an information source, a referral mechanism, a transportation provider and an investigator

assisting in the prosecution of the perpetrator. The victim service programs participating in the current study report working with an average of ten law enforcement agencies (ranging between one and 32 agencies per program).

among the top three immediate improvements needed. Chapter 3 expands upon the need for education, training and technical assistance among Georgia’s network of victim service programs.

Table 7. Perception Of Satisfaction With Law Enforcement Activities Among Victim Service Program Directors

% of Directors satisfied with:	RCC	VWAP
Cooperation from law enforcement	75%	83%
Interaction with staff	58%	65%
Interaction with victims	33%	52%
Knowledge/training in sexual assault	8%	39%

Levels of interaction and satisfaction with law enforcement activities vary across victim service programs (see Table 7). Program directors report higher levels of satisfaction with law enforcement officers who conduct typical “investigative” tasks – cooperation in obtaining case information and interaction with staff. However, program directors report significantly lower levels of satisfaction with law enforcement officers when it comes to interacting with victims. Only one in three VWAP directors and even fewer RCC directors (8%) are satisfied with law enforcement knowledge and training in the area of sexual assault.

The Georgia Department of Human Resources (*Sexual Assault Fact Sheet*, 1998) reports that law enforcement’s unwillingness to believe rape victims have actually been raped is a key public health issue. Any lack of faith in the victimization could contribute to the perception of poor police performance in the area of interacting and cooperating with sexual assault victims and programs. Training and education can be excellent weapons against this problem. Interestingly, personnel for both VWAP and Rape Crisis Centers list training for law enforcement

Chapter 3. The Need For Education, Training And Technical Assistance

Sexual assault victim service programs in Georgia can be characterized as employing highly professional and experienced staff. However, programs suffer from high levels of staff turnover. The majority of victim services program directors have a professional background in directing victim service programs (77% RCC and 61% VWAP). On average, they have directed their current program for four years. In addition, a large proportion of the front-line staff (both paid and volunteer) has a professional background in directing victim services as well (42% RCC and 55% VWAP).

Unfortunately, this experienced staff (often on a volunteer basis) only stays with a program for an average of two years. It is reasonable to assume that victim service programs would benefit tremendously from more long-term staff. Increased staff tenure improves the chances of developing a trusting relationship with clients (critical when serving victims of traumatic, violent crimes), of seeing a case through the criminal justice system (which can take years), and allowing the clients to develop a level of familiarity and trust with staff.

How can programs motivate staff to stay longer? Better benefits and better salaries are needed, according to personnel surveyed. More importantly, directors and personnel consistently talk of the critical need for more education, training, and technical assistance to perform their job.

Education and Certification

One quality often associated with a valuable employee is level of education. The education level of directors is reassuringly high. In fact, 100% of the Rape Crisis directors participating in this study report having a bachelor's or a master's level degree. More than one-half of the VWAP directors have some type of college degree. Personnel are also likely to be college educated. Thirty nine

percent of RCC personnel have a bachelor's degree and 21% have a master's. Similarly, 41% of the VWAP personnel have a bachelor's degree and 13% have a master's degree (see Chapter 2, tables 3-4).

In addition to college degrees, providing professional-level services to victims of sexual assault also requires specific training and licensure. The need for an increase in the volume of licensed counselors among victim service programs was consistently articulated throughout this project.

In order to become a "certified" counselor (obtain a license) one must have at least a master's degree in psychology, professional counseling, social work, or other related field. Clinical hours must be acquired under the supervision of a preceptor (licensed professional) according to Georgia law. After completion of supervised clinical hours, a competency test and continuing education hours are required to maintain licensure. Unfortunately, licensed counselors are not paid more money by rule. Among the personnel surveyed, only 12% percent of RCC and 2% of VWAP personnel said they were a certified counselor.

When program directors were asked to describe "*the most important thing that can be done to improve services to victims in Georgia*" they overwhelmingly describe the need for more qualified staff. The most frequent response from personnel, when posed with the same question, is more qualified counselors. Finally, when asking victims about the "*most important thing they received from the victim service program*" they describe support, counseling and listening (see Chapter 4). When asked "*what else could this program do to help you*" they describe their desire for *more* counseling.

Training

Among the Victim Witness Assistance Programs participating in the study, an estimated one out of four cases handled by staff is a sexual assault crime. Unfortunately, most of the staff received no special

training to deal with victims of sexual assault. Sixty-one percent of directors report that new employees receive *no special training* that enables them to directly deal with sexual assault victims; 65% of personnel say they received no special training for their current positions (see Chapter 2, Table 4).

The Rape Crisis Centers report a much higher rate of specialized training. Ninety-two percent of directors report that new employees receive specialized training to handle sexual assault victims; 91% of personnel report that they received special training for their current positions. While they receive more training at the beginning of their job, RCC personnel are less likely than VWAP personnel to report attending a professional conference pertinent to their work during the past year. Eighty percent of VWAP personnel say that they attended a professional conference, compared to only 44% of Rape Crisis personnel.

Certification procedures, job training and professional conferences must be made available to victim service programs in order to ensure a more qualified staff. In an attempt to meet the training needs of the victim assistance providers in the State, the Criminal Justice Coordinating Council has for the past six years provided a two-day conference which addresses many different aspects of victim assistance, including sexual assault specific training. The results of this report will be used to help plan the Sexual Assault Track of the Year 2000 Georgia Victims Assistance Conference. The information will also be shared with the Georgia Network to End Sexual Assault (GNESA) to provide assistance with future training events. Along with such training conferences, VOCA and VAWA sub-grantees are continually encouraged by the Criminal Justice Coordinating Council to send staff to training conferences and utilize grant funds to pay for available training.

What Type of Training Needs Exist?

The current study provided the opportunity for victim services program personnel to identify specific areas of training critical for staff. While the list of

responses is diverse, ranging from death notification to grant writing, from forensic interviewing to male rape victims, three key areas of need surface:

(1) The number one training need identified among victim service personnel is general training in sexual assault. Personnel would like to see training offered that covers crisis response, intervention, acquaintance rape, rape and disease, counseling, prevention, and medical aspects of sexual trauma. It is discouraging to discover that so many of these individuals do not feel they have received enough training in dealing with sexual assault. However, as discussed above, as many as 65% of VWAP personnel report receiving no specialized training when entering their current positions.

(2) The second key area identified for specialized training is working with child victims – victims of child abuse, molestation, and incest. Some personnel do not believe they are prepared to handle the special needs of young victims. Avoiding further traumatizing of the children, getting accurate descriptions of the crime, and providing comfort are all skills training could enhance. Also mentioned is the need to learn more about working with adult survivors of child abuse and molestation.

(3) Many respondents are interested in learning more about the legal aspects of sexual assault case processing. Understanding the court process, being updated on new laws concerning the crime of rape, and learning how to track a case through the criminal justice system are all areas that personnel believe would prove beneficial to their ability to provide the best service to victims.

Other areas frequently noted among discussions of training needs include domestic and family violence, interacting with the parents and family of homicide victims, and learning more about the Crime Victims Compensation Program.

Technical Assistance With Medical Exams

In addition to education and training of staff, victim service programs receive technical assistance from various agencies and professional affiliations, specifically in the area of medical examinations for the collection of evidence for prosecution of sex offenders. An area of growing interest to the victim services community is the use of Sexual Assault Nurse Examiners (SANE nurses) to perform the medical examination for collection of forensic evidence (referred to in some states as SAFE nurses – sexual assault forensic examiners).

To be a SANE nurse in Georgia, one must be a registered nurse with at least three to five years of experience in either emergency room or critical care nursing. Completion of a 40 hour SANE course is required. Twenty of the hours consist of clinical instruction in such areas as trauma and injury training, identification and documentation of the injury, treatment and care, collection of evidence, and photography of injuries. The other 20 hours consist of multi-disciplinary training in such areas as working with victim advocates, crisis intervention, how to deal with law enforcement, procedural policies, protocol development, and development of factual and expert testimony. Following completion of the course, the nurse must work in a clinical preceptorship with a certified SANE nurse, a physician or other experienced official approved by the state to prove that he/she can properly apply the skills developed in the course. Certification is complete when the preceptor releases the student as “having demonstrated” such skills proficiently.

The current study attempted to document awareness and utilization of SANE nurses among victim service programs in Georgia. Program directors report that one in five (20%) medical exams performed on victims receiving program services was conducted by a Sexual Assault Nurse Examiner (SANE). It is discouraging to learn that some personnel report not knowing what a SANE nurse is (see Table 8).

Table 8. Medical Exams For Forensic Evidence

	RCC	VWAP
Conduct medical exams on-site	23%	–
% exams by SANE nurses	17%	22%
% exams done with colposcope		
Always	15%	5%
Frequently	8%	0%
Sometimes	15%	42%
Knowledge of colposcope	100%	74%

Specialized Equipment – The Colposcope

In addition to the use of SANE nurses to perform forensic medical exams, the trend among victim service programs nationally is to rely upon advanced technology to enhance evidence collection. The current study documented awareness of the use of “colposcopes” for the collection of evidence in cases of sexual assault. Forensic colposcopy is the use of this instrument by a SANE nurse. The instrument allows the nurse to better see trauma and injury to the vaginal and cervical area that is not visible by the naked eye alone. The nurse cannot make a diagnosis, but can see if the injuries are consistent with the victim’s description. The colposcope also has the ability to photograph internal injuries – photographs that can be used as evidence for the prosecution.

When program directors were asked about the use of colposcopes during medical exams among their clients, 38% of RCC and 47% of VWAP directors reported the use of colposcopes. However, Georgia has a long way to go – evidenced by one out of four VWAP directors reporting that they do not know what a colposcope is (see Table 8).

If the need for education, training and technical assistance is clearly articulated by victim service program directors and personnel, it is even more evident when listening to victims. Chapter 4 presents the voice of victims and expands upon this need.

Chapter 4. The Voice Of Victims

The research team contacted victims directly through the distribution of anonymous, mail-back questionnaires that were distributed by program directors and staff in both rape crisis centers and victim witness programs. A total of 60 victims completed and returned surveys. Since the majority of victims of felony-level sexual assaults are children (National Victim Center, 1992; U.S. Department of Justice, 1992), the survey was targeted to victims 12 years of age and older. However, five children under the age of 12 completed surveys (the youngest was eight years old).

Profile Of Victims And Assaults

Table 9 describes the respondents. Only two same-sex assaults were reported – one female assaulting a female, and one male assaulting a male. Despite the small sample size, there is wide variation in the demographic profile of respondents. The average

Table 9. Profile Of Victims

Female	98%
White	56%
Black	38%
Other	6%
Under \$10K Income	32%
\$10-\$20K	23%
\$20k-\$45K	18%
Over \$45K	27%
College Degree	31%
Some College	36%
High School Education/GED	18%
Less Than High School	15%
Own a car	76%
Receiving Services From Other Government Agency	39%
Knew Attacker	72%
Reported Attack To Police	63%

age was 30 years. Nearly three out of four victims knew their attacker, a finding consistent with national samples of victims (National Victim Center, 1992). Nationally, only one in three victims of sexual assault report their attack to the police (U.S. Department of Justice, 1997). Since the current study targeted victims who are in the midst of prosecuting their attacker or who are seeking services, the high level of police reporting is not surprising (63% of the respondents reported their attack to the police).

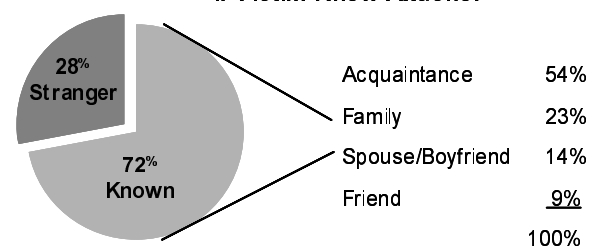
Nearly one-half of the sexual assaults occurred in the victim's own home (see Table 10). The level of drugs, guns and group attacks is substantial. Victims describe their attacker as "drinking or doing drugs" in 43% of cases. Weapons were used in 42% of cases (typically guns); and one in four victims was attacked by multiple assailants.

Table 10. Profile Of Offenses

At victim's home	45%
Attacker drinking/doing drugs	43%
Weapon used	42%
Multiple attackers	26%

Unlike men, women are typically victimized by someone they know — strangers commit only one in five of the 500,000 annual sexual assaults in the United States (Bachman and Saltzman, 1995; U.S. Department of Justice, 1997). The current study replicates this finding – nearly three out of four victims knew their attacker (see Figure 1). The

Figure 1. Victim Offender Relationship – If Victim Knew Attacker



most likely “known” attackers were acquaintances and non-spouse family members, followed by spouses/boyfriends and friends.

Knowing your attacker has a significant impact on the likelihood of police reporting. Table 11 describes the proportion of victims who report their assault to the police by victim-offender relationship.

Table 11. Who Reports Sexual Assault To The Police?

	<u>Report To Police</u>
Unknown Attacker	75%
Known Attacker	65%
Acquaintance	79%
Spouse/Boyfriend	71%
Friend	60%
Family	22%

Three out of four (75%) victims report their assault to the police in a “stranger” relationship, compared to 65% when the attacker is known. Note the extremely low level of reporting among non-spousal family relationships (22%) – when the attacker is a father, step-father, brother or uncle.

It is for victims who choose not to report to the police in particular that victim services programs are described as *replacing* the support of a family. This situation is expressed succinctly by one victim who wrote:

“Mom and dad were too upset with their standing in the community. They said ‘too much shame...it would be difficult...so just forget what happened.’ I actually thought I was dying with the pain and all the blood – for Godsakes I was a child and they did not care!”

What Services Do Victims Report Receiving?

In the current study, victims were presented with a long checklist of the wide variety of services offered in the state and asked what they received from their victim service program, as well as the types of services they still needed. Table 12 lists the most frequently cited types of services received by victims. Individual and group counseling, crisis hotline assistance, and medical assistance are the primary services received at RCCs. Explanation and notification of legal status and court proceedings and linkages with other programs (victims compensation, crisis hotlines, counseling) are the primary services received at VWAPs.

Are Victims Satisfied With Services?

Victims overwhelmingly report “good” treatment by victim services personnel (see Figure 2). Collectively, they spent hours hand writing stories of safe, supportive and healing environments they found among Georgia’s network of victim service programs.

When asked in an open-ended format to describe “*the most helpful thing received*” from the victim services program, respondents focused on four general areas (in order by frequency of response): support, counseling, a “listening ear” and information. In victims’ responses to “*What else could this program do to help?*” the most frequent responses included: the availability of more counseling services (more hours, more counselors, more groups programs) and more information (to help themselves, to increase their awareness, to continue in their healing process).

While the current study documents “quality” among Georgia’s victim service programs, the lack of “quantity” of services is demonstrated repeatedly. For example, victims reported traveling an average of 17 miles to reach a program, but one respondent personally traveled 175 miles. Unfortunately, a total of 70 programs service the 7 million citizens living in 159 counties in Georgia. The suggestions

Table 12. Services Received By Victims

RCC	% Of Victims Receiving Services	VWAP	% Of Victims Receiving Services
Met with counselor	76%	Court Proceedings Explained	80%
Called Crisis Hotline	46%	Notified Of Legal Status	60%
Attended Support Group	38%	Notified Of Court Proceedings	60%
Attended Group Counseling	33%	Assisted In Applying For VC	60%
Accompanied To Exam	24%	Called Crisis Hotline	40%
Received Medical Information	24%	Accompanied To Counselor	40%

from victims were simple – service providers are doing the “right” thing; *victims simply need more.*

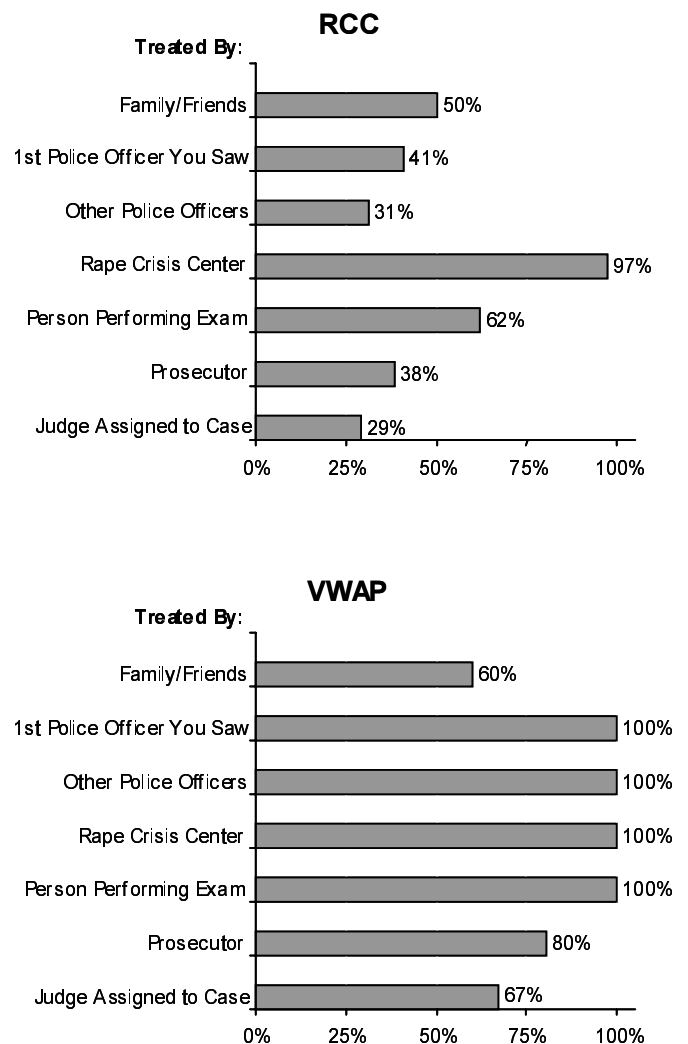
How Are Victims Treated by the System?

Victims of sexual assault come into contact with a wide variety of agencies and personnel as they enter the criminal justice system (for formal prosecution of their assailant) or the social service system (for victim services). Figure 2 presents the proportion of victims who report “good” treatment by a variety of individuals. Note the dramatic decline in the perception of “good treatment” as victims penetrate the criminal justice system. Treatment by the first law enforcement officer responding to a reported sexual assault is perceived as better than treatment by subsequent officers; treatment by the police is viewed more positively than treatment by prosecutors; and treatment by judges is viewed most negatively.

The research also uncovered dramatically different patterns of perceived treatment by victims that were receiving services from rape crisis centers than those receiving services from a victim witness program – VWAP victims perceived their treatment by “the system” much more positively than RCC victims.

The question remaining unanswered is which came first – the perceived positive treatment or the

Figure 2. Percent Of Victims Reporting “Good” Treatment



willingness to become involved with the criminal justice system. It is interesting to note that victims penetrating the system the furthest, those in a VWAP program in the midst of prosecution of their assailant, report *better* treatment by the system than by their own family and friends.

If the perception of positive treatment leads to further penetration into the criminal justice system, this finding underscores the critical need for education and training of front-line personnel – particularly law enforcement, prosecutors and judges. Further research may be needed to document the impact of positive treatment by system representatives in an effort to increase the proportion of victims who report their assaults to the police.

Chapter 5. How Can We Improve Services To Victims?

Program Directors and Personnel

Directors and front-line personnel and volunteers working among a network of 68 victim service programs across the 159 counties of Georgia came together to voice their opinion. They have clearly articulated for Georgia policy-makers what actions are required in order to improve services to victims of sexual assault. Table 13 summarizes the top three written recommendations made by 240 directors and personnel/volunteers of both rape crisis centers and victim witness assistance programs.

Program directors and personnel began by articulating a critical need for increased **public education, awareness and prevention** campaigns. There is an optimism in the belief that a culture's reaction to victims of sexual assault is mutable. Experts agree that our service to victims of sexual assault *requires* active outreach – educational material, seminars, and advertising taken to our schools and communities. There is a strong belief that the message that *help is available* fails to reach many girls and women. We can improve our service to victims by educating everyone about the devastating impact of violent crime, and empowering girls to take back their lives.

Training on how to interact with sexual assault victims is viewed as a necessity for law enforcement officers, attorneys, judges, court workers, and hospital staff. There is an alarmingly low level of police reporting among sexual assault victims. Being treated without sensitivity by police, emergency room personnel, and legal professionals only adds to the problem. The need for education and training is not only considered a top priority of program directors, but also strongly articulated by front-line staff providing services – those who often feel ill-equipped to perform the duties of their job.

During Fiscal Year 1998, the Criminal Justice Coordinating Council funded twenty training ses-

sions and workshops held in various locations around the state, at a total cost of \$100,000. This training included the following: a victims conference with an attendance of over 350; eight sexual assault law enforcement training classes; ten domestic violence law enforcement training classes; and one domestic violence seminar for law enforcement management with over 200 in attendance.

The heavy emphasis on law enforcement training in Georgia would appear to be reaping some benefits – as victims tell us that they receive “good” treatment from police at a higher rate than any other criminal justice representative (particularly the first police officer responding to the assault). However, the lower levels of satisfaction among victims with prosecutors and judges would suggest that training efforts should be expanded into other components of the criminal justice system.

Directors and personnel alike articulate an immediate need for **more qualified counselors** among Georgia's network of 68 victim service programs. **Technical expertise is needed** – such as the utilization of SANE nurses and colposcopes at the forensic medical exam phase.

Finally, program personnel see an immediate need for improvements in **transportation for victims**, enabling them to keep appointments, follow through with medical exams, and show up for necessary court appearances. Victims from low socio-economic families are often unable to take the steps necessary to seek justice and punish perpetrators. Victim service programs could provide that assistance.

Table 13. Top Three Recommendations For Service Improvements

Directors:

<u>RCC</u>	<u>VWAP</u>
1. More community/school outreach and prevention programs as well as advertising of services provided.	1. More public awareness programs, advertising, and increased education in both the schools and community.
2. Improved response and special training for law enforcement and legal professionals to deal with sexual assault victims.	2. Specialized training for law enforcement, legal professionals and hospital staff to effectively handle sexual assault cases.
3. More counselors on staff as well as more counseling services for victims and families.	3. Need more counselors and support group services.

Personnel/Volunteers:

<u>RCC</u>	<u>VWAP</u>
1. More public awareness of facilities/services offered as well as thorough information on prevention throughout the community and schools.	1. Sexual assault and sensitivity training for all law enforcement and legal professionals.
2. More training for RCC staff, hospital staff, law enforcement, and court workers on sexual assault protocol and sensitivity training.	2. Increased public awareness of services offered to victims as well as extensive prevention information in both the community and schools.
3. Larger facilities and shelters for victims which offer complete counseling services, transportation for victims and have SANE nurses on staff.	3. Need more counselors and extensive therapy for victims, as well as more SANE nurses and child/adult advocates on staff.

Victims

As described in Chapter 4, victims overwhelmingly report high levels of satisfaction with services received from Georgia’s network of victim service programs. Collectively, they spent hours hand writing stories of safe and healing environments encountered – where they report finding support, counseling, a “listening ear,” and information. When asked to prioritize “*What else could this program do to help?*” the most frequent responses centered around two main needs:

- **Increase the availability of counseling services** (more hours, more counselors, more groups programs).
- **Increase the volume and variety of information** (to help themselves, to increase their awareness, to assist in their healing process).

While the current study continually documented the “quality” among Georgia’s victim service programs, it was the lack of “quantity” of services that was demonstrated repeatedly. The suggestions from victims were simple – service providers are doing the right thing, victims simply need *more*.

Final Study Recommendations

Synthesizing what has been learned from site visits with victim service programs, extensive conversations with experts in the field of direct service, attendance at conferences and training sessions, and analyzing the survey data collected from program directors, personnel and victims, the research team would offer the following recommendations to Georgia policy-makers with an interest in improving services to victims of sexual assault:

1 Increase public awareness about violent sexual victimization by utilizing the expertise of rape crisis center personnel in providing school-based education. Education in schools and communities will lead to healing and increased empowerment of victims.

2 Educate and train criminal justice personnel. Police officers, prosecutors and judges should receive specialized training in the handling of sexual assault cases. Further investigation is required regarding the hypothesis that professional training may increase offender accountability through increased police reporting and prosecution.

3 Educate and train victim service personnel. Need is demonstrated for more certified counselors and increased utilization of SANE nurses and colposcopy to improve prosecution efforts. Victim service personnel should have incentives for advanced education and certification, as well as the opportunity to receive the professional training they desire.

4 Increase transportation services to victims. Low income victims are deprived of the opportunity to seek justice and punish perpetrators through the formal criminal justice system when they are unable to keep appointments, follow through with medical exams, and appear for necessary court appearances.

5 Increase the availability of counseling services to victims. Victims voice a desire for more counseling sessions for themselves and their families, more access to individual counselors, and the need for more flexible hours for counseling sessions.

6 Increase the availability of information to victims. Victims are articulate in their desire to educate and empower *themselves* (through lessons learned from competent service providers). Libraries, web-based information sharing, linkages to experts and organizations in the community are all feasible additions to victim service programs, if properly funded. Victims want *more* information than most programs currently can provide.

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