

RECOMMENDATIONS

Information gained from the Sexual Assault Needs Assessment Project identified many ways in which services to sexual assault victims in Maryland could be improved. The recommendations fall into four categories addressing specific needs: funding for agencies providing services; improving public awareness of sexual assault issues; providing more training opportunities for professionals; and expanding support services for victims.

Increase funding for agencies providing services

Funding should be made available to expand sexual assault center service provision, including additional staff and more individual and group therapy. Expanded crisis center and general community-based mental health services are needed to decrease latency between the assault and service delivery, provide care to more victims, and extend the duration of care to victims. In addition, funding is needed for hospitals that provide SAFE/SANE services, for training of current staff and hiring additional staff. Funding should also be made available for hospitals desiring to implement SAFE/SANE programs.

Improve awareness and communication of sexual assault issues

The study uncovered a need for improved communication and networking between agencies serving sexual assault victims to assure a continuum of service delivery to victims across the state. The creation of local/regional task forces or coalitions is recommended to encourage collaboration. A media campaign aimed at the general public is suggested to heighten awareness of the prevalence of sexual assault, dispel myths and advertise the availability of treatment services.

For more information, visit the Rape and Sexual Assault Prevention and Education Program Web site:
www.fha.state.md.us/ohpetup/assault/index.html

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Provide training opportunities for professionals

Additional training on dealing with sexual assault victims was identified as a primary need by most study participants. Sexual assault center staff, law enforcement officers, public school staff, hospital staff, mental health clinicians, clergy and family advocates all reported the need for further education to increase effectiveness and confidence in providing necessary services to victims.

“A media campaign to heighten awareness, and to dispel myths and misconceptions was recommended.”

Expand support services for victims

Many victims of sexual assault identified situational barriers that prevented them from seeking or receiving services. Lack of transportation was the most frequently cited problem. Transportation assistance, in the form of center-owned vans or travel vouchers for public transportation would help minimize these difficulties. Providing center-based childcare for clients would also increase clients' ability to make and keep appointments.

SEXUAL ASSAULT NEEDS ASSESSMENT PROJECT

EXECUTIVE SUMMARY

A Collaborative Project of the Center for Health Promotion, Education and Tobacco Use Prevention, Maryland Department Of Health and Mental Hygiene and the Center for School Mental Health Assistance, the University Of Maryland School Of Medicine

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INTRODUCTION

The Sexual Assault Needs Assessment Project (SNAP) was conducted in December 2002 to identify and understand the needs of sexual assault victims and to assess gaps in service delivery Maryland. These findings have important implications for future prevention strategies, public health interventions and educational efforts.

During Phase I, telephone interviews were conducted with 125 sexual assault victims currently receiving services from one of 19 Maryland Coalition Against Sexual Assault (MCASA) centers, as well as representatives from each of the centers. Phase II elicited feedback from stakeholders who interact with sexual assault victims, to identify ways to improve services. These stakeholder groups included hospital personnel, school personnel, law enforcement officials, mental health clinicians, family advocates and clergy.

PHASE I: VICTIM INTERVIEW AND CENTER SURVEY

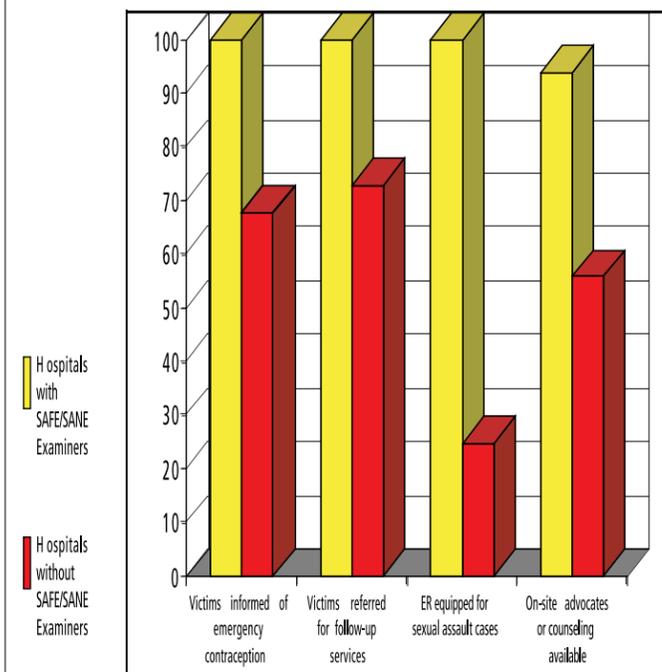
Survey participants ranged in age from 18 to 64 and represented diverse ethnic backgrounds, reflecting the population served.

Half of all respondents reported having been sexually assaulted more than one time. Similar to national data, many victims reported being assaulted by a relative, which may explain why less than 30 percent planned to file charges against their attackers. Nearly 70 percent of victims surveyed waited one year or longer before seeking services. Often, victims who were assaulted as children waited until they were adults before seeking services. Waiting so long to get help increases emotional and psychological problems for victims. Centers reported that most sexual assault victims seeking counseling commonly experienced depression, post-traumatic stress disorders (PTSD) and anxiety disorders.

“Victims assaulted as children often waited until adulthood before seeking services.”

About one third of victims surveyed sought medical treatment following the assault. Of those victims seen at the hospital, only 40 percent reported not being charged for the medical exam, while 32 percent reported receiving a bill for assault-related treatment. About half of the respondents reported being tested for some type of sexually transmitted disease, and informed about the availability of emergency contraception.

Hospital Services for Sexual Assault Victims



Most of the victims surveyed were pleased with the quality of services they received from the rape crisis centers, and nearly every participant rated the services as excellent or good. Victims were particularly pleased with their counselors and center staff. However, the majority of respondents were not aware of services for sexual assault victims prior to their experience.

PHASE II: STAKEHOLDER SURVEYS

Hospitals

Surveys were received from 30 out of 44 hospitals. All hospitals with specially-trained sexual assault forensic examiners or sexual assault nurse examiners (SAFE/SANE examiners) reported that: 1) their emergency rooms are equipped to handle sexual assault victims; 2) they refer victims for follow up services; and 3) they inform victims of the availability of emergency contraception. Ninety-four percent of these hospitals have on-site advocates and/or counseling available, and in most cases the SAFE/SANE examiner performs the sexual assault exam.

In contrast, only 25 percent of hospitals without SAFE/SANE examiners have emergency rooms equipped to serve sexual assault victims. Only 68 percent inform victims of the availability of emergency contraception, and only 56 percent offer emergency contraception or have on-site advocates and/or counseling available. A

common problem found at hospitals with and without SAFE/SANE programs was that victims were inadvertently charged for services related to sexual assault.

Law Enforcement

A total of 301 surveys were received from seven law enforcement agencies. Only 47 percent of respondents indicated that they had received training above the minimum mandated by the Maryland Police Training Commission. Of these, 80 percent indicated they were prepared to proceed with a sexual assault/abuse case. About half of their sexual assault cases led to investigation, and 57 percent of victims willingly participated in the investigation/prosecution of perpetrators in these cases. Half of these cases were prosecuted.

For those who had not received additional training, 36 percent indicated they were not prepared to proceed with a sexual assault case, and 15 percent indicated they were uncomfortable when presented with a case. One third of respondents indicated that lack of training/experience contributed to their feelings of anxiousness, frustration, or discomfort. Compared to officers who had received more training, fewer sexual assault cases were investigated and prosecuted by this group.

Education Staff

The school survey was returned by a total of 397 school staff from 15 schools—five high schools, five middle schools, and five elementary schools. Results indicated that one in five school staff had been directly involved in a sexual abuse case involving a student. Nearly 40 percent of school staff said they have not received training on the issue of sexual abuse. Those who did receive training received only one to two hours on average. School staff overwhelmingly said they need more training in this area and would seek it out if it were available. Nearly half of respondents said they do not feel

“Nearly half of education staff respondents said they do not feel adequately prepared to handle a possible sexual abuse case.”

adequately prepared to handle a possible sexual abuse case. Overall, school staff reported specific needs for training, including learning the requirements and procedures for reporting assault cases, and recognizing signs of abuse. Middle school staff were more likely to report feeling unprepared to deal with a sexual abuse case and were most in need of targeted training.

Mental Health Clinicians

Surveys for mental health clinicians were mailed to members of the Maryland Psychological Association and the Maryland Mental Health Counselors Association, and included in the newsletter of the Maryland Society for Clinical Social Work. Fifteen percent of this group responded. The majority (62 percent) of respondents had received formal sexual abuse training. Most indicated that they need more training in this area.

Clients who came to therapists as a result of sexual assault/abuse accounted for an average of 11 percent of therapists' total clientele. Most respondents reported having clients who disclosed sexual assault/abuse during therapy. The majority of respondents indicated they encountered clients who were under age 18 when they experienced the sexual assault/abuse. Most respondents (85 percent) indicated that drugs and/or alcohol were a factor in these incidents. Almost all clients who disclosed sexual assault/abuse originally sought help for depression, anxiety, relationship problems, and coping with life issues.

“Eighty-five percent of respondents indicated that drugs and/or alcohol were a factor in sexual assault incidents.”

Top therapy goals when working with sexual assault victims were managing feelings of guilt and shame, depression management, and relationship issues. The average duration of therapy for sexual assault clients was 19 months, a longer treatment time compared to clients who present with other issues.

Almost a third of clinician respondents indicated they were not prepared to proceed with a sexual assault/abuse case. Over half found that working with sexual assault cases was more stressful compared to working with other clients, and 40 percent indicated that resources to help them deal with stress were not adequate.

Clergy Focus Group

Clergy reported encountering few sexual abuse and assault cases in the course of fulfilling duties within their congregations. However, clergy agreed that the actual incidence is much higher than presented to them personally. There was consensus among clergy leaders that they were not prepared to respond to incidents of sexual abuse and assault, and that a primary reason for this was the lack of training on how to address the issue. Participants also reported that there is poor communication among social service providers, and poor dissemination of information about rape crisis centers. Clergy reported feeling isolated from these resources and do not feel comfortable making referrals.

Family Advocate Focus Group

Family advocates who work with victims and family members in a sexual assault crisis center participated in this focus group. Concerns were expressed about the lack of education within the school system. Although schools are willing to talk about abuse by strangers, they are reluctant to provide information to children about abuse in families. The stigma of sexual abuse prevents family members from reporting these crimes, especially for boys. Most participants found that mothers of child abuse victims had been victims of sexual assault/abuse themselves. Respondents felt there is a clear need to establish a counseling program for abused parents in order to break the cycle of violence.