

Austin/Travis County

Sexual Assault Response and Resource Team Community Needs Assessment



Acknowledgements

Enormous thanks to individuals from the following agencies and programs who participated in this effort and contributed their knowledge, insight, and experience.

Asian Family Support Services of Austin*
Austin Community College Police Department*
Austin Police Department*
CASA of Travis County*
Dell Children's Medical Center - CARE Team
Institute on Domestic Violence and Sexual Assault at the University of Texas at Austin*
The SAFE Alliance*
St. Edward's University
Student Emergency Services at the University of Texas at Austin
Texas Association Against Sexual Assault
Texas Advocacy Project*
Texas Legal Services Center*
Texas Rio Grande Legal Aid*
Travis County District Attorney's Office*
Travis County Sheriff's Department*
Voices Against Violence at the University of Texas at Austin*

**Members of the Austin/Travis County Sexual Assault Response and Resource Team (SARRT)*

Special thanks to Sgt. Liz Donegan (APD, RET), Anna Wassim (IDVSA), and Jennifer Thompson for contributing their time and expertise to ensuring that this information was brought to paper.

Finally, the SARRT would like to recognize and thank all of the survivors of sexual assault who shared their stories, experiences, and insights in order to improve the community-wide response to sexual assault in Travis County.

This project was authored by SARRT Coordinator Kristen Lenau and supported by The SAFE Alliance, a merger of Austin Children's Shelter and SafePlace.

SAFE | stop abuse for
everyone

A merger of Austin Children's Shelter and SafePlace

This project was supported by Grant No. 2015-WE-AX-0012 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Contents

Executive Summary	3
Key Terms and Acronyms	6
Background	7
Community Responses to Sexual Assault	10
Methodology	15
Limitations	19
Findings	20
Discussion	53
Recommendations	60
Additional Resources	62
Appendix	64

Executive Summary

Introduction

Sexual assault impacts people from every age group, ethnicity, gender identity, socioeconomic background, cultural group, and religious affiliation. In Texas, a 2015 study by the Institute on Domestic Violence and Sexual Assault at the University of Texas at Austin found that approximately 2 in 5 Texas women will experience some form of sexual violence in their lifetime, with only 9 percent reporting it to police.

The Austin/Travis County Sexual Assault Response and Resource Team (SARRT) is the designated, coordinated community response to sexual assault in Travis County, Texas. The SARRT is an established working body comprising the agencies involved in the response to post-pubescent adolescent and adult sexual assault victims. These agencies include law enforcement, attorneys, advocates, university programs, prosecutors, Sexual Assault Nurse Examiners (SANEs), and hospitals.

As a part of its mission to enhance the local response to sexual assault, SARRT member agencies sought out additional funding to assess and improve the community response to sexual assault. In 2015, The SAFE Alliance and two SARRT member agencies were awarded a 3-year Office of Violence Against Women Grant to Encourage Arrests through the Department of Justice. One of the primary deliverables on this grant was a community-wide needs assessment of the SARRT response to sexual assault.

Data Collection

The assessment strives to identify and highlight a broad overview of needs and challenges for sexual assault response in Austin and Travis County. It is intended to give insight into whether or not current capacity is sufficient for response, what training may be needed, if consistent protocols are in place, some of the obstacles and gaps in the overall response to the local population, and identify some strengths of the community. It is not intended to be a research study or an evaluation of any one agency or process.

Data collection for the assessment was conducted through secondary demographic data sources and primary interviews with professionals and survivors. Data collection was completed between November 2016 and November 2017. In total, 51 professionals and 24 survivors of sexual assault participated in interviews for this assessment.

Key findings (In no particular order)

- Professionals reported a median of three years' experience in their role working with a median of 350 victims of sexual violence
- 2/3 of professionals reported that they did not have time to adequately address their workload
- Training on trauma-informed practices was both the most requested training by professionals and the most recommended training for the community
- 94 percent of professionals do not believe that the law adequately addresses the crime of sexual assault
- Unless initiated by a victim, the majority of community-based and system based advocates are unable to maintain ongoing contact with victims due to capacity constraints
- Issues with the system, including the length of the criminal justice process, was cited by professionals as the most common reason for victim attrition
- Immigrants and undocumented survivors were most frequently identified by participants as an underserved group by the Austin/Travis county community
- 75 percent of survivors felt believed by the people investigating their case
- Access to counseling was the biggest unmet need identified by survivors
- Survivors most frequently cited the protection of others as the reason that they reported the sexual assault to police

Recommendations

- SARRT agencies should take proactive steps to identify and intervene in secondary/vicarious trauma among frontline professionals.
- Pursue increased staffing for sexual assault programs, SANE services, specialized legal services, and specialized investigation and prosecution units. Agencies should explore funding to add paraprofessional staff across the board to alleviate the administrative burden on licensed professionals and to reduce long term costs.
- Invest in in-person translation services for criminal justice processes.
- Explore a framework for implementing regular cross-training, inclusive of site visits, for law enforcement, prosecution agencies, SANEs, and community based advocates.
- Implement mandatory, agency-funded training on sexual assault dynamics, trauma-informed responses, forensic exams, lab reports, and investigation/prosecution strategies for all personnel investigating and prosecuting sexual assault.

- Service-based agencies should immediately address the long-term case management needs for survivors of sexual assault.
- Consider exploring the unique healthcare needs of sexual assault victims and if or how they can be met with existing resources in the response community.
- Law enforcement agencies should individually undertake annual or biannual sexual assault case reviews to identify challenges, trends, and opportunities for process improvement.
- Ensure that interview methods for victims are distinctive from those used with witnesses or suspects in sexual assault cases. Incorporate "soft" interview spaces and utilize trauma-informed practices.
- All agencies should work to develop written protocols for communication with victims of sexual assault that incorporate regular case status updates.
- Ensure that criminal case outcomes are clearly documented and communicated to stakeholders, including closure decisions. Update and integrate data collection software if necessary for easier tracking.
- Civil legal agencies and victim services programs should consider donation options and stocking small baskets on-site to assist with basic needs for sexual assault victims.
- Universities should consider mandating training on the dynamics of sexual assault for all faculty and staff, with particular attention to Title IX investigators.
- Consider advocacy at the state level to extend or eliminate the statute of limitations, and update and clarify definitions within the sexual assault statute (e.g., incapacitation, intoxication, consent).
- Prosecutors should consider engaging national expertise on developing case frameworks and performance management systems (e.g., AEquitas: Model Response to Sexual Violence Prosecutions.)
- Consider developing a community education plan for non-SARRT agencies that frequently interact with victims (e.g., hospitals, clinics, community centers, colleges, 911 call centers, faith communities). Explore options for judicial training on sexual assault.
- SARRT agencies should extend outreach to underserved communities to request feedback, acknowledge historic neglect, and address barriers to access.
- Consider seeking out local leaders and larger institutions to receive training specific to survivor populations that are not being effectively reached by the SARRT.

Key Terms and Acronyms

Acute - A medicolegal term for the first 96-120 hours after a sexual assault. In Travis County, adolescents and adults may receive an acute forensic exam within a 120-hour window.

CCR - Coordinated Community Response. A CCR is a “system of network, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs,” also referred to as the Duluth Model.¹ It is designed to ensure survivors of violence receive timely, comprehensive support and interventions.

CJS - Criminal justice system.

CWA - Cooperative Working Agreement. Guidelines that were developed by SARRT members to define how the group will work together and what members will contribute in their response to sexual assault to accomplish mutual goals and objectives.

OVW - Office of Violence Against Women.

SAFE - Sexual assault forensic exam. A physical exam and verbal interview performed by a trained clinician with a sexual assault victim for the purposes of gathering biological evidence and the documentation of injuries for future criminal proceedings.

SAK - Sexual assault kit (or “rape kit”) refers to the collection of evidence typically preserved in a cardboard box during an acute sexual assault forensic exam.

SANE - Sexual Assault Nurse Examiner.

SARRT/SART - Sexual Assault Response and Resource Team/Sexual Assault Response Team. This term refers to the coordinated community response that localities and jurisdictions form to collaboratively address sex crimes in their community.

Sexual assault - Rape or vaginal, anal, or oral penetrative acts by the assailant(s) or caused by the assailant(s) without the consent of the victim. While there is a continuum of sexual violence and the term “sexual assault” is often used in reference to any unwanted sexual contact, for the purposes of this report it refers to the acts outlined in the Texas Criminal Code.²

¹ Stop Violence Against Women. (February 2006). *Coordinated Community Response*. Retrieved from http://www.stopvaw.org/coordinated_community_response.

² See Texas Penal Code 22.011 for sexual assault offenses.

Background

The Austin/Travis County Sexual Assault Response and Resource Team (SARRT) is a coordinated community response – an established working body and multi-sectoral approach comprising all the agencies involved in the response to post-pubescent adolescent and adult sexual assault victims. These agencies include law enforcement, attorneys, advocates, university programs, prosecutors, Sexual Assault Nurse Examiners (SANEs), and hospitals. The SARRT meets monthly to coordinate services, problem-solve, and work for improved community and systematic response to sexual assault victims and survivors.

The SARRT is currently comprised of 13 member agencies that have signed the Cooperative Working Agreement (CWA), several individual members, and another five to 10 agencies that send representatives to meetings. The SARRT has grown substantially since 2015, and monthly meetings are held for all attendees. Several workgroup and committee meetings are held separately.

The mission of the SARRT is to enhance the local response to post-pubescent adolescent and adult sexual abuse and assault by ongoing collaboration, training and coordination among the agencies charged with responding to these crimes.³

The SARRT was initially formed in 1992 as a collaborative, multidisciplinary task force. In 2003, the SARRT formalized its partnerships by joining together in the first CWA. This body has demonstrated its willingness and capacity to seek out and put new learning into effect (e.g., participation in the Making a Difference (MAD) initiative created by End Violence Against Women International). In 2004, a multidisciplinary, eight-person team of SARRT members took part in intensive MAD training on strategies for more effective investigation and prosecution of non-stranger sexual assault cases. The SARRT members subsequently put into effect a number of the presented best practices.

The CWA was renewed a second time in 2009, with updates on best practices and current participating agencies. The CWA was most recently updated in 2017, with 13 agencies participating from several different sectors.

In 2015, the Austin Police Department received notice that the local SANE program would terminate their services in Travis County. In response, the SARRT members – including individuals from local law enforcement, hospitals, and the prosecutor’s office – developed and supported a new SANE program at The SAFE Alliance. In its first year, that program saw significantly reduced exam wait times for survivors across the county.⁴

In 2016, SARRT members advocated heavily for an increase in lab staffing after the Austin DNA lab was shut down. Over time, it became clear to the community that the lab had lacked the needed capacity for sexual assault kit (SAK) testing.⁵ This advocacy was instrumental in Austin City Council’s decision to fund eight new analyst positions at the local lab.

³ ATC SARRT Bylaws 2016, Articles II Mission Statement

⁴ Interview with Jenny Black, SANE, RN, FNAP Program Director SAFE Alliance

⁵ Cailey Bien & Robert Maxwell, Austin Police Continue to Outsource DNA Test Kits. December 5, 2017 <http://kxan.com/2016/12/05/austin-police-outsources-backlogged-rape-kits-to-private-labs/>

Most recently, SARRT identified a strong level of interest in providing community trainings and awareness to address sexual assault prevention. A permanent subcommittee was created with this intention. In order to handle the influx of cold cases resulting from untested SAK testing, the APD's Sex Crimes Unit has experienced a 33 percent increase in staffing. SARRT members are collaborating to develop a community-wide counseling program to implement as the backlog is cleared.

Since the completion of data collection for this assessment a second, limited membership team that includes a couple of current SARRT members was developed in Austin/Travis County to respond to sexual assault.

A 2015, Department of Justice, Office of Violence Against Women (OVW) Grant to Encourage Arrests was awarded to The SAFE Alliance and two SARRT member agencies. The purpose of this grant was to assess and improve the community-wide response to post-pubescent adolescent and adult sexual assault survivors. The grant outlined a community-wide needs assessment for the SARRT in Austin/Travis County as one of its primary objectives. The needs assessment was conducted by the SARRT Coordinator, a position that was funded through the OVW Grant to Encourage Arrests.

Purpose Statement and Introduction

Community needs assessments are a way for an organization or a community to:

- Assess community capacity to meet the needs of a particular group of people
- Identify challenges and assets relating to meeting the needs of a particular group
- Identify the strengths and limitations of a particular group of people

The assessment is intended to help identify how SARRT members are responding to sexual assault reports, assist the response community to identify service gaps and strengths, gain a better understanding for why some victims do or do not report sexual assault, and explore the needs of culturally specific communities that may not be receiving services. It is not intended to be a research study, an evaluation of any one agency or process, nor does it delve into individual cases. This assessment provides information about this community's response to sexual assault from the perspective of the professionals and survivors interacting with it.

Several key questions were identified by the SARRT as meaningful for the assessment to consider. They include:

- I. How are SARRT members responding to incidents of sexual assault?
- II. What are the outcomes of those who report sexual assault?
- III. How does the University of Texas work with the criminal justice system in order to respond to sexual assault?
- IV. What are the needs of underserved/culturally specific communities in Travis County?
- V. What are the local obstacles to reporting sexual assault?

Sexual Assault Prevalence

Sexual violence has long been documented in history as a tool of power by peoples, armies, and nations. It can be traced far back to Ancient Greek culture and mythology, in which rape was a common theme.

*Medusa was originally a beautiful young woman, known for her lovely hair and being the aspiration of many potential male suitors. Poseidon, God of the sea, took it upon himself to take advantage of Medusa and rape her in Athena's temple ... Athena blames Medusa, the victim in this case, for the sexual encounter that had occurred in her temple. Athena punishes Medusa ... making her face so hideous that should anyone place their gaze upon her, they would turn into stone.*⁶

The word “rapist” was not widely used in the United States until the 20th century.

A 2012 national study by the Centers for Disease Control and Prevention found that 1 in 5 adult American women will be raped in their lifetime, and 1 in 71 men will be raped.⁷

In Texas, a 2015 study by the Institute on Domestic Violence and Sexual Assault at the University of Texas at Austin found that approximately 2 in 5 Texas women will experience some form of sexual violence in their lifetime, with only 9 percent reporting it to police.

Until recently, rape was not always considered a crime under state and federal laws. Marital rape was not outlawed in Texas until 1994. Long standing acceptance of rape, gender biases, racial disparities, and traditional roles of women have contributed to a culture of victim blaming in the criminal justice process and society at large. As recently as the 1980s, American videogames like Custer’s Revenge gave points to players that successfully raped Native American women.

Sexual violence has both immediate and long term negative health outcomes for victims.⁸ Studies show that rape and other forms of sexual violence have broad, adverse public health impacts.⁹ Compared to women who have not experienced sexual assault, rape victims are at higher risk for developing health risk behaviors (e.g., smoking and binge drinking), chronic health conditions, and mental health conditions.¹⁰ Victims have higher rates of healthcare utilization and female victims of rape are more likely to report heart attack and heart disease than non-victims. Both stroke and high cholesterol were linked with rape for men and women.¹¹ Asthma, high blood pressure, chronic pain and frequent headaches have also been linked to a history of sexual violence in women and men.¹² The risk of human trafficking and the perpetuation of sexual abuse are also potential outcomes, especially for those impacted by sexual abuse at a young age.

⁶“A History of Rape Culture” (2017). Retrieved from <http://historyofrapeculture.weebly.com/history-of-rape-culture.html>

⁷Centers for Disease Control (2012) *Sexual Violence Fact Sheet*. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/sv-datashet-a.pdf>

⁸Ibid

⁹Carol Jordan, Rebecca Campbell & Diane Follingstad. (2010). *Violence and Women’s Mental Health: The Impact of Physical, Sexual, and Psychological Aggression*. Annual Review of Clinical Psychology, Volume 6. Retrieved from <http://www.annualreviews.org/doi/10.1146/annurev-clinpsy-090209-151437>

¹⁰Jeanie Santaularia, Monica Johnson, Laurie Hart, Lori Haskett, Ericka Welsh and Babalola Faseru. (July 2014). Relationships between sexual violence and chronic disease: a cross-sectional study. BMC Public Health. 14:1286. Retrieved from <http://www.biomedcentral.com/1471-2458/14/1286>

¹¹Ibid

¹²Centers for Disease Control & Prevention. (April 2017) *National Intimate Partner & Sexual Violence Survey*. State Report Book. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

Community Responses to Sexual Assault

There are myriad responses that communities, states, and larger systems take in their approach to sexual assault. State legislation dictates much of how local jurisdictions respond. Approaches differ significantly for child victims of sexual assault, adolescents, and adults.

Criminal Justice Response

Criminal responses to sexual assault address instances when an outcry is made to law enforcement and it is deemed credible. Reporting rates are low across the board, ranging 7-32 percent nationally. In Texas, 9 percent of sexual assault victims will make a report to law enforcement. Most people, if they disclose to anyone, will make an outcry to a friend or family member. Local practices and state legislation may put a high burden on victim participation and involvement in order to see a criminal justice outcome. Victims are typically expected to appear in court for testimony, and due to the nature of sex crimes, are often the only witness to the crime. Evidence of non-consent continues to be an important factor in the justice system. Data from the National Crime Victimization Survey shows that between 2005 and 2010, only 11 percent of sexual violence offenses were perpetrated using a weapon (e.g., knife or gun), and in 78 percent of victimizations, the perpetrator was known to the victim (i.e., family, friend, acquaintance). Nationwide, the prosecution, conviction, and incarceration rates for sexual assault are very low.

¹³ Fraizer et al., "Sexual Assault Cases in the Legal System: Police, Prosecutor, and Victim Perspectives," *Law and Human Behavior* 20/6 (1996): 607-628

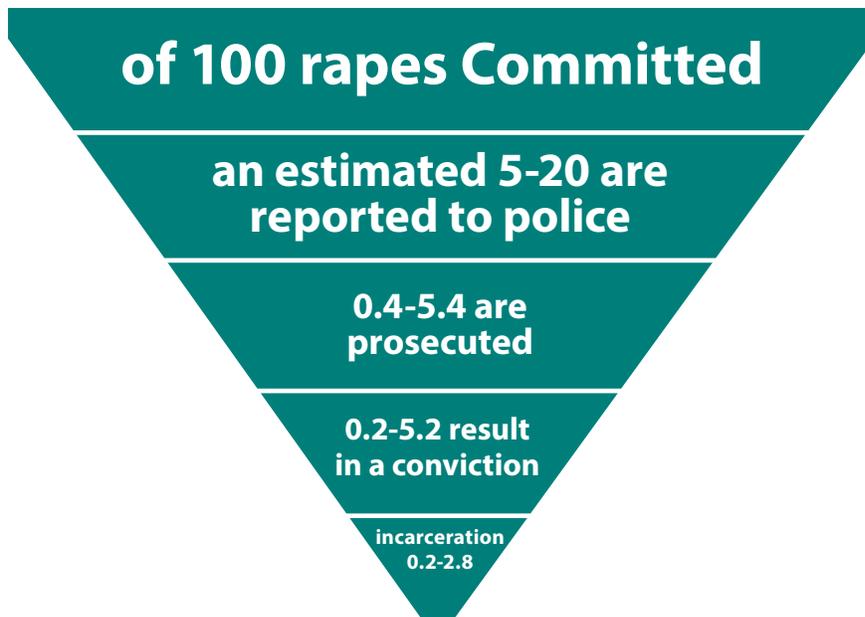
¹⁴ Bureau of Justice Statistics. (2016) *National Crime Victimization Survey*. Retrieved from https://www.bjs.gov/content/pub/pdf/cv16_sum.pdf

¹⁵ Busch-Armendariz, N.B., Olaya-Rodriguez, D., Kammer-Kerwick, M., Wachter, K. & Sulley C. (2015). *Health and well-being: Texas statewide sexual assault prevalence*. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

¹⁶ Ibid.

¹⁷ Kathleen Daly & Brigitte Bouhours. (2010) *Rape and attrition in the legal process: a comparative analysis of five countries*. Crime and Justice. Retrieved from https://research-repository.griffith.edu.au/bitstream/handle/10072/35271/65595_1.pdf?sequence=1

¹⁸ Michael G. Planty, Lynn Langton, Christopher Krebs, Marcus Berzofsky, Hope Smiley-McDonald. (2013). *Female Victims of Sexual Violence, 1994-2010*. Department of Justice, Bureau of Justice Statistics. Retrieved from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=4594>



The “life” of a sexual assault case can range from several months to several years, depending on a number of factors. Criminal justice processes are known to be slow, taking several months or years to move from report to disposition. The capacity and willingness of professionals to push cases forward makes a significant impact. Another evidentiary obstacle is the processing of DNA for SAKs, which is currently a nationwide issue as many kits and their associated cases sit untested on storage shelves for years or decades.¹²

SART Role

While law enforcement agencies, rape crisis centers, hospitals, and prosecutors have often been siloed in their response to the victims they work with, Sexual Assault Response Teams (SARTs), are a common way for localities to address this crime in a coordinated method. The information sharing and protocol development that take place in these groups promote an efficient and trauma-informed response to victims. SARTs often strive toward higher rates of reporting and victim engagement, which in turn may improve offender accountability and enhance public safety.

SART responses have slowly been moving toward models that prioritize safety and empower victim choice in the process. Adult Texans may now receive a free forensic exam without making a report to law enforcement and the state will store that evidence for up to two years, during which time a report can be made.

¹⁹ The Joyful heart Foundation, End the Backlog Initiative. (2017). *What is the Rape Kit Backlog?* Retrieved from <http://www.endthebacklog.org/backlog/what-rape-kit-backlog>

Empowering Victims

The You Have Options Program in Oregon is an example of a model that has received widespread support as an innovative community response to sexual assault. It offers a three-pronged approach to engaging with the criminal justice process, including an information-only reporting option. This option moves in a direction similar to some healthcare models of patient empowerment, a process through which people gain greater control over decisions and actions affecting their health and is both an individual and a community process.

Minnesota and Connecticut have enacted laws requiring that their colleges provide an anonymous, online reporting tool for campus assaults. Texas recently joined in this effort, passing legislation in 2017. As many victims are afraid to report for fear of not being believed, retaliation, or a hostile response, this option encourages a safer and less direct approach to gathering data and understanding the trends of sexual violence on campuses.

The Alliance for Safety and Justice, a national organization that works to enhance safety priorities across states, conducted and published a National Survey of Victims Views on Safety and Justice in 2016. This was an important step in incorporating the feedback and experiences of those most impacted by violence in our effort to respond to and prevent it. Such participatory research can provide key insights for those seeking to implement effective change models and programs. The priorities of the community and the justice system both need to be informed by the views of those who are served in these systems.

Approaches like these acknowledge that the majority of victims do not currently engage with the criminal justice system, therefore innovative options need to be made available in the community to truly begin reaching all survivors.

Community Approaches

Alternative or additional methods of addressing crime and conflict include community interventions around behavior change, institutional disciplinary processes, and restorative justice models.

Community interventions for behavior change and health promotion outside of a formal justice system have long been studied in the fields of public health, anthropology, and psychology. Ecological, culturally-rooted, multi-level interventions are designed to strengthen the health and welfare of communities as well as promote future capacity to sustain that change. Sexual violence is a complex, multi-causal issue that requires effective interventions to recognize and reflect that reality. For some communities, an informal approach may be the only form of accountability or justice that is accessible and/or acceptable. These systems are more likely to be found in isolated pockets and populations.

²⁰ You Have Options Program. (2017). *Sexual Assault Reporting*. Retrieved from <https://www.reportingoptions.org/>

²¹ The Associated Press. (May 28, 2017). *Legislature OKs anonymous reporting for sex assault victims*. Retrieved from <https://apnews.com/343088b3835445699152920d21e2663d>

²² Miller, Megan. (September 2016). *The Latest Trends in Anonymous Sexual Assault Reporting On Campus*. Retrieved from <http://www.campusanswers.com/anonymous-sexual-assault-reporting/>

²³ Edison J. Trickett, Sarah Beehler, Charles Deutsch, Lawrence W. Green, Penelope Hawe, Kenneth McLeroy, Robin Lin Miller, Bruce D. Rapkin, Jean J. Schensul, Amy J. Schulz, and Joseph E. Trimble. (August 2011). *Advancing the Science of Community-Level Interventions*. American Journal of Public Health. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134512/>

One example of a culturally-grounded, coordinated community response to sexual and domestic violence is Avances de Paz, a pilot project of USAID's Health Policy Initiative. The goals of the project were to identify and build capacity for local community members as "policy champions" who would "develop and test a participatory intervention methodology," "outline and advocate for needed policies around gender-based violence," and "monitor the implementation of any related laws in the community." Groups of adolescents, young adults, and other community leaders were recruited to facilitate, train, and participate in the four-part intervention process.

The training module first asks community members to identify forms of gender-based violence and the impact it has on their lives. Participants then identify ways to improve the capacity of their community to prevent and respond to violence, develop action plans, and engage in social action and advocacy for the funding and implementation of action plans under the local budget. Once funded, community members continue to be active through citizen monitoring and accountability mechanisms such as neighborhood watch groups. At the same time, a parallel training process, modified to require a shorter time commitment, is carried out among local government authorities and key service providers such as police, healthcare workers, and judges.²⁴

An evaluation of Avances de Paz showed that it had positive impacts on the community through increased funding for action plans, increased awareness about gender-based violence, and changed community views on gender-based violence. It is being modeled for replication across Bolivia.²⁵

The Title IX process on university campuses is an alternate process of discipline and accountability for sexual misconduct that is performed via the institution, separate from the criminal justice system. For many years the focus of Title IX offices and compliance related primarily to sports teams. Only in recent years has the spotlight has focused on universities' handling of sexual misconduct allegations. In 2014, President Barack Obama issued The White House Task Force to Protect Students from Sexual Assault, providing guidelines on combating rape to universities receiving federal funding. Title IX offices are responsible for ensuring compliance, training, and education on federal guidelines, as well as the investigation and enforcement of sexual misconduct claims. Through an investigation and possibly a hearing process, schools are required to determine if any incident occurred, after which they are responsible for eliminating the hostile environment for the victim.

Despite these efforts, dozens of colleges and universities remain under investigation by the Department of Justice for Title IX violations.

²⁴ Julie Freccero, Lauren Harris, Melissa Carnay, Cole Taylor. (May 2011). *Responding to Sexual Violence: Community Approaches*. Human Rights Center, UC Berkeley. https://www.law.berkeley.edu/wp-content/uploads/2015/04/Responding-to-Sexual-Violence_-_Community-Approaches-SV-Working-Paper.pdf

²⁵ Julie Freccero, Lauren Harris, Melissa Carnay, Cole Taylor. (May 2011). *Responding to Sexual Violence: Community Approaches*. Human Rights Center, UC Berkeley. https://www.law.berkeley.edu/wp-content/uploads/2015/04/Responding-to-Sexual-Violence_-_Community-Approaches-SV-Working-Paper.pdf

Restorative justice models for sexual violence offenders have been met with mixed reactions. Restorative justice is based on the premise that when an offender is willing to acknowledge wrongdoing, be accountable, and make reparations to those wronged through corrective action, that reintegration into society can occur. There is a hope that programs like these can bring both healing to victims and prevent further harm to the community by offenders, however little work and research has been done on outcomes of these programs for sexual offenses. Criticisms of this approach include: It does not convey the seriousness of sex crimes, it could present an opportunity for manipulation by the offender, and concerns that communities are not adequately equipped to address this crime. Advocates for incorporating the approach into a justice system argue that case dispositions for sexual assault illustrate that the current justice system does not prevent further harm to the community, nor does it take into account victim needs.

²⁶ Missouri State University. Restorative Justice Outcomes in Adult Cases

²⁷ Jaimie P. Beven, Guy Hall, Irene Froyland, Brian Steels & Dorothy Goulding. (March 2011). *Restoration or Renovation? Evaluating Restorative Justice Outcomes*. Psychiatry, Psychology & Law. Retrieved from <http://www.tandfonline.com/doi/abs/10.1375/pplt.2005.12.1.194>

²⁸ C. Quince Hopkins & Mary Koss. (2005) *Incorporating Feminist Theory and Insights Into a Restorative Justice Response to Sex Offenses*. Violence Against Women 693, 710. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16043567>

Methodology

Toolkits and needs assessments from other communities were analyzed to identify a framework that would be both appropriate and feasible for this project. The framework was informed by the National Association for State Community Services Programs Community Action Guide to Comprehensive Community Needs Assessments. In addition to soliciting focus areas from the ATC SARRT, potential focus areas and interview questions were informed by the New Hampshire Governor's Commission on Domestic and Sexual Violence Needs Assessment on Sexual Assault, the Minnesota Department of Human Services Alcohol, Tobacco & Other Drugs Toolkit, the San Diego County SART Standards of Practice, and The Institute on Domestic and Sexual Violence at the University of Texas at Austin's Law Enforcement Toolkit. While these did not provide the exact assessment model that the ATC SARRT was seeking, they were excellent resources for building this work and examples for future, more targeted work in the community.

Questions that were initially identified by the SARRT within the GTEA OVW grant were used to inform the assessment focus areas. The SARRT Coordinator initially met and conducted preliminary interviews with over a dozen individuals – identified by the SARRT Coordinator and SARRT Steering Committee – from law enforcement, prosecution, forensic nursing, Title IX, campus-based services, victim services, community advocacy, and civil legal services in order to identify potential focus areas for addressing these overarching questions. Community-based participatory research methods informed this process and the analysis methods of the assessment.

The assessment was broken down into three phases that included the collection of both primary and secondary data.

- Phase 1 to look at the demographics and size of Austin/Travis County, including the breakdown by age, ethnic group, and language
- Phase 2 to conduct in-depth, in-person interviews with individuals from all SARRT member agencies, as well as other agencies that actively participate in SARRT
- Phase 3 to conduct phone interviews with survivors of sexual assault about their experiences with the response provided to them

²⁹ National Association for State Community Services Programs. (July 2011). A Community Action Guide to Comprehensive Community Needs Assessments. Retrieved from www.nascsp.org

³⁰ New Hampshire Governor's Commission on Domestic and Sexual Violence. (June 2006). A Community Needs/Asset Assessment of Services for Victims of Domestic and Sexual Violence in New Hampshire. Retrieved from <https://www.doj.nh.gov/criminal/victim-assistance/documents/community-needs-assessment.pdf>

³¹ Minnesota Department of Human Services. (October 2014). Assessing community needs and readiness – A toolkit for working with communities on ATOD prevention. Retrieved from <http://www.evaluatod.org/assets/resources/evaluation-materials/atod-ii/communityneedsassessment-toolkit-10-14.pdf>

³² San Diego County SART. (April 2001). Standards of Practice For Members of the Interdisciplinary SART Team. Retrieved from <https://www.sandiego.gov/sites/default/files/legacy/police/pdf/standards.pdf>

³³ Busch-Armendariz, N.B., Heffron, L.C., Kalergis, K., Sulley, C & Wachter, K. (2013). Engaging Adult Victims of Non-Stranger Sexual Assault: A Law Enforcement Toolkit. Austin, TX: Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

³⁴ Faridi Z, Grunbaum JA, Gray BS, Franks A, Simoes E.(2007). Community-based participatory research: necessary next steps. Prev Chronic Dis retrieved from https://www.cdc.gov/pcd/issues/2007/jul/06_0182.htm on 12/22/17.

Demographic data

Demographic data was collected from City of Austin public records, U.S. Census Bureau records, and Travis County public records. Secondary data on clients served was collected from The SAFE Alliance. Data on sexual assault calls, arrests, and prosecutions was collected from the fiscal 2015 OVW GTEA semi-annual reports and progress summaries reported to the community.

Professional Interviews

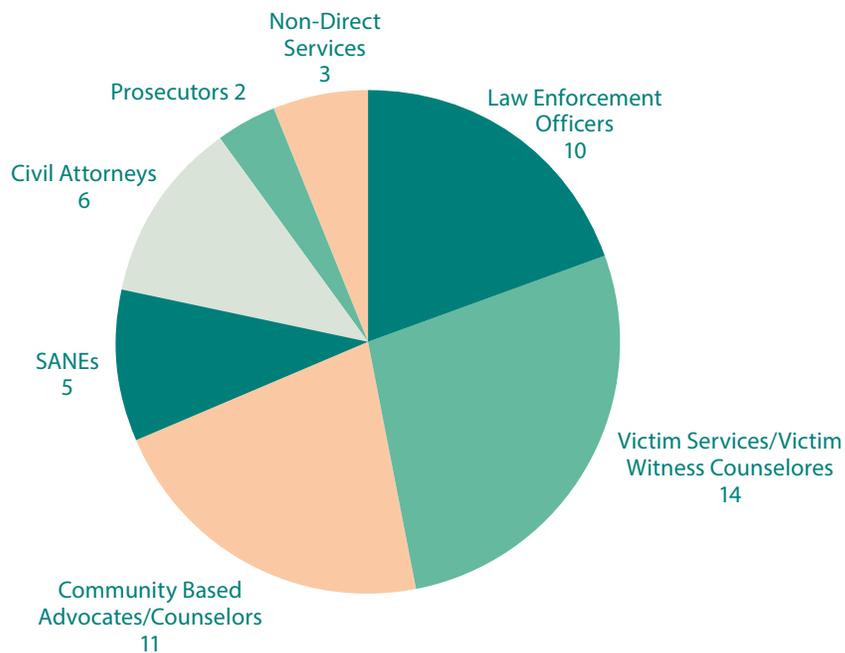
Semi-structured, in-depth interviews were offered to all SARRT member agencies, individual SARRT members and to individuals from other agencies who participate regularly in SARRT.

- Recruitment was conducted primarily through the designated agency liaison to the SARRT using a snowball sampling procedure.
- Participation in the assessment was voluntary, and interviews took place from November 2016 until September 2017.
- Interviews were conducted with 51 professionals from the following seven groups: Sworn Police Officers, law enforcement-based victim services personnel, prosecutors, civil attorneys, community-based advocates/social workers, SANEs, and non-direct services personnel.
- Participants were provided with an informed consent sheet that gave information on the purpose of the assessment, steps to ensure privacy, and potential benefits/risks of involvement.
- All interviews were conducted by the SARRT Coordinator, who took hand notes. No audio or visual recordings were taken of interviews. Notes were then transcribed by the Coordinator or a SAFE Alliance administrative volunteer within 14 days of the interview and reviewed by the Coordinator.

These interviews focused on six major areas: capacity, training, policies and protocols, legal, program utilization, and underserved populations. Interviews also explored the existing collaboration and whether members felt they were able to work together to respond more effectively to sexual assault. Participants were asked to make specific recommendations for the community to improve its response. See the appendices for interview samples.

Participants were asked to describe their training requirements and needs, to provide input on needed trainings for other agencies or departments, to provide feedback on their individual capacity or the capacity of their unit to handle the volume of work that they were assigned, as well as the resources needed to complete that work. Questions explored protocols specific to each role. Participants were asked for their experiences with the sexual assault statute and what changes may be needed to improve efficacy. Survivor attrition in the criminal justice system, service providers, and the Title IX process was also explored. Finally, participants were asked to identify underserved populations and the needs that those communities are experiencing in relation to sexual assault.

CNA Participants by Role



Survivor Interviews

Survivors who met the following criteria were offered the opportunity to participate in a feedback interview with the SARRT Coordinator:

- Participated in services at SAFE's sexual assault forensic clinic during the data collection period
- Made a report to a police department
- Indicated an interest in follow up

The interview opportunity was offered to survivors during a 12-month period from November 2016 through November 2017. A total of 46 survivors initially agreed to participate in providing feedback, with 24 completing the interview.

Survivors were interviewed early on in the case progression, between 2 and 10 weeks post report, so some variance in the level of interaction with various systems is expected.

Survivors were asked for feedback on the responses they received to their sexual assault outcry and their related experiences. Interviews were short and semi-structured, allowing survivors to provide information on their experience and level of contact with law enforcement, SANEs, and advocates. Resource needs, reasons for reporting, and areas of improvement were also incorporated. Questions were formulated based on research from the National Crime Victimization Survey, The Crime Survivor's Speak Report, San Diego County SART Victim Survey, and input from SARRT members.

Analysis Methods

A small, multidisciplinary team of individuals from the SARRT community was asked to assist in analyzing the de-identified interview data by both professionals and survivors. Utilizing a multi-disciplinary team was informed by Community-Based Participatory Research Methods and the analysis was informed by the Minnesota Coalition Against Sexual Assault Case File Review Guide. Team members each had some background in research or evaluation. The team met several times over the course of four months to code themes in the findings.

³⁵ Office of Justice Programs (2016). National Crime Victimization Survey. *Bureau of Justice Statistics*. Retrieved from https://www.bjs.gov/index.cfm?ty=tp&tid=31#data_collections

³⁶ Alliance for Safety & Justice. (August 2016). *Crime Survivors Speak: The First-Ever National Survey of Victims' Views on Safety and Justice*. The Tides Center. Retrieved from <https://www.allianceforsafetyandjustice.org/crimesurvivorsspeak/>

³⁷ San Diego County SART. (2016). San Diego County SART Victim Satisfaction Questionnaire. Retrieved from <http://www.evawintl.org/images/uploads/Documents/SD%20Victim%20Satisfaction%20Survey.pdf>

³⁸ Van Iperen, Jessica & James Pittenger. (2016). *What Do Sexual Assault Cases Look Like in Our Community? A SART Coordinator's Guidebook for Case File Review*. Minnesota Coalition Against Sexual Violence. Retrieved from <http://www.mncasa.org/assets/PDFs/Case%20File%20Review%20Guidebook.pdf>

Limitations

It is important to note the limitations of the community needs assessment. The assessment targeted stakeholders in the ATC SARRT, and provides a broad overview of needs from the perspective of this community. It is not offered as a research study or a process evaluation.

At the beginning of the assessment process, the SARRT Coordinator was unable to identify another community that had conducted a broad assessment of SART practices or community response similar to what was requested by the ATC SARRT. Other assessments that were identified focused on individual agency response, process or agency evaluations, narrow criminal justice outcomes, service needs, case reviews, or issues unrelated to sexual assault.

While interviews were offered to all SARRT members and participating agencies, there was a wide range in the number of people from each agency who selected to participate, so sufficient representation from each professional area may not have been achieved. Participants were recruited primarily through snowball sampling, so it is possible that selection bias may exist.

There are a number of community agencies that are not represented at the SARRT that are providing a response to adolescent and adult sexual assault in this community, including institutions of faith, cultural and community centers, LGBTQIA+ organizations, specialized counseling programs, other health and human services agencies, Austin Independent School District, and the University of Texas at Austin Police Department. Their perspectives are not represented here, but could be solicited in any future work, especially for those populations that are typically underserved.

Since the assessment pertains to the ATC SARRT response, which traditionally has been focused on criminal justice processes, survivor interviews were offered to all acute, reporting survivors that received services and opted for follow up through SAFE's Forensic Nursing and Advocacy Program. This assessment does not include interviews with survivors that chose not to make a report to law enforcement. If resources allow, future evaluation and assessment can and should include input from non-reporting survivors in the Travis County community.

Data related to individual, criminal case progression and overall outcomes was not available for analysis, which naturally limits the scope of needs identification in those areas. Further, specific evaluation should be done to effectively examine outcomes for those processes.

Resources and the availability of participants also created limitations to the assessment. The guiding questions asked by the SARRT were extensive for the resources available to the project. An examination of universities and local law enforcement agencies needs additional time and resources to achieve a better understanding of their relationship.

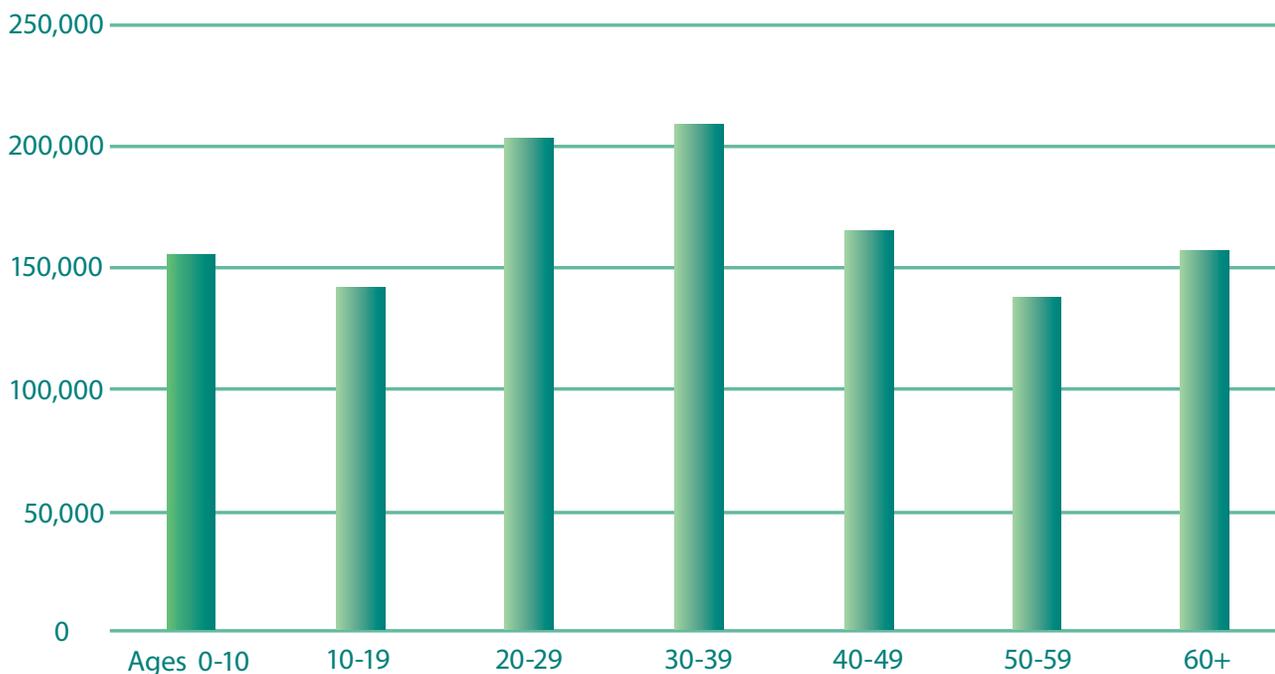
Findings

Findings Part 1

Travis County is located in Central Texas and includes the City of Austin’s metropolitan area. It incorporates 990 square miles. As of July 1, 2016, the estimated total population of Travis County was 1.19 million people. For comparison, in 1990 the population was 581,024. In 2000, it was 820,927 and in 2010 it grew to 1.03 million. This rapid population growth over the past 25 years has had a significant impact on the agencies charged with responding to sexual assault in the Austin-Travis County community.

Travis County has a large population of residents age 20-39, as seen below. The area continues to grow, placing significant demands on existing structures and systems.

U.S. Census Bureau's Annual County Resident Population Estimates: April 1, 2010 to July 1, 2016

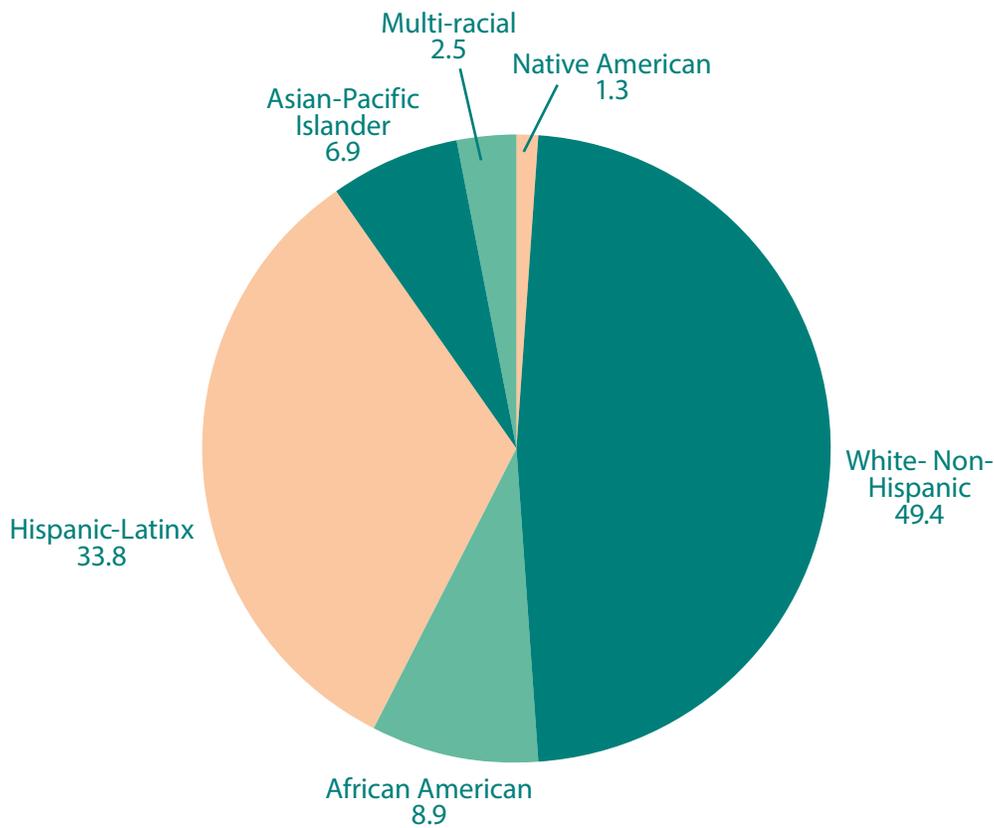


Racial/ethnic demographics

2016 estimates by the U.S. Census Bureau show the racial makeup of Travis County as follows. The area has less than 50 percent White Non-Hispanic residents, with a range of other ethnic groups. Much of the county is Spanish speaking, with several agencies providing services in both English and Spanish. The Black/African-American population was estimated to be roughly 9 percent in 2016, with Asian-American populations growing to nearly 7 percent.

Travis County Demographic Breakdown

U.S. Census Bureau 2016 Population Estimates by Race/Ethnicity



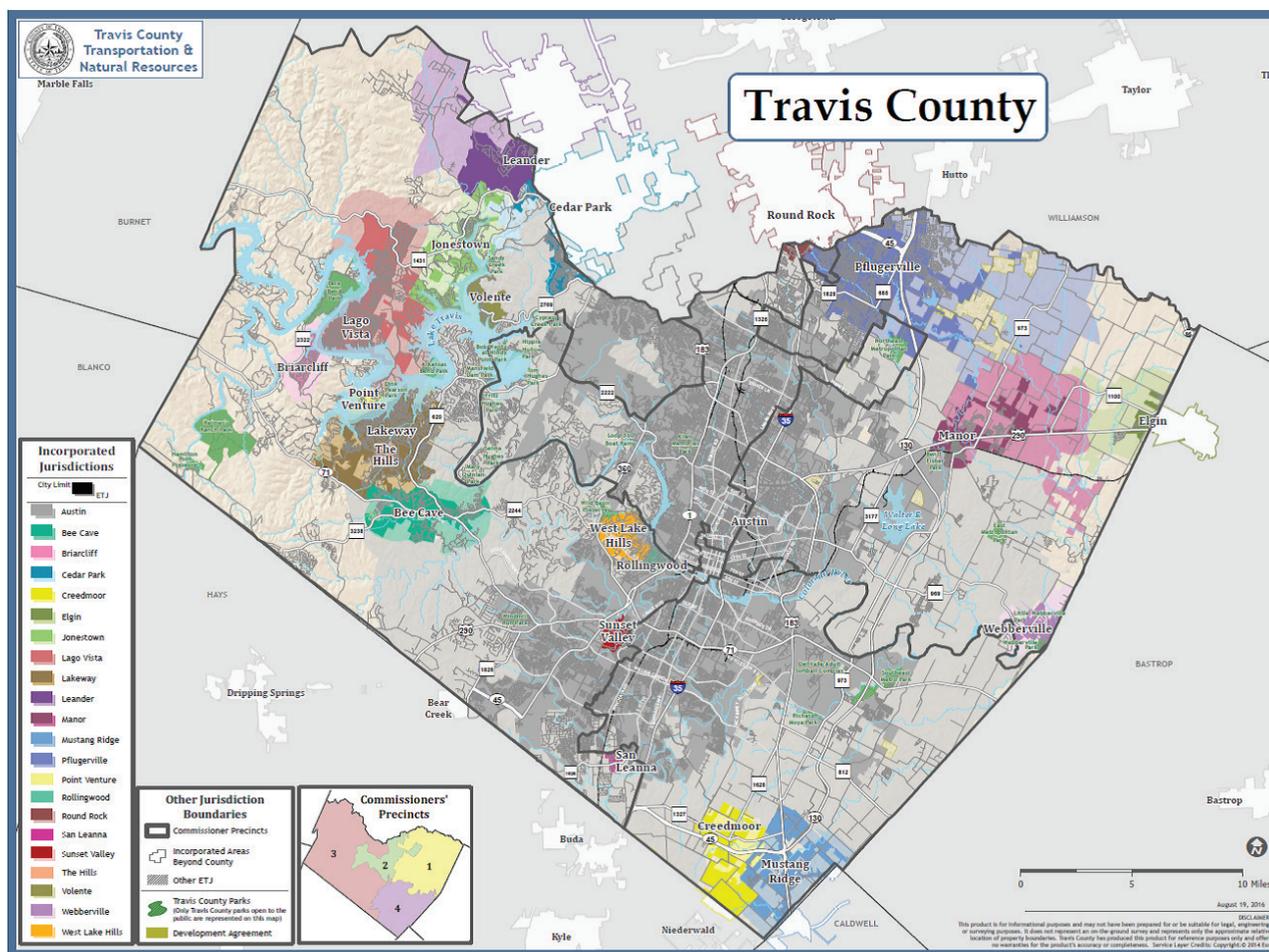
Municipalities

Travis County is bordered by six neighboring counties, several of which do not have local SANE programs or SARTs. Travis County law enforcement jurisdictions include the Austin Police Department, the Travis County Sheriff’s Department and nine smaller communities that have incorporated and have their own police departments: Bee Cave, Sunset Valley, Manor, Jonestown, Lago, Pflugerville, Lakeway, Westlake Hills, and Mustang Ridge.

There are several universities in the county, including the University of Texas at Austin, St. Edward’s University, Austin Community College, and Huston-Tillotson University. Both the UT and Austin Community College have student body populations larger than 50,000 people. These institutions employ their own police departments.

The land area of Travis County, diverse population, and the sheer number of hospitals, clinics, universities, and jurisdictions present challenges to ensuring that smooth processes and protocols are in place for responding to sexual assault. Each jurisdiction has different resources available, and there are several large and small healthcare facilities in the county. Efforts tend to focus on the larger networks, universities, and emergency services, but many individuals may decide to seek care at a free clinic, community center, school counselor, or religious entity.

Travis County Transportation & Natural Resources Jurisdiction Map



Points of entry for victims into system

Should a survivor or family member decide to engage with a service provider or law enforcement agency, there are numerous points of entry for them in Travis County, which can present challenges for partners in the community that are trying to streamline processes. Several potential entry points have been identified below, but this is by no means an exhaustive list.

Education on the issue of sexual assault has a great impact on whether or not someone will be referred for appropriate, specialized care when they present to an agency that may not be as aware of the processes and options. Emergency room clinicians or neighborhood center social workers may not have had training or previous knowledge of appropriate local resources when a survivor presents to them, causing disjointed care and the shuffling of victims from place to place for appropriate referrals.

Points of entry into various agencies and/or the “system” for survivors of sexual assault



A “system agency” is defined here as any that is directly connected to a formal justice process. University systems, while not legal/criminal, are also a formal and institutional process of accountability.

These points of entry are in no way comprehensive, but reflect the more common situations in which a survivor currently interacts with services and systems. Many survivors do not utilize any of these options, as illustrated by statewide reporting and disclosure rates for sexual assault, requiring the community to strategize about creative outreach should it wish to increase victim engagement and reporting.

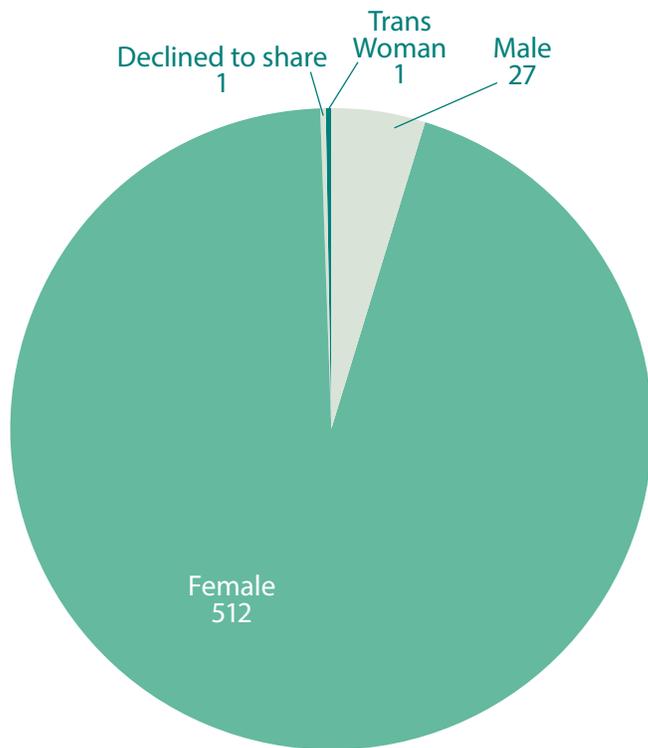
In order to get a sense of volume in the community, a snapshot of data from the SARRT agencies that are partnered on the fiscal 2015 GTEA grant from July 1, 2016 through June 30, 2017, is summarized below.

The SAFE Alliance Forensic Nursing and Advocacy Program has more accessible data because SAFE is the lead on this grant. The program serves post-pubescent survivors of sexual assault up to 120 hours after an assault occurs. The program reported 541 unique clients during this time period, and is inclusive of individuals from outside jurisdictions as the program will serve other counties when needed. These numbers include individuals who have not yet made a report to a law enforcement agency or those who only sought medical care.

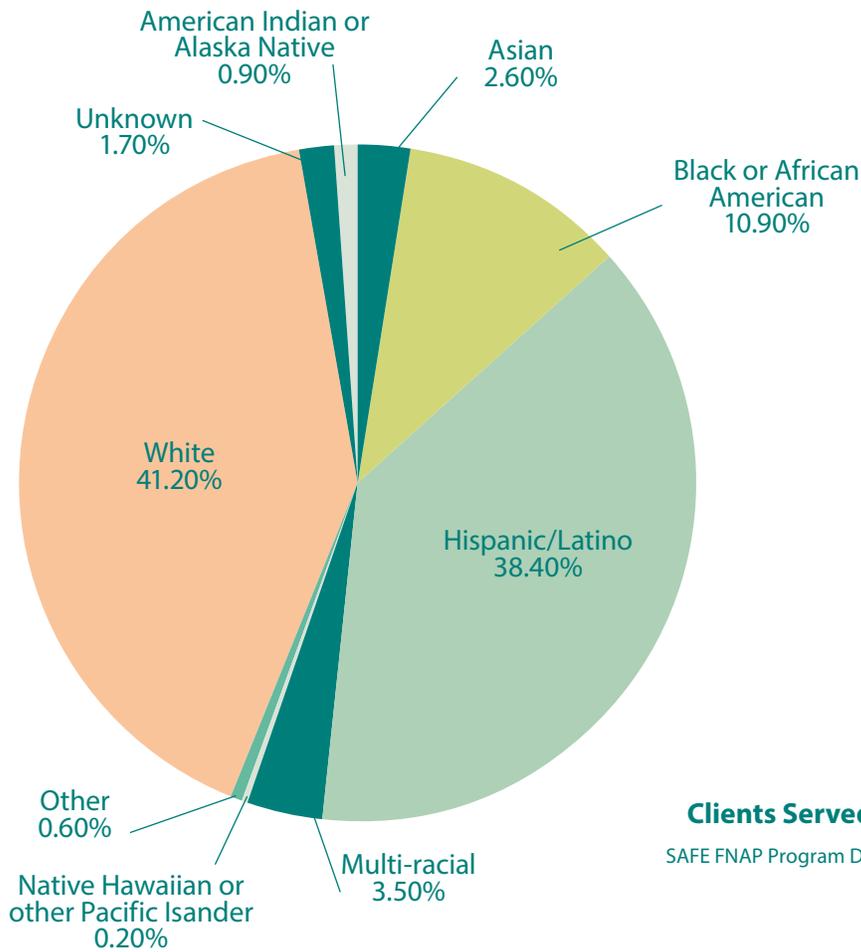
There are a small number of clients who have received services from the program more than once, and that information is not reflected here. The majority of clients served through the program were women. The total percentage of men served through the program during this time period is consistent with national rates of men presenting for acute sexual assault care to a community agency, approximately 5 percent.

SAFE's Forensic Nursing & Advocacy Program Activity July 1, 2016-June 30, 2017 Clients Served by Gender

SAFE FNAP Program Data, 7/1/16- 6/30/17



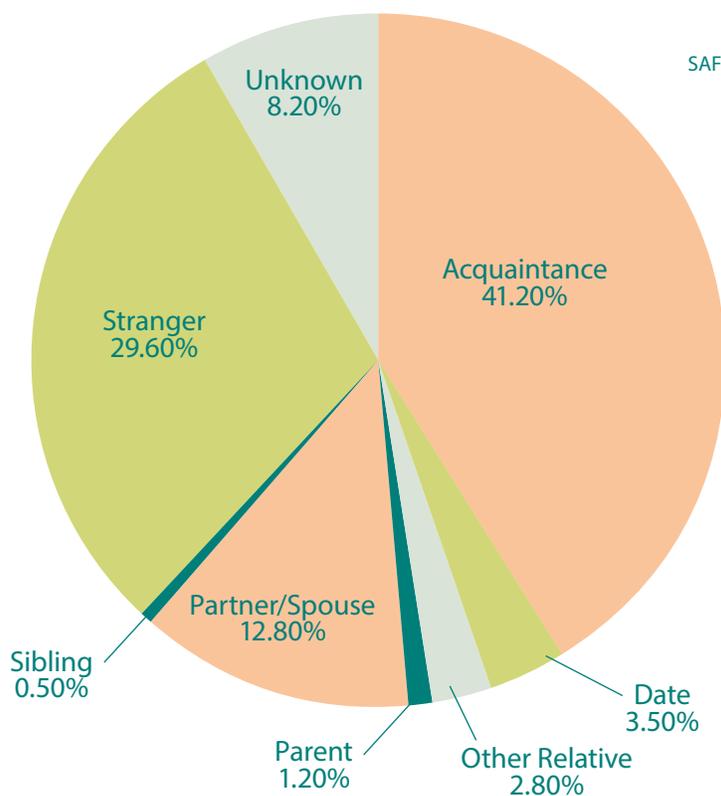
The Forensic Nursing and Advocacy Programs saw a slightly higher percentage of Black/African-American and Hispanic/Latinx survivors than is reflective of Travis County community demographics. Additionally, the program served a lower percentage of Asian and White survivors than is reflective of the community.



Clients Served by Ethnicity

SAFE FNAP Program Data, 7/1/16- 6/30/17

Events in the below graph are broken down here by perpetrator type. These include victims with multiple perpetrators/events, so this table is reflective of 570 individual perpetrators in total. Unknown perpetrators are commonly reported by clients with full or partial memory loss. Stranger assaults were reported in approximately 30 percent of cases, which is consistent with national rates.



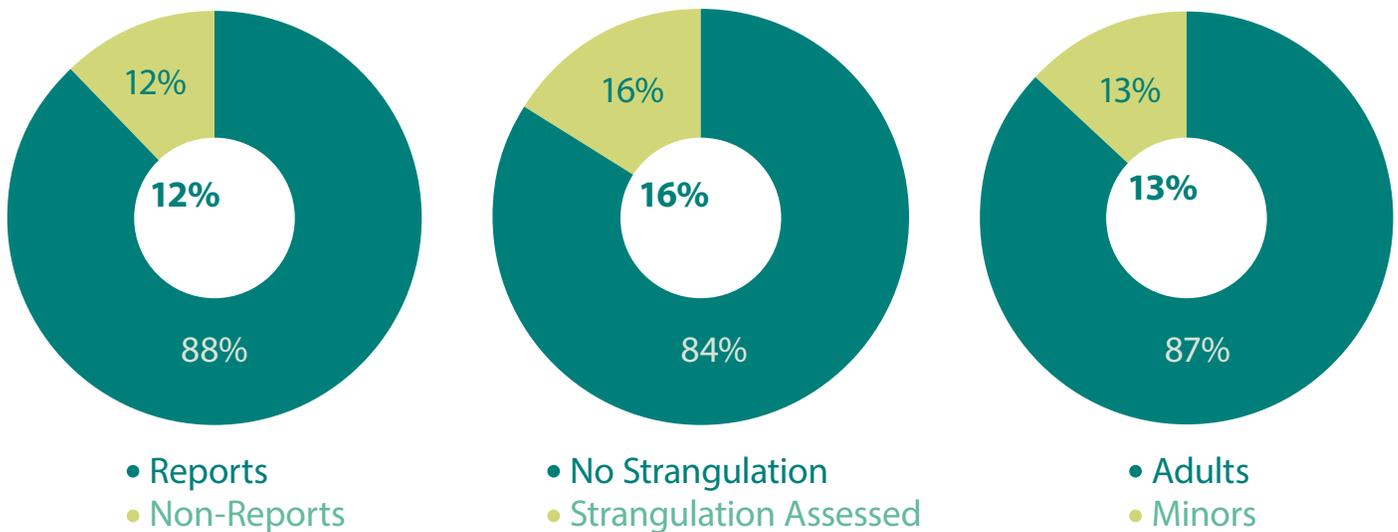
Incident by Perpetrator

SAFE FNAP Program Data, 7/1/16- 6/30/17

The program defines “Stranger” as someone who is known to the victim for less than 24 hours, “Acquaintance” as someone known to the victim more than 24 hours but who is not in a relationship with them, and “Date” as an individual in a dating relationship with the victim (as defined by the victim).

Strangulation assessments are conducted by Forensic Nurses for all incoming patients. The program has seen a higher than expected co-occurrence rate of this crime. Post-pubescent minors made up 13 percent of all clients during this time period. Reports to law enforcement are made by the vast majority of clients seen, but over 10 percent did not report to a law enforcement agency at the time of the exam.³⁹

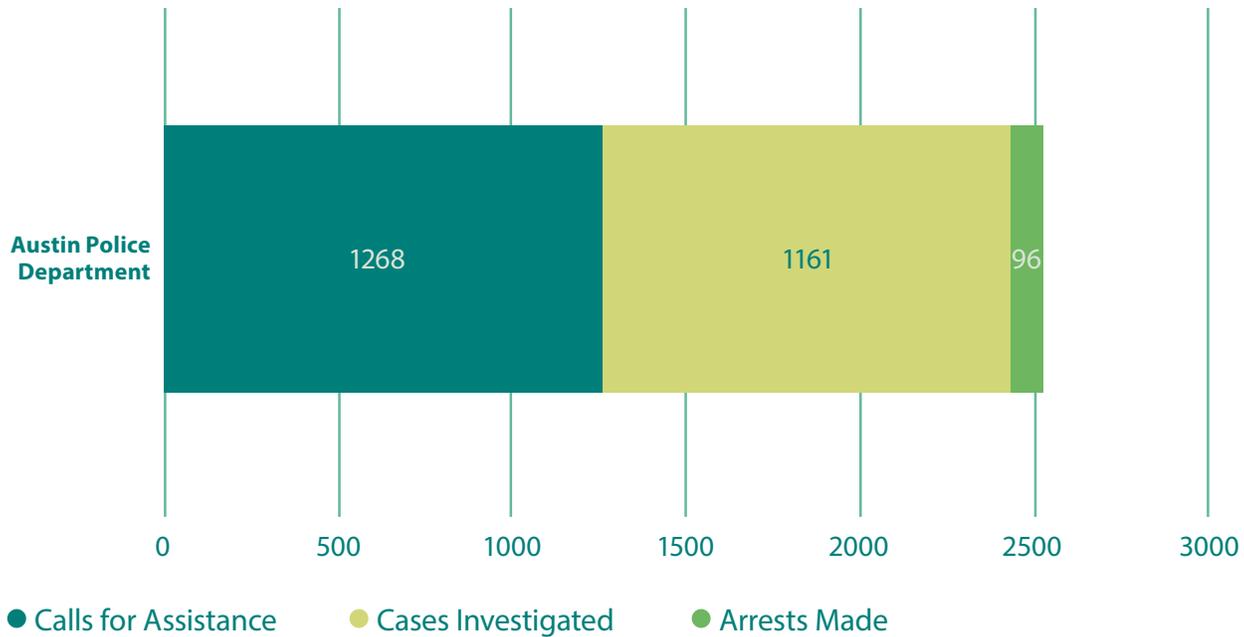
SAFE’s Forensic Nursing & Advocacy Program Activity July 1, 2016-June 30, 2017



³⁹ Clients may have converted to a law enforcement report at a later date.

The APD handles a large census of sexual assault calls and cases in a 12-month period. These numbers may be inclusive of calls for some minors as well as adults. These calls include acute incidents as well as those making a delayed report.⁴⁰

Activity July 1, 2016-June 30,2017



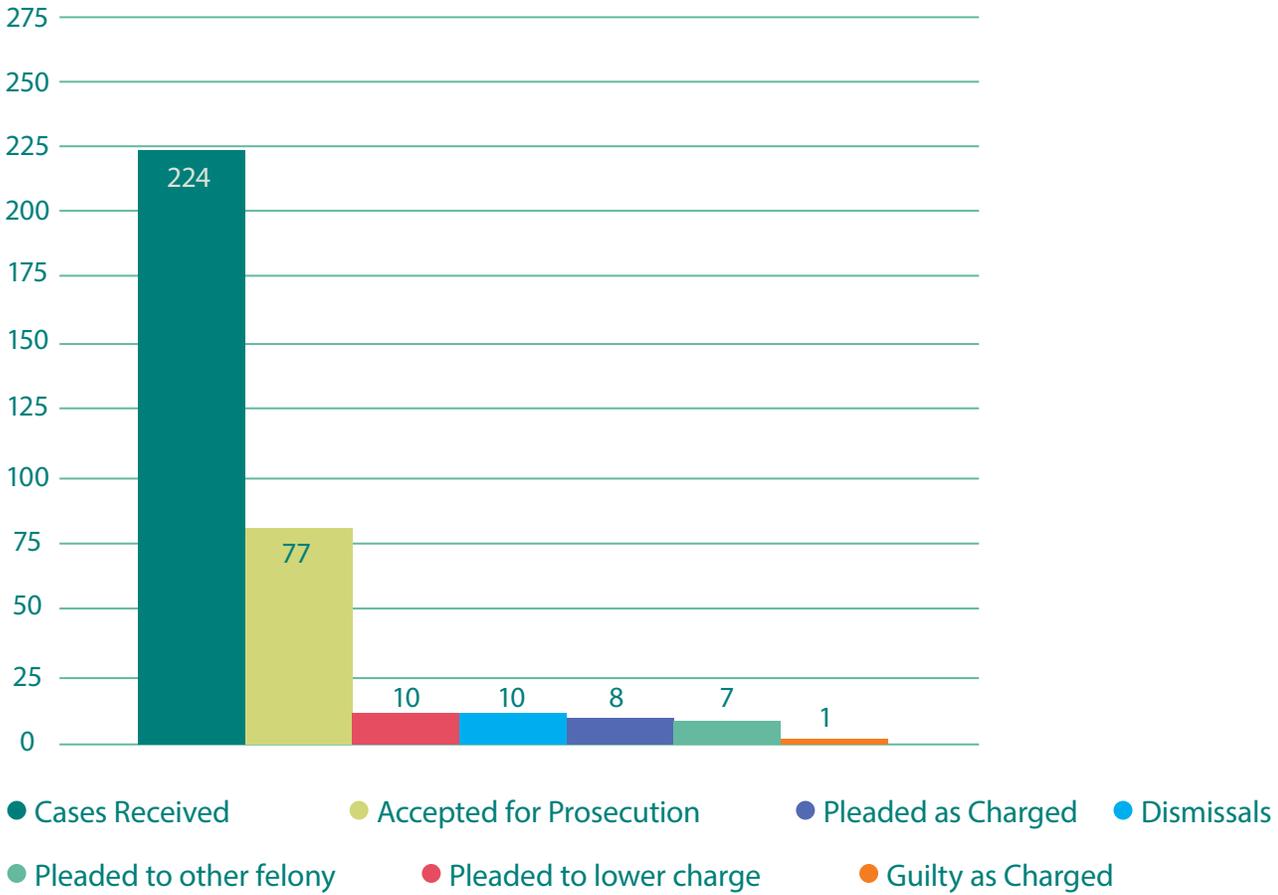
As reported and defined by Austin Police Department on OVW GTEA 2015 Semi-Annual Reports

This information shows the number of cases in each category during the referenced time period, however, it does not reflect cases as they proceed linearly.

⁴⁰ This information may contain reports inclusive of other sex crimes

The Travis County District Attorney's Office handles sexual assault cases for all 11 jurisdictions in the county. These numbers are inclusive of those jurisdictions. This information shows the number of cases reported in each category during the referenced time period, however, it does not reflect cases as they proceed linearly.

Activity July 1, 2016-June 30,2017



As reported and defined by TCDA on GTEA Semi-Annual Full Progress Reports. For definitions of 'received' and 'accepted', see the Semi-Annual Full Progress Report.

This is a small sample of the information available to the community through the various agencies within the SARRT regarding the crime of sexual assault and the survivors who are served.

Findings - Part 2

This section is broken up to reflect the following focus areas:

- Capacity
- Training
- Policies and protocols
- Legal
- Program utilization
- Underserved populations

It also addresses:

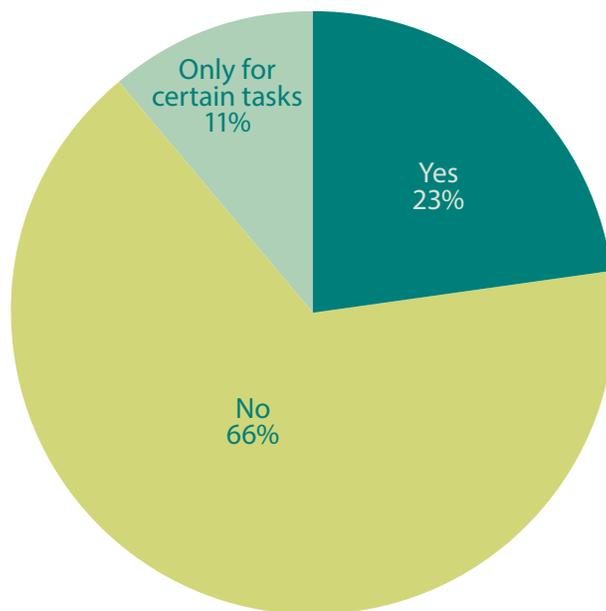
- Challenges
- Survivor feedback

Capacity

Several capacity needs were identified, with a couple of major themes echoed throughout.

Participants were asked if they felt they had the time to adequately address all of their cases or work. The majority of professionals, **65 percent** reported that they did not feel they had the time to adequately address their work. One law enforcement officer stated, *"I can only do about 40 percent of what I would like to do."*

Time to Adequately Address Workload



Of SANEs, **80 percent** reported an outright "No" or reported that while they felt they had adequate time to devote to patient care, they did not have enough time to address their administrative tasks. Of victim services personnel, **64 percent** reported an outright "No," and that number increased to **85 percent** if it included addressing the long term needs of clients. *"They have really high needs later on, the ball is dropped and they call us back,"* one participant reported. **70 percent** of community advocates and law enforcement personnel reported an outright "No"

The most frequently mentioned resource need was additional staffing, followed by training, and then basic resources. The need for staffing was consistent across all disciplines and included additional counselors, detectives, attorneys, victim services personnel, and nurses. A need for paraprofessional staff was reported, which included the need for paralegals, crime analysts, case managers, and data entry/administrative professionals.

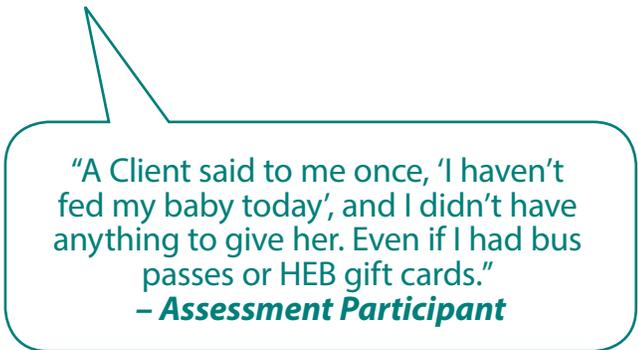
Many respondents described spending large amounts of time on tasks that were outside of their primary role, such as data entry and scheduling. Many respondents expressed a desire to spend more time conducting follow up with victims, but they lacked the capacity to do so.



“We have a very brief contact with them and then a very brief follow up, I hit the ceiling of what I can provide very quickly.”
– **Assessment Participant**

The second most identified need was additional training, and the third was the ability to provide access to basic resources for clients. Basic needs were described as a barrier to a victim’s ability to engage with a professional for the service that they provide.

In addition to these themes, participants identified the need for an improved criminal justice system response. They also identified access to live interpreters as a resource gap. Among law enforcement and legal professionals, a need for technological resources was repeatedly mentioned (i.e., cell phones, code books, laptops, iPads, drug panels, faster DNA analysis).



“A Client said to me once, ‘I haven’t fed my baby today’, and I didn’t have anything to give her. Even if I had bus passes or HEB gift cards.”
– **Assessment Participant**

Training

Internal and external training needs and requests were solicited from interview participants. All participants were asked if they had received training specific to working with survivors of sexual assault and training on trauma-informed care/practices.

Across all professions, the **majority** of participants reported receiving some level of training, in their current role or a previous one, on working with sexual assault victims and on trauma-informed practices. Reported trainings range from taking a single webinar to days-long, annual conferences. Some gaps in these training areas exist among law enforcement officers. While ongoing training on these issues is mandatory for some agencies and professions, it does not appear to be required for all participating agencies.

Exactly **66 percent** of law enforcement officers reported that they had not received any training on how to read or interpret the results of a sexual assault forensic exam. One prosecutor had received training on SAFEs at a previous job, and the other had only received training on pediatric exams. Importantly, a strength throughout this section was that **44 percent** of respondents actively asked for training on sexual assault forensic exams and felt that it would be helpful.

“No, I could use some training on the female body – I don't like doing it (reading the SAFE results).”
– **Detective**

“I would love to have a training on how to read the lab reports. It's complicated, I can't understand it and each report for each lab is different”
– **Assessment Participant**

Both law enforcement and prosecutors reported that lab reports were challenging to understand. One participant stated that he needed to know *“How to read and interpret the diagrams and language. I have to google stuff like ‘Labia Majora.’”*

Law enforcement officers, prosecutors, and civil attorneys were asked to describe any ongoing, agency-mandated trainings related to their role (i.e., investigation, legal representation, or prosecution) in a sexual assault case, versus a different types of case. **One hundred percent** of law enforcement officers and prosecutors responded that **“no such training requirement existed”** within their agency. Several individuals reported that they were encouraged to seek out training or that their supervisors kept them apprised of online opportunities and trainings in the community in which they could participate. Civil attorneys reported that they were required to receive such training, some was made available through Legal Aid for Survivors of Sexual Assault (LASSA) funding, and others through conferences.

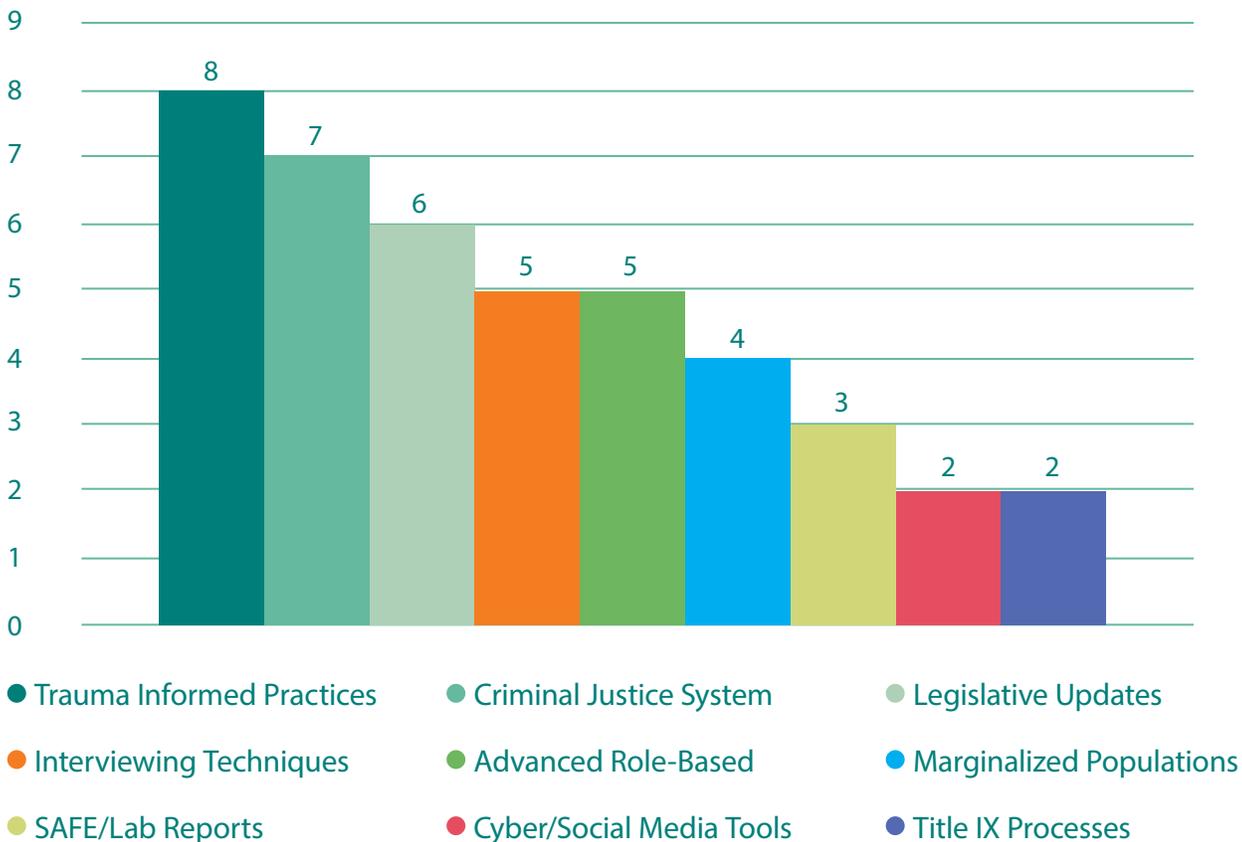
All participants were asked to describe what training they would like to receive in the future related to their work in sexual assault. The most frequently requested trainings are laid out in the chart below.

Law enforcement officers repeatedly requested training on SAFE reports, lab reports, and social media/cyber tools. Professionals across the board expressed an interest in receiving more advanced training in their field, or training with populations that they were less likely to encounter. Community advocates, civil attorneys and prosecutors described a need for training on legislative updates and their practical application. Civil attorneys and law enforcement officers requested training on appropriate victim interview techniques. Prosecutors, SANEs, victim services personnel, and community advocates requested further training on trauma-informed care and the neurobiology of trauma.

A number of professionals asked for further training on some aspect of the criminal justice system. Requests ranged from understanding the judicial perspective or what information the police are looking for to understanding how to prosecute specific crimes.

“Training on IPSA and accompanying crimes. Specifically, we need training on looking at the bigger picture. Sometimes we like to focus on the strangulation because that’s easier to prove, but we also need to validate that she’s a sexual assault victim”
– Assessment Participant

Requested Training by Professionals



All participants were asked to describe needed trainings for other agencies and units, based on their experience.

By a large majority, the most frequently **recommended** training for the response community was Trauma Informed Practices. While it was occasionally mentioned as a need for the whole community, it was primarily emphasized as a need for patrol officers, detectives, and prosecutors.

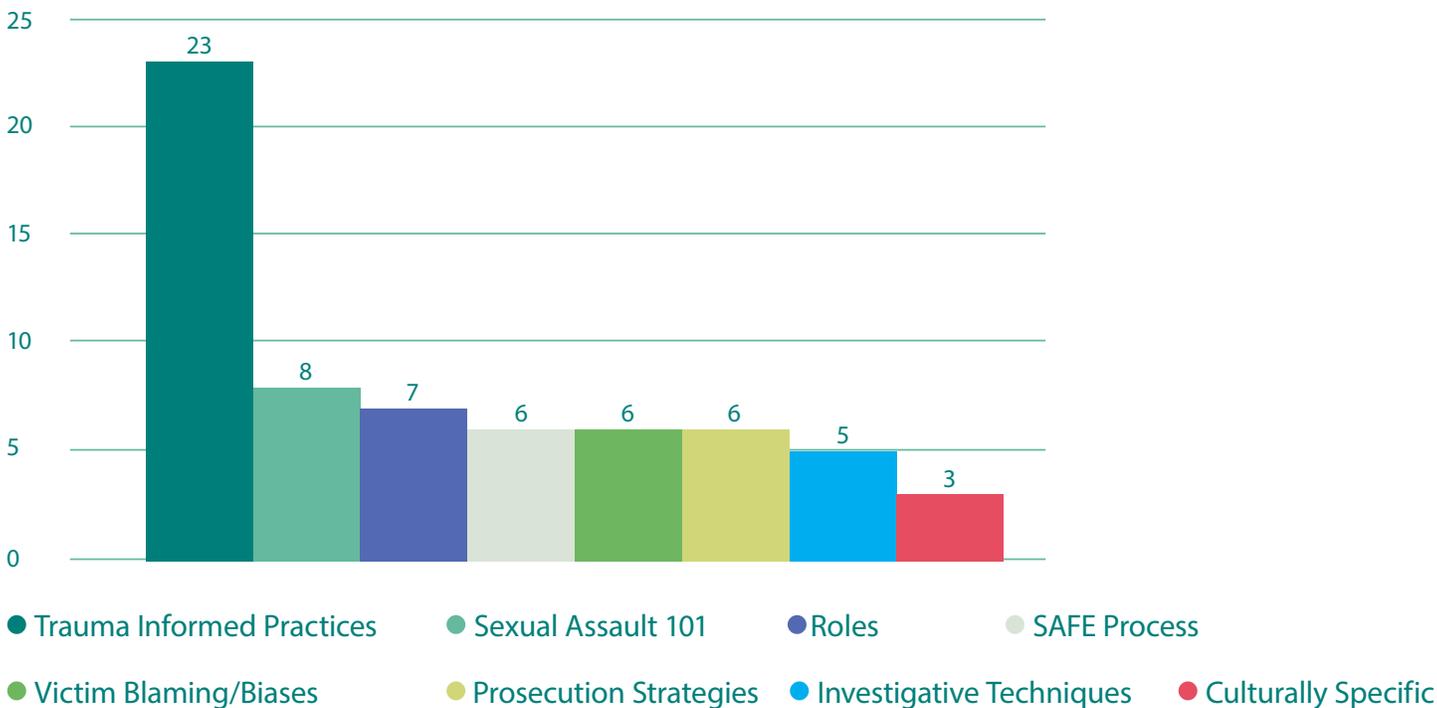
Sexual assault dynamics or “Sexual Assault 101,” was emphasized as a need for first responders (EMTs, patrol officers, and emergency room clinicians), judges, and prosecutors. Investigative techniques for sexual assault cases was described as a need for investigators. Prosecution strategies for sexual assault cases, particularly around overcoming the “consent defense,” was repeatedly mentioned as a need for prosecutors.

Understanding different roles to enable enhanced cooperation was brought up several times. Some participants were reflective and expressed a desire to educate the community on their role and limitations. One assessment participant said: “They always want us to tell them ‘if it happened’, ‘what were the results?’” Others expressed a desire for those in other fields to understand their own contributions, stating: “I’ve spoken to advocates, they don’t see what we see. They’re there to support.”

Training to reduce victim-blaming behavior or biases within system agencies was also discussed. One professional described the need for sensitivity training and stated “terrible things are being said to victims.” Several individuals pointed out that phrases like “unworthy victim” or a “bad victim” are being regularly used by criminal justice professionals.

Consistent with requested trainings, more information on the forensic exam process and its limitations was described as a need.

Recommended Training by Professionals



Policies and Protocols

Trauma-informed communication practices have a positive impact on victims of sexual assault. The interviews conducted as part of this assessment explored the extent of various agencies' communication policies and protocols.

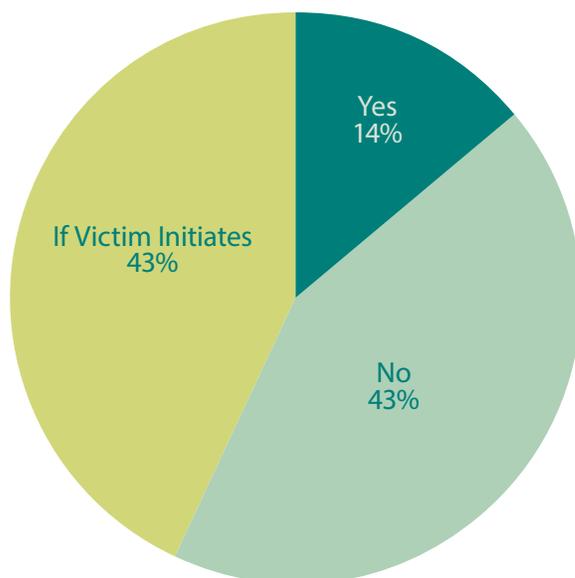
Professionals from law enforcement, civil legal services, and victims' services divisions were asked whether or not their agency had a written policy in place for communicating with sexual assault victims. These professionals represented a total of eight SARRT agencies. A total of **59 percent** reported that they did not know of any such policy, or referred to one in another unit or program; **28 percent** reported an outright "No;" **13 percent** reported "Yes" (i.e., an agency policy did exist).

Law enforcement and prosecution participants were asked if protocols were in place to notify victims when the status of their case changed. The majority, with **83 percent**, responded "Yes," and the remaining **17 percent** answered "No" or said that it would depend on who was assigned to the case. Of detectives, **50 percent** reported that they make those status-change calls. The other half were uncertain who was making that contact with victims.

Community-based advocates and counselors were asked if they maintained ongoing contact with victims after their initial accompaniment, meeting, or referral. While a small number of programs appear to have the ability to provide long-term contact and case management services for victims, the **majority** reported that they do not maintain long-term contact with victims. Advocates who provide accompaniment reported that they do not maintain contact with victims beyond the initial response and follow-up, but may refer them to other services or programs. Counselors reported that their sessions are limited to a set number for each survivor. Both groups reported that this was due to staffing constraints and a high volume of cases.

Victim services personnel from law enforcement agencies and the District Attorney's Office were asked if they maintained contact with victims throughout the process even if nothing in their case status changed.

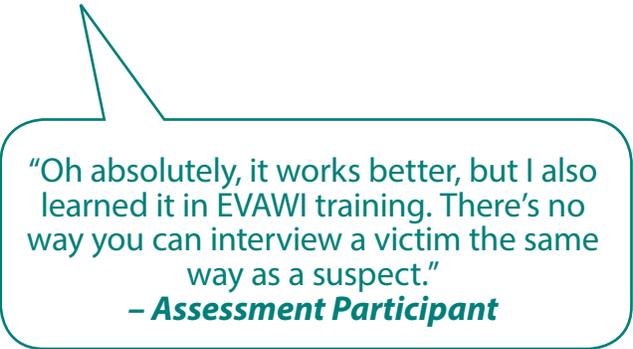
Ongoing Victim Contact from VS Personnel



The majority of participants responded with an outright “No” or said that they only re-engaged when a victim first initiated contact. Many respondents reported that they simply did not have the time to maintain ongoing contact due to high case volumes and staffing constraints.

Respondents from law enforcement, victim services, SANEs and community-based advocacy organizations all reported that they had required timelines for initial response and/or follow up with victims once receiving a report or referral. Responses on initial and follow-up protocols were consistent across these disciplines, indicating that they are in place and well understood by participants.

Law enforcement and prosecutors were asked if interview methods used with victims were different from methods used with suspects or other witnesses. Of them, 11 out of 12 reported “Yes.” One participant stated: “*You need to take into account who you are talking to.*” However, only two respondents specified what they were doing differently and were able to pinpoint an agency-related training that provided that information to them. Several reported learning through experience or outside professional development.



“Oh absolutely, it works better, but I also learned it in EVAWI training. There’s no way you can interview a victim the same way as a suspect.”
– **Assessment Participant**

According to respondents, victim services are not consistently present for detective interviews with victims. There was a range of responses around this particular protocol. One detective reported that “*I would like to have them in the interview, but don’t feel that I have that type of relationship with them.*” Another responded: “*By policy they are, but not with me. The victims need to be able to handle the interview because the courts are worse.*”

Several reported that victim services could be invited to stay if a victim requested it, and one responded: “*So far they have been ‘yes.’ I went to a training where they recommended it. I think it’s beneficial if they are not wearing a uniform, it’s very beneficial.*”

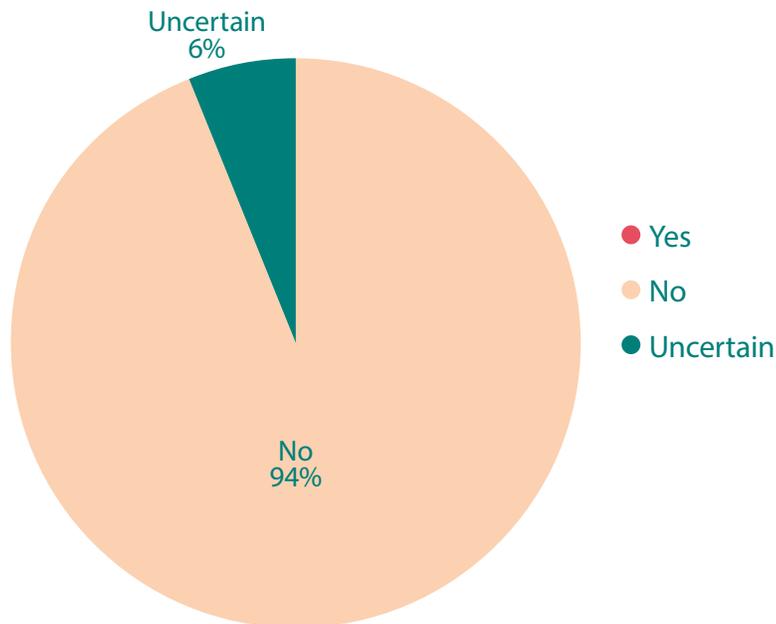
Law enforcement officers were asked to provide information about staffing with an assistant district attorney. All officers reported that it was regularly available, and **70 percent** reported that it was helpful for building a sexual assault case.

Detectives and prosecutors were asked who was able to make case closure or dismissal decisions. Of them, **83 percent** reported that decisions about case closure or dismissal were made with input from either a supervisor or a prosecutor. About **17 percent**, or two participants, reported that those decisions were made independently. While some participants mentioned random case audits, there was no indication that consistently applied policies are in place related to case closures and dismissals.

Legal

The assessment explored challenges with the current sexual assault statute from the perspective of SARRT members.

Does the Law Adequately Address the Crime of Sexual Assault?



Out of 31 respondents who answered this question, 29 responded with an outright “No” or said modifications would need to be made to the statute in order for it to be effective.

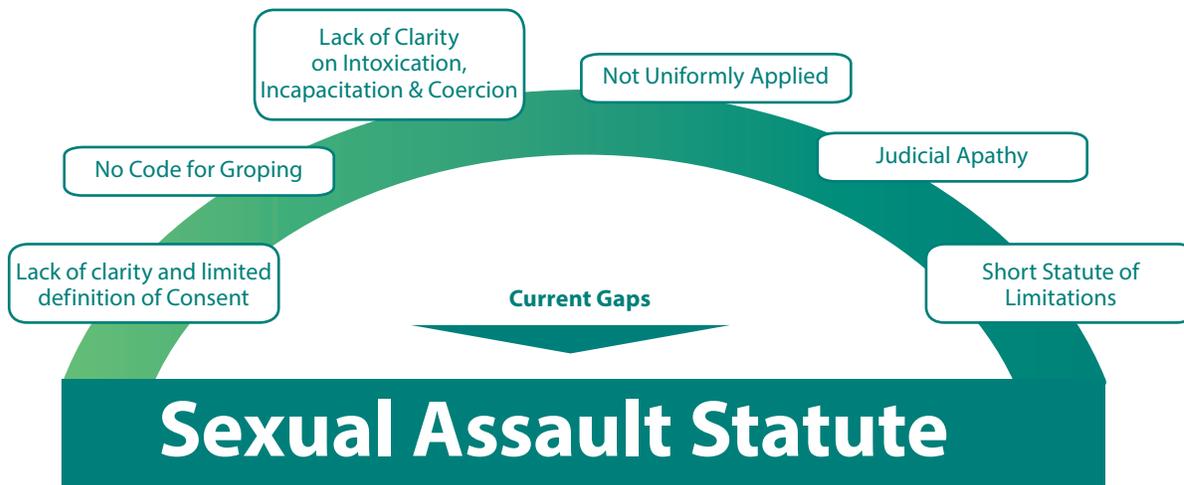
“Resounding NO. If it happened to any of us I don’t know what we would do. I have watched the law fail people.”
– **Assessment Participant**

A few participants responded that while the law appears to be adequate in writing, in practice it is not.

Several participants reported that there were issues with both the letter of the statute and the enforcement of it.

“Crime victims’ rights exist but they’re not enforceable – it’s a joke. SAAs (Sexual Assault Advocates) are supposed to have legal privilege, but judges overturn it. Prosecutors shouldn’t be able to pick the cases they take, it shouldn’t affect their reputation if they win or lose.” – **Assessment Participant**

“I think on paper it’s pretty good. It’s the following through of it, that not enough perps are prosecuted. It’s not a priority, citizens in Austin feel like it’s not taken seriously.”
– **Assessment Participant**



Participants provided a number of suggestions for how the law could be improved or expanded in response to sexual assault and other offenses. *“I appreciate the addition of the coercion clause. Also need to get some teeth and clarity on ‘incapacitation’ and drug-facilitated sexual assault,”* one participant said.

The need for a groping statute was frequently raised, as was the difficulty of cases in which the victim experienced memory loss or incapacitation of some kind. Participants who mentioned the statute of limitations felt that it was either too short or should be eliminated for sexual assault. Expanding and/or clarifying the definition of “consent” was repeatedly mentioned as a need by participants from several different professions. Participants complained about the lack of interest in understanding or following sexual assault law in both civil and criminal matters on the part of judges. A lack of uniform application of the law also came up in reference to power, privilege and culture within the justice system as a whole.

Several participants commented on the burden and focus that is placed on victims throughout the criminal justice process.

*“There is too much of a focus on the victim fighting back...There is too much focus on victim behavior versus perpetrator behavior.” – **Community Advocate***

*“It seems like the entire investigative process is a trial against the victim from day one. That’s why people don’t want to come forward.” – **Civil Attorney***

*“We need the nature of the system changed, it’s designed to provide justice for criminals, not victim justice.” – **Victim Services Participant***

Several professionals expressed frustration with the law or a feeling that there was no good way forward. One participant said: *“I don’t know how you do it right, we need to change the mold. It seems to depend on evidence that is so hard to collect or on testimony that isn’t required in other crimes. There are typically no witnesses. It’s a matter of education, it doesn’t look like any other criminal law.”*

Program Utilization

This area of the assessment focused on victim attrition in the criminal justice process and within service programs. When asked about the most common reasons that victims cite for no longer wanting to participate in the criminal justice process, professionals said the number one reason was *"Issues with the System,"* encompassing the length of time the cases take, the process requirements on the victim, and victims simply wanting to "move on." The second most common reason cited was *"Trauma and Revictimization,"* encompassing the trauma of the event itself, not being believed, fear of and actual re-victimization by the criminal justice process.

"People are sick of it, they don't want to mess with it anymore. They get no traction with Law Enforcement. They have to call 50 different attorneys. ADAs (assistant district attorneys) and County Attorneys will not speak to victims until the day of the trial."
– **Assessment Participant**

Other reasons include *"Reconciliation with the Assailant"* (for a number of reasons, including survival needs), *"Not being Believed"* (by professionals or others in their life), and *"Retaliation."* Other major reasons given fell into *"Safety Concerns," "Shame and Embarrassment,"* and *"Other Life Needs."* Many causes cited for victim attrition were intertwined within other categories and are likely connected to causes that were not verbalized.

"Clients will reunite with their intimate partner, some I never hear from again. Some can't do it anymore, can't hear 'No,' they are demoralized. The process is too scary."
– **Assessment Participant**

Professionals provided their opinions on victim attrition within the criminal justice system, and responses were similar to those cited by victims. The most frequently cited response was *"The Lack of a Victim Centered Criminal Justice Process,"* which included 'not being ready for it,'" the process overwhelming victims, and victims "wanting to move on."

"They don't want to have to relive it again, they just want to forget about it. They have accepted it and moved on, want to get past it."

- **Detective**

"Intimidation, the process is horrifically horrible." - **Detective**

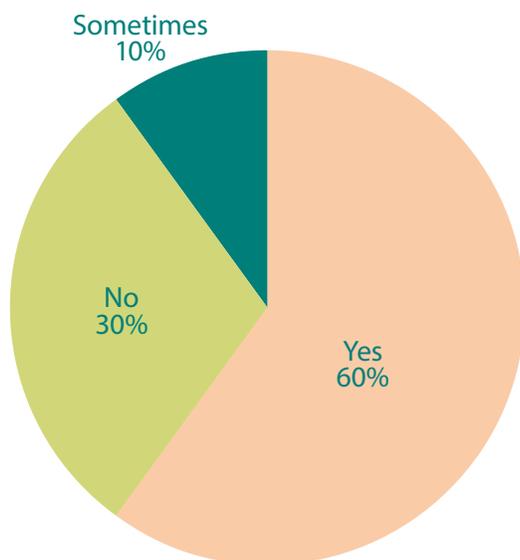
"I think more of them (victims) would like to participate but what they get from the outside culture, they see the victim blaming. It's not so much that they don't want to do it for themselves, they just want it to go away, all the outside noise. I blame the media, it's not all 'stranger danger,' let's educate our children. We're in the stone age when it comes to sexual assault." - **Detective**

"Fear of not being believed" or experiencing disbelief was often mentioned. Professionals also cited a *"Hierarchy of Needs"* or other life events (e.g., sickness, employment, childcare) as having to take priority.

Attrition within service programs was also explored. The majority of professionals responded that victims seldom returned phone calls and often declined to participate in services.

"She can only take so many days off of work before she gets fired."
- **Assessment Participant**

Are victims declining to participate in services?

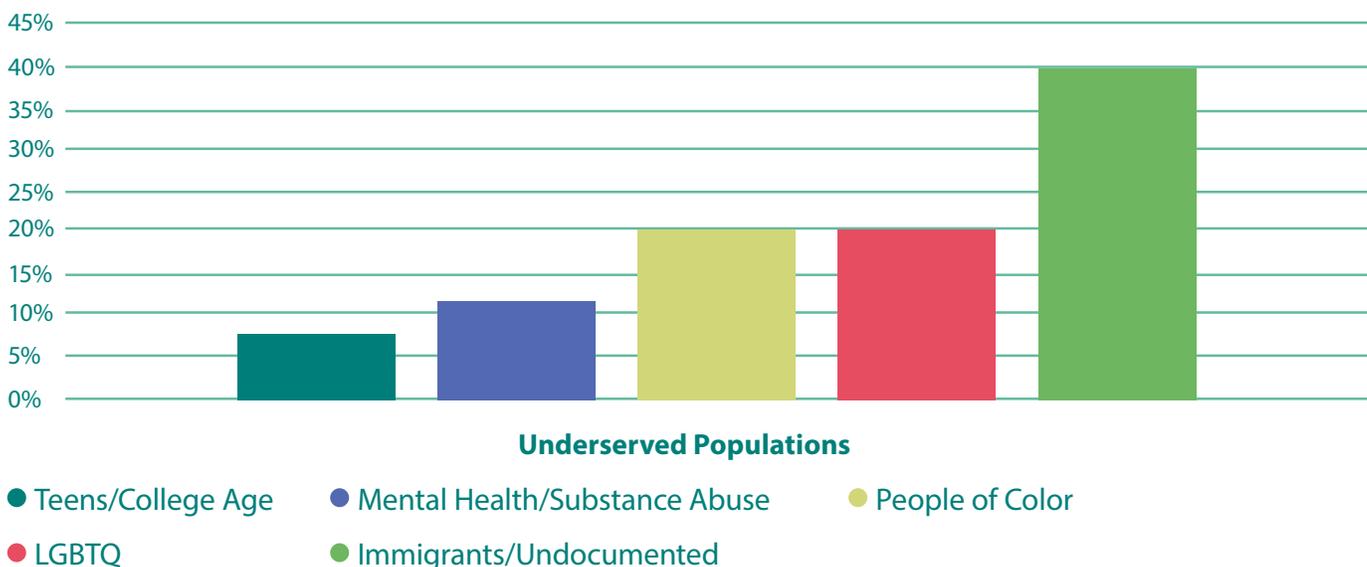


Several barriers to participation in services were offered. *"Reconciliation due to Family Pressure or Safety Concerns"* was most often identified as a barrier. The fear of deportation was identified as a possible reason for reconciliation in some cases, leading to dropout of participation in agency programs. *"A Lack of Insurance/Financial Resources"* was another major barrier cited by professionals, as some programs charge a fee for services or limit their access to a short term model. Finally, the remaining concerns fell under *"Internal Access Problems."* This encompassed everything from accessing services due to a lack of transportation, requiring an address/phone number for victims, and a lack of appropriate support groups.

Underserved Populations

Five major categories of underserved populations in Travis County were identified by professionals.

Frequently Identified Underserved Populations (As identified by professionals)



Immigrants and undocumented residents were identified by **40 percent** of professionals as a population that the SARRT is currently underserving. Their needs were frequently spoken of in conjunction with language access, state and national policies, rhetoric on immigration, and a lack of sufficient outreach.

“People refuse to use language line. We need training on cultural sensitivity, there is a fear of deportation.” – **Assessment Participant**

“We need to get out of our offices, co-locate our services in places where that community is already living.” – **Assessment Participant**

LGBTQIA+ populations were the second most frequently mentioned underserved population. These groups were often identified as fearful of coming forward for fear of disbelief or a lack of positive outcomes, and as a population that is likely to experience multiple victimizations. One participant said: *“For LGBT and prosecution, when they come forward it’s a disaster, so they almost never come forward.”*

“I recently had a case with a transgender victim. She told me how common it is for transgender victims to be raped. She’d been raped several times and never reported it. She only reported it this time because he was so violent she thought he was going to kill someone.”
– **Assessment Participant**

People of color, Black/African-American communities in particular, were identified as often as LGBTQIA+ populations. One law enforcement professional reported that *“The agency has a history of not believing or investigating these cases (African American women). CODIS (Combined DNA Index System) hits are coming back on these cases, minority women were not believed by law enforcement. They just didn’t follow up, they didn’t do any work on them.”*

Other groups identified were survivors experiencing mental health, homelessness and/or substance abuse issues, and young people. One assessment participant said: *“The homeless population has a harder time. They may have to sleep next to their attacker. Even for people that have insurance, the deductibles are prohibitive and people are not able to get private counseling.”* A fear of reporting, victim blaming, and confusion about the crime were brought up as reasons that minors were not being effectively reached or served.

Some outliers identified were military spouses, the deaf community, elderly survivors, and male survivors.

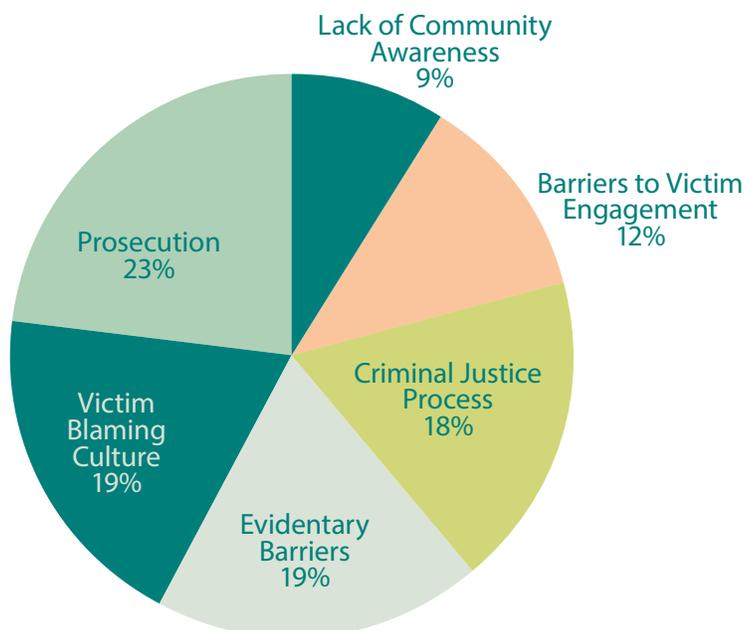
Several participants pointed to local communities and established institutions as solutions for reaching underserved populations, or the idea of “finding the informal leaders.” Community centers, language centers, and churches were frequently mentioned as potential sources of support for the existing, formal response community.

“It’s easy to overlook existing leadership, easy to look for power structures that resemble our own- can lose the capacity that those groups have already built. We may view them as problems to be solved rather than partners, the capacity is already there, they are (already) dealing with these problems.”
– **Assessment Participant**

Challenges

Participants were asked to identify the community's biggest challenges in two areas, the investigation and prosecution of sexual assault, and providing services for survivors of sexual assault. Responses to these questions were coded into six major areas, laid out below.

Challenges to Investigation & Prosecution



A “*Lack of Community Awareness*” was referenced as a challenge due to public misunderstanding of the definition and dynamics of sexual assault. Concerns were raised that community members had unrealistic or inaccurate expectations of the criminal justice process that hinders their engagement in and the success of case progression.

“The community at large has a hard time understanding that its (rapist) not a stranger, we talk about it all the time. Even educated people don’t realize it’s someone you know.” – **Assessment Participant**

“There’s a lot of miscommunication about what sexual assault looks like, we all say different things. The victim gets all different definitions.” – **Assessment Participant**

Another set of challenges identified was “*Barriers to Victim Engagement*,” which included a number of factors related to the assault and victim themselves. These include experiencing trauma, a lack of trust in the system, difficulty with memory loss, economic factors, and drug or alcohol use at the time of assault or to facilitate the assault.

Challenges related to the criminal justice process were grouped together. These include the difficulty of making a report, the extended length of time from report to disposition, a need to educate judges and juries on sexual assault, strained resources creating a backlog, and requirements on the victim to repeat their story over and over. The phrase “system trauma” was repeated by participants.

"It's frustrating for those who want to make a report. If it's not the night it happened, then they have to call 911 and wait for a patrol officer to come. They have no idea when that will happen. Also, not knowing what's happening with their case after they make a report, they have no idea what's going on." – **Assessment Participant**

"Evidentiary Barriers" were categorized independently of the criminal justice process. The most frequently mentioned evidentiary barrier was a lack of timely access to DNA testing in the community, in conjunction with a reliance on such evidence to move these cases forward. Several participants specified that not only were resources lacking in this area, but also complained that the "system" and community overly relied on DNA as evidence to build sexual assault cases. Victim testimony was cited as an evidence necessity and was described as being extremely difficult to obtain in many situations. Corroboration was cited as necessary and challenging to find due to the idea that juries have about "her word against his word." Alcohol-facilitated assaults were also brought up in the context of victim testimony due to frequent memory loss in these cases.

"Date rape, memory loss cases, it won't get filed when they (victims) don't remember."
– **Assessment Participant**

A "Culture of Victim-Blaming" throughout the criminal justice system and community at large was described as one of the biggest challenges to investigating and prosecuting sexual assault. A lack of racial equality in the criminal justice system was also described as a challenge here.

"It's all about the victim. Most institutions re-victimize. Even advocates spend so much time on the victim. We need to focus on the perpetrator, hold the perpetrator accountable." – **Assessment Participant**

"Victims have so fewer rights than defendants, no teeth in enforcing them. They carry the burden of reaching a resolution. Lives are turned upside-down. Defense attorneys are nasty to them in trial, it's difficult to prepare them for, makes our stomachs turn." – **Assessment Participant**

"I still see a lot of rape culture, a lot of personal biases depending on who (from SARRT) is interacting with the victim." – **Assessment Participant**

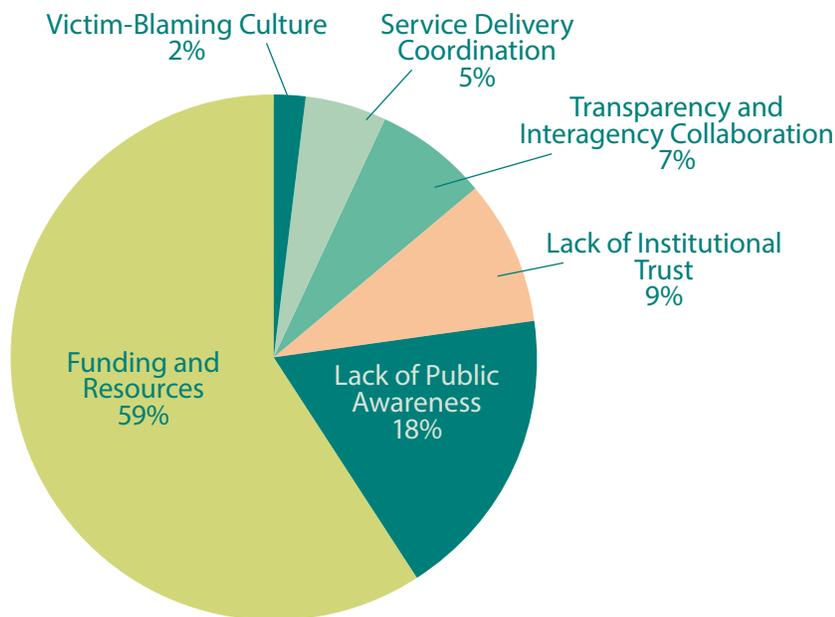
"Prosecution" was most frequently identified as the greatest challenge in this area, encompassing a range of responses, some broad and some more specific. A reluctance to take cases to trial was mentioned by several participants as the barrier to successful prosecution. This reluctance was attributed to several factors, including a fear of losing cases, a fear of judges, a fear of or lack of faith in juries, and insufficient resources.

“The lawyers and attorneys say ‘I don’t know if we can go to trial,’ but as a kid you’re always told you get your day in court. Even if nobody believes you, more things need to be taken to trial.” – **Assessment Participant.**

“There is an inherent problem when attorneys won’t take these cases to trial. The culture of dismiss or bury this sexual assault case is a hot button issue. Judges don’t want any part of them because they don’t want to end up like the Stanford judge” – **Assessment Participant**

Insufficient prosecutorial resources leading to low morale and a tendency to go for “low-hanging fruit” was mentioned by a couple of participants as a potential causative factor leading to this challenge in the community.

Challenges to Service Provision



Six main challenges were identified for service provision. “Funding & Resources” is broken down further in a separate chart, as it was the identified as the biggest challenge by **55 percent** of participants. “A Lack of Public Awareness” on available services and/or education on the issue of sexual assault was identified by **18 percent** of participants as the next greatest challenge for the community.

“There’s still a whole lot of people that believe most reports are false. If that’s the mentality than where’s the motivation to change anything.” – **Assessment Participant**

“Getting the information out that welcoming services are available that truly meet people’s needs. It bothers me that people only see one way forward – through law enforcement.” – **Assessment Participant**

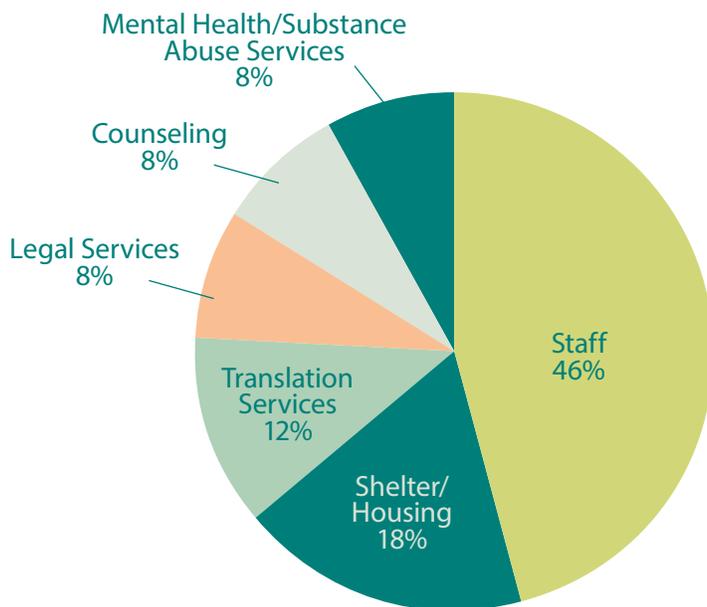
Another challenge identified was a “Lack of Trust that the community has or may have with service providers. As one participant said, “People don’t feel that reaching out to agencies is a safe option.”

“Agency Transparency & Interagency Collaboration” was identified as a hurdle to providing effective services. “Coordination for Service Delivery” was identified separately.

“There are a ton of agencies, all giving a little bit, maybe 5 percent to this issue. The client has to tap into all of these different agencies just to get that 5 percent, rather than having one place where they can get it all”
– **Assessment Participant**

Finally, a “Culture of Victim-Blaming” and the idea of “what a good victim looks like” was also identified as a challenge for service providers.

Needed Funding & Resources



The most frequently identified challenge was “Funding and Resources.” Within this category, additional staff was identified as the greatest need. In addition to overwhelming individual caseloads, many participants said they needed more staff, such as paraprofessionals, to support their work and free up their time. Licensed attorneys, nurses, and social workers all reported spending hours per week doing basic data entry and digitizing records because there was no one else available for those tasks and taking on volunteers/interns was either not possible or too time consuming to be worthwhile.

“There’s a waiting list everywhere. We don’t have enough detectives, SANEs, counselors”
– **Assessment Participant**

“Shelter and housing resources” was identified as a challenge, as local agencies are typically full and a lack of housing was reported to be a barrier for accessing many other services. The difficulty of accessing shelter and transportation to other shelters and services was also brought up.

Translation resources, particularly in-person interpreters for court proceedings and criminal processes, were identified as a gap in current services and an area in which victim retention was apparent.

A lack of sufficient legal services, long term counseling, and mental health crisis care and substance abuse services were all identified as service-based challenges for the current community.

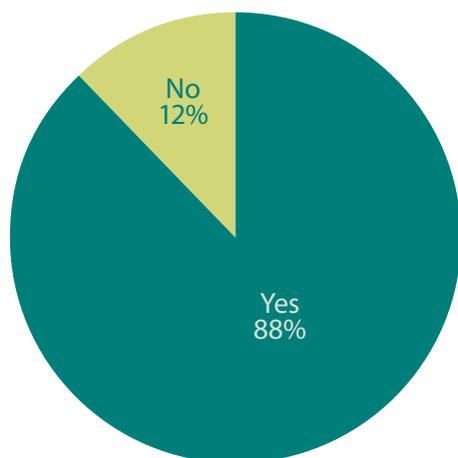
“Housing, having a safe place has a lot to do with it. You will reprioritize if you don’t have a place to lay your head and your kids don’t either.”
– **Assessment Participant**

“Services in Austin are very mainstream and part of the system, which could be a success but there is a lot of value in activism and being outside and pushing the system. I think we get into a groupthink here in Austin, ‘we’ve got it covered.’ we need to look critically at ourselves. How can we provide more options in various forms?” – **Assessment Participant**

Survivor Feedback

Of the 24 survivors who participated in interviews with the SARRT Coordinator, 22 identified as female and two as male. One chose to conduct their interview in Spanish, and the remainder conducted their interviews in English. All survivors had made a report to a law enforcement agency and were served through the Forensic Nursing and Advocacy Program at The SAFE Alliance. The first two questions related to their level of contact with the criminal justice system after making a report, as well as their awareness of their case status. Survivors were not asked to identify the law enforcement agency that they reported to. Survivors were interviewed within two to 10 weeks post-assault, so the frequency and diversity of their contact may reflect that.

Have you had any contact with either the detective assigned to your case, a prosecutor, or a victim services counselor since you made your report?



Almost all participants, 21 out of 24, had reported speaking directly with the detective assigned to their case at least once since making a report, and the majority of them had also spoken to a victim services counselor. Several survivors had spoken to their investigator and/or counselor several times, and shared stories about their interactions.

“The detective came to check on me, making sure I’m ok where I work (incident took place at work).” – **Survivor**

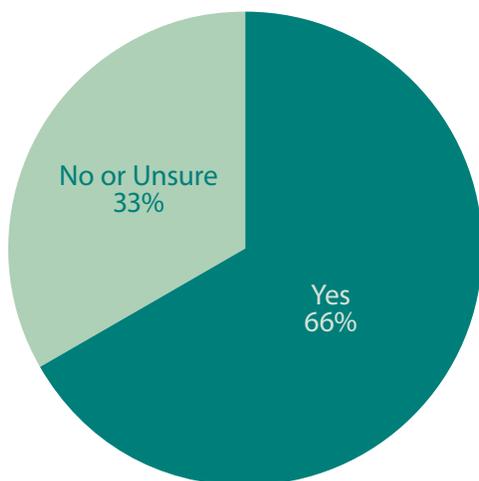
“The detective, she came down to my area because I don’t have a car. I’ve gotten messages from so many people, I just haven’t been able to call them all back.” – **Survivor**

“Victim services called me to check up and make sure I am doing ok, she was very kind.” – **Survivor**

The majority of interactions described by survivors were positive ones. Some survivors described feeling frustrated with the lack of communication or having negative communication with the law enforcement agency.

“The detective is never in the office when I call, ignoring my case. Says ‘he’ll get to it,’ but then I never hear anything.” – **Survivor**

Do you know what the current status of your case is?

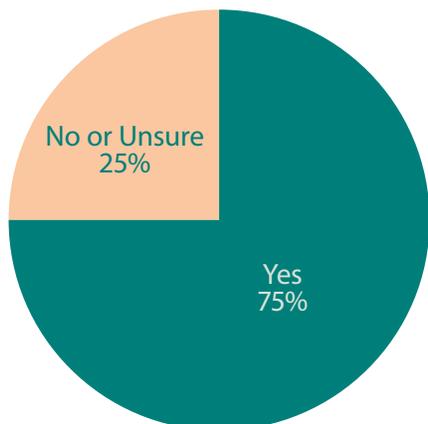


When asked about their case, the majority of respondents were able to confidently answer this question with a “Yes,” and 1/3 of them were uncertain or said “No.” Several participants stated that while they had heard from someone and knew what their case status was, they wanted to know more about how it was progressing.

“Yes, I spoke yesterday with a counselor and she mentioned that it was still open but I want to know how it’s going.” – **Survivor**

Survivors were asked if they felt believed by the people investigating their case.

Do you feel that the people investigating your case believe you?



The majority of participants reported that they did feel believed by those people investigating their case. There was an array of responses to this question that provided insight into both their experiences and the credence given to those experiences.

“Yes, that’s actually one of the things that I was most worried about.”

– **Survivor**

“Yes, there were times where I was questioning how much I drank, and the detective was like, ‘It doesn’t matter.’ That made me feel so much better.”

– **Survivor**

“No, absolutely not. The detective made it very clear to me that he had seen drunk women before.” – **Survivor**

“I’m not sure. The detective was very cold. He said he was sorry for the events that happened to me but his tone was so cold, it didn’t make me feel like he was going to catch the guy.” – **Survivor**

The fear of not being believed, or a previous experience of not being believed, was mentioned by four survivors in this group.

Survivors were then asked to describe the individuals or entity that had been the most helpful to them in their healing. Family members, friends, a nurse, or an advocate were the most often described as “most helpful” to the survivor.

“My nurse was the best experience of all this. She was very sensitive, caring, made me feel cared for in the worst moment of my life.” – **Survivor**

A therapist, victim services counselor, or detective were the next most likely individuals to be described as “most helpful” to the survivor’s healing process. One survivor mentioned her victim services counselor by name and cited her as the most helpful person in her healing process.

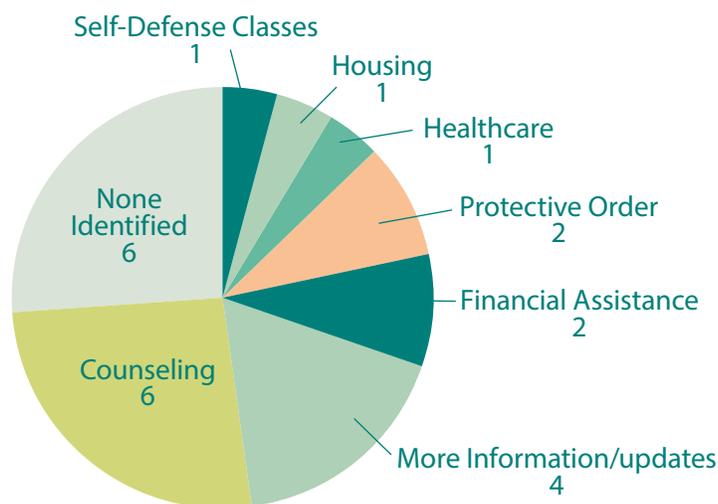
“Being able to report, and seeing people actually work on it. Knowing that they’re making an effort has been really great for my healing process.” – **Survivor**

Other individuals or groups that were described as most helpful included significant others and a bystander. Two survivors described the “people that were there with me that day” as the most helpful to them.

“The most helpful was the day after, my time at Eloise House with Nurse/Advocate/Victim Services and Detective. He was updating me, the nurse empowered me with the pictures. I’ve never felt so loved. They made me feel safe, and supported and loved” – **Survivor**

Survivors were asked to identify needed resources in the aftermath of their assault.

Needed Resource



Some survivors discussed the difficulty they had accessing information about services or their case through the crisis center hotline and/or the police station.

“I was having a really tough mental health day and it took me 2.5 hours to find someone to speak to about it. I called SafePlace first and no one answered then they said I had to get on the waitlist, I called the police station next and the phone never stopped ringing... Given what you’re working with I can see why this is such a difficult process, it’s really difficult to access these services. It’s comforting and nice when you’re there but when you leave all you have are these phone numbers.” – **Survivor**

One survivor described the lack of case updates was leading her to question whether the police believed her story. Another survivor reported that she had everything she needed, but said: *"I wish it could be different, the long, long process of what the detective has to do, the fact that it could drag on for months and months. I wish that wasn't the case. Everything else went really well, everyone has been so supportive."*

Access to counseling was the most frequently identified need by survivors who articulated one. Counseling was also mentioned by survivors that identified other needs or did not identify a need as something that had been helpful for them.

Survivors were also asked to share why they had chosen to make a police report. Responses to this question were grouped into five major categories. There was a wide range of responses to this question and consistently those survivors in the top three categories had clear, definitive answers to it.

Reasons for Reporting



The *"Protection of Others"* was the most frequently given reason for reporting the crime to law enforcement. Most survivors citing this reason used the word *"women," "girls,"* or *"female"* when discussing who they intended to protect. The victim perception was often that the perpetration would continue and that others were at risk.

"I didn't want any other female going through this, the confusion, the worry. I want to do what I can to stop that. If he's done it to me he's probably done it to someone else and will likely do it again." – Survivor

One of the main reasons given by survivors for reporting was *“Justice.”* This encompassed survivors who stated their report was primarily intended to seek *“punishment,” “prosecution,” “conviction,”* or *“justice”* for the crime committed.

“I just felt like he needed to pay for what he did.” – Survivor

“I hope that he will be prosecuted.” – Survivor

Other survivors described their reason as one that sought answers or *“Self-Validation.”*

“I knew something did happen, given the circumstances. It was strange, I felt like making a report might be the best way to get answers for myself.” – Survivor

“Because I felt violated and I wanted someone to know.” – Survivor

Three survivors shared that reporting to police was *“Not their Choice”* – one was so badly injured that others contacted law enforcement without their knowledge, and the other two had a family member or roommate contact the police on their behalf without their prior consent.

Two survivors shared that others in their life impacted their decision in such a way that they were ultimately convinced to make a police report.

One survivor shared that *“Safety”* was her primary concern in reporting as her attacker had threatened her. Another shared that she didn’t know exactly why she had made the report and felt bad that he had a family.

Finally, 13 survivors chose to share how the assault and following experiences had impacted their life in different ways. The impacts fell into a couple of identifiable patterns. Half the group reported that they were deeply impacted by anxiety, which crippled their ability to concentrate, sleep, or attend to work/school.

“I didn’t think it would (impact me), but I couldn’t work for like two weeks. I was holed up in my room. I couldn’t leave the house.”

– Survivor

Others reported that the logistics of appointments, interviews, and moving was creating intense financial and/or professional hardship for them.

“It’s a lot of footwork, having to go back to work. I had to move, my roommate was the assailant. Took time off for FMLA to move, definitely affected me monetarily, now I am paying full rent.” – **Survivor**

Several survivors discussed safety-related impacts. Some described changes they had made in routine and behavior to ensure their ongoing physical safety.

“I’m doing good. I still walk to work every day, now I’m more cautious. The police said I had good instincts. I feel stronger now, I’m not scared of other people.” – **Survivor**

Privacy was also a major concern for survivors. A few described feelings of isolation as they had not felt comfortable sharing the details of the assault with anyone. Survivors said they didn’t want to tell anyone about the assault either to “protect them from worry,” fear of their reaction, or to compartmentalize the experience in some way.

“It was extremely difficult to find the right person, I’m prone to isolate myself. Didn’t want my friends to worry about me, but didn’t know how they would react.” – **Survivor**

Discussion

Needs were identified across all of the major focus areas, and broader observations were made by the SARRT Coordinator throughout this process.

In the area of **capacity**, staffing is a major concern. A lack of appropriate staffing levels for work volume and caseload was reported across the board with **65 percent** of professionals reporting that they did not feel they had enough time to address their work. Several professionals said their staff had not increased in decades to accommodate the booming population growth in Austin. Professionals feel pressured to take on overwhelming numbers of clients or cases, but do not feel that they have the personnel to address the work with an adequate level of attention. This will likely contribute to victim attrition, neglect of best practices, and low morale among responding professionals. Some professionals are required to work with a victim or case for a couple of hours, while others may require several years of work. Maintaining energy, attention and enthusiasm for the work over a sustained period of time is a concern when caseloads continue to increase.

Participants also discussed that they were often required to perform functions outside their primary role simply because there was no one else available to do these tasks, like data entry, records management, and case management. While this may be a more common practice in smaller agencies with minimal resources, costs will only rise for individual agencies if they are continuously required to pay licensed professionals to do entry level work.

A lack of in-person interpreters during the reporting process is problematic and constitutes a lack of access to services for non-English speaking populations.

Also of concern is the fact that many professionals do not have the equipment necessary to carry out essential job functions. Criminal code books are an example of something that is considered essential for attorneys but they were not available to all the legal professionals interviewed.

A flood of additional sexual assault cases is anticipated by the law enforcement community as sexual assault kit (SAK) results begin to come in. Results from SAKs funded by both the District Attorney of New York (DANY) Grant and the City of Austin have begun to be returned, and the whole of the SARRT is bracing for the needs that will also come from this development.

There is an extensive amount of resource needs in this community. As the status quo is not sustainable, SARRT agencies may need to shift their resources in order to adequately address cases and survivors coming forward if new funding sources cannot be identified. Direct services personnel are operating at or beyond current capacity and currently lack the ability to take on additional clients or incorporate new responsibilities.

Training needs were significant for the response community. There was a large range in required sexual assault-related trainings for professionals, dependent primarily on their role and agency. While some professions and agencies require initial or mandatory ongoing sexual assault-related training (i.g., SANEs, community based sexual assault advocates), others do not. Some individuals said that they were required to complete several in-person, funded, training hours per year, and others indicated that their agency did not provide training but encouraged them to seek it out at their own expense. Most professionals interviewed for this assessment work primarily or exclusively with sexual assault victims/cases, however some individuals are required to work with a diverse group of crimes or people due to a lack of resources and/or specialization within their agency. This may account for some of the variety in training requirements.

Training for Sexual Assault 101 or Basics of Sexual Assault was frequently brought up as a need for large sectors of the response community and for professionals who do not typically engage in the SARRT or other task forces, like judges, EMTs, and probation/parole. These professionals interact heavily with victims and perpetrators on a regular and critical basis, but may have little foundational understanding of the issue, the dynamics, and the community protocols for sexual assault.

Several participants felt that they needed to be more informed about the inner workings of the criminal justice system in order to effectively do their job. These requests often came from individuals working within that process who indicated that groups become isolated in their arenas.

Outreach and training for the public was brought up repeatedly in a variety of contexts. It was discussed in relation to jury pools and victim blaming, lack of awareness about reporting options, and a lack of a basic understanding of the law. Even survivors made comments about expectations of the response and system that were challenged by the reality of the experience. Building capacity by training local institutions like churches, businesses, healthcare organizations, and other sectors may be the most efficient way for the SARRT to begin addressing a widespread need for community education and awareness.

Many challenges related to the Texas **legal** codes on sexual assault and related crimes were raised by participants. Texas laws on sexual assault, like those in many other states, have come along in piecemeal. The Texas legislature only meets part-time, every other year, resulting in a substantial down time between needed legislation. This rotation also leads to a short window of opportunity for professionals to provide insight to legislators on proposed legislation and how it will impact the issues and population.

The most recent 2017 legislative session passed a law that added sexual assault by “coercion” to the statute as well as the use of physical force or the threat of physical force. This law has yet to be broadly tested in the court system, so it is yet unclear if it will address the statutory gap. There has been discussion and concerns raised related to how language is defined in this and other legislation. It is another area that requires careful thought and input from those enforcing the law, practicing it, and working with impacted populations.

There was new legislation added on the termination of parental rights for anyone convicted of sexually assaulting the mother of their child. A number of bills related to fundraising for the testing of and electronically tracking sexual assault kits were passed. A couple of campus sexual assault items were also signed into law, one of which lets students and employees electronically and anonymously report sexual assaults to their universities. The other grants amnesty to students who report a sexual assault even if they were violating other laws, like underage drinking.

A groping statute was proposed in the 2017 session but ultimately failed to make its way through the legislature. As of now, there is no statute related to unwanted sexual contact outside of the sexual assault offense. This will continue to be an unaddressed gap in the criminal code.

While sexual assault forensic exam fees are waived for victims and providers, outstanding costs associated with an emergency room visit in Texas will still fall on victims. If there are other injuries associated with the assault, strangulation for instance, treatment for those costs will be a burden on the victim unless or until Crime Victim's Compensation is able to provide reimbursement.

According to Vice News, which cited an attorney at AEquitas, a legal group that helps prosecutors build sexual assault cases: *"This is probably the result of the 'patchwork' way America has constructed laws governing sexual assault. As views on rape evolve, the definition becomes broader, and fixes are applied state by state. For instance, marital rape is still quasi-legal in a handful of states, and laws are slowly being created to address LGBT rape."*

Maintaining consistent or long-term contact with victims was an area of need that stood out. Many agencies do not have written **policies** or protocols for communicating with victims of sexual assault. Professionals in advocacy, counseling, and victim services reported that they did not have time to maintain ongoing contact unless a victim initiated it, indicating that only those cases in which a victim is initiating contact will receive regular updates or check ins. This inconsistency may contribute to a lack of **program utilization** and engagement with service agencies and the criminal justice system. As fragmented community responses to sexual assault have been shown to lead to secondary trauma, this ultimately does more harm than good. The nature of contact that agencies have with victims appears to be varied as well. This individualized approach may result in widely varied experiences for victims of sexual assault. Many professionals identified "Issues with the System" as the number one contributing factor to victim attrition.

Participants largely identified immigrant populations, people of color, and LGBTQIA+ populations as those that are being **underserved** by the community. Reasons given for these populations being underserved include a fear of Immigration and Customs Enforcement (ICE), lack of transportation, a poor history with police and/or service agencies, and a preference for a different approach to handling issues of sexual violence within the community.

Communities of color make up approximately 49 percent of Travis County, and the Hispanic/Latinx populations comprise almost 34 percent of the total county population. It is unclear how much of the population identifies as LGBTQIA+, however it is imperative that responses to sexual assault in this community begin to address the reality of these demographics in their approach to sexual violence. Incorporating more interpreter services, community outreach, and local capacity building should be a priority for all responding agencies. One participant aptly stated that *“people seek help from the places they feel safe, not from the places that specialize in it.”*

Co-locating services, and educating community centers, language and recreational centers, schools, and churches should be a part of any long term plans. Historic neglect of these communities by service providers and local agencies needs to be addressed when assessing and building plans for future growth and outreach. Community members should be a part of conversations about how to address their specific needs.

Challenges to service provision (i.e., legal, health care, and counseling) revolve primarily around a lack of sufficient resources to meet the demands of the community. Many professionals felt that with consistent population growth in the area and more national conversations around sexual assault happening, resources will only become more strained without a concentrated effort to prioritize and fund this issue.

Across the board, prosecution was identified as a major challenge by professionals investigating and prosecuting sexual assault. There was a belief across disciplines that sexual assault in Travis County cannot or will not be prosecuted. For some professionals this belief borders on hopelessness and a loss of faith in the criminal justice system. Due to the large number of survivors who are not currently engaged in the criminal justice system, examining more civil legal options and alternative forms of accountability should be considered in future interventions.

What did Survivors tell us?

What became clear from survivor interviews was how valuable they felt the follow up and frequent updates from responding agencies were. More than one individual mentioned that hearing from an agency and knowing *“someone out there”* cared about them was critical for their healing process. Others complained that they were not receiving enough updates. This is consistent with findings that victim contact is varied among agencies and professionals.

Several survivors directly quoted the detectives who interviewed them and recalled how those conversations made them feel about the assault and themselves. Most individuals described having a very positive response to those conversations. This is consistent with literature that suggests survivors may feel validated, supported, and comforted by a positive disclosure experience.⁴³ Similarly, survivors who described a negative experience with a responding individual were also able to recall the conversation, tone, and words that were used by that individual. It is unclear what kind of impact this will have on their future engagement and interest in pursuing their case, but given the length of time that they may be asked to invest in the system, it should not be ignored as a factor in victim retention.

⁴³ Ahrens C., Campbell R., Ternier-Thames N.K., Wasco S., and Sefl T. (2007) *Deciding Whom to tell: Expectations and outcomes of Rape Survivors' First Disclosures*. *Psychology of Women Quarterly*, 31, 38-39.

Responses regarding why survivors had chosen to make a police report were a source of invaluable feedback. While reporting rates for non-stranger sexual assaults by victims and third parties have risen in past decades,⁴⁴ overall reporting rates remain extremely low. A few victims disclosed that they did not initially want to report or almost did not report due to a fear of not being believed. What was most surprising was the number of victims who stated their decision to report was influenced by an interest in protecting potential future victims from their assailant. This reason far outweighed concerns for their own safety. Many other survivors said their interest and reason for reporting lay in seeing justice or accountability for the perpetrator. This indicates that offender accountability through the criminal justice system and the prevention of future crime were of primary importance to these victims. It would be valuable in future work to hear from victims who chose not to make a report at all.

Access to long-term counseling was the most frequently identified need by survivors and one that the community should continue to spend time addressing. This is a need that can span multiple groups, including those who may choose not to make a police report. On top of that, resources for free counseling in Travis County are extremely limited at this time.

All of the survivors interviewed verbalized their interest in providing feedback to the community about their experience, hoping that it would help improve future services for others. When solicited for suggestions, they were thoughtful and considered both their initial expectations of the experience and the resources available to the community. Future work in community assessment should include more feedback and participation from survivors at various stages of the criminal justice process in order to effectively examine outcomes for survivors who report. This is also important when trying to address survivor needs outside of the criminal justice process. For many of these survivors, logistical barriers or a hierarchy of needs (i.e., housing, health care, and finances) has been their biggest obstacle to recovery.

Community Wide

An observation that needs to be discussed as part of this assessment is what was termed by one participant as a “culture of retaliation” that exists within the Austin professional community. Of professionals interviewed, **27 percent** expressed verbal anxiety to the interviewer that potential harm could come to themselves or their agency as a result of their participation and/or the answers they provided. Some of these individuals asked not to be quoted directly. The fear of repercussions by professionals working on these cases may directly impact their ability to perform essential job functions, to pursue best practices, and allow for long term rotations in their role.

⁴⁴ National Institute of Justice. (October 2010). *Reporting of Sexual Violence Incidents*. Retrieved from <https://www.nij.gov/topics/crime/rape-sexual-violence/Pages/rape-notification.aspx>.

Experiences and descriptions of secondary trauma were described by several professionals in this community. Some participants spent time discussing how their work impacted their personal or social lives. They described feelings of isolation, stating that they were unable to explain or talk about their work with anyone not directly involved in similar work. Other participants described the futility they felt at repeatedly pursuing cases and survivors if there was ultimately no satisfactory outcome related to the assault. There were several members of the law enforcement community who recalled a single case of sexual assault that seemed to stay with them, and they could recount every detail of it, including the frustration they felt at the outcome when it did not conclude in the way they wished. These situations appeared to negatively impact their morale and their belief in the efficacy of their work. The concept of “service rationing” by public service professionals (i.g., nurses, teachers, police officers) in response to extreme stress is outlined by Michale Lipsky,⁴⁵ a public policy expert, in his book *Street Level Bureaucracy*. It is essentially a habit or behavior adopted by these frontline professionals in the face of extreme resource shortage as a way to manage stress and pressure and meet the demands of an over growing need by rationing the services they provide to the community. The impact of secondary trauma on professionals and the growing demand for services in this sector need to be proactively considered in any future action planning.

Transparency to the public and among agencies was brought up as both a challenge and need for the community by numerous professionals. Participants believe that as long as transparency continues to be an obstacle for community agencies, effective collaboration will not be achieved. Failures at the Austin Police Department DNA Lab were frequently brought up as an example of public and professional trust being broken and a need for better collaboration moving forward. Given these existing feelings, and the de-centralization of information in the response community as a result of Austin/Travis County adding a second team to respond to sexual assault, it will be a challenge to move forward in a cohesive and unified manner.

There were certain areas of interest to the SARRT that the assessment was not able to effectively examine due to limited resources and a lack of access. Questions related to the relationship between the University of Texas and the criminal justice system, and obstacles to reporting for sexual assault victims need to be further examined through the efforts of the SARRT.

The SARRT should be engaged in conversations that examine the dual nature of its work: both meeting the needs of victims and holding offenders accountable for sexual assault. It was clear from conversations with participants that they feel both objectives are important and should remain at the forefront of the mission of the SARRT. That requires a balance, and it is important to bring stakeholders to the table with the understanding that the SARRT is interested in both victim-centered practices and offender accountability. While SARTs have traditionally focused on the criminal justice or system response to sexual assault, and the ATC SARRT is no exception to that, there are conversations happening on a national level about refocusing efforts and resources in a broader fashion. By focusing solely on the criminal justice system response, SARTs may be devising protocols or developing services for only 10 percent of the total survivor population. With sexual assault reporting rates as low as they are, thought should be given to mapping community assets in relation to where and from whom victims are seeking help.

⁴⁵ Lipsky, M (1980) *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation

Additional Strengths

One of the strengths identified in the assessment was that of relationships and referrals. Referrals are available to many professionals when they are needed. Good relationships and trust with other entities allow individuals to supplement their own resource gaps when needed. When criticisms were leveled by professionals, they were typically directed at entire institutions or disciplines, rather than individuals. Individual relationships were often reported to be strong and collaborative, allowing for innovation within the community.

Another strength identified was the high number of individuals who actively sought out or described an interest in training resources to improve their work. Few agencies have access to funded training, but almost everyone reported an interest in receiving more on the subject of sexual assault.

Survivors described several strengths in the community. The majority of survivors felt believed by the people responding to their sexual assault outcry. Almost all described their experience with the various agencies that responded to them to be positive. Several survivors spoke of their experience in glowing terms, citing that nothing further was needed or that it far exceeded their expectations and provided them with immense comfort.

Survivors specifically mentioned the group of people who responded to them to provide care, and spoke about these individuals (police, SANEs, advocates) as if they were all a part of the same agency or team. It is a success for this community if survivors feel as though all parties are working together for their care and benefit.

It is a testament to the strength of this response community that they were willing to take on a project of this kind. Participants were subject to a lengthy interview and many were concerned about repercussions to themselves. Despite a number of challenges that were identified here and self-reported low morale among professionals, there was a persistent belief that processes and situations could improve with enough commitment and collaboration from all parties.

Recommendations

- SARRT agencies should take proactive steps to identify and intervene in secondary/vicarious trauma among frontline professionals.
- Pursue increased staffing for sexual assault programs, SANE services, specialized legal services, and specialized investigation and prosecution units. Agencies should explore funding to add paraprofessional staff across the board to alleviate the administrative burden on licensed professionals and to reduce long term costs.
- Invest in in-person translation services for criminal justice processes.
- Explore a framework for implementing regular cross-training, inclusive of site visits, for law enforcement, prosecution agencies, SANEs, and community based advocates.
- Implement mandatory, agency-funded training on sexual assault dynamics, trauma-informed responses, forensic exams, lab reports, and investigation/prosecution strategies for all personnel investigating and prosecuting sexual assault.
- Service-based agencies should immediately address the long- term case management needs for survivors of sexual assault.
- Consider exploring the unique healthcare needs of sexual assault victims and if or how they can be met with existing resources in the response community.
- Law enforcement agencies should individually undertake annual or biannual sexual assault case reviews to identify challenges, trends, and opportunities for process improvement.
- Ensure that interview methods for victims are distinctive from those used with witnesses or suspects in sexual assault cases. Incorporate "soft" interview spaces and utilize trauma-informed practices.
- All agencies should work to develop written protocols for communication with victims of sexual assault that incorporate regular case status updates.
- Ensure that criminal case outcomes are clearly documented and communicated to stakeholders, including closure decisions. Update and integrate data collection software if necessary for easier tracking.
- Civil legal agencies and victim services programs should consider donation options and stocking small baskets on-site to assist with basic needs for sexual assault victims.
- Universities should consider mandating training on the dynamics of sexual assault for all faculty and staff, with particular attention to Title IX investigators.

- Consider advocacy at the state level to extend or eliminate the statute of limitations, and update and clarify definitions within the sexual assault statute (e.g, incapacitation, intoxication, consent).
- Prosecutors should consider engaging national expertise on developing case frameworks and performance management systems (e.g., AEquitas: Model Response to Sexual Violence Prosecutions.)
- Consider developing a community education plan for non-SARRT agencies that frequently interact with victims (e.g., hospitals, clinics, community centers, colleges, 911 call centers, faith communities). Explore options for judicial training on sexual assault.
- SARRT agencies should extend outreach to underserved communities to request feedback, acknowledge historic neglect, and address barriers to access.
- Consider seeking out local leaders and larger institutions to receive training specific to survivor populations that are not being effectively reached by the SARRT.

Additional Resources

AEquitas, Justice Management Institute, and Urban Institute. (2017). Model Response to Sexual Violence for Prosecutors (RSVP) An Invitation to Lead. Retrieved from <http://www.aequitasresource.org/Model-Response-to-Sexual-Violence-for-Prosecutors-RSVP-An-Invitation-to-Lead.pdf>

Alexis Koskan, Ph.D., Daniela B. Friedman, Ph.D., DeAnne K. Hilfinger Messias, Ph.D., RN, FAAN, Heather M. Brandt, Ph.D., CHES, and Katrina Walsemann, Ph.D. (October 2013). Sustainability of promotora initiatives: Program planners' perspectives. *Journal of Public Health Management and Practice*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3827959/>

Alliance for Safety & Justice. (August 2016). Crime Survivors Speak: The First-Ever National Survey of Victims' Views on Safety and Justice. The Tides Center. Retrieved from <https://www.allianceforsafetyandjustice.org/crimesurvivorsspeak/>

Atassi, Leila. (October 24, 2010). Fears of juror biases often prevent rape cases from making it to trial, Cuyahoga County prosecutors say. *Cleveland.com*. Retrieved from http://blog.cleveland.com/metro/2010/10/fears_of_juror_biases_often_pr.html

Basile, K., Smith, S., Walters, M., Fowler, D., Hawk, K., Hamburger, M. (2015). Sexual Violence Victimization and Associations with Health in a Community Sample of Hispanic Women. *Journal of Ethnic and Cultural Diversity in Social Work*. 2015 ; 24(1): 1–17. doi:10.1080/15313204.2014.964441

Boles, A. B. and Patterson, J. C., (1997). Improving community response to crime victims: An eight-step model for developing protocol. Thousand Oaks, CA: Sage Publications, Inc.

Centers for Disease Control & Prevention. (April 2013) Findings from the National Intimate Partner & Sexual Violence Survey. State Report Fact Sheet. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportFactsheet.pdf>

End Violence Against Women International. (2017). Sustaining a Coordinated Community Response: Sexual Assault Response & Resource Teams (SARRT). Online Training Institute. www.evawi.org

Federal Bureau of Investigation. (2017). CODIS and NDIS Fact Sheet. Retrieved from <https://www.fbi.gov/services/laboratory/biometric-analysis/codis/codis-and-ndis-fact-sheet>

Goff, E., Haas, S., Jerney, J, and Pejisa, L. (2015). Sexual assault response teams assessing systems change: A resource for multidisciplinary team leadership. Saint Paul, MN: Sexual Violence Justice Institute, a project of the Minnesota Coalition Against Sexual Assault. Retrieved from www.mncasa.org.

Long, Peter. (February 11, 2013). The Patient Is In: Listening to Low-Income Californians. *Healthaffairs.org*. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hblog20130211.028099/full/>

Lonsway, Kimberly A. and Archambault, Joanne. The "Justice Gap" for Sexual Assault Cases: Future Directions for Research and Reform, *Violence Against Women* 18, p. 156. Retrieved from <http://vaw.sagepub.com/content/18/2/145>

Moller A, Sondergaard HP, Helstrom L. Tonic immobility during sexual assault – a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstet Gynecol Scand* 2017; DOI: 10.1111/aogs.13174

National Sexual Violence Resource Center. (2015). Key Findings: Rethinking Serial Perpetration. <https://www.nsvrc.org/publications/nsvrc-publications-research-briefs/key-findings-rethinking-serial-perpetration>

San Diego County SART. (2016). San Diego County SART Victim Satisfaction Questionnaire. Retrieved from <http://www.evawintl.org/images/uploads/Documents/SD%20Victim%20Satisfaction%20Survey.pdf>

South Dakota Good & Healthy Community Health Needs Assessment and Improvement Planning Toolkit. (April 2014). Good and Healthy South Dakota Initiative. Retrieved from http://goodandhealthysd.org/communitytoolkit/#Guiding_Principles_of_the_South_Dakota_Good___Healthy_Community_Health_Needs_Assessment_and_Improvement_Planning_Toolkit

Substance Abuse and Mental Health Services Administration. (August 2015). Trauma-Informed Approach and Trauma-Specific Interventions. Retrieved from https://www.samhsa.gov/nctic/trauma-interventions#Seeking_Safety

Texas Department of Public Safety. (2017). Texas Crime Report for 2016: Chapter 7 Sexual Assault. Retrieved from http://www.dps.texas.gov/administration/crime_records/pages/crimestatistics.htm

Thelen, Rose. (2000). Advocacy In a Coordinated Community Response: Overview and Highlights of Three Programs. Gender Violence Institute. Retrieved from <http://www.ncdsv.org/images/Advocacy%20in%20a%20CCR.pdf>

Veazie MA, Teufel-Shone NI, Silverman GS, Connolly AM, Warne S, King BF, Lebowitz MD, Meister JS. (March 2001). Building community capacity in public health: the role of action-oriented partnerships. *Journal of Public Health Management and Practice*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12174397>

Wemmers, Jo-Anne. (July 15, 2013). Victims' experiences in the criminal justice system and their recovery from crime. *International Review of Victimology*. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0269758013492755>

Appendices

Appendix A	Process Framework
Appendix B	Informed Consent for Interview Participants
Appendix C	Interview Questions – Victim Services/Victim Witness Personnel
Appendix D	Interview Questions – SANE
Appendix E	Interview Questions for Survivors
Appendix F	Team Agreement Form
Appendix G	Team Findings Form

Developed from NASCSP Community Action Guide

Stage	Steps
A	Identify Framework
A	Outline Assessment Questions
B	Review & Incorporate Literature
B	Create Data Wishlists Discuss Feasibility & Accessibility
B	Conduct Preliminary Interviews & Community Outreach
C	Identify Measures & Data Collection Plan
C	Protocols for Data Collection
D	Data Collection– Forums & Listening Events
D	Data Collection– Agency Interviews
D	Data Collection– Survivor Feedback Interviews
D	Data Collection– Reports & Community Demographics
E	Analysis & Reporting: Creating Community Profile
E	Analysis & Reporting: Organizing Qualitative Responses w/Team
E	Create Report

For each step in the process, a source, needed resources, and the anticipated timeline was developed.

Source	Resources Required	Anticipated Start Date	Anticipated Completion Date	Updates

1. Purpose

The Community Needs Assessment will provide a better understanding of Sexual Assault Response in Austin Travis County and allow for the participants to make recommendations on future practice.

The Community Needs Assessment will:

- *Help identify how SARRT members are responding to sexual assault reports*
- *Assist the response community to identify service gaps and strengths*
- *Gain a better understanding for why some victims do not report sexual assault*
- *Examine the needs of culturally-specific communities that are not currently receiving services*

2. Procedures to be followed:

The interview consists of a series of short answer and open-ended questions. Follow up questions may be asked for clarification.

5. Duration/Time:

It is anticipated that this one-time interview will take between 30-60 minutes.

6. Statement of Confidentiality:

Your participation in this assessment will not be disclosed by the interviewer. In the event of publication or presentation resulting from the assessment, no personally identifiable information will be shared and your name will not be linked to your responses.

7. Right to Ask Questions:

You have a right to ask questions of the interviewer about the assessment, as well as follow up with questions at a later date. Please contact klenau@safeaustin.org.

10. Voluntary Participation: Your decision to be in this interview is voluntary. You can stop at any time. You do not have to answer any questions you do not want to answer.

Completion of the interview implies your consent to participate in this assessment. Please keep this form for your records.

Experience

How long have you been working in this unit?

About how many Sexual Assault victims have you worked with in your career?

Capacity

Can you describe your role to me?

Do you feel that you have the time to adequately address all of your assigned cases or work?

What is an average monthly caseload for you?

Training

Have you received training specific to working with survivors of sexual assault?

Have you received training on trauma-informed care?

Do you have mandated or ongoing training as a part of your work here with victims?

What would you like to be trained on in the future related to your work with victims of sexual assault?

What training would you like to see other agencies receive?

Collaboration

Do you have working relationships with outside agencies- such as healthcare facilities, shelters, other law enforcement agencies, and advocacy organizations?

How have those relationships impacted your work with victims?

What recommendations would you make to improve coordination/collaboration with other agencies?

Legal

Do you feel that the law adequately addresses the crime of sexual assault?

What would you see changed in the law?

Survivor Engagement/Policies & Procedures

What do you find most challenging about these cases?

What are the most common reasons victims cite for no longer participating in the CJS?

Why do you believe that victims decline to participate so often in the CJS?

Does the agency have a written policy or guideline related to communication with survivors of sexual assault?

How many attempts to reach a victim will you typically make?

Do you typically notify victims when the status of their case changes?

Do you maintain contact with victims on a regular basis even if nothing has changed in their case status?

Internal Communication

Is there consistent communication and coordination between victim services and the investigators that are working on sexual assault cases?

What changes would you recommend to improve the coordination between units?

Underserved Communities

What populations are not being adequately served by our community?

What are the needs of these populations?

Recommendations

What do you think is our community's biggest challenge in investigating & prosecuting sexual assault?

What do you think is our community's biggest challenge in providing services to survivors of sexual assault?

What recommendations do you have for improving the community wide response to sexual assault?

Experience

What agency do you work for?

How long have you worked for the agency?

About how many sexual assault patients have you worked with throughout your career?

Can you describe your role as it relates to the care of Survivors of SA?

Capacity

Do you feel that you have the time to (adequately) address all of your work?

About how many exams do you conduct per month?

What kinds of resources would better equip you to address your patients?

Do you feel that staffing is adequate to meet the demand?

Training Needs

Have you received training specific to working with survivors of sexual assault?

Have you received training on trauma-informed care?

Do you have mandated or ongoing training as a part of your work here with victims?

What would you like to be trained on in the future related to your work in sexual assault?

What training would you like to see other agencies receive?

Collaboration

Do you have working relationships with outside agencies- such as healthcare facilities, other non-profits, Law Enforcement agencies, Attorneys?

Can you describe some of these relationships?

Have those relationships been beneficial to your work with survivors?

Survivor Engagement/Policies & Procedures

Are resources or referrals available to you to offer follow up and preventative care to your patients? (HIV PEP/Pregnancy Prevention/STI testing)

Do you conduct follow-up calls with victims?

How many attempts to reach a victim will you typically make?

Are advocates permitted to be in the room during exams?

What are the most common concerns and/or complaints you hear from victims about this process?

Why do you believe that victims decide to stop engaging in services?

What are some of the biggest needs that victims express to you?

Are there challenges specific to working with adolescents that arise for you?

Legal

Do you feel that the law adequately addresses sexual assault?

What would you see changed in the law?

Underserved Communities

What populations are not being adequately served by our community?

What are the needs of these populations?

Recommendations

What do you think is our community's biggest challenge in investigating & prosecuting sexual assault?

What do you think is our community's biggest challenge in providing services to survivors of sexual assault?

What recommendations do you have for improving the community wide response to sexual assault?

- 1) How are you doing?
- 2) Since you made your report have you had any contact with either the detective assigned to your case, a prosecutor, or a victim services counselor?
- 3) Do you know what the current status of your case is?

 If your case was Closed/Suspended- Did anyone give you an explanation for the change?

 If Victim declined to continue- What was the main reason you decided you no longer wanted to continue with this process?
- 4) Do you feel that the people investigating your case believe you?
- 5) Who has been the most helpful to you in your healing?
- 6) Can you share some of the reasons you chose to report this to police?
- 7) Are there any resources you wish you had access to during this process that you did not have?
- 8) Is there anything else you would like to share?

The Sexual Assault Response & Resource Team (SARRT) Community Needs Assessment Project involves an in-depth review of interviews with professionals working in the field of sexual violence. To ensure the integrity of the process, respect the role of individual agency employees, and to protect the privacy of participants, all review team members agree to the following:

1. The material collected and distributed to team members is intended only for use in conducting this review and to inform project staff and stakeholders about noted themes in current response practices.
2. Team members will have access to information only for the purposes of the review. At the end of each review day, all written materials with information will be turned in to the coordinator for safe keeping.
3. The review process and specific answers should not be discussed outside of the review room.
4. While careful work has been done to protect the identities of the parties involved in each interview, it cannot be guaranteed that team members will not recognize individual respondents. Any discussion of content should happen only in the context of the review process and only in the presence of team members who have agreed to this confidentiality statement.
5. Team members are not authorized to release or discuss any details of the review to anyone outside of the review team or, except as agreed to through the release of findings and recommendations.

Team member signature: _____

Print Name: _____

Date: _____

