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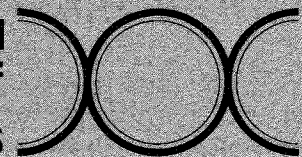
Minnesota Program for Victims of Sexual Assault

BIENNIAL REPORT FY 1985-1986

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BIENNIAL REPORT:

FISCAL YEARS 1985 - 1986

MINNESOTA PROGRAM FOR
VICTIMS OF SEXUAL ASSAULT

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SECTION I

SUMMARY AND RECOMMENDATIONS

Sexual assault is a violent crime which is primarily an aggressive rather than a sexual act. It is any sexual activity which a person is forced into without his/her consent. It includes acquaintance rape, stranger rape, same-sex assault, child sexual abuse and incest. The victim of sexual assault may be young or old, male or female, single or married, urban or rural -- no one is immune. The problem of sexual assault continues to be addressed by the Minnesota Program for Victims of Sexual Assault.

The FBI reports that forcible rape (only one form of sexual assault) is the fastest growing violent crime in the United States. Nationally, reported rapes have increased 53% since 1976. In the same decade, reported rapes increased 499% in Minnesota. And yet researchers continue to find that rape and all forms of sexual assault are the most under-reported of all violent crimes. The FBI estimates that as few as one out of ten sexual assaults are ever reported to law enforcement personnel.

In 1974 because of growing community awareness of the problem of sexual assault, the Minnesota legislature directed the Commissioner of Corrections to establish a community-based statewide program to provide services to sexual assault victims. The Department of Corrections then established the Minnesota Program for Victims of Sexual Assault to implement these services, with the assistance of a grant from the Law Enforcement Assistance Administration (LEAA).

Upon expiration of the LEAA grant in 1978, the Department of Corrections assumed responsibility for most statewide components of the Minnesota Program for Victims of Sexual Assault. However, no monies for local services were available.

In 1979 the legislature began appropriating additional funds for grants to cities, counties and private agencies that provide services to victims of sexual assault. This grant program ensured that victim services would be community-based in order to meet specific local needs. (See Appendix A: Map of Service Areas) The legislature continued to appropriate funds to the Department of Corrections for this grant program during the 1984-85 and 1985-86 bienniums. This report, which covers fiscal years 1985 and 1986, reflects activities at both the state and local levels. (See Appendix B: Profile of Sexual Assault Programs)

The total budget for the Minnesota Program for Victims of Sexual Assault for fiscal year 1985 was \$574,100: \$474,600 in state funds; \$57,500 in federal funds; and \$42,000 in foundation grants. During fiscal year 1986 the program's total budget was \$704,400: \$592,500 in state funds; \$71,000 in federal funds, and \$40,900 for a special projects. (See Appendix C: Grantee's Funding Sources)

Statewide Program Components

The Minnesota Program for Victims of Sexual Assault completed the following major activities during fiscal years 1985 and 1986.

Administration of Grant Program

- Awarded \$404,200 in grants to 27 community-based sexual assault centers throughout Minnesota during FY 1985: \$350,600 in state funds and \$53,600 in federal health services block grant monies;
- Awarded \$516,600 in grants to 33 community-based sexual assault centers during FY 1986: \$458,100 in state funds and \$58,500 in federal health and health services block grant monies;
- Monitored progress and provided technical assistance to grantees;

Development and Implementation of Training Programs

- Conducted three 2-1/2 day training programs entitled Sexual Assault Training for Correctional Staff, attended by 300 staff members of correctional institutions and field services;
- Sponsored Empowerment in the Work Environment, a two-day management training for 60 staff and board members of the sexual assault programs;
- Sponsored Pride in Our Culture: Empowerment in the Sexual Assault Movement, an in-service training for over 200 staff and volunteers of local sexual assault centers;
- Cosponsored with the Sexual Violence Center of Hennepin County a one-day workshop entitled, Sexual Abuse of Institutionalized Psychiatrically and Developmentally Disabled People;
- Conducted a one-day training conference, Sexual Assault In the Asian Community: Bridging the Cultural Gap, for 120 participants;
- Sponsored for 250 professionals a five-hour training program entitled, Unmasking Sexual Abuse.
- Sponsored the annual in-service training for over 230 sexual assault center personnel entitled, Our Commitment to the Future.

Minimum Standards for Sexual Assault Counselor Training Programs:

- Developed minimum standards for the training and supervision of sexual assault counselors;
- Developed applications and review process for programs as designated providers of sexual assault training and supervision.

Implementation of Special Projects

Task Force on Sexual Exploitation by Counselors and Therapists:

- Commissioner of Corrections appointed an 18-member task force to study the problem of sexual exploitation by counselors and therapists;
- Issued a Legislative report containing policy recommendations in the areas of professional education, public education, victim issues, criminal and civil statutes and professional regulations;
- Supported the passage of laws which made sexual exploitation a felony, and created a civil cause of action for this offense;
- Developed a manual for professionals, a handbook for victims and victim advocates and a general brochure on the topic;
- Sponsored the first national conference on the topic for more than 200 persons from 25 states, Sweden and Puerto Rico.

Decade of Light: Tenth Anniversary Commemoration:

- Commemorated the tenth anniversary of the Minnesota Program for Victims of Sexual Assault with a day-long observation that included the training program, "Unmasking Sexual Abuse"; a dinner which featured a keynote address by Academy Award nominee, Oprah Winfrey; and recognized the contributions of various volunteers and professionals to the anti-sexual assault movement.

Distribution of Materials

- Published three new materials: Intervention, Treatment and Prevention of Sexual Abuse and Assault: A Training Program for Rural Minority Service Providers - A Final Report; Task Force on Sexual Exploitation by Counselors and Therapists: A Legislative Report; the Judiciary and Sexual Assault;
- Continued to distribute Sexual Assault: A Statewide Problem, Incest: Confronting the Silent Crime, "Sexual Assault: A Statewide Problem," Child Sexual Abuse ... It Is Happening, Sexual Assault Against Men, Same-Sex Assault: A Handbook for Intervention Training, evidentiary collection kits, "Say No, Get Away and Tell Someone", Are Children With Disabilities Vulnerable to Sexual Abuse?, Preventing Sexual Abuse of Persons With Disabilities, A Resource Guide for Signs of Sexual Assault;
- Distributed additional resource and media materials, and maintained a resource library;

- Filled over 500 requests for information on sexual assault from professionals, students, parents and concerned persons;
- Maintained a film library which is available free of charge.

Provision of Public Education

- Published a quarterly statewide newsletter, The MN Exchange, which has a circulation of approximately 3,000;
- Sponsored information booths at professional statewide conferences, and presented educational programs to professional, civic and church groups;
- Participated in "Take Back The Night" activities throughout the State.

Coordination With Other Agencies

- Acted as a resource to other statewide agencies, organizations and projects as they addressed the issue of sexual assault;
- Program staff served on the State Interagency Team on Child Sexual Abuse, the steering committee of Project Impact, the Sexual Health and Responsibility Program, and the Crime Victim Witness Advisory Council.

Participation in the National Network of Sexual Assault Service Providers

- Provided information to programs throughout the country regarding law reform, program and material development, and outreach to special populations;
- Active member in the National Coalition Against Sexual Assault (NCASA); a MPVSA staff member served on the Board of Directors of NCASA.

Community-Based Sexual Assault Services

A total of 27 programs received grants from the Department of Corrections to provide victim services, professional training, coordination of services and community education during fiscal year 1985 and 33 programs received funds in fiscal year 1986. The following is a summary of the data received from the grantees.

Victim Services

- Services were provided to 4,470 victims of sexual assault in 1985 and 4,844 victims in 1986. Of those victims seen in 1986, 54% were in the seven-county metropolitan area and 46% of the victims were outside the metro area. The number of victims served outside the Metro area has increased 260% since 1980.
- The number of victims receiving services represents a 134% increase over the two year period (from 1984 to 1986) and a 230% increase over the past six years (1980 to 1986).
- The range of services included crisis intervention, support counseling, information and referral, advocacy, peer support groups and assistance in life-sustaining needs such as housing, transportation and child care. There was a 132% increase in demand for services from FY84 to FY86.
- Ninety percent of the victims served were female and 10% were male.
- The proportion of racial minority victims served has increased five-fold over the past six years, from 4% in 1980 to 14% in 1986. Minority populations served included American Indian, Black, Hispanic/Latino and Southeast Asian people.
- In FY86, 8% of the victims served were disabled which is more than double from FY84.
- The proportion of child victims increased over the two year period. By 1986 half (50%) of all victims were under the age of 18, 25% under the age of 12, and 9 percent were under the age of six years.
- More than one-third of victims (38%) waited from one year to five or more years before contacting a sexual assault program while 34% sought assistance after one week to one year. Thirty-four percent of the victims received services immediately to one week after the assault.
- In 1985, 44% of victims seeking services were rape or attempted rape victims, 33% were victims of family sexual abuse, and the remaining reported child molestation, sexual harassment or some other sexual offense. In 1986, 45% were victims of rape or attempted rape, and 34% were victims of family sexual abuse.
- The vast majority of victims knew their assailant. In 1985, 86%, and in 1986, 88% of assailants were relatives, friends, acquaintances or co-workers.
- Forty-one percent of the victims were assaulted by one assailant - one incident. Forty-three percent of the victims were assaulted more than once by one assailant.

Professional Training

- During fiscal year 1985, grantees provided 766 training programs to 19,627 participants. In 1986, 1,263 training programs were provided to 13,914 professionals.
- Training was provided to five groups of professionals: law enforcement, medical, legal, human service personnel, and teachers.

Public Education

- Local sexual assault programs utilized the media, distributed brochures and posters, and sponsored both local and regional public awareness events.
- Grantees provided 2,474 public education presentations reaching 86,976 persons in 1985. The number of community education participants increased 24% in 1986, with 3,069 programs provided to 91,068 participants. This represents a 47% increase in people receiving this education in the last six years.
- Presentations were made to civic, social and church groups and elementary, secondary and college students.
- Forty-eight percent of education programs in FY85 were presented to 43,946 elementary and secondary students; 54% of the programs were presented to 49,648 students in FY86.

Development of Educational Materials

- The local sexual assault centers have developed a variety of educational materials including: Three in Every Classroom: The Child Victim of Incest--What You As a Teacher Can Do - Sexual Assault Program, Bemidji; Spanish translation of "Preventing Sexual Abuse of Persons With Disabilities: A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students" - Minnesota Migrant Council, St. Cloud; The Assault on Age - Sexual Assault Services, Oakdale; Board of Directors: Orientation and Training Manual - Program for Aid to Victims of Sexual Assault, Duluth; Sexual Assault and Battering: A Resource Manual for Physicians, Counselors and Attorneys - Women's Resource Center, Winona; T is For Touching - Rape and Abuse Crisis Center, Fargo-Moorhead.

Coordination of Services

- The grantees not only participated in the interagency network, but in many instances provided leadership for the development of interagency communication and coordination.
- During FY85, the programs collectively participated in 2,444 interagency coordination meetings. During FY86, the programs participated in 2,368.
- The grantees provided information and referrals for professionals in need of technical information and case consultation.

Staffing Patterns

- Local sexual assault centers employed 40 salaried full time and 38 salaried part-time staff persons;
- Volunteers contributed 189,964 hours of on-call and active service time in FY 1986. Computed at the minimum wage of \$3.65/hour, these services were worth \$693,369. The combined total of volunteer hours for both fiscal years is 334,532 which equals a dollar value of \$1,221,042.

Discussion and Conclusions

The information provided in this report demonstrates that the Department of Corrections is actively addressing the issue of sexual assault at the state level by providing funding to local community-based sexual assault programs, as well as implementing statewide projects.

The data obtained from the quarterly reports from the local sexual assault programs shows that a significant number of victims, professionals and community groups utilized the services provided by the grantees; that local community-based programming is an effective method of service delivery for sexual assault victims; that the legislative appropriation was utilized effectively and as intended; and that this method of service delivery for sexual assault victims provides a comprehensive model which can be replicated in other states.

Additionally, this report demonstrates that there are components of sexual assault programming that can effectively be accomplished at the state level. This includes specialized training, statewide community education, the development of new materials, and the implementation of special projects. Coordinating with and acting as a resource to other agencies, organizations and projects is another activity that is occurring more frequently and systematically at the State level.

The data identifies additional program activities necessary to thoroughly address the problem of sexual assault. The present level of funding will minimally provide for current services to be maintained. The current funding level will not, however, make it possible to provide the additional services that are needed. The data below substantiates programming needs outlined in the recommendations and needs statements.

- Some geographic areas of the state are not served.
- The demand for services from the existing sexual assault programs has increased dramatically in the areas of victim services and public education. This demand shows no sign of decreasing in the future.
- The needs of victims with handicapping conditions, elderly victims, and gay and lesbian victims are being identified. Techniques must be developed to reach out to these groups and to provide services that are sensitive to their needs.
- While the percentage of racial minority victims seeking services from sexual assault centers has increased to 14%, there continues to be a need for services and programs that are sensitive to cultural differences.
- Ten percent of the victims seeking services from the sexual assault centers are male. Professional training and educational efforts must be expanded to encompass the needs of male victims.
- One-half of the victims served were under the age of 18. All components of the sexual assault network must continue to increase their knowledge of the needs of child victims and their families as well as expand referral resources to meet these needs.
- Eighty-eight percent of the victims were acquainted with the offender. Because this percentage is so significant to the total population served and because the myths surrounding acquaintance rape are still pervasive in society, professional training and education efforts are essential in addressing this issue.
- Professional training and public education are reaching significant numbers of persons. These efforts are an effective way to dispel the myths surrounding sexual assault, acquaint the public with services available to victims, and educate professional personnel on methods to meet the needs of all victims. These efforts must be continued.
- The demand for education and prevention programming for elementary and secondary students, which reached nearly 50,000 students during FY86, illustrates the growing realization of the importance of prevention programming.

- Of the people assaulted as children (under age 16), 38% did not seek services from a sexual assault center until they were older than 16. Of the people assaulted when they were a minor (16-17), 43% did not contact a sexual assault center until they were 18 or older. This is an indication of the long-term impact of child sexual abuse and illustrates the need for services to adults victimized as children.
- There is no reliable data available on the legal system's response to sexual assault. The third most prevalent category of services sought by victims is in the legal area. Although the amount of professional training provided to legal personnel has increased dramatically over the past two years, only a small percentage of legal personnel are availing themselves of training opportunities offered by the grantees. These indicators point to the likelihood that sexual assault victims are continuing to encounter difficulties in their interaction with the legal system.

Over the past several years, information has regularly been communicated to the Department of Corrections from the local sexual assault program staff, professionals who interact with victims, and agencies and organizations concerned with this issue. This information illustrates the necessity for attention to broader issues affecting prevention, intervention and treatment in the area of sexual assault.

- Systemic changes are necessary at a statewide level within educational institutions, the criminal justice system, academic training facilities and licensing agencies to sensitize professionals and to develop policies and procedures that provide a more effective response to sexual abuse.
- Because the number of sexual assault victims seeking services continues to increase at a dramatic rate, it is imperative that efforts be directed toward creating a climate that fosters primary prevention, i.e., a reduction in the incidence of sexual assault. Societal attitudes about sexual assault foster a cultural climate where sexual assault can continue to flourish. Since prevention can only occur when there is a change in these attitudes, emphasis must be given to the development of techniques and programs that foster these changes.
- Many victims do not seek assistance because they have not identified an experience as abusive, although they suffer from its ill effects. Educational efforts must be directed at both victims and service providers to help them identify abusive experiences and thereby become able to seek assistance in recovering from the abuse.

- Recently there has been the recognition of an emerging group of victims who are especially vulnerable to sexual abuse, specifically, persons who are institutionalized and outpatient clients of psychotherapists and counselors. These victims are often afraid to speak out about the abuse and are frequently not believed when they do so. Additional educational, prevention and service efforts must be directed at these populations and those professionals who work with them.
- Existing laws that impact on victims of sexual assault have been in effect for several years. Experience in utilizing these laws have demonstrated the need to review and revise some of the current laws in order to better meet the needs of victims.

Recommendations

The Department of Corrections recommends that:

1. Sexual assault and abuse continue to be treated as a serious crime.
2. The legislature continue to appropriate funds for:
 - a. A statewide sexual assault program that administers grants, provides specialized training, develops and distributes materials and provides public education;
 - b. Grants to local community based sexual assault programs to provide victim services, professional training and public education.
3. Additional funding for data collection, program evaluation and administration be appropriated to the Department of Corrections.

Additional Needs

As more is learned about sexual assault and its victims, additional programmatic needs are identified. The strengthening of programming in several broad areas is necessary in order to address the issue of sexual assault comprehensively. It is recommended that the following needs and issues be addressed:

- develop methods to better meet the service needs of sexual assault victims and family members;
- expand services, education and training programs designed to meet the needs of special populations;

- promote systemic changes in order to improve services to sexual assault victims;
- expand public education, professional training and prevention programming;
- develop procedures, policies and training programs to improve the criminal justice system's response to sexual assault;
- promote the participation of victim/survivors at all levels of sexual assault programs;
- continue to address the emerging issues in the area of sexual assault.

Specific recommendations to address these needs can be found in Appendix D. Since these recommendations outline those things that need to be accomplished, they are not prioritized. It is hoped that all aspects of the sexual assault delivery system will assume their appropriate role to address these issues and needs. Many of these areas of concern will require additional funding from a variety of sources in order to be satisfactorily addressed.

The present level of funding will minimally provide for current services but additional service needs identified in this report cannot be met without additional funding.

SECTION II

BACKGROUND

Problem Statement

Sexual assault is a humiliating and terrifying crime which violates a person's innermost physical and psychological being. It is a violent crime which is primarily an act of aggression and coercion rather than a sexual act. It is any sexual activity that a person is forced into without her/his consent. It includes forcible rape, acquaintance rape, incest, same-sex assault and child molestation.

The FBI has reported that forcible rape (only one form of sexual assault) is the fastest growing violent crime in the United States. Nationally, reported rapes have increased 53% since 1976. In the same decade, reported rapes in Minnesota increased 49%.

The issue of child sexual abuse has received increasing attention as the public has become aware that this form of sexual assault is also all too prevalent. The number of cases of child sexual abuse reported to the Minnesota Department of Human Services increased from 659 in 1980 to 4,357 cases in 1984. Sexual assault programs throughout Minnesota provided assistance to 4,844 victims in FY 1986. For those victims whose age was known, 48% were under age 18, and over 8% were under 6 years of age.

And yet researchers continue to find that rape, child sexual abuse, and other forms of sexual assault are the most under-reported of all violent crimes. The FBI has estimated that as few as one out of ten sexual assaults are ever reported to law enforcement personnel. In 1985 the Bureau of Criminal Apprehension began using a uniform coding system which for the first time, identifies all forms of sexual assault. These statistics show that over 3,026 sexual assaults were reported to law enforcement authorities in 1985. Based on these figures and the FBI estimate, there may have been over 30,000 sexual assaults committed against children and adults in Minnesota during 1985.

Victims have stated that they do not report the assault at the time it occurs because they, like much of the general public, believe the many myths and misconceptions about sexual assault. (See Appendix E: Myths and Facts About Sexual Assault; Appendix F: Common Misconceptions About Child Sexual Abuse) Many victims believe that they are responsible for or somehow provoked the sexual assault. They believe that only women who are out alone at night are sexually assaulted, and that strangers are the only assailants. Men may be reluctant to report because they believe that they should have been able to fend off their attackers.

Children may not report or tell anyone because they may fear that no one would believe them, or that reporting may cause serious family problems if the offender is the father, brother, or other relative.

Even when victims choose to make a report to the police, many of them drop out of the criminal justice system at progressive stages. Although this phenomenon has been noted by many researchers, there is no reliable data available to estimate the proportion of victims who either leave the system on their own or who can go no further due to the operation of the system in its successive stages. Some data available in Minnesota comes from the sexual assault centers funded by the Department of Corrections throughout the state. In FY 1986, sexual assault programs provided services in 4,844 cases of sexual assault and abuse. Of these cases, 1,828 were known to have reported the assault to a law enforcement agency. Of the 825 cases that were known to be submitted to the county attorney's office, 473 were charged, and there were 249 known convictions.

Unfortunately, many professionals who provide services to sexual assault victims also believe many of these myths concerning sexual assault. In the past this has led to insensitive treatment of victims by some law enforcement officials as well as medical and legal personnel. Since 1970 efforts have been made throughout the country to educate professionals and the general public concerning the realities of sexual assault. Initially volunteer women's groups were established to assist victims and to organize their local communities to address the problem.

These victim assistance groups found that, as victims become aware of the facts regarding sexual assault, their sense of guilt diminishes, and they may be more willing to seek assistance or report the crime. They begin to realize that they are not to blame -- that rape can happen to anyone, anywhere.

Some of the facts that many victims have found helpful are that over 50% of all sexual assaults occur in the victim's home, and the vast majority of the assailants are known to the victim; such as relatives, friends, acquaintances, and co-workers. Males as well as females are victims; any vulnerable male or female is a potential victim of sexual assault. Children are often the targets of sexual abuse; one study estimates that one out of every four children will be sexually abused in some way by the time they reach 18 years of age. The facts dispel the myth that children lie about sexual contact when in fact they speak from their own experience. Even children who have access to sexual information are not aware of explicit sexual details as compared to those children who have been sexually abused.

Presently there are hundreds of programs throughout the United States that provide a wide range of services designed to meet the needs of sexual assault victims. An important part of these programs' services continues to be the education of professionals and the public about common myths that have previously prevented an effective community response to this problem.

History of Sexual Assault Services in Minnesota

In 1974, because of a growing community awareness of the extent and ramifications of sexual assault, the Minnesota Legislature mandated the Commissioner of Corrections to establish a community-based statewide program to provide services to victims of sexual assault. A task force appointed by the Commissioner designed a statewide sexual assault program. The Governor's Commission on Crime Prevention and Control, in August of 1975, awarded a Law Enforcement Assistance Administration (LEAA) grant to the Department of Corrections, which established the Minnesota Program for Victims of Sexual Assault (MPVSA) to implement this project.

The Minnesota Program for Victims of Sexual Assault had as its primary aim the delivery of comprehensive services to victims of sexual assault through a coordinated statewide network. The program's initial objectives were to:

- establish a statewide referral service for victims of sexual assault;
- provide direct victim assistance in the two pilot-project areas, Hennepin and Ramsey counties;
- schedule training programs for criminal justice personnel, health care professionals, social service agencies, and others in contact with victims of sexual assault;
- increase public understanding and sensitivity to the problems of sexual assault and its victims through the media, literature and community education programs; and
- provide a statewide clearinghouse regarding programs, materials, services and resources for and about victims of sexual assault.

During this time, volunteer groups throughout Minnesota began organizing to address the issues of sexual assault in their communities. LEAA grant monies funded pilot programs in Hennepin and Ramsey county as well as part-time staff persons to coordinate the development of services in four rural communities. The majority of the local programs, however, relied on the volunteer time of committed professionals and concerned persons to develop community based sexual assault services.

Upon expiration of the LEAA grant in 1978, many of the components of the Minnesota Program for Victims of Sexual Assault were assumed by the Department of Corrections (DOC) and incorporated into its biennial budget. However, no monies for local services were included in the Department of Corrections' appropriation.

Without funds for local community-based projects, the services mandated in 1974, such as direct victim assistance, local training and community education programs, were in jeopardy. Recognizing this need, the 1979 Legislature appropriated \$500,000 for the biennium to enable the commissioner to award grants to cities, counties and private non-profit agencies that provide services to victims of sexual assault. This grant program was designed to fulfill the original legislative intent that the services to victims be community-based, ensuring that they meet the specific needs within differing communities. The legislature has appropriated funds to continue this grant program during subsequent bienniums.

During more than a decade of service to victims of sexual assault, the Minnesota Program for Victims of Sexual Assault (MPVSA) has administered this grant program; provided specialized training programs for professionals; initiated community education on sexual assault issues; developed and disseminated innovative materials relating to these issues, and worked to affect public policy as it relates to sexual assault.

The Program has provided leadership as it addressed emerging issues in the field of sexual assault and developed innovative service delivery techniques and materials that have been adapted and utilized by the local centers throughout Minnesota and that are requested nationally.

Since 1979 services designed to assist victims of sexual assault in Minnesota have been occurring simultaneously on both the state and local levels. This biennial report for fiscal years 1985 and 1986 reflects the activities of both levels of service.

The budget for the Minnesota Program for Victims of Sexual Assault for fiscal year 1985 was \$574,100: \$474,600 in state funds; \$57,500 in federal funds and \$42,000 for a special project. During fiscal year 1986 the program's budget was \$704,400: \$592,500 in state funds; \$71,000 in federal funds; and \$40,900 for a special project.

**Minnesota Program for Victims of Sexual Assault
Budget**

	<u>Fiscal Year 1985</u>		<u>Fiscal Year 1986</u>	
	<u>State Funds</u>	<u>Federal Funds</u>	<u>State Funds</u>	<u>Federal Funds</u>
Salaries & Fringes	\$108,200	\$ -	\$ 117,800	\$ -
Rents & Leases	-	-	300	-
Advertising	-	-	100	-
Repairs	100	-	100	-
Printing	3,600	900	4,500	1,100
Communications	2,100	-	2,200	-
Professional and Technical Services	2,900	1,500	2,800	5,200
Supplies & Materials	1,500	900	2,600	100
Purchased Services	2,800	600	500	4,200
Travel (In-state)	1,800	-	3,000	200
Travel (Out-state)	1,000	-	500	1,700
Grants & Aids to Local Programs	<u>350,600</u>	<u>53,600</u>	<u>458,100</u>	<u>58,500</u>
	\$474,600	\$57,500	\$592,500	\$71,000
Task Force on Sexual Exploitation by Counselors & Therapists	<u>\$ 42,000</u>	<u> </u>	<u>\$ 40,900</u>	<u> </u>
	\$516,600	\$ 57,500	\$633,400	\$71,000

SECTION III

STATEWIDE PROGRAM COMPONENTS

Administration of Grant Program

During fiscal year 1985, \$350,600 in state grant funds were awarded to 27 sexual assault programs throughout Minnesota. For fiscal year 1986, 33 programs received \$458,100 in state grant awards which reflects an increased appropriation allocated by the Legislature.

A primary activity of the Minnesota Program for Victims of Sexual Assault (MPVSA) was the administration of this grant program. A request for proposals was distributed to previous grantees as well as to agencies in counties where no services were currently available. A committee was established to review these proposals and interview prospective grantees. Following approval by the Commissioner of Corrections, contracts were then prepared and administered by the program.

Additionally, Congress set aside \$3.1 million for rape services and prevention through the Preventive Health and Health Services block grant. For Federal fiscal years 1985 and 1986, \$62,027 was allocated for use in Minnesota for each fiscal year. An interagency agreement between the Department of Health and the Department of Corrections designated the Minnesota Program for Victims of Sexual Assault as administrator of the federal block grant funds in Minnesota.

The federal funds were designated to supplement existing rape crisis services, and were made available to existing local programs throughout the state. Requests for proposals were distributed, proposals were reviewed, and contracts were administered. Twenty-four grants in Federal fiscal year 1985 and 21 grants in Federal fiscal year 1986 were awarded. The grant awards ranged from \$1,500 to \$2,500.

Grants were monitored quarterly to ensure compliance with the grant agreement. Grantees submitted statistical and descriptive data on a quarterly basis. Statewide statistical data was tabulated and made available upon request.

Community surveys were conducted in some service areas to provide feedback from local communities about knowledge and utilization of services and to assess professionals' exposure to sexual assault information and resources. Some on-site visits were conducted by the MPVSA. The Community Services Auditor from the Department of Corrections Fiscal Services Section began systemic audits of the grantees.

The MPVSA provided various types of technical assistance to its grantees depending upon the needs of the individual programs. The program worked with some grantees to develop outreach programs to underserved populations. The staff assisted grantees in the development of volunteer and professional training programs. This included consultation on training formats, publicity, and the recruitment of volunteers and training personnel. Training materials were also provided. In addition, the MPVSA assisted local programs in developing plans to establish task forces and interagency committees, and upon request participated in these groups. The state program also occasionally provided consultation regarding specific assault cases to the grantees.

The staff provided information that assisted the grantees with program planning and future funding. This included assistance regarding strategies to enable centers to work effectively with policy bodies such as county boards and funding sources. It also included instructions on grant preparation, financial management and record-keeping.

The state program provided emergency problem solving assistance, consultation on working with uncooperative agencies and assistance in the recruitment and selection of staff.

The Minnesota Program for Victims of Sexual Assault serves as a connecting link between the local programs. For example, the state program distributes information on the activities of the grantees as well as listing any new materials which have been developed and provides information on issues and services being addressed at both the State and National level.

Development and Implementation of Training Programs

Each year the Minnesota Program for Victims of Sexual Assault identifies training needs which could best be accomplished on a statewide level. During fiscal years 1985 and 1986, training was provided on request by MPVSA staff to corrections, educational, law enforcement and medical professionals in a variety of settings around the state and at professional statewide conferences. In addition to these, the following specific training programs were developed and sponsored by the MPVSA.

Sexual Assault Training for Correctional Staff

A total of three separate training sessions were conducted in December 1984, January 1985, and September 1985. The training was targeted for the staff of juvenile and women's institutions and also included participants from the male institutions and field services.

The purpose of the training was to provide basic information about sexual assault and abuse in order to sensitize participants to the issues involved in sexual abuse for victims, offenders and their families.

Each training was held over a 2 1/2 day period at Wilder Forest; nearly 300 DOC staff attended the training which included topics on Understanding Your Own Sexuality, Victim Needs and Responses, Family Dynamics of Incest, Understanding Adult and Juvenile Perpetrators and Victims and Perpetrators in Institutions.

Written evaluations of the training were completed by participants both immediately after the training and through a follow-up mailing conducted several months after the final training session. Individual sessions and follow-up evaluations were compiled. Recommendations that resulted from the evaluations were included in a final written report.

Management Training - Empowerment in the Work Environment

On January 24-25, 1985 over 60 staff and board members from 25 sexual assault programs attended a training seminar sponsored by MPVSA at Wilder Forest. The seminar was designed to address the issues of successes and needs of sexual assault programs and empowerment in the work environment.

Pride in Our Culture: Empowerment in the Sexual Assault Movement - Annual In-Service Training

Each spring the Minnesota Program for Victims of Sexual Assault plans and sponsors a three-day training program for over 200 staff, volunteers, and board members of the local sexual assault programs. The purpose of the program is to provide a forum to exchange knowledge and techniques for service delivery as well as discuss topical issues surrounding sexual assault. On May 2-4, 1985, forty-five workshops were offered on sexual assault issues. Topics included Male Victims, Working with Victims of Flashbacks, Emerging Issues in the Anti-Sexual Assault Movement, the Changing Role of the volunteer Advocate, Techniques for Working with Adolescent Victims and Implementing Fundraising Plans. A Keynote speech reviewed the herstory of the sexual assault movement both nationally and in the State of Minnesota.

Sexual Abuse of Institutionalized Psychiatrically and Developmentally Disabled People

This workshop was presented in October, 1985 by Dr. Judith Musick, founder and executive director of the Institute for the Study of Sexual Assault in San Francisco and sponsored by the MPVSA and the Sexual Violence Center in Minneapolis. Dr. Musick also presented information on civil litigation issues in sexual assault cases.

Sexual Assault in the Asian Community: Bridging the Cultural Gap

Approximately 120 persons attended the one-day conference which was held on December 6, 1985 in Minneapolis and sponsored by the MPVSA. Participants included Asian human service personnel, service providers for Asians, refugee counselors and others with an interest in the Asian community. Speakers included representatives from various Asian cultures and social service agencies as well as staff from sexual assault programs.

One of the purposes of the conference was to start opening the channels of communication between social service agencies and members of the Asian community. The conference also explored the historical and cultural factors that have an impact on sexual abuse in the Asian community and provided the opportunity to begin developing a network of persons trained to provide assistance to Asian victims of sexual assault.

Unmasking Sexual Abuse

On April 17, 1986 in Minneapolis, in conjunction with the Minnesota Program for Victims of Sexual Assault's 10th Anniversary commemoration, a training session was held to address the "Masks of Sexual Abuse". Presenters from around the State addressed various masking behaviors related to sexual assault such as Chemical Dependency, Eating Disorders, and Self-Abusive Behaviors. The training was part of a day-long observance designed to continue education and heighten awareness on the issues surrounding sexual abuse. The training was attended by 250 professionals and sexual assault center staff and volunteers.

Our Commitment to the Future - An In-Service Training Program

The annual sexual assault in-service training was held in Brainerd on May 1-3, 1986, sponsored by the MPVSA. The in-service was attended by approximately 230 professionals, staff and volunteers from sexual assault centers.

The program included three general sessions and more than 27 different workshops covering a variety of topics such as: Working With Gay/Lesbian Clients, Adolescent Male Victims, Networking in Rural Areas and Reservation Communities, Massage and Relaxation, Creative Visualization, Acquaintance Rape and the Legal System, Sensitivity to Other Cultures, a Skill Building Session for Working With Abused Clients by Therapists, and Issues in Prevention.

Minimum Standards for Sexual Assault Counselor Training

In 1982 the Minnesota Legislature provided for confidentiality between a sexual assault victim and a sexual assault counselor. To ensure that sexual assault center staff and volunteers would be covered by this statute, the MPVSA staff developed a policy for training and supervision of such counselors, and organized an advisory committee made up of representatives from sexual assault programs to help implement the policy. The committee solicited and reviewed program applications and made recommendations on designation of providers of sexual assault counselor training and supervision. In FY86, the Department of Corrections designated a total of 18 programs as providers of this training and supervision. These programs can, in turn, certify individual volunteers as sexual assault counselors.

The development of minimum standards for training and supervision of sexual assault counselors has enabled sexual assault program staff and volunteers to take full advantage of the confidentiality protection offered by the law. The process has also demonstrated the high level of expertise needed by those who provide services to victims of sexual assault.

Special Projects

Task Force on Sexual Exploitation by Counselors and Therapists

The 1984 Minnesota Legislature mandated the Commissioner of Corrections to establish a task force to study the problems of sexual exploitation by counselors and therapists.

The task force was charged to:

- develop a statewide plan to educate clients, potential clients, counselors and therapists, their employers and training institutions, and the general public on the issues surrounding sexual exploitation by counselors and therapists;

- study the need for regulation of all professionals engaging in therapy and counseling and the need to improve rules and procedures of regulatory agencies in addressing complaints involving sexual exploitation by counselors and therapists;

- explore changes in the civil and criminal codes as they relate to sexual exploitation; and

- develop recommendations to the legislature on the above topics.

The project was funded by the Department of Corrections and a full time coordinator and a half time secretary were hired. The Commissioner of Corrections appointed the task force members after an extensive call for applicants from a wide area of representation of professional organizations, regulatory agencies, women's organizations, mental health advocacy organizations, consumers and various geographic regions of Minnesota.

During its first year, approximately 60 professionals and concerned citizens served on the task force and/or its five working subgroups. These groups met for five months to formulate policy recommendations which were presented to the 1985 Legislature in a written report. From this report five bills were introduced in the legislature and three of them passed. One of these bills made it a felony for a therapist to be sexual with a client. Another continued the task force for another year and mandated it to carry out its public and professional education recommendations. The third bill created another task force in the Department of Health to examine the problems of unregulated psychotherapists. This additional task force is still meeting and has not yet made its recommendations.

During the second year, approximately 100 professionals and members of the public were involved in the work of the Task Force and/or its eight working subgroups. The accomplishments for year two included creation of written educational materials for professionals, a pamphlet for therapy consumers and a resource guide for victims. An ecumenical group of clergy surveyed all of the denominations in Minnesota and began the preparation of an educational program for clergy based on the data they had collected. A plan to improve the State's protection of mental health clients, particularly institutionalized clients, was devised to be presented to the Legislature and other concerned groups. During the 1986 Legislative session, a bill was passed that created a civil cause of action against offending therapists and their employers.

The first national conference on this topic was held in Minneapolis with over 200 people attending from more than 25 states, Sweden and Puerto Rico, who were concerned with the problems of sexual exploitation by counselors and therapists. The Conference's major themes were: 1) working with victims and exploitative counselors in therapeutic settings, 2) legal and ethical responsibilities of employers, 3) legal remedies, and 4) preventing abuse through appropriate practice and supervision of therapists.

Decade of Light: Tenth Anniversary Commemoration

April 17, 1986, was the commemoration of the 10th Anniversary of the Minnesota Program for Victims of Sexual Assault in conjunction with National Victim Rights Week and Volunteer Recognition Week. The day-long observance was designed to continue education and heighten awareness on the issues surrounding sexual assault.

Oprah Winfrey, Academy Award Nominee for the movie, **The Color Purple**, and a nationally syndicated talk show host, was the featured speaker at the Decade of Light dinner event, attended by over 400 persons. Governor Perpich presented a proclamation naming April 13-18 as Minnesota Program for Victims of Sexual Assault Week. In addition to commemorating the MPVSA's tenth anniversary, the event recognized the contribution of many different individuals and professional groups, especially those of staff and volunteers of sexual assault centers throughout the State, to the anti-sexual assault movement during the last decade.

Development and Distribution of Materials

The Minnesota Program for Victims of Sexual Assault develops and distributes materials to educate the general public and professionals regarding the problems of sexual assault. These materials are requested from a wide range of service providers in the State of Minnesota as well as nationally.

During FY 1985 and 1986 the program published the following materials:

- Intervention, Treatment and Prevention of Sexual Abuse and Assault: A Training Program for Racial Minority Service Providers - A Final Report - This report is a summary of a training program for racial minority service providers.
- Task Force on Sexual Exploitation by Counselors and Therapists - Legislative Report - An informational guide on the topic of sexual exploitation by counselors and therapists.
- Judiciary and Sexual Assault - A paper prepared in conjunction with a presentation to the Annual Conference of Minnesota Judges, December, 1984, which discusses the judicial process from the perspective of the sexual assault victim and provides suggestions for the disposition of the offender.

Additional materials which were previously developed and continue to be distributed by the State include:

- Sexual Assault: A Statewide Problem - A Procedural Manual for Law Enforcement, Medical, Human Services and Legal Personnel. - This manual outlines procedures for medical facilities, prosecutor's offices, police departments and human services personnel in addressing the needs of persons who have been victimized by sexual assault. Distributed through the office of Minnesota State Documents.

- Incest: Confronting the Silent Crime - A Manual for Educators, Law Enforcement, Medical, Human Services and Legal Personnel. - The manual covers identification of the victim and the family, an analysis of the reporting statute, use of the judicial system, and prevention of abuse. Information gathering and assessment techniques for professionals are discussed. The manual also explains service options for victims and their families. Distributed through the office of Minnesota State Documents.
- Sexual Assault: A Statewide Problem. - This public information brochure contains the basic facts concerning sexual assault as well as prevention techniques, information on what to do if someone is assaulted, and legal information.
- Child Sexual Abuse...It Is Happening. - This brochure for parents and professionals who work with children discusses the myths and facts surrounding child sexual abuse and provides information which will assist in the identification of sexually abused children.
- Evidentiary Collection Kit. - This kit was developed in conjunction with the Bureau of Criminal Apprehension (BCA) to assist in the collection of medical-legal evidence in sexual assault cases. It continues to be distributed by the BCA to local law enforcement agencies and medical facilities.
- Sexual Assault Against Men - It Does Happen. - This is a pamphlet which provides guidelines for same-sex assault crisis intervention.
- Same-Sex Assault: A Handbook for Intervention Training. - This was designed as a resource for professionals who may be providing services to male victims of sexual assault. This handbook and the pamphlet were developed by a fiscal year 1980 grantee and distributed by the MPVSA.
- Say No, Get Away and Tell Someone. - This is an informational brochure on sexual abuse designed for persons with limited reading ability.
- Are Children With Disabilities Vulnerable to Sexual Abuse? - This five-page brochure acquaints parents of disabled children with the problem of sexual abuse and outlines steps to take in order to protect children.
- Preventing Sexual Abuse of Persons With Disabilities. - This is a curriculum guide for persons who work with the hearing impaired, physically disabled, blind and/or mentally retarded student.

- A Resource Guide for Signs of Sexual Assault. - This guide is a supplement to the guide "Preventing Sexual Abuse of Persons with Disabilities" listed on the previous page and includes pictorial descriptions of sign language used in sexual assault when working with the hearing impaired.

Other written materials distributed include: resource and film lists, bibliographies, articles, legislative information and information on sexual assault services throughout Minnesota. A resource library is maintained which contains numerous books, articles and periodicals. The state program also serves as a clearinghouse for new materials and research regarding sexual assault.

The MPVSA also provided audiovisual materials free of charge to organizations and residents of Minnesota for the purposes of public education and professional training. The audiovisual library contains over 25 materials ranging in topics from general sexual assault information to professional procedures for medical, law enforcement and legal personnel.

The Minnesota Program for Victims of Sexual Assault has maintained a statewide referral list of services available to, and frequently requested by, victims of sexual assault. Numerous victims and members of their families contacted the program to request information and referral resources. In addition, many professionals such as psychologists, counselors, lawyers and probation officers have requested referral information regarding sexual assault services.

During fiscal years 1985 and 1986, requests for information came from teachers, social workers, students, counselors, medical, law enforcement and criminal justice personnel, as well as parents and other concerned persons. The state program filled thousands of requests for written materials and almost 900 requests for audiovisual materials.

Coordination With Other Agencies

The Minnesota Program for Victims of Sexual Assault coordinates with and acts as a resource to other statewide agencies, organizations and projects as they address the issue of sexual assault and actively participated on a variety of projects. During FY 1985 and FY 1986, program staff participated in several groups including the State Interagency Team on Child Sexual Abuse, Project Impact, S.H.A.R.P., the Crime Victim Witness Advisory Council, and the Hennepin County Attorney's Sexual Assault Task Force.

These projects are described as follows:

- State Interagency Team on Child Sexual Abuse -- Staff members of the sexual assault unit represented the Department of Corrections on the State Interagency Child Sexual Abuse Team. The planning team also included representatives from the Departments of Corrections, Public Safety, Education, Public Health, Human Services, as well as the State Planning Agency, the Attorney General's office, the Bureau of Criminal Apprehension, the Crime Victims and Witness Advisory Council, and the office of the State Public Defender.

The various department representatives served on this team to enhance interagency coordination, cooperation and communication in order to improve services in the area of child sexual abuse. Members of the team served as the steering committee for Project Impact.

- Project Impact is a two year, federally funded, multi-disciplinary training effort developed to enhance the way the criminal justice system responds to child sexual abuse. Project Impact's three goals were: to build communication and cooperation among professionals; to improve the skills of individuals involved in the detection, intervention, adjudication, and treatment of child sexual abuse cases; and to recommend statewide guidelines and protocols which enhance the ability of the criminal justice system to respond effectively to sexual abuse of children.
- SHARP - The Sexual Health and Responsibility Program (S.H.A.R.P.) was developed by the Department of Human Services as a perpetrator prevention program to confront the myths and stereotypes which adolescents are exposed to about sexuality, to educate them about sexual aggression/sexual offenses and the consequences and explore with them healthy and positive decision-making. This project was piloted in three schools (Minneapolis, St. Paul and Suburban). A MPVSA staff member assisted in the curriculum development.
- Crime Victim Witness Advisory Council - Staff of the MPVSA served on the Crime Victim Witness Advisory Council which was established by the 1985 Minnesota Legislature. The Council acts as a statewide advocate for all victims of crime by ensuring that services and information are available to crime victims, strengthening laws for crime victims, and ensuring that every crime victim has access to the best possible services.
- Hennepin County Attorney's Sexual Assault Task Force - The MPVSA also participated on a Task Force convened by the Hennepin County Attorney to review and develop recommendations for changes in the criminal sexual conduct law as it relates to the unimpaired adult victim of sexual assault.

Staff members also worked with many state and local community agencies and organizations as advisory board members and consultants on the development of educational programs, prevention projects for children and training for professionals.

Public Education

The Minnesota Program for Victims of Sexual Assault provides education to the public on the nature and scope of sexual assault.

During FY85 and FY86 the Program also:

- published a quarterly newsletter, The Minnesota Exchange, which was distributed statewide and nationally to approximately 3,000 people and organizations;
- set up and staffed booths to answer questions and distribute information at conferences such as the Minnesota Education Association, the Minnesota Social Workers Association, and the Minnesota Corrections Association;
- worked with the media throughout the State to promote awareness of sexual assault issues and concerns;
- maintained a film library which is available free of charge to Minnesota residents;
- participated in some of the Take Back The Night activities around the state; and
- provided educational presentations and other assistance on the issues of sexual assault and victimization to local and statewide citizen's groups.

National Network of Sexual Assault Service Providers

The Minnesota Program for Victims of Sexual Assault is recognized nationally for its innovative approaches in providing statewide victim services. The program receives frequent requests from throughout the country for information as well as sample materials. Types of information which were frequently exchanged during the past two years have included: law reform, funding sources, program and material development, and outreach techniques to special populations including minorities and the disabled.

The program continued to be an active member of the National Coalition Against Sexual Assault. A staff member serves on the Board of Directors of NCASA and staff have presented workshops at the past two national conferences. A representative of the program also participated in the National Organization for Victim Assistance, "Training the Trainers" training project, to develop a pool of expert trainers in the fields of victim counseling, victim advocacy and program management.

SECTION IV

COMMUNITY BASED SEXUAL ASSAULT SERVICES

Disbursement of Funds

During fiscal year 1985, twenty-seven programs providing sexual assault services received grants from the Department of Corrections. An increased appropriation by the Minnesota Legislature enabled the DOC to fund thirty-three programs in fiscal year 1986. The process to determine these grants began in May of each year when a request for proposals was sent to current service providers throughout the state. (See Appendices for additional information about community-based programs) These existing programs were asked to submit plans to continue implementing programs which were designed to provide the following services:

- Direct crisis intervention to victims of sexual assault;
- Support services to victims of sexual assault to be provided by trained volunteers during the hospital exam, police investigation and court proceedings;
- Referral of victims of sexual assault to public and private agencies offering services;
- Establishment of volunteer support groups for victims;
- Development of training programs and the standardization of procedures for law enforcement, hospital, legal and social service personnel to enable them to respond appropriately to the needs of the victim;
- Coordination of services which are being provided by existing agencies;
- Public education concerning the nature and scope of sexual assault and the services which are available; and
- Development of services to meet the needs of underserved populations; for example, racial minorities, male victims, the mentally and physically disabled, and the elderly.

Proposals were evaluated by a committee appointed by the commissioner for the purpose of selecting the contractors who could best implement programs to meet the legislative intent. The committee made recommendations to the commissioner in accordance with the legislative intent that these funds be disbursed statewide. The following factors were considered in making the selections:

- Ability of the contractor to meet the terms of the contract as well as the contractor's approach to the program including work plans, schedules and techniques to be used;
- Nature and type of services to be delivered: the comprehensiveness of the service plan, the geographic area to be served and local community needs;
- Competence of personnel assigned to the program by the contractor;
- Determination of the reasonableness of each line item of the budget and the total budget, as well as the relevance of all costs to the program's objectives; and
- Relationship with existing agencies: the ways in which potential service providers solicited support and cooperation from relevant community agencies or groups such as law enforcement agencies, courts, social service agencies and schools.

Two additional RFP's were issued so that the increased appropriation of \$116,000 for FY86 could be distributed. The first was for increased grant awards and currently funded programs were eligible to apply. The purpose of the RFP for increased grant awards was to elicit proposals that would maintain existing services at the present level; or improve the quality or comprehensiveness of services; or provide services to unserved geographic areas of the state; or provide services to racial minorities.

In addition to the standard criteria listed previously, these proposals were also evaluated on current levels of funding, geographic area to be served, population to be served, the availability of financial resources in the service area and what efforts had been made to obtain funds from additional funding sources.

A second RFP was issued and widely distributed in unserved areas of the state and to individuals and agencies that provide services to racial minorities. The purpose of the second RFP was to elicit projects that would effectively address the problem of sexual assault with racial minority populations or unserved areas in the state.

Applications were received from 36 organizations requesting a total of \$312,011.34. Eleven* currently funded programs received increased grant awards ranging from \$2,200 to \$8,000, and six** new programs were funded. Of those seventeen programs, five were funded especially to provide services to racial minorities. (See *, ** Programs, Appendix C)

During fiscal year 1985, \$532,100 was disbursed to 27 programs for local services. During fiscal year 1986, \$663,500 in funds was disbursed to 27 existing and six new programs, a total of 33 programs.

Victim Services

A wide range of services are available from local sexual assault centers to meet the needs of sexual assault victims as well as their friends, family, and partners. The extent of services available varies from center to center depending upon the resources of the center, needs of the community and the types of services available in other local agencies.

New Cases Served

Direct victim service is a primary program activity for most of the grantees. Table I shows the number of new cases served for this biennium. Grantees provided services to both primary and secondary victims. In 1985 there were 4,470 new cases of sexual assault and in 1986, 4,844 new cases received services. A new case is defined as person(s) who sought services from a sexual assault program concerning one or more assaults for the first time. The assault(s) may have occurred recently or some time before the person contacted the sexual assault program.

TABLE I

Number Of New Cases Served By Sexual Assault Programs Funded By The DOC

	<u>FY 1985</u>	<u>FY 1986</u>
Cases Served	4,470	4,844
Annual Increase	-	8%

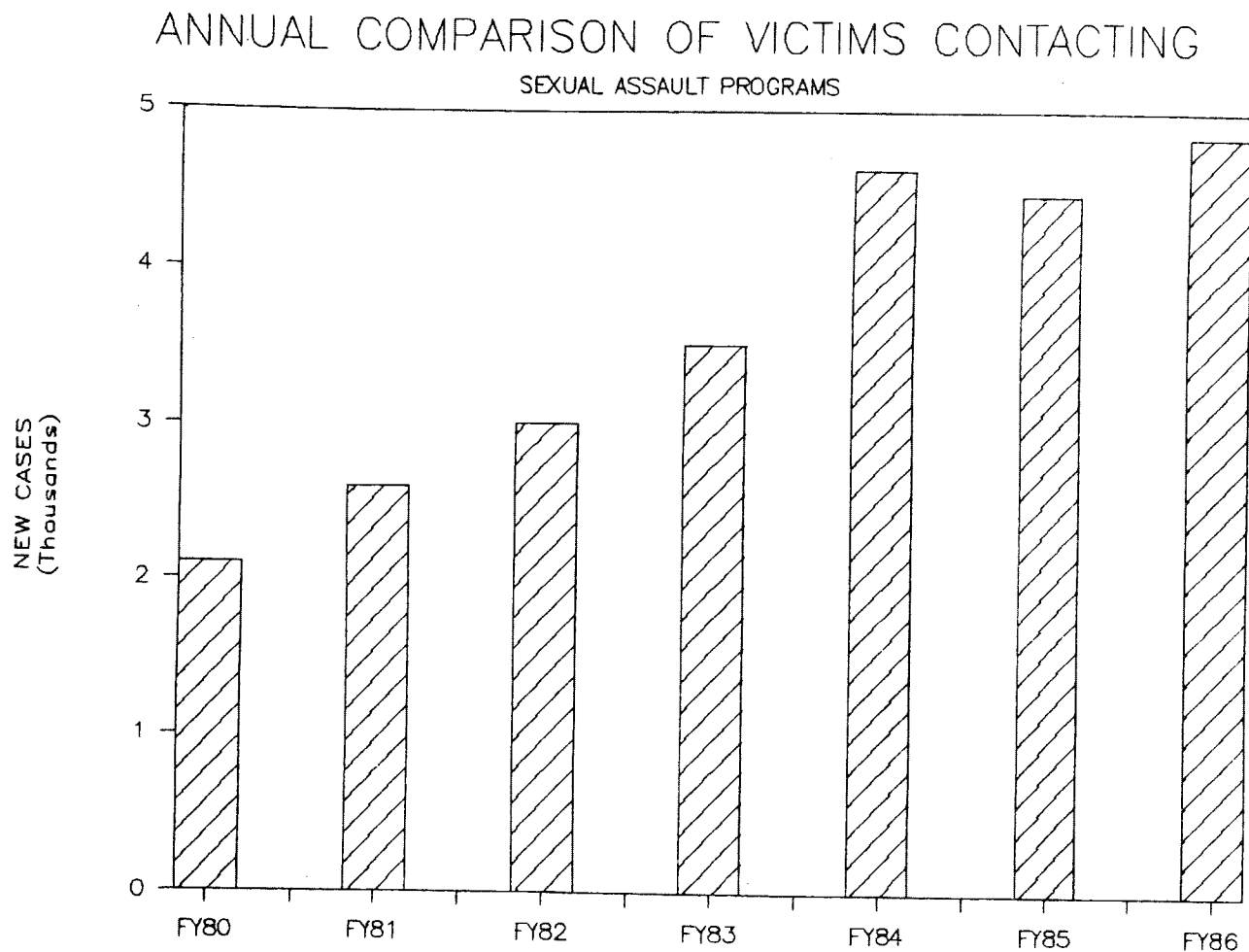
In 1986, a total of 2,631 (54%) victims sought services from programs in the seven county metropolitan area; the remaining 2,213 (46%) victims contacted 26 programs located outside the metro area. Contrasted with fiscal year 1980, 1,252 (59%) victims were served in the seven county metro area and 851 (41%) were served in greater Minnesota. There was a 260% increase in the number of victims served outside the metro area over this six-year period.

During fiscal year 1986, 4,089 primary victims were served. A primary victim is the person who was victimized by the assault. Secondary victims also sought services from these programs. Secondary victims are persons who were not directly victimized but who are affected by the abuse because of their relationship to the victim. They may be spouses, close friends, parents or other relatives of the victim. During FY86, 2,076 secondary victims contacted the local centers, a 134% increase from FY84.

The number of primary victims and secondary victims served in FY86 was greater than the number of cases served because when a primary victim and secondary victim seek services for the same assault or assaults it is counted as one case.

Graph I demonstrates the increase of new cases served from FY80 to FY86.

GRAPH I



Graph I illustrates the consistent upward trend in the number of victims served by community sexual assault centers over a seven year period. Approximately two and one half times as many victims were served in fiscal year 1986 as were served during the fiscal year 1980 base period, a 230% increase.

Types of Victim Services

The range of services reflects the varying needs which confront the sexual assault victim. The services available within each local center vary and are dependent upon the needs of the local community, the services presently available in other agencies, and the resources within the center. The range of available services are illustrated below:

1. Crisis Intervention: Frequently family and friends who are normally available to a person during a crisis will be unable to help the victim cope with a sexual assault. For this reason outside assistance is necessary. Crisis intervention may include providing factual information and providing support from someone who can help the victim deal with the intense feelings about the sexual assault. Most of the programs have established 24-hour crisis lines.
2. Support Counseling: Support counseling, on a one-to-one basis, is available throughout the victim's involvement with the sexual assault program. The number of contacts vary from client to client; the basic underlying theme of this contact is empowerment. Persons who have been victimized frequently feel their personal power has been taken away from them; the main task in regaining that power is to begin to feel safe about making choices and to feel in control of life experiences again. One-to-one support is particularly helpful during initial contact, in conjunction with peer support groups, and at critical stages in the recovery process.
3. Advocacy: If the victims choose to report to the police, seek medical attention, and/or prosecute the offender, an advocate is available to accompany the victim with these systems. Advocates are persons highly trained and knowledgeable about sexual assault processes and procedures within the system. They not only provide information, but act as a support person to the victim. This service is offered to make the process less confusing and frightening to the victim and is not designed to duplicate the roles of other professionals.
4. Medical and Legal Information: Many victims are in need of some basic information regarding medical and legal procedures. The centers provide a wealth of information which is used by victims in their decision-making process.
5. Referral: The centers coordinate services to victims of sexual assault through a comprehensive network of available local resources. Limited staff resources preclude most of the centers from providing long-term counseling, but if these services are desired by the victim or family an appropriate referral is made.

6. Peer Support Group: Many centers offer support groups for victims. The peer support groups provide victims with an opportunity to discuss their own feelings with other victims of sexual assault. This group activity may also provide the opportunity for the victim to learn that other persons have experienced similar reactions, attitudes and responses. The ability to share these feelings may enhance the victim's recovery from sexual assault.
7. Assistance in Life Sustaining Needs: Housing, Transportation, Child Care and Financial Aid: Many sexual assaults occur in the home of the victim. Victims that have been assaulted are frequently afraid to be alone in their home or to travel by themselves. Many times offenders will threaten to return if the victim calls the police. Victims of sexual assault may have a variety of needs such as:
 - transportation to and from the hospital, police station or homes;
 - temporary housing;
 - child care while the victim is at the hospital or with the police; and
 - financial assistance for improved home security such as repairing windows or changing locks.
8. Other Services: This category includes a wide range of services. "Other services" vary from center to center depending on the victim's needs. Types of service included in this category are outreach; long-term therapy; family incest treatment; offender treatment; consultation with an agency on sexual harassment; information on safety and security, GED schooling, child care (not on a crisis basis), and how to ride the bus or find an apartment.

Table II demonstrates the rate at which these sexual assault services were sought by victims.

TABLE II

Services Provided By Sexual Assault Programs
Funded By The DOC

<u>Type of Service</u>	<u>FY 1985</u>	<u>FY 1986</u>
Support Counseling	12,393	15,350
Crisis Intervention	4,881	4,335
Support Groups	3,356	9,216
Legal Information	2,365	2,745
Medical Information	1,067	1,026
Police Information	1,507	1,582
Legal Advocacy	2,233	1,071
Medical Advocacy	332	437
Police Advocacy	667	651
Other Advocacy	N/R	538
Referral	3,183	3,652
Family Support	1,765	2,216
Emergency Housing	165	225
Transportation	368	471
Financial	403	389
Child Care	246	267
Other Services	N/R	2,087
TOTAL	34,931	46,258

N/R = Not Recorded

*1985 statistics are based on an estimated average attendance of four people at each group meeting.

Overall, there was a 132% increase in the demand for services from FY84 to FY86. The greatest demand for services were in the areas of crisis intervention, support counseling and support groups followed by requests for information and advocacy. Clients with needs for associated services such as career counseling or chemical dependency treatment are referred to other agencies. These figures exceed the total number of victims because many victims sought more than one type of service or had more than one contact for each type of service received.

Profile of the Victim

The profile of the victim provides demographic information on persons contacting the local sexual assault programs funded by the Department of Corrections during fiscal years 1985 and 1986. It does not provide a profile of persons who were actually sexually assaulted in Minnesota during this time period.

The tables do not include those victims whose characteristics in each category were not recorded or made available.

TABLE III

Sex And Race Of Victims Contacting Sexual Assault Programs Funded By The DOC

	FY 1985		FY 1986	
	No.	%	No.	%
Female	3,998	90%	4,099	90%
Male	452	10%	478	10%
TOTAL	4,450	100%	4,577	100%

	FY 1985		FY 1986	
	No.	%	No.	%
American Indian	226	7%	241	8%
Black	80	3%	113	3%
Hispanic	52	2%	73	2%
South East Asian	26	1%	35	1%
White	2,801	87%	2,901	86%
TOTAL	3,185	100%	3,363	100%

Sexual assault services continue to be utilized primarily by women. However, the number of male victims seeking services has increased, doubling from 5% in FY80 to 10% in FY86.

White victims seek services at a substantially higher rate (86%) than racial minority victims. The proportion of minority victims in relation to the total population served has remained approximately the same over the last two fiscal years. The total number of minorities seeking services increased from FY85 to FY86. In comparison to FY80, 4% of the victims were minorities, whereas, in FY86 14% were minorities. There has been a 350% increase from FY80 to FY86 in the number of minority victims served. Funding of programs for minority victims has increased since 1980.

TABLE IV

Number Of Handicapped Victims Contacting Sexual Assault
Programs Funded By The DOC

	<u>FY 1985</u>	<u>FY 1986</u>
Blind	5	3
Hearing Impaired	17	11
Mentally Retarded	134	140
Physically Challenged	36	37
Mentally Ill	0	137
Other	65	37
TOTAL	257	365
% Handicapped of Total Served	6%	8%

During Fiscal year 1986, 8% of the victims served were handicapped. The number of handicapped victims served from FY84 to FY86 has more than doubled. This increase may be the result of educational efforts by the sexual assault centers as well as an outreach in services.

Table V shows the age of victims at the time of contacting a sexual assault program.

TABLE V
Age Of Victims Contacting Sexual Assault
Programs Funded By The DOC

AGE RANGE	FY 1985		FY 1986	
	No.	%	No.	%
0-5	380	10%	329	9%
6-12	548	15%	608	16%
13-17	836	23%	931	25%
18-25	855	23%	813	22%
26-30	427	12%	472	13%
31-40	433	12%	387	11%
41-50	134	4%	105	3%
51-65	52	1%	37	1%
66+	7	0%	20	0%
TOTAL	3,672	100%	3,702	100%

In FY86 50% of the victims served were under the age of 18. Nine percent were under the age of six and 28% were between the ages of 26-66 and older. The largest groups seeking services were the 13-17 and 18-25 age categories, totaling 47% of the victims served. Previous to FY85 and FY86, the most common age category was 18-25. During the biennium there has been a shift in the distribution of ages being served; a wider range of ages are seeking services.

Table VI

Age Of Victim At Time Of Assault
 Contrasted With Age Of Victim At Time Of Contacting
 Sexual Assault Programs Funded By The DOC

Current Age	Child (Under 16)	Minor (16-17 yr)	Adult (18 yr +)
0-5	329	N/A	N/A
6-12	608	N/A	N/A
13-15	509	N/A	N/A
16-17	220	202	N/A
18-25	283	70	460
26-30	162	42	268
31-40	145	32	210
41-50	43	7	55
51-65	15	0	22
66+	1	0	19
TOTAL	2,315	353	1,034

N/A = Not Applicable

In Fiscal Year 1986 the procedure for tracking the age of victims was changed in order to obtain more information about the age they were assaulted and the time the assault was reported to a sexual assault program. Of the people assaulted as children (under age 16) 38% did not seek services from a sexual assault center until they were older than 16. Of the people assaulted when they were a minor (16-17) 43% did not contact a sexual assault center until they were 18 or older. This is an indication of the long-term impact of child sexual abuse, and the need for services to adults who were victimized as children.

Table VII represents the length of time between the assault and contacting a sexual assault program.

TABLE VII
Length Of Time Between Assault And
Contacting Sexual Assault Programs
Funded By The DOC

LENGTH OF TIME	<u>FY 1985</u>	<u>FY 1986</u>
3 days/less	633	799
4 days - 1 week	290	251
1 week - 1 year	542	490
1 month - 1 year	725	789
1 year - 5 years	501	617
5 years +	637	803
TOTAL	3,328	3,749

Table VII portrays that more than one-third of victims (38%) waited from one year to five or more years to contact a sexual assault program while 34% sought assistance after one week to one year. Thirty-four percent of the victims received services immediately to one week after the assault. Comparing the data from tables VI and VII, people who were under the age of 18 at the time of the assault constitute 2/3 of those who waited at least one year before contacting a sexual assault center. This emphasizes the need for outreach of services to victims who are children.

Information About The Assault

Sexual assault programs provide assistance to victims for all types of sexual assault ranging from emotional assault to violent physical assaults. Table VIII shows the distribution of types of sexual assault.

TABLE VIII

Type Of Assault Reported To Sexual Assault Programs Funded By The DOC

	FY 1985		FY 1986	
	No.	%	No.	%
Penetration	1,528	37%	1,480	35%
Sexual Contact	272	7%	402	10%
Incest/Intrafamilial	1,327	33%	1,466	34%
Child Molestation	526	13%	530	12%
Sex Harassment	140	3%	213	5%
Sex Exploitation	39	1%	94	2%
Other	251	6%	89	2%
TOTAL	4,083	100%	4,274	100%

The most common type of attack was penetration (e.g. rape) and incest. This table reflects only the most recent or most serious assault for which the victim sought assistance. Many victims have been assaulted more than once, sometimes by numerous assailants over a period of years.

Table IX shows the number of cases in which there were multiple assaults and/or multiple assailants.

TABLE IX

**Number Of Assailants And Assault Incidents
Reported To Sexual Assault Programs
Funded By The DOC**

	<u>FY 1986</u>	<u>%</u>
One Assailant, One Assault Incident	1,587	41%
One Assailant, Multiple Assaults Over Time	1,682	43%
Multiple Assailants, One Assault Incident	153	4%
Multiple Assailants, Multiple Assaults Over Time	493	12%
	<u>-----</u>	<u>-----</u>
TOTAL	3,915	100%

The traditional view of sexual assault is of a one-time violent event. This kind of assault constituted a minority of the cases served (41%) by sexual assault centers in 1986. In the majority of cases, the victim was either assaulted more than once by one or more assailants or was assaulted one time by multiple assailants. While the impact of even one assault can be devastating, those repeatedly victimized may suffer even more serious consequences and need correspondingly more support from sexual assault programs in their recovery.

Information About Assailants

The purpose of sexual assault programs is to serve victims. Information about assailants is helpful in order to understand the nature of sexual assault. It is important to note that all types of relationships are vulnerable to the threat of sexual assault. Table X depicts the relationship of the assailant to the victim in those cases where an assailant was identified.

TABLE X
Relationship Of Assailants To Victims Contacting
Sexual Assault Programs Funded By The DOC

	FY 1985		FY 1986	
	No.	%	No.	%
Parent	1,145	28%	724	18%
Stepparent	175	4%	210	5%
Other Cohabiting Adult	108	3%	119	3%
Sibling	294	7%	300	8%
Other Relative	342	8%	335	8%
Authority: Minor Victim	208	5%	183	5%
Authority: Adult Victim	79	2%	51	1%
Friend/Acquaintance: Minor Victim	654	15%	603	15%
Friend/Acquaintance: Adult Victim	372	9%	546	14%
Spouse Cohabiting Adult	144	3%	200	5%
Co-Worker/Employer	77	2%	145	4%
Therapist/Counselor	N/R	0%	34	1%
Other Professional	N/R	0%	32	1%
Stranger: Minor Victim	270	7%	136	3%
Stranger: Adult Victim	275	7%	341	9%
TOTAL	4,143	100%	3,959	100%

The vast majority of assailants were known to the victim, either as friends, relatives, acquaintances or co-workers. The proportion of cases in which the assailant was known to the victim has continued to increase over the last several years. In FY85 86% of those victims were assaulted by someone they knew; in FY86, 88% of the victims knew their assailant, a 2% increase over FY85.

Table XI

**FY 1986 Gender Of Assailant And Victim
Of Cases Reported To A Sexual Assault
Program Funded By The DOC**

	<u>Male</u> <u>Female</u>	<u>Female</u> <u>Male</u>	<u>Male</u> <u>Male</u>	<u>Female</u> <u>Female</u> (Assailant) (Victim)
Parent	640	19	50	15
Stepparent	194	2	13	1
Other Cohabiting Adult	100	1	15	3
Sibling	273	4	23	0
Other Relative	309	3	20	3
Authority: Minor Victim	134	9	35	5
Authority: Adult Victim	49	0	2	0
Friend/Acquaintance: Minor Victim	535	6	58	4
Friend/Acquaintance: Adult Victim	531	3	7	5
Spouse Cohabiting Adult	196	1	1	2
Co-Worker/Employer	142	2	0	1
Therapist/Counselor	31	0	3	0
Other Professional	30	0	2	0
Stranger: Minor Victim	129	0	7	0
Stranger: Adult Victim	328	0	12	1
TOTAL	3,621	50	248	40
Percent of Total	92%	1%	6%	1%

In FY86 7% of the assaults were committed by someone of the same sex. This table depicts the gender of the assailant and the victim as well as the relationship of the assailant to the victim. The vast majority of assailants are male whether the victim is of the same or opposite sex. In 92% of the cases the assailant was male and the victim female compared to only 1% of cases in which the assailant was female and the victim male. In 6% of the cases males committed assaults against males; female assailants assaulted another female 1% of the time. Female assailants were more likely than male assailants to assault someone they know.

Professional Training

The sexual assault programs seek to ensure the highest quality of technical services by providing educational opportunities to professionals in each service area. The goal of professional training is to develop standardized procedures and sensitivity to the needs of the victim throughout the sexual assault delivery system. The training programs seek to acquaint the professionals with the full range of options available to the victim as well as to clarify the role of each professional group in response to sexual assault victims.

TABLE XII

**Number Of Professional Training Programs And Participants
In Training Programs Provided By Sexual Assault Programs
Funded By The DOC**

	FY 1985		FY 1986	
	<u>Program</u>	<u>Participant</u>	<u>Program</u>	<u>Participant</u>
Law Enforcement	101	2,085	61	1,467
Medical	86	2,416	141	1,696
Legal	21	573	28	350
Human Services	221	4,782	510	4,345
Clergy	23	325	67	496
Teachers/Education	212	7,227	142	2,378
Other*	102	2,219	314	3,182
TOTAL	766	19,627	1,263	13,914

* Includes multi-disciplinary groups.

Five professional groups have been targeted for training: law enforcement, medical, legal and human service personnel and teachers. During fiscal year 1985, 766 training programs were held reaching 19,627 professionals throughout the state. This represented an 88% increase in professionals trained over the previous year, and a 79% increase in the number of training programs held. In 1986 the number of presentations increased by 61%, with 1,263 training programs provided to a decreased audience of 13,914 professionals.

Some possible explanations for the decrease in audience size are that the training has become more specialized and, therefore, reaches a smaller audience, a reduction of agencies' training budgets, an increase in in-house training, and the availability of other training opportunities throughout the state.

Public Education

The myths surrounding sexual assault which are commonly believed by much of the general public are an obstacle to successful delivery of services to victims and their families. These myths discourage many victims from seeking help and prohibit many family members from offering the support needed. The grantees have developed public education programs within their service areas in an effort to dispel these myths as well as to acquaint the public with the services available to the victims.

TABLE XIII

**Number Of Programs And Participants In Public Education Programs
Provided By Local Sexual Assault Programs
Funded By The DOC**

	FY 1985		FY 1986	
	<u>Program</u>	<u>Participant</u>	<u>Program</u>	<u>Participant</u>
Elementary	718	22,619	1,004	27,470
Secondary	472	21,327	644	22,178
Post-Secondary	230	7,551	201	8,233
Parent Group	N/R*	N/R*	192	2,265
Disabled Group	N/R*	N/R*	90	874
Religious Group	145	4,303	326	3,880
Employee/Work Group	N/R*	N/R*	77	2,295
General	527	19,171	258	15,717
Other	382	12,005	277	8,156
TOTAL	2,474	86,976	3,069	91,068

*These groups were included in the "General" and "Other" categories prior to FY86.

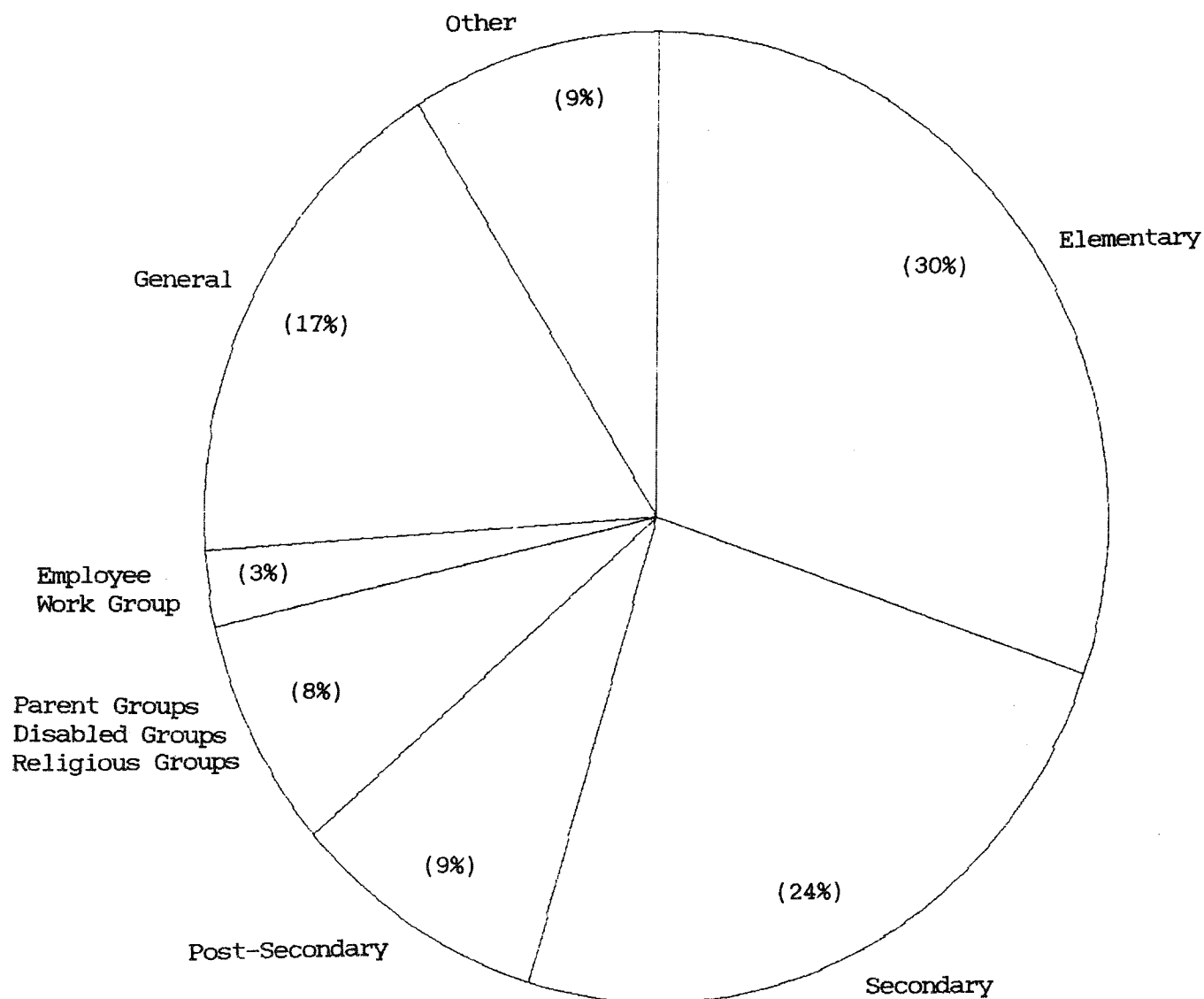
The demand for education on sexual violence has continued to escalate. From FY85 to FY86 sexual assault centers increased the number of educational presentations by 24%. The total number of participants in educational programming provided by sexual assault centers in FY86 represents a 47% increase in the number of people receiving this education in the past five years.

Graph II illustrates the distribution of education to the schools and the general public.

GRAPH II

Distribution of Community Education

FY 1986



The majority (54%) of the centers' community education activities were provided to elementary and secondary students in an effort to provide early intervention and prevention of sexual assault.

The grantees have identified education programs to students as a high priority. Forty-eight percent of education programs in FY85 were presented to 43,946 elementary and secondary students; fifty-four percent of the programs were presented to 49,648 students in FY86. This represents an increasing demand for education of children about sexual abuse. The majority of these presentations focus on prevention, teaching children and teenagers ways to reduce the risk of being victimized and where they can find help if they are assaulted. These figures actually under-represent sexual assault centers' activities, since these statistics only reflect presentations actually made by sexual assault center staff. Centers have also provided consultation to hundreds of schools and school districts to implement prevention curricula that are now presented by teachers within the schools.

Development of Educational Materials

To aid them in their educational efforts, the local centers have developed a variety of educational materials and associated services. These materials are frequently shared between centers to avoid duplication of efforts and made available to the public and professionals who also work with victims. Some examples of the type of materials developed by centers during FY85 and FY86 are:

- Three In Every Classroom: The Child Victim Of Incest--What You As A Teacher Can Do. This booklet provides a sensitive understanding of the issue of incest and appropriate intervention techniques for teachers to use. (Sexual Assault Program, Bemidji)
- The translation into Spanish of the curriculum, "Preventing Sexual Abuse of Persons with Disabilities: A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students". (Minnesota Migrant Council, St. Cloud)
- The Assault on Age, a booklet that describes ways for the elderly to protect themselves against personal crimes by listing techniques to increase personal safety. (Sexual Assault Services, Oakdale)
- Board of Directors: Orientation and Training Manual, which provides information on developing and maintaining an effective board of directors. (Program for Aid to Victims of Sexual Assault, Duluth)
- Sexual Assault and Battering: A Resource Manual for Physicians, Counselors & Attorneys, a guide to understanding victim/survivors' needs when working with these professionals. (Women's Resource Center, Winona)
- T Is For Touching, a sexual abuse prevention program for children ages 3-6, which includes a manual and videotape or filmstrip. (Rape and Abuse Crisis Center, Fargo-Moorhead).

Many centers also have newsletters and have written brochures or other materials for special groups, such as male victims, adolescents, racial minorities, acquaintance rape and marital rape victims. The centers also work effectively with their local media to educate the general public and utilize public service announcements.

Coordination of Services

Coordination between agency personnel within a service area is important to the efficient delivery of services to sexual assault victims. An active interagency network ensures that: 1) communication barriers between agencies are alleviated; 2) duplication of services is avoided; 3) an understanding of the roles and responsibilities of each professional group in the care of the victim is developed; 4) procedures between agencies are standardized; 5) available resources are advertised; and 6) support and feedback are offered.

The local programs not only participate in interagency networks, but in many instances they also provide the leadership for the development of interagency communication and coordination. Many have developed advisory boards or task forces composed of representatives of agencies which have contact with sexual assault victims including the county attorney, hospital, law enforcement, social service, school and court service personnel. During fiscal year 1985, the programs collectively participated in 2,444 interagency coordination meetings; during FY86 the programs participated in 2,368 interagency meetings.

The programs are information and referral sources in their communities. They gather and distribute up-to-date information and materials regarding the care of sexual assault victims. They provide referrals not only to victims, but also to professionals in need of technical information.

Additional Community Based Activities and Services

Local sexual assault programs form an integral part of their communities, both as service providers and as organized groups of persons who facilitate the growth and awareness of their communities about sexual assault and related issues. To accomplish this, many of the programs develop special educational and professional training opportunities that reach people on a regional or even statewide basis. Centers have also accomplished outstanding activities in their own communities or have responded to extraordinary circumstances in a way that enhances the community's response to sexual assault issues. These activities deserve special emphasis and acknowledgment.

For the past several years an annual rally and march, "Take Back the Night," has been held in Minneapolis to increase the public's awareness of the incidence of sexual assault and battering, and the danger that particularly women are threatened with from these forms of violence in our society. The Minneapolis event is the largest of its kind in the nation. Several centers have been instrumental in bringing annual "Take Back the Night" activities to their local regions of the state in order to increase local public awareness of sexual assault issues. During the past two years, Take Back the Night or similar activities have been held in or near Bemidji, Duluth, Mankato, St. Cloud and Winona, in addition to the massive rally in Minneapolis. These events have carried their message to thousands of Minnesotans, helping to increase their communities' knowledge and support for stopping these forms of violence.

Two workshops on, "The Psychology of the Offender," featuring Dr. Nicholas Groth, a nationally known leader in this field, provided information to nearly 500 persons from throughout the state in the fall of 1985. The workshops were held in St. Paul and Fargo-Moorhead, and the primary sponsors of this training were the sexual assault centers in those areas.

Sandra Butler, another nationally recognized expert in sexual assault, keynoted and activated a series of workshops for professionals on working with survivors of incest and sexual abuse, and the need for victim service providers to maintain their own strength and boundaries in order to address this very difficult work. Centers in Crookston, Duluth and Bemidji took the lead in bringing this resource person to the state.

The growing awareness of the needs of adolescents, both as victims and as perpetrators of sexual assault, were highlighted in a training that featured model intervention programs for adolescents. The training was attended by nearly 250 persons, and was so well attended that persons had to be turned away. Held in the fall of 1984, the training was sponsored by the sexual assault program in Anoka. The program in Anoka continued to sponsor specialized training in 1985 and 1986.

Sometimes centers must continue services despite the most adverse circumstances. For example, the center in Virginia was totally destroyed by fire in early 1985. The fire not only consumed the program's office equipment, but also destroyed its records. While the disaster could not help but temporarily impact on the staff and efficiency of services, the center continued to function virtually without interruption. As the center publicized its plight and asked for the community's support to rebuild, the public became more aware of the vital services provided by the center, and community awareness of sexual assault was actually increased as a result of the fire. This program has since published a variety of brochures, bookmarks and posters, and has developed training and educational outreach to professionals and populations with special needs, in addition to the victim services it offers.

A major development over the past two years has been the enhancement of services to racial minority communities. Several new programs and additional components of existing programs have been developed to provide services to Black, American Indian, Asian refugee and Hispanic communities in the metropolitan area, and American Indian communities in north-eastern, north-central, and east-central Minnesota. These programs have taken on the difficult task of beginning to openly discuss sexual assault issues, which have been as hidden in these communities as they have been in the white culture. Addressing sexual assault issues in these communities is often complicated by the impact of racism and/or war (e.g., in addition to having many loved ones killed, many Asian refugee women have also been victimized by multiple sexual assaults over a lengthy period of time due to the recent and continuing wars in Southeast Asia). In addition to providing direct victim services, these programs have been active in adapting materials to specific cultural needs and sponsoring training for professionals to help them take into account specific cultural issues in working with victims. Existing programs in Minneapolis, Bemidji, Virginia, Willmar and St. Cloud have been particularly active in providing assistance to these new programs and/or leadership in establishing outreach programming to minority communities.

Specialized services and materials have also been developed for other specific populations, such as the developmentally disabled, adolescents, very young children, male victims, and the elderly. Programs in Albert Lea, Fargo-Moorhead, Willmar, Caledonia, Alexandria, Marshall, Winona, Minneapolis, St. Paul, Bemidji, Anoka, and Virginia have made special efforts to reach out to one or more of these populations.

Several programs have not necessarily organized major events but have greatly increased the delivery of services in their area over the past two years. The program in Brainerd, for example, has increased the number of victims it serves by six times, has tripled the number of persons reached through community education, and has grown from two trained volunteer sexual assault counselors to 18 active volunteer counselors. The program in Chaska has increased the number of victims it served by nearly five-fold, and has led the organization of the first multi-disciplinary team to address child sexual abuse in Carver County.

Some programs have begun to work with and even lead the development of treatment programs for offenders. The program in Duluth, for example, coordinated the formation and implementation of a family sexual abuse treatment program. The sexual assault program in Willmar has pioneered the development of a treatment program for families in which children have been sexually inappropriate with other children. Usually these children have been victimized in some way themselves.

Each sexual assault program deserves recognition for the unique combination of services and skills it provides to the community. Particularly in this time of limited financial support for human services, each center that continues its work furthers the quality of life in local communities and in the state of Minnesota as a whole.

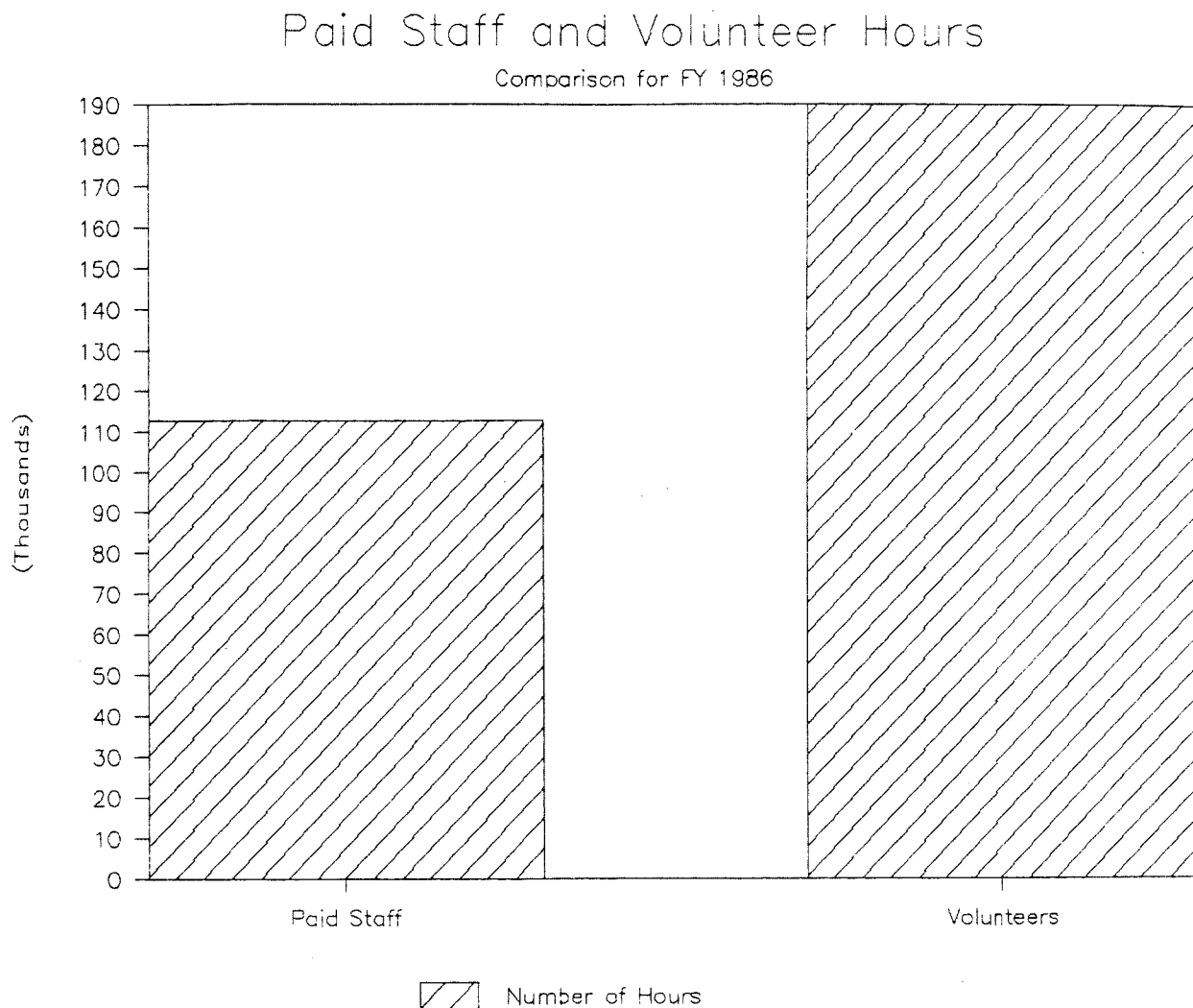
Staffing Patterns of Local Programs

The activities of the local sexual assault programs were carried out by 40 salaried full-time, and 39 salaried part-time staff persons. Appendix C illustrates the varied staff complement of the individual programs. The coordinators' tasks vary from program to program, but in all cases the responsibilities are extensive. They include providing victim services, presenting public and professional educational programs, and coordinating services in their area. They supervise and train paid staff or volunteers, and in many cases they manage the financial aspects of the program.

Programs operate with limited funds which provide only a small core group of paid staff persons. Consequently, the programs are required to rely extensively on volunteers. These volunteers play a crucial role within the programs. During fiscal year 1986, volunteers provided crisis intervention and advocacy services to victims, community and professional education programs; served on boards and advisory committees; and performed clerical tasks. A majority of these programs could not continue to provide services to victims if it were not for a dedicated core group of volunteers. These volunteers contributed a total of 189,964 hours of on-call and active service time in fiscal year 1986. When computed at a minimum rate of \$3.65 per hour, volunteer services were valued at \$693,369 for 1986 alone. The combined total of volunteer hours for both fiscal years is 334,532 which equals a dollar value of \$1,221,042.

Graph III is a comparison of fiscal year 1986 paid staff hours to volunteer hours. The volunteer hours were computed by the number of volunteer hours times an average of 15 hours per week. Volunteer hours were almost double that of paid staff hours.

GRAPH III



Cost Analysis

A thorough review of the services provided by the grantees indicates that, on the average, approximately 1/3 of the funds were expended for direct victim services, 1/3 for professional training and coordination, and 1/3 for community education programs. Table XIV illustrates the expenditures for fiscal years 1985 and 1986.

TABLE XIV

Cost Analysis Of Services Provided By Sexual Assault Programs Funded By The DOC

		<u>Victim Services</u>		
		<u>New Cases Served</u>	<u>New Cases Served Per \$1,000</u>	<u>Cost Per New Case Served</u>
FY	1985	4,470	38	\$26.20
FY	1986	4,844	32	\$31.25

		<u>Professional Training</u>		
		<u>Professionals Trained</u>	<u>Professionals Trained Per \$1,000</u>	<u>Cost Per Professional Trained</u>
FY	1985	19,627	167	\$5.97
FY	1986	13,914	91	\$10.99

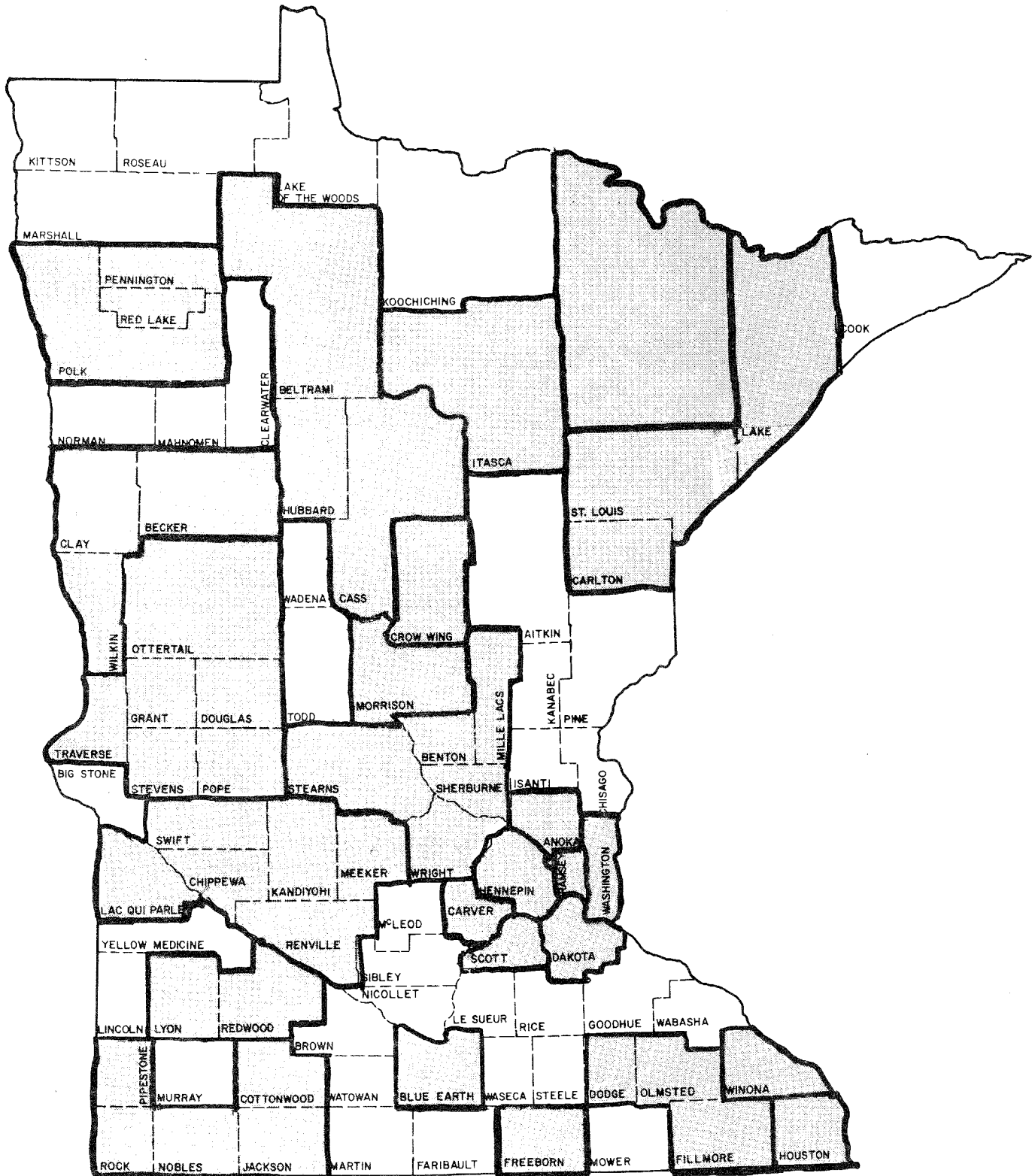
		<u>Community Education Programs</u>		
		<u>Number of Participants</u>	<u>Persons Educated Per \$1,000</u>	<u>Cost Per Participant</u>
FY	1985	86,976	740	\$1.35
FY	1986	91,068	595	\$1.68

A P P E N D I C E S

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APPENDIX A

MAP OF SERVICE AREAS OF SEXUAL ASSAULT PROGRAMS FUNDED BY THE DEPARTMENT OF CORRECTIONS: JUNE 30, 1986



APPENDIX B

Profile of Sexual Assault Programs Funded by the Department of Corrections: June 30, 1986

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Anoka	Anoka County Victim/ Witness Assistance	Anoka County Commissioners	2 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Beltrami, Cass, Hubbard	Sexual Assault Program	Same Nonprofit Corporation	1 full-time 1 part-time	Crisis Intervention Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Blue Earth	Victim Assistance Program	Blue Earth County Human Services	1 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Carver	Carver County Program for Victims of Sexual Assault	Carver County Court Services	1 part-time	Crisis Intervention Referral Professional Training Public Education Special Populations Support Services

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Clay, Becker, Wilkin, Norman	Rape and Abuse Crisis Center	Same Nonprofit Corporation	2 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Clay	Center for Parents and Children	Same Nonprofit Corporation	1 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations
Crow Wing	Sexual Assault Program	Mid-Minnesota Women's Center	1 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Support Services Special Populations Certified Sexual Assault Counselor Training
Dakota	Dakota Sexual Assault Services	Community Action Council	1 part-time	Crisis Intervention Coordination of Services Referral Professional Training Public Education Special Populations Certified Sexual Assault Counselor Training
Douglas, Pope, Stevens, Grant, Ottertail, Traverse	Listening Ear Crisis Center	Douglas County Hospital	1 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Freeborn	Freeborn County Victim's Crisis Center	Freeborn County Welfare Department	1 full-time 1 part-time	Crisis Intervention Professional Training Support Services Public Education Coordination of Services Certified Sexual Assault Counselor Training
Hennepin	Sexual Violence Center	Same Non-Profit Corporation	4 full-time 7 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Houston	Houston County Women's Resources	Same Nonprofit Corporation	1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Public Education Support Services Special Populations
Itasca	Sexual Assault Victim & Educational Services	Adult Protection Council	1 full-time 2 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Kandiyohi, Lac Qui Parle, Swift, Chippewa, Wecker, Renville	Sexual Assault Program	West Central Community Services Center, Inc.	1 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Lyon, Redwood	Southwest Minnesota Sexual Assault Program	Same Nonprofit Corporation	2 full-time	Crisis Intervention Support Services Coordination of Services Referral Professional Training Public Education Special Populations
Morrison	Morrison County Sexual Assault	Northern Pines Mental Health Center	2 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services
Nobles, Pipestone, Rock, Cottonwood	Southwestern Mental Health Center, Inc.	Same Nonprofit Corporation	1 part-time	Crisis Intervention Coordination of Services Referral Professional Training Public Education Special Populations Support Services
Nobles, Rock, Pipestone, Cottonwood, Jackson	New W.A.V.	Southwest Women's Shelter	2 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services
Olmsted, Dodge, Fillmore	Rapeline	Olmsted County	3 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Polk, Pennington, Red Lake	Project Safe, Inc.	Same Nonprofit Corporation	2 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services
Ramsey	Sexual Offense Services (SOS)	Ramsey County Community Human Services	4 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
St. Louis (Northern)	Sexual Assault Program of Northern St. Louis	Same Nonprofit Corporation	2 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Southern St. Louis, Carlton, Lake	Aid to Victims of Sexual Assault	Same Nonprofit Corporation	4 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Stearns, Benton, Sherburne, Wright, Mille Lacs	Central MN Sexual Assault Center	Same Nonprofit Corporation	1 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Washington	Sexual Assault Services	Washington County Human Services, Inc.	1 full-time 1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Winona	Sexual Assault Crisis Aid	Women's Resource Center, Inc.	3 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services Certified Sexual Assault Counselor Training
Scott County American Indian Population	Abuse Prevention Program	Shakopee Mdewakanton Sioux Community	1 part-time	Referral Professional Training Public Education Special Populations
Bois Forte Reservation	Bois Forte Sexual Assault Program	Bois Forte Reservation Business Committee	1 part-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Sexual Assault Program Staff</u>	<u>Program Components</u>
Metro Area	Community-University Health Care Center	University of Minnesota Board of Regents	7 part-time	Crisis Intervention Counseling/Support Groups Professional Training Public Education Special Populations
Statewide Indian Populations	Division of Indian Works	Greater Minneapolis Council of Churches	1 full-time	Support Services Referral Counseling/Support Groups Professional Training Coordination of Services Public Education Special Populations
Statewide	Services for Sexual Abuse	Minnesota Migrant Council	1 part-time	Crisis Intervention Coordination of Services Referral Professional Training Public Education Special Populations Support Services
St. Paul Area	Model Cities Health Clinic	St. Paul Division of Department of Public Health	1 full-time	Support Services Referral Counseling/Support Groups Professional Training Coordination of Services Public Education Special Populations
Metro Area Black Community	Phyllis Wheatley Community Center	Same Nonprofit Corporation	2 full-time	Crisis Intervention Counseling/Support Groups Coordination of Services Referral Professional Training Public Education Special Populations Support Services

APPENDIX C

DEPARTMENT OF CORRECTIONS SEXUAL ASSAULT GRANTEE'S FUNDING SOURCES: FY 85

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Anoka	Anoka County Victim/Witness Assistance	Anoka County Commissioners	\$37,533	\$ 8,740	None	County
Beltrami, Cass, Hubbard	Sexual Assault Program	Same	\$24,410	\$15,000	\$2,500	County Private Contributions
Blue Earth	Victim Assistance Program	Blue Earth County Commissioners	\$43,563	\$10,578	None	County
Carver	Carver County Program for Victims of Sexual Assault	Carver County Court Services	\$16,752	\$11,777	None	County School District
Clay, Becker, Wilkin, Norman	Rape and Abuse Crisis Center	Same Nonprofit Corporation	\$141,981	\$14,707	\$2,500	Foundations United Way Sales of Material County Private Contributions School District
Clay	Center for Parents and Children	Same Nonprofit Corporation	\$36,794	\$ 5,397	\$1,500	Private Contributions United Way
Crow Wing	Sexual Assault Program	Mid-Minnesota Women's Center	\$20,561	\$16,177	\$1,500	Private Contributions County Film Rental Fees
Dakota	Dakota Sexual Assault Services	Community Action Council	\$20,303	\$12,100	\$1,500	Private Contributions County
Douglas, Pope, Grant, Stevens, Ottertail, Traverse	Listening Ear Crisis Center	Douglas County Hospital	\$34,868	\$16,692	\$1,000	County Private Contributions United Way
Hennepin	Sexual Violence Center	Same Non-Profit Corporation	\$256,046	\$26,612	\$1,500	County Private Contributions Foundation United Way
Houston	Houston County Women's Resources	Same Nonprofit Corporation	\$ 8,361	\$ 5,000	\$2,500	Private Contributions Services Funds

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Itasca	Sexual Assault Victim & Educational Services	Adult Protection Council	\$20,089	\$ 7,500	\$2,500	United Way Foundation Donations
Kandiyohi, Lac Qui Parle, Swift, Chippewa, Meeker, Renville	Sexual Assault Program	West Central Community Services Center, Inc.	\$124,828	\$17,800	\$2,500	County United Way Private Contributions Service Funds
Lyon, Redwood	Southwest Minnesota Sexual Assault Program	Same Nonprofit Corporation	\$37,475	\$15,310	\$2,500	Donations United Way County United Fund
Nobles, Pipe- stone, Rock, Cottonwood	Southwestern Mental Health Center, Inc.	Same Nonprofit Corporation	\$18,500	\$ 7,015	None	Local
Olmsted, Dodge, Fillmore	Rapeline	Olmsted County	\$89,017	\$16,500	\$1,500	County
Polk, Penning- ton, Red Lake	Project Safe, Inc.	Same Nonprofit Corporation	\$23,225	\$15,187	\$1,500	United Way Private Contributions Foundations
Ramsey	Sexual Offense Services (SOS)	Ramsey County Community Human Services	\$104,276	\$16,245	None	County
St. Louis (Northern)	Sexual Assault Program of Northern St. Louis County	Same Nonprofit Corporation	\$60,177	\$10,802	\$1,500	County
Southern St. Louis, Carlton, Lake	Aid to Victims of Sexual Assault	Same Nonprofit Corporation	\$97,198	\$16,300	\$2,500	County Private Contributions Foundations
Stearns, Benton, Sherburne, Wright, Mille Lacs	Central MN Sexual Assault Center	Same Nonprofit Corporation	\$35,851	\$17,665	\$2,500	County Private Contributions
Washington	Sexual Assault Services	Washington County Human Services, Inc.	\$39,950	\$11,770	None	Local
Winona	Sexual Assault Crisis Aid	Women's Resource Center, Inc.	\$22,155	\$12,953	\$2,500	County Private Contributions United Way

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Statewide Indian Populations	Division of Indian Works	Greater Minneapolis Council of Churches	\$37,096	\$12,000	None	Foundations Churches Private Contributions
Statewide	Services for Sexual Abuse	Minnesota Migrant Council	\$50,148	\$12,953	\$2,500	Foundations
St. Paul Area	Model Cities Health Clinic	St. Paul Division of Department of Public Health	---	\$ 2,000	None	City
Metro Area Black Community	Phyllis Wheatley Community Center, Inc.	Same Non-Profit Corporation	\$76,000	\$10,000	\$2,500	United Way

APPENDIX C

DEPARTMENT OF CORRECTIONS SEXUAL ASSAULT GRANTEE'S FUNDING SOURCES: FY 86

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Anoka	Anoka County Victim/Witness Assistance	Anoka County Commissioners	\$44,659	\$ 9,003	None	County
*Beltrami, Cass, Hubbard	Sexual Assault Program	Same Nonprofit Corporation	\$51,474	\$25,601	\$2,500	County Private Contributions
Blue Earth	Victim Assistance Program	Blue Earth County Commissioners	\$43,740	\$10,896	None	County
Carver	Carver County Program for Victims of Sexual Assault	Carver County Court Services	\$16,752	\$12,131	None	County School District
*Clay, Becker, Wilkin, Norman	Rape and Abuse Crisis Center	Same Nonprofit Corporation	\$85,086	\$17,349	\$2,500	Foundations United Way Sale of Materials County Private Contributions
Clay	Center for Parents and Children	Same Nonprofit Corporation	\$41,245	\$ 5,559	None	Private Contributions United Way
*Crow Wing	Sexual Assault Program	Mid-Minnesota Women's Center	\$37,354	\$19,663	\$1,500	Private Contributions County United Way Sale of Materials
Dakota	Dakota Sexual Assault Services	Community Action Council	\$30,316	\$12,464	\$1,500	Private Contributions County
*Douglas, Pope, Grant, Stevens, Ottertail, Traverse	Listening Ear Crisis Center	Douglas County Hospital	\$45,945	\$23,193	\$1,000	County Private Contributions United Way Foundations
*Freeborn	Victim's Crisis Center	Freeborn County Welfare Department	\$ 9,829	\$ 8,000	\$1,500	County Foundations United Way Private Contributions

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Hennepin	Sexual Violence Center	Same Non-Profit Corporation	\$194,025	\$27,411	\$1,500	County Private Contributions Foundation United Way Special Events Service Fees
*Houston	Houston County Women's Resources	Same Nonprofit Corporation	\$ 9,945	\$10,151	\$2,500	Private Contributions Services Funds
*Itasca	Sexual Assault Victim & Education Services	Adult Protection Council	\$20,179	\$ 7,726	\$2,500	United Way Foundation Donations
*Kandiyohi, Lac Qui Parle, Chippewa, Renville, Swift, Meeker	Sexual Assault Program	West Central Community Services Center, Inc.	\$49,340	\$18,335	\$2,500	County United Way Service Funds
Lyon, Redwood	Southwest Minnesota Sexual Assault Program	Same Nonprofit Corporation	\$44,856	\$15,770	None	Donations United Way County Foundations
*Morrison	Morrison County Sexual Assault	Northern Pines Mental Health Center	\$22,376	\$10,000	None	
Nobles, Pipe- stone, Rock, Cottonwood	Southwestern Mental Health Center, Inc.	Same Nonprofit Corporation	\$19,431	\$ 7,226	None	Local
**Nobles, Rock, Pipestone, Cottonwood, Jackson	New W.A.V.	Southwest Women's Shelter	\$17,198	\$ 7,000	None	Foundations United Fund Private Contributions
Olsted, Dodge, Fillmore	Rapeline	Olsted County	\$102,182	\$16,896	\$1,500	County
Polk, Penning- ton, Red Lake	Project Safe, Inc.	Same	\$52,307	\$15,643	\$1,500	United Way Private Contributions Foundations

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Ramsey	Sexual Offense Services (SOS)	Ramsey County Community Human Services	\$115,675	\$16,733	\$1,500	County
Northern St. Louis	Sexual Assault Program of Northern St. Louis County	Same Nonprofit Corporation	\$63,690	\$11,127	\$1,500	County
*St. Louis, Carlton, Lake	Aid to Victims of Sexual Assault	Same Nonprofit Corporation	\$120,668	\$23,790	\$2,500	County Private Contributions Fees for Services
*Stearns, Benton Sherburne, Wright, Mille Lacs	Central MN Sexual Assault Center	Same Nonprofit Corporation	\$58,635	\$28,195	\$2,500	Foundation Private Contributions County Sale of Materials United Way
**Mille Lacs Reservation						
Washington	Sexual Assault Services	Washington County Human Services, Inc.	\$70,425	\$12,131	None	Local
Winona	Sexual Assault Crisis Aid	Women's Resource Center, Inc.	\$22,721	\$12,953	\$2,500	County Private Contributions United Way
**Scott County American Indian Population	Abuse Prevention Program	Shakopee Mdewakanton Sioux Community	\$ 7,660	\$ 6,000	None	County State Federal
**Bois Forte Reservation	Bois Forte Reservation Sexual Assault Program	Bois Forte Reservation Business Committee	\$14,813	\$ 7,000	None	County State Federal
**Metro Area	Community-University Health Care Center	Board of Regents, University of Minnesota	\$ 9,627	\$ 9,000	None	State
Statewide Indian Population	Division of Indian Works Sexual Assault Program	Greater Minneapolis Council of Churches	\$33,632	\$12,361	None	County Foundations

<u>Counties Served</u>	<u>Program Name</u>	<u>Sponsoring Agency</u>	<u>Program Budget</u>	<u>State Grant</u>	<u>Federal Grant</u>	<u>Other Sources of Funds</u>
Statewide	Services for Sexual Abuse	Minnesota Migrant Council	\$51,967	\$13,341	\$2,500	Foundations
**St. Paul Area	Model Cities Health Clinic	St. Paul Division of Department of Public Health	---	\$ 2,000	None	City
Metro Area Black Community	Phyllis Wheatley Community Center, Inc.	Same Non-Profit Corporation	\$76,000	\$10,000	\$2,500	United Way

*Increased Grant Awards
 **New Grant Awards

APPENDIX D

SPECIFIC RECOMMENDATIONS TO COMPREHENSIVELY ADDRESS THE NEEDS AND ISSUES IN THE AREA OF SEXUAL ASSAULT

1. Sexual Assault Centers

- a. Establish programs to provide services to geographic areas of the state not presently served and expanding existing programs to reach out to isolated populations both with volunteers and paid staff.
- b. Develop comprehensive sexual assault services on Indian reservations.
- c. Develop policies and procedures that address the internal needs of sexual assault programs, including: adequate staffing for community based sexual assault programs, adequate compensation of program staff, and training in the prevention of staff burnout; ongoing staff training on the issues of racism and homophobia; increase training opportunities for sexual assault center staff, volunteers and board members.
- d. Increase outreach and publicity to communicate resources and service options available to victims and family members.
- e. Continue emphasis on interaction with existing agencies.

2. Victim Services

Develop methods to better meet the service needs of sexual assault victims, and family members, including:

- a. Continue to emphasize meeting the needs of adult victims of sexual assault and address the societal issues that affect services to that population.
- b. Expand services to meet the needs of child and adolescent victims.
- c. Develop techniques to ensure that victims participating in the criminal justice system are provided with options for support services and expand support service options for all victims.
- d. Assess attitudes, practices and skills of service providers and provide victim sensitive training.

- e. Ensure that victim services are sensitive to the needs of both rural and urban.
- f. Increase availability of appropriate and safe emergency housing for sexual assault victims.
- g. Develop assessment tools that are victim sensitive.
- h. Continue to develop and emphasize services for victims of sexual exploitation by counselors and therapists.
- i. Provide supportive consultation to regional agencies designated as service providers to victims of sexual exploitation by counselors and therapists.

3. Underserved Populations

- a. Expand services, education and training programs designed to meet the needs of the following populations: gay and lesbian victims, male victims, elderly victims, mentally and physically impaired victims, and institutionalized individuals who are victimized.
- b. Expand methods to meet the needs of racial minority victims and their families that includes training for traditional service providers on how to work with minorities, and the development of services sensitive to the needs of minority victims in all regions of the state.
- c. Develop and provide training for medical, law enforcement, criminal justice, social service and health professionals on the needs of special population victims in order to improve the system's response.
- d. Create methods for an exchange of information between sexual assault service providers and special populations communities.
- e. Explore techniques and issues and develop appropriate resources for outreach to special populations in order to bridge the gaps in provision of services.

4. Systemic Changes

- a. Develop statewide policies and procedures for educational institutions relating to mandatory reporting, student education, increased access to services, and professional training.
- b. Develop sexual assault curriculum and training for preparatory programs in relevant academic fields.

APPENDIX D

SPECIFIC RECOMMENDATIONS TO COMPREHENSIVELY ADDRESS THE NEEDS AND ISSUES IN THE AREA OF SEXUAL ASSAULT

1. Sexual Assault Centers

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- e. Explore techniques and issues and develop appropriate resources for outreach to special populations in order to bridge the gaps in provision of services.

4. Systemic Changes

- a. Develop statewide policies and procedures for educational institutions relating to mandatory reporting, student education, increased access to services, and professional training.
- b. Develop sexual assault curriculum and training for preparatory programs in relevant academic fields.

- c. Develop statewide policies and procedures for licensing agencies regarding investigation and followup of sexual abuse cases.
- d. Ensure that offender treatment programs and their personnel are victim sensitive.
- e. Promote victim sensitive sentencing, treatment, probation and release.
- f. Continue focus on advocacy on behalf of the individual victim with law enforcement, medical, prosecutorial and court personnel.
- g. Improve witness preparation, victim compensation and restitution, including an increased awareness of the Victims Reparations Board and of the Victim's Bill of Rights.
- h. Promote the development of ombudsman services for all sexually victimized clients of individuals licensed to provide counseling or therapy and clients in mental institutions licensed or run by the state.

5. Public Education

- a. Expand awareness programs and services that address sexual assault and exploitation by acquaintances: friends, coworkers, dates, persons in positions of authority, parents, and relatives.
- b. Implement programs for parents and other caretakers of children that address healthy sexuality and intimacy, communication skills, touching, signs of abuse, and prevention.
- c. Develop additional media resources and innovative techniques for public education on sexual assault.
- d. Develop techniques to reach persons not affiliated with formal groups.
- e. Develop updated materials on such topics as: child victims, parenting of abused children, danger signs in parents, adults victimized as children, and spousal sexual assault.
- f. Increase outreach and publicity to communicate resources and service options available to victims and family members.
- g. Develop methods to correct misinformation about sexual abuse.
- h. Develop strategies to encourage employers, schools and community organizations to provide information on sexual exploitation and sexual harassment.

- i. Develop additional ways to inform the public on sexual exploitation by counselors and therapists.

6. Prevention

- a. Develop methods designed to prevent sexual assault and integrate these methods into public education and intervention programming.
- b. Expand the focus of prevention to include children, adolescents, adults, victims and offenders.
- c. Provide public education that addresses the root causes of sexual violence including general societal attitudes, sex role stereotypes, racism, sexism, and the need for systemic changes.
- d. Encourage the continuation of programming on healthy sexuality and positive touch.
- e. Challenge the promotion of sexual violence in the media through increased awareness, public education and social action.
- f. Increase public awareness regarding the purpose of prevention education and the selection of prevention materials.
- g. Increase attention to prevention as an integral part of victim and offender services.
- h. Re-emphasize parent involvement in prevention efforts.
- i. Continue to develop methods to prevent sexual exploitation by counselors and therapists.

7. Professional Training

- a. Develop training for lawyers, judges and court personnel that addresses attitudes toward sexual abuse, preparation of witnesses, and the impact of court process on victims.
- b. Develop training for medical personnel that addresses attitudes and reactions toward sexual abuse, signs of abuse, reporting requirements, treatment needs of victims, and feelings about discovering abuse.
- c. Develop outreach methods to clergy and training that sensitizes members of the clergy to the needs of sexual assault victims and their families, that clarifies their roles and responsibilities in the area of sexual abuse, and that addresses the problem of sexual exploitation by clergy.

- d. Develop educational programs on the mandatory reporting law for all mandated reporters.
- e. Develop strategies to encourage professional organizations to incorporate training on sexual assault into their training program.
- f. Develop strategies to encourage continuing education organizations for professionals to incorporate education on sexual assault care into their requirements.
- g. Continue training for all professionals who interact with sexual assault victims and plan and implement professional training programs that are geared to professionals who are new to the fields that provide services to victims.
- h. Continue training for counselors, therapists, their clinical supervisors, and employers on how to prevent sexual exploitation of clients and how to deal with it once it happens.

8. Improvements in the Criminal Justice System

- a. Develop courtroom procedures for cases involving child witnesses that take into account the child's developmental level.
- b. Develop training programs and internal policies and procedures that are more responsive to victim needs, and that facilitate prosecution, adjudication and sentencing in sexual abuse cases.
- c. Develop and implement systematic data collection regarding the legal system's response to sexual abuse.
- d. Review and revise existing laws relating to victims of sexual assault to better meet victim needs, with specific attention to the Criminal Sexual Conduct Law.

9. Emerging Issues

- a. Develop services and training programs that address the issue of institutional sexual abuse, including increased accessibility to current service providers for victims, and standardized investigations of sexual abuse cases within the institution.
- b. Develop resources for intervention, assessment and treatment that are financially accessible to all and evaluate the impact of existing financial assistance programs and lack of accessibility on low income victims and their families.

- c. Develop policies designed to prevent the exploitation of sexual assault victims by the media and advocate for victim's rights to dignity, privacy and informed consent.
- d. Promote the continued participation of victim/survivors at all levels of sexual assault programming and challenge the discrediting of victim/survivors that is evolving with the recent emphasis on credentialing and medicalization of services.
- e. Develop techniques to utilize the concept of environmental assessment and intervention in addressing the issue of sexual assault.

10. Research

- a. Development of research in the following areas: the impact of intervention on sexual abuse victims and their families, long-term effects of crisis intervention counseling on victims, impact of prevention programming, and the effectiveness of different treatment modalities for victims and offenders.

APPENDIX E

MYTHS AND FACTS ABOUT SEXUAL ASSAULT

MYTH 1: Rape is an impulsive, uncontrollable act of sexual gratification or lust.

FACT: Practically every word of this myth can be controverted by facts. **Impulsive, uncontrollable:** Between 60% and 70% of all rapes are planned in advance. Another 10% are partially planned. Also, one important emotional payoff for the rapist is to be in control, not out of control. **Sexual gratification, lust:** Many rapists have readily available sexual outlets, and over half are married at the time of the attack. The primary motive displayed by most convicted rapists is aggression, dominance, and anger, NOT sex. Sex is used as a weapon to inflict violence, humiliation, and conquest on a victim.

MYTH 2: "Good" girls don't get sexually assaulted.

FACT: Rapists and other sex offenders attack women of all races, all ages, all social background, all moral persuasions. Yet, many women as well as men believe this myth. It may serve a defensive function for them. They may feel safer if they believe that something the victim did, or some way the victim lived, provoked the attack. Therefore, as long as they continue to live and act circumspectly, nothing bad will happen to them.

MYTH 3: Women frequently "cry rape"...there is a high rate of false reporting.

FACT: Studies and FBI statistics show that the false report rate for rape is about the same as that for other serious felonies, about 2-4%.

MYTH 4: Women enjoy being overpowered and raped. They should "relax and enjoy it".

FACT: This myth fails to differentiate between rape and consensual intercourse. Frequently, people may say to a victim, "Well, if you weren't a virgin, what difference does it make?" For the victim, however, rape is not sex. It is violence, humiliation, degradation, and ultimately, a situation in which she fears for her very life.

MYTH 5: Any woman could prevent a rape if she really wanted to. No woman can be raped against her will.

FACT: The first concern of a rape victim is to survive the attack. No one but the victim can know what she is capable of doing, what the danger is and what methods might succeed. A victim should not be criticized for doing what she feels she must in order to save her life or avoid serious bodily injury. Insisting that women struggle to the death rather than submit to rape is really telling them that **their lives are less valuable than their sexual integrity.**

MYTH 6: Rapists are so sick or perverted that they can be readily identified by their physical appearance, actions, or words. Conversely, anyone who looks "normal" or respectable couldn't be a rapist.

FACT: Studies show that many rapists do not differ significantly from the average man physically or on psychological profiles, except for being more likely to express rage and aggression. The vast majority of rapists do not look or act demented.

Rapists use many ways to develop trust in their victims and this myth helps lull victims into believing they are safe. As one article stated, "We hold rape to be such an ugly, vile crime that we expect such a person who would commit it to be marked." When the rapist looks and sounds normal, we tend to blame the victim, or deny that the rape even occurred.

MYTH 7: Women precipitate rape by acting or dressing provocatively; they "ask for it".

FACT: No woman's dress or behavior gives someone the right to sexually assault her. According to the Federal Commission on Crimes of Violence, only four percent of reported sexual assaults involved any precipitative behavior on the part of the victim, and most of this consisted of nothing more than dressing or walking in a way that is socially defined as attractive.

Even in situations where a woman is flirtatious or clearly interested in sex, she is not asking for rape, which is another matter entirely. Rape is an attack in which the victim's life is controlled by the attacker. No person asks for or deserves such an assault. A hitchhiker is asking for a ride, not a violent attack. Part of the problem here lies in the interpretation men put on women's behavior. When women are friendly and cheerful, or helpful, which they have been taught to be, some men interpret this as a "come-on". Whatever the woman meant, she certainly did **not** mean that she wanted to be threatened, beaten, and humiliated. Again this myth, like myth #2, forms a part of "good" women's defense against a sense of vulnerability.

MYTH 8: Most rapes occur when women are out alone at night. Most rapes are committed by strangers.

FACT: Depending on the study, statistics indicate that between 1/3 and 2/3 of all rapes occur in either the victim's home or in some other private residence. Rapes occur at all hours of the day or night. Anyone, regardless of residence, social or economic class, age, appearance, or other factors, can be a victim of rape.

Most studies find that at least 50% of all rapists were known, at least slightly, by their victims. This figure may actually be low, because many studies deal only with **reported** cases of rape. Victims may be more reluctant to report when the assailants are people they know. The rapist can be, and often is, a relative, a friend, or some other trusted acquaintance.

MYTH 9: Sexual assault occurs only in large cities.

FACT: Although the reported number of assaults is higher in an urban area, sexual assault does happen in every area -- the city, the suburbs, and rural areas.

MYTH 10: Many rapes involve black men and white women.

FACT: FBI statistics show that 3% of rapes involve black men and white women, and 4% involve white men and black women. Most rapes involve a rapist and victim of the same race and socioeconomic status.

MYTH 11: Only young, attractive women are raped.

FACT: Although women between the ages of 15 and 25 are at somewhat higher risk of sexual assault than other age groups, victims of reported rapes in Minnesota have ranged in age from 6 months to 93 years old.

Rapists primarily choose their victims by their vulnerability and accessibility, not by their physical appearance. Victims are of every age, shape, race and class.

APPENDIX F

COMMON MISCONCEPTIONS ABOUT CHILD SEXUAL ABUSE

MYTH 1: Children are most likely to be sexually assaulted by a stranger.

FACT: 75%-95% of offenders are known--and may be related--to the child.

MYTH 2: Children lie or fantasize about sexual activities with adults.

FACT: Developmentally, young children cannot make up explicit sexual information unless they have been exposed to it. They speak from their own experiences. Sometimes a parent will try to get a child to falsely report sexual abuse. Primary indicators of such a report are the child's inability to explicitly describe or illustrate the act, or a grossly inconsistent account.

MYTH 3: The sexual abuse of a child is an isolated, one time incident.

FACT: Child sexual abuse is usually a situation that develops gradually over a period of time and the sexual abuse occurs repeatedly.

MYTH 4: It is not important for children to have information about sexual assault. Talking to children about it will only scare them.

FACT: It is just as important for children to receive information about sexual assault for their own safety as it is for them to receive information about fires, crossing the street and swimming. Inaccurate information is more frightening and damaging to children.

MYTH 5: Nonviolent sexual behavior between a child and adult is not emotionally damaging to the child.

FACT: Although child sexual abuse may involve subtle rather than extreme force, nearly all victims will experience confusion, shame, guilt, anger and a lowered self image, though they may reveal no obvious outward signs.

MYTH 6: Child molesters are all dirty old men.

FACT: In a recent study of convicted child molesters, 80% were found to have committed their first offense before the age of 30.

MYTH 7: Just as many adult women abuse young boys as adult men exploit young girls.

FACT: While there are women offenders, most reported cases of child sexual abuse involve adult men and young girls. When young boys are exploited, they are usually the victims of adult men. Research indicates that over 90% of offenders are male.

MYTH 8: The lower the family income and social status, the higher the likelihood of the sexual abuse of children.

FACT: There is no data to support this conclusion. It is safe to assume, however, that the lower the income and social status, the higher the likelihood of the abuse being reported to a public agency.

MYTH 9: Multiple sexual abuse (such as father abusing two or more daughters) is extremely rare.

FACT: If there are two or more daughters in the home, without discovery or intervention, a sexually abusive father will usually be involved with each of them. It is rare for a father to be sexually abusing only one daughter if there are several in the family. Sons may also be victimized.

MYTH 10: Any parent who would sexually abuse their child has to be mentally ill.

FACT: The vast majority of abusers are not mentally ill and most hold jobs, function well in the community and are well respected by their peers. Most abusers deny the event and some claim seduction by the child.

MYTH 11: Family sexual abuse is easy to treat, once it becomes known.

FACT: Sexual abuse is extremely difficult to treat because it involves different people moving at different speeds (father, mother, child, other siblings). Often none of them may be ready for treatment.

MYTH 12: In father-daughter sexual involvement, the mother is unaware of sexual abuse occurring in the home.

FACT: In some cases, the mother may have good grounds to suspect abuse and may contribute to and perpetuate the situation. In fact, upon open discovery the mother may even insist that the daughter be removed from the home. It is important to recognize, however, that this does not apply to all mothers of incest victims. Because of their lack of awareness, many may suspect something is wrong but are unclear as to what it is, or what to do.

MYTH 13: Children provoke sexual abuse by their seductive behavior.

FACT: Seductive behavior may be the result, but never the cause, of sexual abuse. The responsibility lies with the adult offender.

MYTH 14: If the children did not want it, they could say "stop".

FACT: Children generally do not question the behavior of adults. They are often coerced by bribes, threats and use of a position of authority.