# FINAL DRAFT - Sept. 27, 2010

**VICTIMS OF CRIME FOCUS GROUP SECTION:**

**SEXUAL ASSAULT**

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**INTRODUCTION TO PROBLEM**

In this section of the community plan, we will briefly explore prevalence of sexual assault offenses, issues affecting reporting of the offense, perpetrators, services provided in Dallas County, gaps in service provision, and needs for further services. Please note: in the Texas code, when the word "rape" is used, it is referring to forced sexual intercourse or penetration of a male toward a female, and that is often what is reported by law enforcement. In some literature, the term "sexual abuse" is used interchangeably with "rape" even though it usually refers to the broader category of offenses.

**Definition of Sexual assault**: According to the Department of Justice, "sexual assault can be defined as any type of sexual contact or behavior that occurs without the explicit consent of the recipient of the unwanted sexual behavior". Under the definition is sexual activity such as forced sexual intercourse, sodomy, incest, fondling, child molestation, and attempted rape. Some specific examples listed by the DOJ include:

- Unwanted vaginal, anal or oral penetration with any object
- Forcing an individual to perform or receive oral sex
- Forcing a person to look at sexually explicit material or forcing someone to pose for sexually explicit material
- Touching, kissing, or fondling and/or any other unwanted sexual contact with a person's body
- Exposure and/or flashing of sexual body parts [1]

Not all sexual violence includes physical contact between the victim and perpetrator. CDC lists the following types of sexual violence that does not include physical contact: sexual harassment, peeping, threats, intimidation, and taking nude photographs.[2]

Texas Penal Code 22.011 describes actions where the perpetrator intentionally or knowingly ….

- Causes vaginal or anal penetration of another person by any means without the person's consent
- Causes contact or oral penetration of the mouth of another person by the actor's sexual organ without the person's consent
- " ... causes the sexual organ of another person, without that person's consent, to contact or penetrate the mouth, anus or sexual organ of another person, including the actor"

A sexual assault is sexual contact without consent of the other person, for example:

- Force or threatened force or violence against the person or another person
- If the person did not consent and is unconscious, unaware of what is happening, or physically unable to resist
- If the victim is mentally incapable of appraising the nature of the act and resist
- If the victim has been drugged by the actor
- If the actor is a public servant who used coercion
- Or a mental health provider, healthcare worker or clergyman who exploited his/her role with the victim

Age is pertinent in the Texas Code for sexual assault. The age of consent in Texas is 17 years of age. Sexual activity between a person under 17 years of age and an actor who is more than 3 years older is considered sexual assault

- This does not apply to spouses
- Rider 27 applies to this area
    - Minor 14-16 years old who has never been married, is pregnant, has a child, has a confirmed diagnosis of an STD, or is sexually active
    - Actor is of the same sex
    - Coercion, force and/or duress are used

Under-reporting and lack of prosecution of offenders:
Sexual assault is one of the most under-reported crimes in the U.S. the Department of Justice (2005) estimates that only 39% of the rapes/assaults that occur in the U.S. are ever reported to law enforcement. If a rape is reported, the following statistics were reported: [4]

- 50.8% of the offenders will be arrested
- If arrested, there is an 80% chance of prosecution
- If prosecuted, there is a 58% chance of conviction
- If the assault was a felony conviction, there is a 69% chance the offender will spend time in jail

RAINN summarizes, "…in the 39% of rapes that are reported, there is only a 16.3% chance the rapist will end up in prison. Factoring in unreported rapes, about 6% of the rapists will ever spend a day in jail. 15 of 16 will walk free."

**Perpetrators**: CDC reported certain risk factors increased the risk of sexual perpetration:[2]

- Being male
- Having friends who are sexually aggressive
- Experiencing or witnessing violence as a child
- Using alcohol and/or drugs
- Being exposed to social norms or shared beliefs with peers that support sexual violence.

RAINN (Rape, Abuse & Incest National Network)[4] reports the following statistics from the Department of Justice, 2005:

- 2/3 of the rapes are committed by someone the victim knows
- 73% of the assaults were committed by a non-stranger
- 38% of the offenders were friends or acquaintances of the victim
- 28% of the offenses were committed by an intimate
- 7% were committed by a relative

Profiles of perpetrators according to the Department of Justice[6]

- Average age of a rapist is 31 years old
- 52% are white
- 22% report being married
- Juveniles accounted for 19% of the forcible rapes in 1995 and 17% of the offenders arrested for other sex offenses
- Alcohol or drugs were involved in 1 in 3 sexual assaults (alcohol in 30% and drugs in 4%)
- In 2001, 11% of the rapes involved the use of a weapon – 3% used a gun, 6% used a knife, and @% used another kind of weapon)
- 84% of the victims reported use of physical force only

Recidivism: According to *Recidivism of Prisoners Released in 1994 Study, 2002,* (as reported by RAINN [7]), 46% of rapists who were released from prison were arrested again for committing another crime within a 3 year period after release.

- 18% for a violent offense
- 14.8% for a property offense
- 11.2% for a drug offense
- 20.5% for a public-order offense.

**Overview of victimization:**

Estimates of *numbers* of rapes are often based on the numbers of rapes reported to law enforcement as published in the FBI's Uniform Crime Report. The definition of rape for this reporting system is *carnal knowledge, "the act of a man having sexual bodily connections with a woman; sexual intercourse."* This definition applies only to penetration of the vagina by the penis, no matter how slight the penetration. Assaults and attempts to commit rape by force or threat are not included. Oral and anal penetration is not assess. Other types of assault that are not included are:

- Rapes by means of intoxication or inability to consent
- Statutory rape (without force)
- Incest (a rape by force involving a female victim that was perpetrated by a family member is counted as forcible sex rather than incest)[8]

Another means that has been used to estimate the *rate* of rape in the U.S. has been through victimization surveys. Various victimization surveys conducted in the U.S. have presented different percentages of estimated victims, but these earlier reports presented many problems: 1) Surveys often were not representational of the general population; 2) Researchers used different definitions of sexual assault and/or rape; 3) They included different time frames. 4) Different wording was used in screening questions that may have affected answers. And 5) they did not include drug and/or alcohol facilitated rape. A recently published study by Dean G. Kilpatrick, PhD[8] attempted to rectify many of the earlier problems. His survey of 3,001 adult (over 18 years) included:

- A definition of rape that included penetration, without consent, of victim's vagina, mouth or rectum by a penis, finger or object

- Questions about alcohol and/or drug involvement at the time of the event
- Results revealed
    - 18% of the women reported a lifetime incident of any type of rape;
    - 16.1% of the women reported a lifetime rate of forcible rape
    - 2.8% reported experiences of incapacitated or drug-alcohol facilitated rape

An earlier study by Kilpatrick, et al, (2007)[9] revealed that 84% of the rapes were not reported to law enforcement. These studies demonstrate the fact that we are only considering a minority of the rape cases when we use UCR data as the basis of our estimates on any level. Keeping this in mind, we need to examine what we do know about reported rape cases.

Nationally, sexual assault offenses to adults increased 25% from 2005 (190,600) to 2007 (248,300). Subsequent years in Texas and Dallas County showed a decrease in rape reports. Texas reported a 5.1% drop in the number of rapes from 2007 to 2008. The rate for Texas was 32.9 rapes per 100,000 people in 2008, a 6.8% decrease from 2007. In Dallas County, the rate has remained consistent with 815 sexual assault offenses reported in 2008, and 813 in 2007. [3]

Although overall numbers of reports are down in parts of Texas, the number of arrests for forcible rape increased by 1.8% to 2,140. Twelve percent of the arrests were juveniles (16 and under) and the rest were adults.

- 98% were male
- 75% were white
- 40% were Hispanic
- 25% were black
- The age group of 20 – 24 had the largest number of arrests.
- Since the Texas code describes "rape" as the "carnal knowledge of a female by a male", the majority of offenders were male. When females were arrested, they were usually arrested as accomplices.

Sexual violence shown toward teens: CDC reports sexual assault of teens is a major public health issue in America.

- National surveys of high school students revealed 8% who reported being forced to have sex. Females (11%) were more likely to report than males (4%).
- 20 – 25% of college women reported attempted or completed rape during their college career.
- 1/6 women and 1/33 men in the U.S. reported experiencing attempted or completed rape at some time in their lifetime.

Latina teens are seen to be especially at risk for sexual assault (as reported in the January 2004 edition of TAASA Connection - *as reprinted from Arte Sana*). Mexican-American girls represent the largest minority group of girls in the U.S. The second fastest growing group is from Central and South America. Latina girls reported they were likely to stop attending school activities or sports due to sexual harassment.

Sexual violence toward children: See Child Abuse section, Dallas Community Plan

**1) IMPACT ON THE VICTIMS**

*Using each problem above, describe how it impacts the victim as well as the community. (Define and describe the elements of the problem well enough so that someone unfamiliar will understand.)*

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**Emotional impact of sexual assault:** Sexual assault is a type of personal victimization that has a long-lasting impact on victims. Immediate responses to sexual assault could vary between individual victims. People may feel angry, numb, overwhelmed, betrayed, guilty, humiliated, and some may have lost their sense that the world is a safe place.

Emotional symptoms:

- Victims may believe they allowed the sexual assault to happen
- They may feel guilty that they did not fight off the attacker
- They may fear that the attacker will find them and hurt them again
- Victims can feel unclean, even after bathing
- Some may begin to dress in loose clothing that covers their bodies
- Others may judge themselves and decide that they were not really victims because they had been out in a public place, drinking or using some other substance, may have made a decision that seemed foolish or they may not have fought back or run as they think a typical "victim" would do

Behavioral symptoms related to emotional reactions:

- Inability to sleep, sleeping too much, or having bad dreams or nightmares
- Eating habits may change – eating less or more. If there has been forced oral sex, some victims cannot swallow food as easily as they did prior to the attack
- Victims can begin to react to sounds, smells or sights that trigger memories of the attack
- They may have difficulty living in the same home or in being alone
- Some victims do not want to turn lights off in their home because they are fearful
- Trusting partners can become hard for them, and sexual relationship can become difficult for them
- They may not feel safe, so they stop going out in public or being with friends

Emotional recovery: Victims may suffer from anxiety, depression or more serious conditions such as PTSD (Posttraumatic Stress Disorder) following an assault. The recovery process varies for individuals. Low reporting rates indicate that many victims deny or avoid feelings that resulted from the assault. Some of the non-reporting victims seem to recover well with no professional assistance, especially if they have good support systems. Others do not manage as well, and find that the experience of sexual assault continues to affect their emotional stability, physical health and/or personal relationships.

Healing is not a steady, consistent process for many victims. They may do well for a time, then experience a recurrence of symptoms after something triggers their memory of assault. Other victims find that they have different periods in their lives when the symptoms increase or re-emerge – e.g. when a case is going to court; when the perpetrator is released from incarceration; if problems begin to arise in their interpersonal relationship; or if they may start a new relationship that has evolved to a sexual level. Traumatic events that occur weeks, months or years after an initial trauma can trigger the old, unresolved issues. For this reason, services need to be available for victims at various stages as they progress through the healing process.

Physical impact - Due to the strong connection between sexual assault and medical treatment providers, it is important for us to look at sexual assault from the perspective of hospitals also. Thirty-eight percent (38%) of the victims of completed rapes sustained an injury in addition to the rape. " Among injured female victims of rape or sexual assault, half of those indicating the

crime was reported to the police received medical treatment, compared to a fifth of those indicating the crimes were unreported." [5]

Health risks[10]: Studies have shown that sexual violence during adulthood can affect women's reproductive health in the following ways:

- Sexually transmitted infections including gonorrhea, Chlamydia, syphilis, herpes simplex virus, human papillomavirus, and HIV (human immunodeficiency virus).
  - Such infections can lead to other serious health concerns such as pelvic inflammatory disease, chronic pelvic pain, cervical cancer, infertility and AIDS.
- Unwanted pregnancy – The risk of rape-related pregnancy has been estimated to be as high as 5% per rape
- Negative effects on gestation and pregnancy outcomes.
- Gynecologic injuries and other kinds of symptoms.

High risk health behaviors include[10]:

- A higher incidence of use and abuse of substances by women who have experienced sexual violence compared to women who have not experienced sexual violence
- Unsafe sexual practices including multiple sex partners, not negotiating condom use by partners, having unsafe sex and trading sex for money/drugs, and having sex with HIV-infected partners.

**2) SUPPORTING DATA**

*Using each problem above and specific data types, provide supporting data for the three most recent years available for your county as well as the state to show comparison (table/graph format, real numbers not percentages, verifiable and cite the source).*

| Reported Rapes in Dallas County and Texas | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Statistics** | **2006** | | | **2007** | | | **2008** | |
| **Name of County** | **Reported Offenses** | **Rate per 100,000** | | **Reported Offenses** | **Rate per 100,000** | | **Reported Offenses** | **Rate per 100,000** |
| State of Texas | 8406 | 35.8 | | 8430 | 35.3 | | 8004 | 32.9 |
| Dallas County | 941 | 36.47 | | 813 | 31.19 | | 815 | 30.83 |
| Comparison | 11% | + .67 | | 10% | - 4.1 | | 10% | - 2.07 |

In 2006, Dallas County reported 941 reported cases, a rate of 36.47 rapes per 100,000 population. Numbers of reported offenses and rates per 100,000 decreased for the following two years, but it is unknown whether this decrease demonstrated an actual drop in the numbers of rape, a decrease in the number of people who chose to report, or changes in the method for reporting rapes in the county.

Sexual Assault Forensic Examinations in Dallas County: Prior to 2010, Parkland Hospital was the only hospital that provided forensic medical examinations for rape victims in Dallas County. The table below demonstrates rates of forensic medical examinations for 2007, 2008 and 2009, as well as crisis intervention provided to patients who reported experiences with sexual assault but did not receive a forensic examination. Reasons for not having an examination could be anything from not coming to the hospital within the 96 hour window of time when an exam can

be provided following an assault, choosing not to have an exam, or not being able to provide informed consent due to alcohol or drug use and refusing to wait until their condition allows them to provide the consent.

| Sexual Assault Forensic Medical Examinations for Women & Hospital Interventions for Male and Female Victims* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Source | 2007 | | | 2008 | | | 2009 | |
| Parkland Hospital | Forensic Exams | Hospital Intervention | | Forensic Exams | Hospital Intervention | | Forensic Exams | Hospital Intervention |
| | 560 | 732 | | 573 | 763 | | 578 | 730 |

Presbyterian Hospital began providing examinations in March of 2010. The second table demonstrates the rates for both Parkland and Presbyterian hospitals for year-to-date (YTD) 2010. Based on YTD numbers it is projected that Parkland will provide approximately 600 examinations and Presbyterian will provide 65 or more. If projections are correct, the total number of forensic examinations for 2010 will exceed the total from the last 3 calendar years.

| YTD for 2010 | Time Frame | Number of Forensic Exams | Projected Estimate - 2010 |
|---|---|---|---|
| Parkland Hospital | January – August | 404 | 600 +/- |
| Presbyterian Hospital | March – August | 37 | 65 +/- |

### 3. DISCUSSION

*Using each problem above, provide a narrative discussion of the data (discuss the trends in the data, compare/contrast with state data, etc.).*

A) Lack of accuracy in numbers: Obtaining absolute numbers for sexual assault is next to impossible due to many factors. Numbers of offenses that are reported in Texas Uniform Crime Data can be affected by a) lack of reporting by victims, b) lack of correct categorization of the offense by law enforcement, and c) failure of law enforcement to believe victims who report offenses. There can also be social pressure not to report offenses. For example, Dallas County universities and community colleges reported from 0 – 3 offenses, when research indicates that college campuses are prime areas for assaults, especially for offenses involving alcohol and/or drugs.[2]

B) Variance in Reporting: Different reporting sources will include different age groups of victims. Some overall reports start at age 17 years and older, others start at 18, and others will drop to a lower age range. For example, county numbers for victims who receive forensic exams at Parkland will include victims aged 13 and older. Children's Medical Center provides forensic exams for children under age 13. (As mentioned earlier, there is some overlap in the numbers presented in this section and the numbers that may be reported under the Child Abuse section since Parkland sees teens as young as 13 years of age).

C) Comparison of hospital numbers prior to 2010: The scope of services at Parkland includes male and female victims age 13 years and older. The numbers represented in the table above for sexual assault forensic medical examinations are only for female victims. Males seek medical care in much smaller numbers. To date, there is no accurate count of the numbers of male victims who receive sexual assault medical examinations since they often do not state sexual assault to be their main presenting problem. They present with other reported medical

problems, and then tell the physician they were assaulted when the initial interview begins. It has been estimated by the unit manager of the ER that approximately 50 males seek exams each year.

The numbers for hospital intervention represent the responses of Victim Intervention Program / Rape Crisis client advocates. Advocates are on staff and respond to the hospital 24/7. Any time someone reports she/he has been victimized by sexual assault or family violence, an advocate responds to provide emotional support, information, and referrals. The numbers in the table above include male and female victims and victims who choose not to have a sexual assault forensic medical exam, so they are always larger than the numbers for exams. The numbers are based on presenting problem at admission and may not include all of the domestic violence victims who were also raped by their partners as part of the domestic violence. Quite often those victims do not reveal that experience to the ER staff.

According to the OB/GYN faculty physicians who provide the exams, the highest percentage of female sexual assault victims are teenagers from age 13 years through 17 years. The large percentage of teens seen through Parkland Hospital is thought to be due to several factors: a) historically, teenagers are at high risk for sexual assault and b) when teens are victimized, their parents are more likely to bring them for an examination. Teen assault cases present special challenges to early responders. The responses of teens are often misunderstood by law enforcement and/or parents because teens do not react as adults expect them to react. In several cases, law enforcement officers failed to believe the teen's story of assault when client advocates and parents had little doubt that the story was based on fact. This is an area where education is sorely needed.

D) Underrepresented Populations:

GLBT (gay, lesbian, bi-sexual and transgender) - At hospitals, numbers of same sex assaults may not be kept separately from opposite sex reports, but it is believed that the numbers of victims presenting to the hospital are minimal compared to the actual occurrences. Crisis response advocates respond to victims who report same sex reports, but the numbers are minimal each year. Advocates estimate that they see 4-5 males per year who report being assaulted by another male and even fewer women who report being assaulted by another woman.

The Community Resource Center in Dallas reports that the GLBT population do not report sexual assault for the following reasons:

- They fear they will not be taken seriously because the American culture describes sexual assault in male to female terms.
- A lesbian assaulted by another female may not report because there is a myth that women are not violent. There is also fear that accusing another lesbian could be disloyal or destructive.
- Gay men may have difficulty identifying their experience as sexual assault, since they are taught that men are not victims of sexual assault.
- Rape experiences sometimes evoke feelings of shame in the victims. The GLBT population may feel added shame due to homophobia/heterosexism – both outward and internalized.
- Sexual assault for transgender survivors may involve parts of the body the person would rather not think about, let alone have examined.

- GLBT teens face the added burden of reporting an assault when they may have not come out to their parents.

E) Minority cultures: Victims of sexual assault from minority cultures may be hesitant to report due to fears of further stigma, misunderstanding about rape in their cultures, lack of awareness of their legal rights in America, social and gender roles in their countries of origin, and fear of being deported if they do not have documentation papers. Organizations that work with multi-cultural populations report that women from cultures that are male-dominated often are afraid to report being raped for fear of rejection by their husbands, prosecution by their family and society, or even death.

*Index Crime Analysis in Crimes in Texas, 2008* reports victims can be of any age, either gender, and from any ethnic, educational, or socio-economic background; but some groups are less likely to report the crimes than other groups. For example, Hispanic populations and other immigrant populations may not report due to fear of law enforcement. In other cases, the victim of forceful rape is reluctant to report to law enforcement due to "rigors of court procedures, embarrassment and fear of any accompanying stigma". If there has been a prior relationship between the victim and offender, it makes the determination of force difficult to establish.

Latina women appear to face special risk factors. The January, 2004, edition of TAASA Connection reported the following:

- In one study, 1 in 3 Latina women aged 18 – 50 reported incidents of sexual abuse in their lifetime. More than 1/3 of the women experienced revictimization.
- Married Latina women were less likely to define forced sex as "rape" and terminate their relationships than women from other cultures
- The Texas Council on Domestic Violence revealed that one in five of the Latina women surveyed reported being forced to have sex against their will.
- Hispanics are less likely to report sexual assault due to the obstacles in obtaining victim services (language barriers, cultural factors and a fear of deportation).

**1) Describe how your community is currently responding to the problem.**

**A) Hospital Intervention** –

Hospitals - Reports of numbers for sexual assault cannot be viewed as absolutes since many victims do not report, or report to different sources within a community. For example, victims have sometimes sought medical treatment even if they chose not to report the offense. Prior to 2009, victims who wished to have a forensic exam were required to report the offense to law enforcement, and law enforcement had to issue a case number in order for the exam to be completed. A change in the law occurred in January, 2009 (HB 2626) that does not require victims to report their offense in order to receive a forensic examination from a hospital that provides forensic exams. It is unknown how this will impact statistics since it is still too early to see how many victims will come forward when they do not want to report the offense.

Dallas County has one hospital that has provided medical forensic examinations for victims of sexual assault at this time. The formal system for forensic medical examinations began over 35 years ago at Parkland Health & Hospital System. The originators of the formal system were physicians from UT Southwestern Medical School and the Dallas County Medical Examiner's Office. The current system for sexual assault victims is provided through a joint effort of Parkland and UT Southwestern Medical School. Physician faculty from the OG/GYN department of UTSW provide examinations for female victims and male victims are served by Emergency

Room attending physicians who are also affiliated with UTSW. Victims are assisted through a multi-disciplinary team approach:

- Victims come to the Emergency Department on their own, brought by family or friends, carried by ambulance, or escorted by the police from various cities within the county
- Female victims are immediately triaged to OB/ICC, an intermediate care center where patients with OB emergencies receive treatment
    - They are placed in a private examination room that has been designated for sexual assault victims
- Male victims are treated in the medical/surgical ER
- If there are traumatic injuries, victims will receive treatment for the injuries prior to the sexual assault exam
- If the victim is intoxicated (as determined by blood tests) she/he will have to wait until the blood alcohol levels drop below the level of intoxication before receiving the exam
    - Victims under the influence of any other drug will be monitored until she/he is able to provide a legal informed consent for treatment
- OB/ICC and ER nurses provide the initial screening of victims who present with sexual assault
- VIP / Rape Crisis client advocates are scheduled to cover a broad range of days and times, so they are on campus and readily available a great percentage of the time. After hours, they are paged 24/7 and will arrive at the hospital in an average of 30 minutes. Client advocate provide the following:
    - Crisis intervention, emotional support and assistance in notifying family or friends
    - Facilitation of communication between police, medical professionals, victims and their families/friends
    - State information and information on victims' rights
    - Assistance in completing a Crime Victims Compensation application
    - Referrals and information
- New clothing, donated through community organizations, is available for victims in the event their clothing is collected for evidence
- Advocates help victims get to shelters if they are unsafe to go back to their homes and have no other alternatives
- Forensic photographs can be taken as needed – e.g. when an injury is identified after law enforcement has left the hospital
- Documentation that can be used in prosecution of criminal cases
- Following discharge, advocates make follow-up phone call to victims to see if they need further information or services

Texas Health –Dallas Presbyterian Hospital started a SANE program March 1, 2010 as part of a one year pilot study with the Dallas Police Department. According to a representative from Presbyterian, they plan to provide exams for victims 17 years and older who live, or were assaulted in, the Northeast patrol division. Even though the program is designed to serve one area at this time, they will not deny anyone who wants to go there for an exam. After the first year, they are planning to open their services to a broader group of victims.

At Presbyterian Hospital, ER masters level Social Workers make the initial response to victims of sexual assault. DARCC (Dallas Area Rape Crisis Center) is notified that is victim is in the hospital. Volunteer advocates and/or DARCC staff respond within 30 minutes. They provide the following:

- Crisis intervention and emotional support for victims and/or family or friends
- Information about victims rights

- Information on Crime Victims Compensation
- Information about available services in the area for follow-up counseling
- Advocates/staff remain with the victim as long as she/he requests, including during the medical forensic exam if the victim wishes
- With victims' prior approval, they make follow-up phone calls after discharge from the hospital

**Counseling for victims of sexual assault** is provided through several organizations in Dallas County and surrounding counties.

Dallas County Rape Crisis – Rape Crisis began over 31 years ago under the Dallas County Medical Examiner's Office. After operating in the ME's offices for several years, the center was transferred to the Parkland system. In 2003, Rape Crisis merged with the Victim Intervention Program (VIP) which was a program designed to serve victims of family violence, torture, trafficking and other human rights violations. Currently, VIP/Rape Crisis provide services for over 2,300 victims a year including approximately 800 to 1,000 rape victims. Two types of services are provided for rape victims: 1) hospital intervention as explained under the hospital section for males and females who are aged 13 years and older. 2) Counseling at the Crisis Support Center, a separate clinic located near the main hospital campus. Services are available for males and females aged 4 years and older in both Spanish and English.

Services are free to victims who reside in Dallas County, with the exception of psychiatric services. If victims need psychiatric evaluation and treatment, they receive a financial screening that will help establish a fee. The majority of the VIP/Rape Crisis clients are seen free, or at a minimal fee. Services provided include:

- Individual counseling for victims with master's and PhD level therapists
    - Length of service can vary from 6 months to a year as determined by need
- Play therapy is available for both English and Spanish-speaking children who have been victims, or whose family members have been victimized
- Services are available to victims regardless of gender, age, national origin, ethnicity, socio-economic status, sexual orientation or gender identity
    - For victims who speak languages other than English or Spanish, interpreters are available through the AT&T Language Line
- Partners and family members of victims are seen for counseling by individual counselors
- Support groups are available for victims as they begin to heal and want to share with others
- Case management is available from advocates including assistance with CVC applications
- Letters of support are provided for victims needing to relocate, negotiate different working conditions or those who are seeking assistance with immigration
- Psychiatric services are available at the center as needed
- Consultation, written reports, and serving as a fact witness and/or expert witness to assist in prosecution of criminal cases
- Professional education of medical professionals (nurses, physicians, interns, residents and general hospital staff), social service professionals, law enforcement and criminal justice professions, and community and faith organizations
- Education in schools about sexual abuse or assault, sexual harassment, and coercion
- Primary prevention activities to strengthen families and prevent child sexual abuse
- 24 hour hotline

- Other services such as court accompaniment, assistance with protective orders and other services related to sexual assault are provided as staffing allows

Dallas Area Rape Crisis Center (DARCC) – This new agency was established in January of 2010 and is providing the following services:

- Crisis intervention at Texas Health Dallas - Presbyterian Hospital
- 24 hour hotline
- Prevention education and outreach in the community
- Crisis intervention services and advocacy
- Assistance with CVC applications
- Counseling and support groups for victims of sexual assault and their friends or family

DARCC seeks to provide services to elders, persons with disabilities and the LGBT community. North Dallas County is the primary service area; however no one will be turned away who seeks services.

Since January of 2010 DARCC has covered 307 hotline calls, 43 hospital accompaniments and has provided counseling services for 60 clients and family or friends (based on January – August, 2010).

Other agencies serve Dallas County residents such as Brighter Tomorrows in Grand Prairie, Turning Point in Plano and Victims Outreach in central Dallas. No information was provided from these agencies.

**Dallas County Sexual Assault Coalition** – (DCSAC) This coalition was formed in September 21, 2001 with the vision to foster a dialogue to explore ideas and options as a collaborative community to provide the best possible services for sexual assault victims. To achieve their purposes membership included many agencies who would encounter victims after assaults. The following is a list of agencies who have participated over the years.

| **Dallas County Sexual Assault Coalition** | | |
|---|---|---|
| Brighter Tomorrows | Carrollton Police Department | Contact Crisis Line |
| Dallas County District Attorney's Office | Dallas County Juvenile Department | Dallas Police Department |
| The Family Place | Genesis Women's Shelter | Irving Police Department |
| Mosaic Family Services | Neighborhood Youth and Family Services | Parkland Health & Hospital System |
| Planned Parenthood | ProgreXssive Arts | Richardson Police Department |
| Southern Methodist University | University of Texas Southwestern Medical School OB/GYN Department | Victim Intervention Program (VIP) & Dallas County Rape Crisis at Parkland Health & Hospital System |
| Victims Outreach | | |

Some of the achievements of the coalition include but are not limited to:

- Clarification of the Dallas Police Department's police regarding assignment of report numbers to a sexual assault case that is first reported at Parkland Hospital. This clarification helped shorten the waiting time for victims who were brought to the hospital for sexual assault forensic examinations.

- Dr. Gary Ackerman, UT Southwestern Medical School OBGYN, and Sgt. Patrick Welsh, Dallas PD, worked together to find funding for the purchase of a colposcope – an instrument that can view and photograph microscopic internal injuries.
- Education of service providers about symptoms of drug facilitated sexual assault.
- Three members of the DCSAC were instrumental in the development of Statewide protocols for sexual assault response through TAASA (Texas Association Against Sexual Assault).
- Creation of the Sexual Assault Fact Sheet which answers many questions that victims may have when calling a crisis line after an assault.
- Instituting Sexual Assault Awareness month activities in 2002 which included the first clothesline project for sexual assault survivors in Dallas county with a corresponding educational brochure; workshops for college students about the eroticism of rape in film; readers' theater productions of *from victim to survivor;* creation of an information display for use at community fairs; and a family awareness event.

Ongoing projects have included:

- Sexual Assault Awareness Video/DVD – Supported by a grant from the Women's Council of Dallas County in collaboration with SMU. The video/DVD is the basis for interactive discussion with high school and college students about sexual assault awareness.
- Sexual Assault Awareness month activities each year, increasing in number and type of event.
- Bar Project – This unique project provided posters, stickers, napkins and other take away educational items to help educate patrons in bars and restaurants about sexual assault and services available for victims.
- Victim Advocate Training – a free 13 week training held twice a year that prepares volunteers to assist agencies in working with sexual assault.

**5) CURRENT NEEDS**

**What are the current needs in your community in order to respond to the problem? (Describe needs of all the responders, i.e., law enforcement, social service providers, courts: More staff? More training? More equipment? More programs? More space?)**

A. Victim needs identified by work group include:

- Safety from perpetrators
- More hospitals that will provide forensic medical examinations throughout Dallas County. At this time Parkland and Presbyterian hospitals serve central portions of the county well, but victims from other areas such as far South or East Dallas County do not have ready access to forensic examinations in hospitals closer to their homes
- Additional counseling services that serve different parts of the county. North Dallas is well served by the new counseling center, DARCC. Central and West Dallas are served by existing centers such as Dallas County Rape Crisis Center at Parkland and Victims Outreach. East and South Dallas were identified as parts of the county that lacked easily accessible services
- Increased awareness, understanding and emotional, financial and physical support from the community, employers, professionals
- More community education, support and services for male victims, GLBT victims and immigrants

- More effective and non-judgmental treatment from law enforcement and the judicial system
- Additional trained investigators and prosecutors
- More trained counselors who understand victims from different social, economic, cultural, and levels, including special groups of victims such as immigrants, minorities, and GLBT
- Immigrant victims need more bilingual services and translators
- Increased numbers of cases that are successfully prosecuted, which includes having non-biased juries who understand rape
- Some victims need assistance in parenting
- Parents, partners and families of victims need more intervention and training to help them provide optimal support for victims

B. Community Education – The work group identified education as a major need for Dallas county. Myths and misunderstandings about rape affect attitudes and responses to victims from law enforcement, professionals, medical treatment providers, and society in general and also influence decisions made by juries. Sample topics to address include:

- Myths that place responsibility of rape onto victims based on what they wore or how they behaved
- Misunderstanding about how victims respond to the traumatic experiences
- Directing responsibility and blame for rape on perpetrators instead of victims
- Helping people understand the difference between cooperating and coercion
- Educating the public about the use of alcohol and drugs in facilitating rape
- Clarification of the presence and use of DNA evidence (e.g. the real world does not function like CSI)
- An understanding of the special risks faced by minority and immigrant women
- Male rape - in both heterosexual and gay populations
- Media focus on the overall problem of rape rather than focusing on the dramatic or violent cases only
- More education for religious professionals and churches on how to intervene with victims, resources available for victims and how to support victims
- Increased awareness of the problem of male sexual abuse as children, teens and adults

B. Professional Training – Additional training needs to be provided for law enforcement, medical professionals, EMTs, and other early responders to help increase understanding of:

- Victimization – including the emotional impact on victims
- Ongoing education and training for law enforcement beyond what they receive when they are initially trained
    - This was identified as a strong need for smaller departments that do not have funding for advanced or specialized training in sexual assault
- Effective interview techniques with victims of all ages, genders, sexual orientation, and lifestyles
- Ethics and the importance of non-judgmental attitudes when intervening with victims
- Crime scene protection and investigation
- Perpetrator profiling
- Collection and use of DNA evidence and DNA processing
- Best practices for medical interviews, examinations and evidence collection
- Overlap between domestic violence and sexual assault

- Special needs of victims with physical disabilities, developmental, or mental health problems

C) Criminal Justice Needs – The following needs were identified:

- Funding for more personnel to assist with investigation and prosecution of sexual assault cases
    - Currently there is a special prosecutor for sexual assault for Dallas County, but the role is grant-funded and could be at risk
- Increased funding for victim assistance professionals
- More funding and facilities for DNA processing. At this time the Dallas County system cannot keep up with the demand which delays investigation and prosecution of cases
    - This would include cold cases that can be cleared through DNA analysis
- Increased communication within the system and with professionals outside of the system
- Better notification to victims and families about their cases, status of the case, and sentencing
- Probation may not get enough information to be able to notify victims of their rights
- A broader definition of "rape" to include other sexual crimes and male victims
- Law enforcement organizations need more training about cybertechnology and cell phone use in sexual assault

D) Schools

- Education and training for teachers and administrators
- Increased awareness of dating violence and rape and drug/alcohol facilitated rape
- Increased services for teen victims who are assaulted during or after school
- Increased awareness of the importance of discussing this topic with school personnel and students

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