

Benefits of a Coordinated Community Response to Sexual Violence

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Sexual violence usually occurs in private, but like all crime, it impacts victims and entire communities. Several different social systems – medical, legal (law enforcement and prosecution), and victim advocacy – are available to respond to crimes of sexual violence to assist victims and protect communities. Survivors of sexual violence often turn to any or all of these social systems for support and to seek justice at various points during their healing process. While these systems each have different goals, they all require victim cooperation to function. When they work together in a collaborative way to provide a coordinated response to sexual violence, they provide better services to victims and are more effective in protecting communities.

Notwithstanding the availability of a range of assistance, rates of survivors utilizing services remain low. Studies show that the rate of accessing social services ranges between 14 and 43 percent.¹ Similarly, statistics from the United States Department of Justice indicate that 31 percent of all rapes and victimizations were reported to police.² The literature suggests four primary reasons why survivors do not access available systems: (1) the survivor's psychological response to rape, (2) the degree of rape severity, (3) fear of retaliation by the assailant, and (4) fear of disbelief by the people who work in the system.³

When survivors do not access needed medical and victim advocacy services, their mental and physical health concerns may not be treated and can lead to long-term complications that include posttraumatic stress, complications from sexually transmitted infections, and a myriad of other health sequelae. Victim advocates are in a unique position to provide confidential emotional support and counseling, criminal justice information and advocacy, and referrals to other social services and legal service providers.

Failure to engage the legal system can result in lost opportunities to pursue: civil legal remedies such as a protective order or restitution, crime victim compensation funds to compensate for losses incurred as a result of the assault, effective safety planning, prevention of future crimes against the victim and others, and the supervision and management of offenders.

Current studies emphasize the importance of a multidisciplinary response to sexual assault, particularly as a way to help survivors understand the breadth of available community resources and services. Campbell found that survivors working with advocates had higher rates of reporting to law enforcement and higher rates of healthcare service utilization, including physical examination and sexually transmitted infection prophylaxis.⁴ Furthermore, they reported experiencing less secondary victimization from the medical and legal service providers they encountered.⁵ A study of Sexual Assault Nurse Examiner (SANE) programs has illustrated that they can positively contribute to increased service utilization, and ultimately impact prosecution rates, in part because of strong, collaborative relationships with law enforcement and victim advocacy.⁶ In examining the positive experiences survivors had reported with a particular SANE program in the study, its authors remarked:

The program links survivors to advocacy and support services at the rape crisis center (with which this SANE is organizationally linked) so that they have the resources they need to focus on their own well-being and recovery. This attention to helping survivors heal indirectly affected their willingness to participate in legal prosecution. When survivors are not as traumatized, they are more willing and capable of participating in the prosecution process. In addition, survivors often had questions about the medical forensic exam and the process of criminal prosecution, and when SANE program nurses and advocates provided patients with this information, it gave survivors more hope and confidence about their legal cases, which also indirectly contributed to increased victim participation.⁷

Many communities understand the need for collaboration among social systems and have formerly created Sexual Assault Response Teams (SART) to provide coordinated responses to sexual violence. These SARTs aim to provide victim-centered

support and services to survivors. Remaining mindful of the reasons why survivors may not turn to social systems, it is especially important for SARTs to make services more accessible to survivors' needs and create a safe place for them to turn. The medical, legal, and victim advocacy systems must work together to educate each other, make appropriate referrals, and build trust with each other, survivors, and other systems.

Hospital emergency departments and SANE programs can examine, document, and treat injuries; provide information about and prophylaxis for pregnancy and sexually transmitted infections; collect forensic evidence; provide mental health treatment or referrals; and offer discharge instructions. Victim advocates may provide a survivor with medical, legal, and court advocacy, engage in crisis intervention, and offer counseling. The legal system can help address a survivor's immediate safety concerns, inform them of their legal rights, and protect them and the community by seeking to hold offenders accountable in court.

Because multidisciplinary responses such as SARTs serve such a vital function in the community, understanding their needs and challenges is critical. Recently, the National Sexual Violence Resource Center (NSVRC) conducted a national needs assessment of SARTs around the United States to help inform the creation of a forthcoming SART Toolkit.⁸ Respondents to the survey mentioned a host of topics, on which SART members wanted more information. Issues such as alcohol and drug-facilitated sexual assault, anonymous reporting, and re-victimization issues were some of the most frequently mentioned.⁹ Respondents also reported wanting materials to help enhance long-term collaboration among SART members and information on funding and sustainability to ensure continuation of the organized response.¹⁰

The benefits of responding to sexual violence through a multidisciplinary approach yield favorable returns for all involved. The research has shown that when systems work together in a collaborative way to provide a coordinated response to sexual violence, they work better and smarter, encourage victims to access services, are more effective in holding offenders accountable, and ultimately, protect victims and communities.

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ENDNOTES

¹ Patterson, Greeson, Campbell, "Understanding Rape Survivors' Decisions Not to Seek Help from Formal Social Systems," HEALTH & SOCIAL WORK, Volume 34, Issue 2 (May 2009).

² Hart, Timothy and Rennison, Callie. "Reporting Crime to the Police, 1992-2000." Washington, D.C.: Bureau of Justice Statistics, U.S. DEPARTMENT OF JUSTICE (Mar. 2003).

³ Patterson, et al.

⁴ Campbell, "Rape Survivors' Experiences With the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference?" VIOLENCE AGAINST WOMEN, Volume 12, Number 1(Jan. 2006).

⁵ *Id.*

⁶ Campbell, Bybee, Ford & Patterson, "Systems Change Analysis of SANE Programs: Identifying the Mediating Mechanisms of Criminal Justice System Impact," available at <http://www.ncjrs.gov/pdffiles1/nij/grants/226497.pdf>.

⁷ *Id.*

⁸ National Sexual Violence Resource Center, "Report on the National Needs Assessment of Sexual Assault Response Teams," available at http://www.nsvrc.org/sites/default/files/file/Projects_SART_Report-on-the-National-Needs-Assessment-of-SART.pdf.

⁹ *Id.*

¹⁰ *Id.*

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