

Against Their Will: An Assessment of Sexual Assault Services in South Carolina

This report highlights the findings of a 2007-2008 statewide assessment of Sexual Assault Services in South Carolina, conducted by Lisabeth Saunders Medlock, Ph.D., on behalf of the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA).

SCCADVASA is a statewide membership coalition formed in 1981 consisting of all the domestic violence shelters and rape crisis centers in South Carolina to represent the critical needs of victims/survivors of domestic violence and sexual assault.

SCCADVASA Vision: *SCCADVASA is the leader in directing efforts to eradicate domestic and sexual violence in South Carolina.*

SCCADVASA Mission: *To support Domestic Violence and Sexual Assault member programs, provide education and advocate for social reform to eradicate domestic and sexual violence in South Carolina.*

“I think services to victims could be improved by showing that the abuse is not the victims fault. I think more people would seek treatment. Also to inform the community about the abuse that happens, signs to look for and what they could do. It would be good if it was brought into the light instead of being kept in the dark.”

Victim Quote

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Executive Summary

Sexual Assault is a widespread social problem that affects millions of women, children and men and does not make a distinction between age, gender, ethnicity, socioeconomic status, education level, faith beliefs, personal abilities, or sexual orientation. Sexual Assault broadly refers to a wide range of unwanted sexual contacts that many people experience, including child sexual abuse, rape, attempted rape, incest, fondling, stalking and sexual harassment.

In 2006, the U.S. Department of Justice National Crime Victimization Survey (NCVS), the Nation's primary source of information on criminal victimization, reported an estimated 272,350 sexual assaults against victims age 13 and older. In 2006, the Federal Bureau of Investigation's Uniform Crime Report estimated 92,455 forcible rapes were reported to law enforcement. The South Carolina Law Enforcement Division (SLED) reported in 2006 there were 1,810 forcible rapes, 401 cases of forcible sodomy, 142 cases of sexual assault with an object, and 1,706 cases of forcible fondling reported to law enforcement across the State.

This report highlights the findings of a 2007-2008 statewide assessment of Sexual Assault Services in South Carolina, conducted by Lisabeth Saunders Medlock, Ph.D., on behalf of the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA). Data for the assessment was collected in three ways. The first was a 24-hour census of sexual assault services that counted the number of people served by the 16 sexual assault programs across the state in the same 24-hour period in order to obtain the number of victims and survivors served in a single day. The second was a survey of sexual assault victims conducted through the 16 sexual assault centers. Fifty-three victims answered a range of questions about their experiences with the law enforcement process, the emergency room, sexual assault center services, and the impact of sexual assault on their lives. The last data collection method was a survey of Sexual Assault Nurse Examiners (SANE) in South Carolina hospitals. The survey provided information about the number of rape victims treated and services provided in the emergency room.

The 24-hour census showed that, in a single day in South Carolina, 1,428 people received services provided by the sexual assault programs. Seventy-eight percent of those served (1,115) received community education and training. In the 24-hour period, 62 victims were unable to obtain the services they requested. Of those 62 victims, 52 were unable to receive individual, group or family counseling services and had to be put on a waiting list for an appointment with an available counselor.

The victim survey showed that almost 80% of victims reported ongoing mental health issues as a result of their sexual assault, and 71.7% changed their daily activities after the sexual assault. Over half reported that they took time off from school or work (56.6%) and that the assault resulted in financial concerns or difficulties (52.8%). Of the victims surveyed, over half (56.7%) reported their sexual assault to law enforcement. The most common reasons for victims not reporting to law enforcement included feeling responsible and blaming the self (43.5%), feeling they would not be believed (39.1%) and feeling it would be embarrassing or shameful (39.1%). The victims reported that 60% of perpetrators were criminally charged, and at the time of the survey 32.1% had been found guilty. One-third of victims felt judged, blamed or disbelieved by law enforcement and nearly 57% were not given complete information about what would happen

next, when it would happen or who to contact at the police department. Almost 36% of the victims went to the hospital emergency room (ER) after the sexual assault. Approximately 47% of victims were treated for other injuries; consisting mainly of cuts, bruises and contusions from the assault. A majority of victims who went to the ER had a Forensic Evidence Collection Kit (or “rape kit”) examination performed (94.1%), were offered testing for sexually transmitted infections (STI) (84.2%) and had a rape crisis advocate present during the rape examination (73.7%). However, less than half were offered testing for pregnancy (47.4%) or were seen by a Sexual Assault Nurse Examiner (SANE) (26.3%).

The SANE survey showed that in 2007 eight SANE programs across South Carolina performed 613 rape kits and 94.3% of victims were women. On average, the seven hospital-based programs saw 83.4 victims per year. There are 67 Emergency Room sites that report data to the Office of Research and Statistics for the state, meaning it is possible that 5588 sexual assault victims, on average, are seen in Emergency Rooms per year in South Carolina. Current trends in sexual assault that SANE programs are seeing in emergency rooms include more drug and alcohol facilitated rape (4 programs), younger victims (2 programs) and known perpetrators (2 programs).

Recommendations based on the sexual assault assessment findings are:

- Because sexual assault victims need access to services to address the short and long term impacts of the assault: Increase funding for sexual assault centers to better address victims needs, especially in the area of counseling where there is a specific need for specialized sexual assault counselors/therapists.
- Because many sexual assault victims do not report their assault to law enforcement: Increase education and prevention that focuses on helping victims identify what is rape and addresses fears about reporting rape.
- Because victims feel judged, blamed or disbelieved and do not get the information they need: Increase training for law enforcement in dealing with sexual assault victims to improve compassion and communication.
- Because a small percentage of perpetrators are found guilty of a crime: Improve the law enforcement investigatory process and increase the rate of prosecution of sexual assault perpetrators.
- Because not all victims have access to the screening and prophylaxis they need after an assault: Increase the number of SANE programs so that victims have access to specialists with specific training in sexual assault forensic evidence collection.
- Because there is an increase in drug facilitated and acquaintance rape: Increase education and prevention efforts around drug facilitated rape and date/acquaintance rape.

Defining Sexual Assault and Rape

Most often when people hear the words "sexual assault" they think of rape. Indeed, these terms are oftentimes used interchangeably. The definition of "rape," "sexual assault," "sexual abuse" and similar terms differ depending upon the state in which one lives. In order to clarify the distinction between the two, the United States Department of Justice (DOJ) defines Rape as, "*forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object*". In contrast, the DOJ defines the term Sexual Assault as, "*unwanted sexual contact that stops short of rape or attempted rape. This includes sexual touching and fondling*". To further clarify, the definition of Rape in South Carolina is taken from the definition of Forcible Rape in the FBI's Uniform Crime Report. In the UCR, Forcible Rape is defined as, "*The carnal knowledge of a person forcibly or against that person's will, or when a victim is mentally or physically incapable of giving consent*".

Sexual assault is perpetrated in various forms. In order to provide a clear picture of the various forms of sexual violence, definitions of the different forms are listed below:

- ***Stranger Rape:*** According to the Rape, Abuse & Incest National Network, (RAINN), 26% of sexual assaults are committed by strangers. Stranger rape can take several forms. Blitz sexual assault is a form of stranger rape where the perpetrator rapidly and brutally assaults the victim with no prior contact. These types of assaults usually occur at night in a public place. Home-Invasion sexual assault occurs when a perpetrator breaks into a victim's home to commit the sexual assault. In Contact sexual assault the perpetrator contacts the victim and tries to gain her or his trust and confidence before committing the assault. Contact perpetrators pick their victims in bars, lure them into cars, or otherwise try to coerce the victim into a situation of sexual assault.
- ***Rape by a family member or relative:*** According to RAINN, 6% of sexual assaults are committed by a family member or relative (not including intimate partners). Perpetrators can include mother's boyfriend, step-father, parent(s), grandparent(s), siblings, uncles, or cousins, amongst others. This type of rape often takes the form of child sexual abuse.
- ***Acquaintance Rape:*** Any non-consensual sexual activity between two people who know each other or whom are acquainted. Acquaintance rape is often termed, "date rape."
- ***Drug-Facilitated Rape:*** "Date rape drugs" are substances used to increase the vulnerability of potential victims and decrease victims' ability to protect themselves. In a drug-facilitated rape, the perpetrator deliberately gives the victim alcohol or a date rape drug without the victim's knowledge or permission, and intentionally acts to ensure the victim is incapacitated in order to commit an unwanted sexual act involving oral, anal, digital or vaginal penetration. The victim is either passed out or awake but incapacitated and unable to defend their self at the time of the sexual assault. Three of the most commonly discussed date rape drugs are Rohypnol (flunitrazepam), nicknamed roofies, roaches, or "the forget pill", GHB (gamma-hydroxybutyrate) which is made from a chemical solvent and drain cleaner, and Ketamine (ketamine hydrochloride) a tranquilizer most commonly used by Veterinarians.
- ***Multiple perpetrator rape:*** A rape committed by two or more perpetrators. This type of rape is often termed, "gang rape," and is sometimes associated with young women being "sexed-in" to male gangs. The term "sexed-in" results from the determination of how

many of the gang members the young women must have sexual contact with in order to become a gang member.

- **Intimate Partner rape:** “Sexual acts committed without a person's consent and/or against a person's will when the perpetrator is the individual's current partner (married or not), previous partner, or cohabitor,” (RAINN, 2008). Intimate partner rape is one of the least talked about forms of sexual assault and is vastly underreported.

What the Numbers Tell Us about Sexual Assault and Rape

Sexual assault is a widespread public safety and public health problem that affects millions of Americans. There are multiple governmental and non-governmental sources for national sexual assault and rape statistics. Here is what those sources tell us:

- ⇒ The National Crime Victimization Survey (NCVS) is the nation's largest and most reliable measure of crime (including those crimes not reported to police). The 2006 NCVS reports that there were **an estimated 272,350 sexual assaults in 2006 against victims age 13 and older.**
- ⇒ According to the Uniform Crime Report, there were an estimated **92,455 forcible rapes reported to law enforcement in 2006** and rapes by force comprised 91.9% of reported rape offenses.
- ⇒ National studies show that **somewhere between 13% and 18% of women have been raped sometime in their life time.**
- ⇒ Using a definition of rape that includes forced vaginal, oral, and anal sex, the National Violence Against Women Survey, conducted in the mid-1990s, found **that 1 of 6 U.S. Women and 1 of 33 U.S. men has experienced an attempted or completed rape as a child and/or adult.** According to estimates, approximately 1.5 million women and 834,700 men are raped and/or physically assaulted annually by an intimate partner in the United States and almost 18 million women and 3 million men in the United States have been raped or have had rape attempted as a child or adult. (Tjaden & Thoennes, 1998).
- ⇒ The National Women's Study (NWS) found that approximately **13% of adult women had been victims of completed rape during their lifetime** (Kilpatrick, Edmunds, & Seymour, 1992; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993).
- ⇒ Results of a nationally representative survey of 9,684 adults conducted in 2001-2003 indicate that **1 in 59 U.S. adults (2.7 million women and 978,000 men) experienced unwanted sexual activity in the 12 months preceding the survey** and that 1 in 15 U.S. adults (11.7 million women and 2.1 million men) have been forced to have sex during their lifetime (Basile, Chen, Lynberg & Saltzman, 2007).
- ⇒ In the Campus Sexual Assault Study (CSA) of 5,446 women, 28.5% reported having experienced an attempted or completed sexual assault either before or since entering college. Nearly 16% experienced attempted or completed sexual assault before entering college. Nineteen percent of the women reported experiencing completed or attempted sexual assault since entering college. **Almost 14% of undergraduate women had been victims of at least one completed sexual assault since entering college** (Krebs & Lindquist, 2006).

Many Americans are sexually assaulted or raped at an early age:

- The National Violence Against Women Survey found that, of the 17.6% of all women surveyed who said they had been the victim of a completed or attempted rape at some time in their life, **more than half (54 percent) of the female rape victims were younger than age 18 when they experienced their first attempted or completed rape.** (Tjaden & Thoennes, 1998)
- The National Survey of Adolescents (NSA), a National Institute of Justice funded study of a national household probability sample of 4,023 adolescents age 12-17, found that **8.1% of U.S. adolescents had been victims of at least one sexual assault. This indicates that an estimated 1.8 million 12 to 17 year olds have been sexually assaulted.** (Kilpatrick, Acierno, Saunders, Resnick, Best, & Schnurr, 2000).

Rape is the most underreported crime in America:

- Based on 2005 Bureau of Justice statistics, only 39% of rapes or sexual assaults were reported to law enforcement.
- The percentage of sexual assaults that were reported to police averaged 41.6% from 2000-2005 (NCVS, 2005).
- In national random telephone surveys only 15-20% of rape victims report the rape to law enforcement (Kilpatrick et al., 1992; Tjaden & Thoennes, 2006).
- Of the rapes that are reported to law enforcement, only 50.8% result in an arrest. (National Center for Policy Analysis, 1999).
- Of the rapes that are reported to law enforcement, only 16% result in prison sentences. The average sentence is 128 days. (National Center for Policy Analysis, 1999).
- Factoring in unreported rapes, only 6% of rapists ever spend a day in jail (RAINN.org, 2008).

Sexual assault has far-reaching implications for its victims and for their families and communities. **Being a victim of sexual assault is one of the most violating experiences anyone can endure and can cause immediate and long-term physical health, mental health, and social consequences.**

- Of rape victims, 25% to 45% suffer from nongenital trauma; 19% to 22% suffer from genital trauma; up to 40% get sexually transmitted diseases (STDs); and 1% to 5% become pregnant, resulting in an estimated 32,000 rape-related pregnancies in the United States annually (Holmes, Resnick, Kirkpatrick, & Best, 1996).
- Four out of five rape victims subsequently suffer from chronic physical or psychological conditions (Strategies for the Treatment and Prevention of Sexual Assault, 1995).
- Immediate psychological consequences of sexual assault include shock, denial, fear, confusion, anxiety, withdrawal, guilt and distrust of others. In the longer term, victims suffer from symptoms of Post Traumatic Stress Disorder (PTSD) including emotional detachment, sleep disturbances, flashbacks and mental replay of the assault, as well as depression and alienation.
- Victims of rape are three times more likely than non-victims to experience a major depression. The rate of attempted suicide is 13 times higher than that of non-victims and six times more likely than victims of other crimes. (Kilpatrick, Edmunds & Seymour, 1992).

- Sexual violence also has social impacts on its victims, such as strained relationships with the victim's family, friends, and intimate partners, less emotional support from friends and family, less frequent contact with friends and relatives, and lower likelihood of marriage. (Clements at al., 2004; Golding, Wilsnack & Cooper, 2002):

Overall, rape is believed to carry the highest annual victim cost of any crime. The annual sexual assault victim costs are \$127 billion (excluding child sex abuse cases), followed by assault at \$93 billion per year, murder (excluding arson and drunk driving) at \$61 billion per year, and child abuse at \$56 billion per year (Miller, Cohen, & Wierama, 1996). The average rape or attempted rape costs \$5,100 in tangible, out-of-pocket expenses. Medical and mental health care to victims represents the bulk of these expenses. However, if rape's effect on the victim's quality of life is quantified, the average rape costs \$87,000 annually (Miller, Cohen, & Wierama, 1996).

South Carolina Statistics on Sexual Assault and Rape

The Uniform Crime Report (UCR), a compilation of annual crime statistics for the United States prepared annually by the FBI, defines Forcible Rape as “the carnal knowledge of a person forcibly or against that person’s will, or when a victim is mentally or physically incapable of giving consent”. Attempts to commit rape are included in this category. One offense is counted for each victim of forcible rape. Statutory rape and other forms of rape that do not meet the UCR’s narrow definition are not counted as rape under the UCR program. According to the 2006 South Carolina UCR:

- There were **1,810 forcible rapes** reported in the 2006 crime index.
- The number of forcible rapes committed per 10,000 persons was 4.2 statewide.
- The relationships of victims to offenders within the family represented 16.0% of the total, outside the family but known to the victim 58.4%, strangers 14.5%, and unknown relationships 11.1%.

The UCR category of Additional Sex Offenses is composed of forcible sodomy (oral or anal intercourse), sexual assault with an object (the insertion of any object into the anal or genital opening of a person’s body), and forcible fondling (the touching of the private body parts of another person for sexual gratification). These crimes are committed forcibly and without consent, or in cases in which a person is mentally incapable of giving consent. Attempted rape are counted in this section, however, forcible rape is not included in this section. The 2006 UCR reported the following statistics for Additional Sex Offenses, for the State of South Carolina, as follows:

- **401 cases in forcible sodomy** where 33% were committed by family members and 51% of perpetrators were known to the victim.
- **142 cases of Sexual Assault with an object** where 34% were committed by family and 47% of perpetrators were known to the victim.
- **1706 cases of forcible fondling**, 85.3% which were committed by family members or someone known to the victim.

Data from the 2005 Behavior Risk Factor Surveillance System, the world's largest random telephone survey of non-institutionalized population aged 18 or older, shows that **8.4% of females and 1.3% of males in South Carolina reported ever having sex against their will**. In addition, 11% of women and 3.2% of men reported that they had been a victim of an attempt to have sex against their will or without consent, but intercourse/penetration did not occur.

The South Carolina Department of Health and Environmental Control compiles statistics on individuals served by the sexual assault programs in South Carolina.

In 2007,

- **4864 sexual assault victims were served across the state of South Carolina.**
- 4067 were female and 797 were male.
- 2970 individuals other than victims that were directly affected by the crime (partners, friends, family members) received services.
- 129,258 individuals in schools, clubs and churches received community education/prevention.
- 7982 victims were provided with follow up services such as case management and support groups.
- 5096 victims called into hotlines.
- 3575 victims received crisis counseling.
- 3003 victims were referred to other agencies.
- 1311 victims were accompanied at the hospital.

In sexual assault cases:

- 17.4% were adult survivors of incest or child sexual abuse.
- 16.2% of primary victims had a prior history of violence or sexual abuse/assault.
- 12.1% of cases involved substance abuse by the victim or perpetrator.
- 7.5% involved both sexual assault and domestic violence.

Results from the 2007-2008 Statewide Assessment of Sexual Assault Services

This report highlights the findings of a 2007-2008 statewide assessment of Sexual Assault Services in South Carolina, conducted by Lisabeth Saunders Medlock, Ph.D., on behalf of the South Carolina Coalition Against Domestic Violence and Sexual Assault (SCCADVASA).

Data for the assessment was collected in three ways. The first was a 24-hour census of sexual assault services that counted the number of people served by the 16 sexual assault programs across the State in the same 24-hour period in order to obtain the number of victims and survivors served in a single day. The second was a survey of sexual assault victims conducted through the 16 sexual assault centers. Fifty-three victims answered a range of questions about their experiences with the law enforcement process, the emergency department, sexual assault center services, and the impact of sexual assault on their lives. The last data collection method was a survey of Sexual Assault Nurse Examiners (SANE) in South Carolina hospitals. The survey provided information about the number of rape victims treated and services provided in the emergency department

Sexual Assault Counts: 24-Hour Census of Sexual Assault Services

On November 7, 2007 the sixteen sexual assault programs serving the state of South Carolina participated in a 24-hour census of services provided to sexual assault victims and their families. This census was modeled after the National Network to End Domestic Violence (NNEDV) national census of domestic violence services and was modified for use with sexual assault services in South Carolina. The census counted the number of people served by all local programs in the same 24-hour period in order to obtain the number of victims and survivors served statewide in a single day. In addition to counting the number of people served, the survey helped measure the wide range of services provided by sexual assault programs. Programs also provided “usual day” counts as a basis of comparison to see how the 24-hour census period compared to a usual day at each program, that is, a day that is representative of an average day at the program. There were also some demographic questions about the size and structure of each program.

In a single day in South Carolina, 1428 people received services in sexual assault programs:

- 1115 served received community education and training
- 974 of those 1115 (87.3%) were elementary, middle and high school students
- 98 individuals received counseling services
- 77 individuals received information and referrals
- 62 individuals called into a hotline
- 40 individuals received advocacy services (usually legal)
- 25 individuals had crisis counseling
- 11 individuals were accompanied at the hospital after being sexually assaulted

The 16 programs also reported that they were unable to meet the needs of all victims due to limited resources, primarily in the ability to hire and retain staff to provide counseling. **In the 24 hour period, 62 people were unable to be served:**

- 52 people could not be seen in individual, group or family therapy due to waiting lists for openings with counselors.
- 8 people could not receive community training they requested.
- 2 individuals did not receive advocacy services they needed.

Most sexual assault programs in South Carolina operate with relatively few staff and 56.3% have annual budgets less than \$500,000.

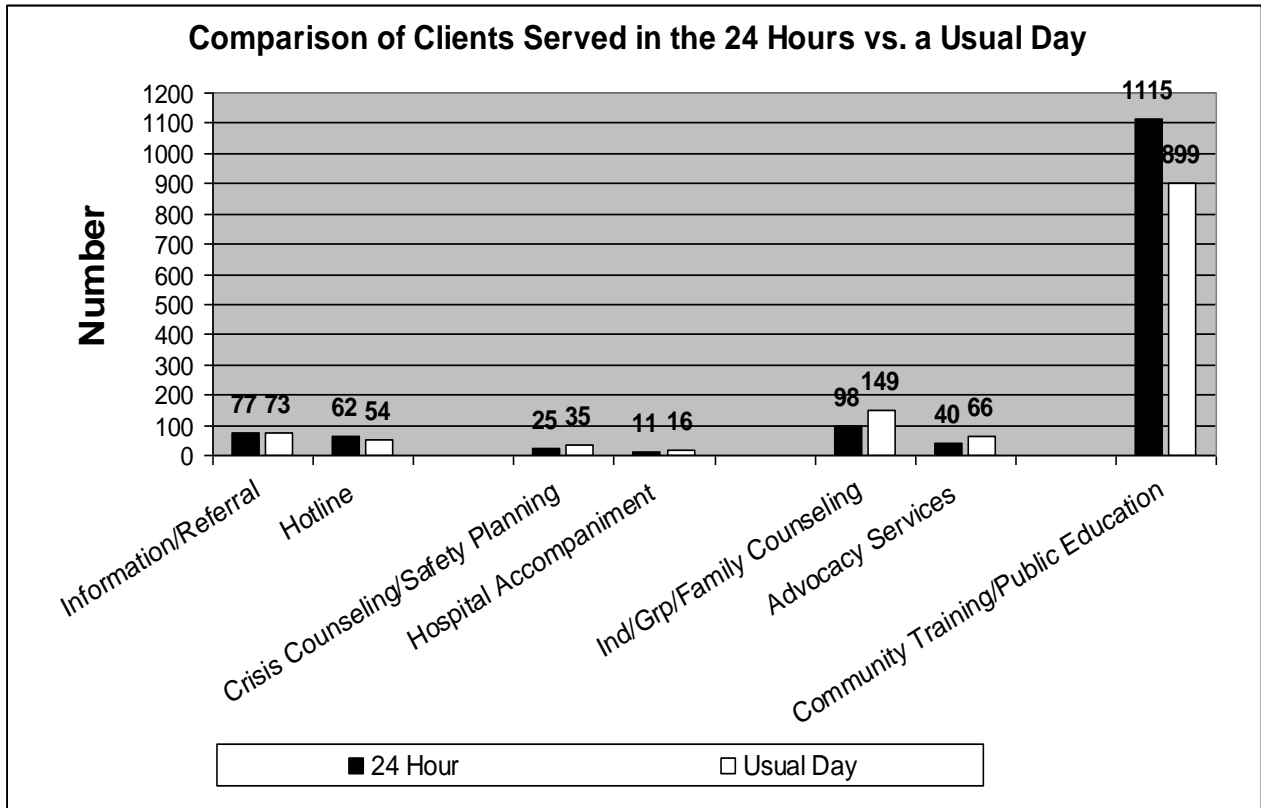
- 37.5% have 5 to 10 full time staff
- 31.2% have less than 5 full time staff
- 18.8% have 11 to 20 full time staff
- 12.5% have more than 20 full time staff

These centers also provide a range of services as demonstrated below:

- 31.2% are dual sexual assault and Child Advocacy Centers (CAC)
- 25% are dual sexual assault and domestic violence programs
- 25% are sexual assault only programs
- 12.5% are sexual assault, domestic violence and CAC
- 6.3% are sexual assault, CAC and Prevent Child Abuse.

The 24 hour period on November 7, 2007 was comparable to a “usual day” in sexual assault programs.

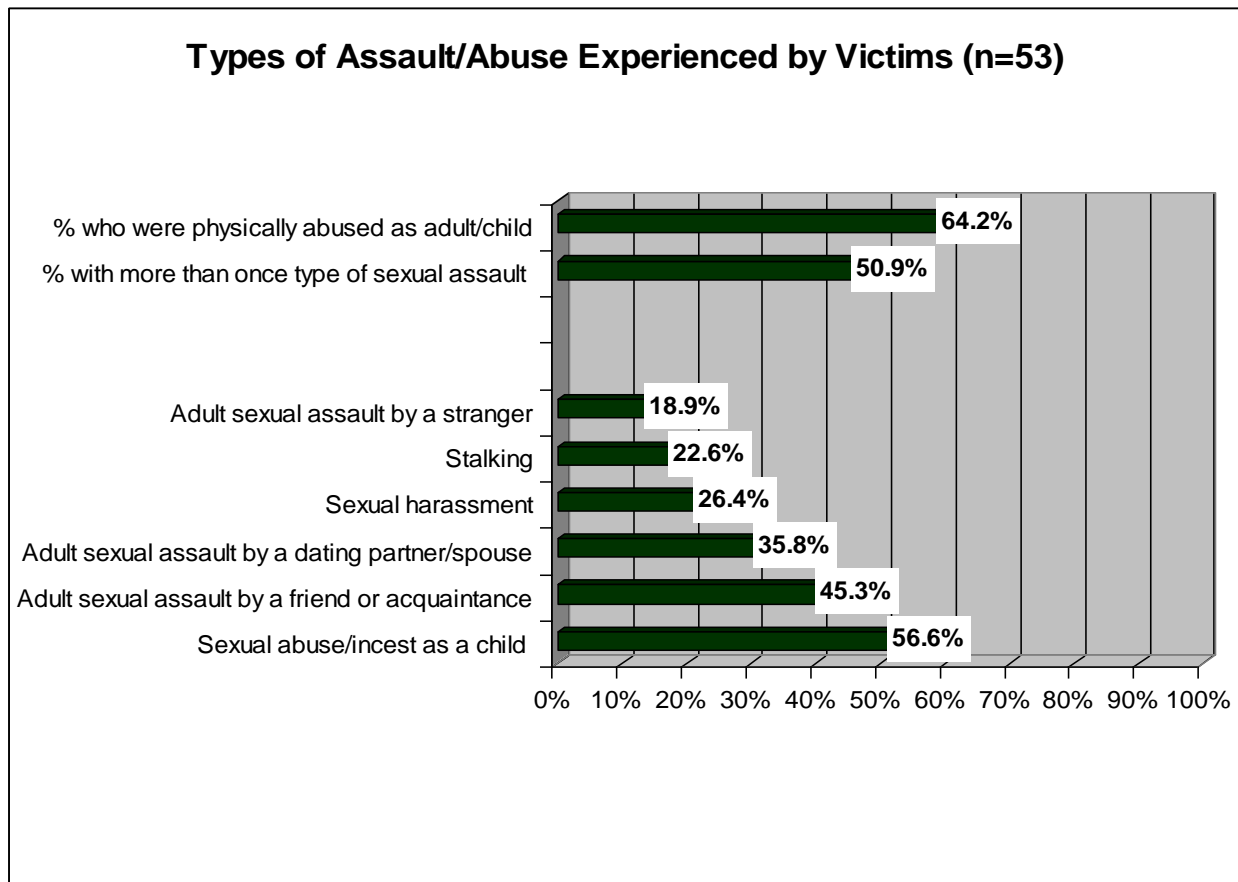
- 1292 people are served across the state of South Carolina on a usual day
- 70% of those are served in community training and public education
- 72 people can not be served
- 69 of those have to be put on waiting lists to receive counseling services



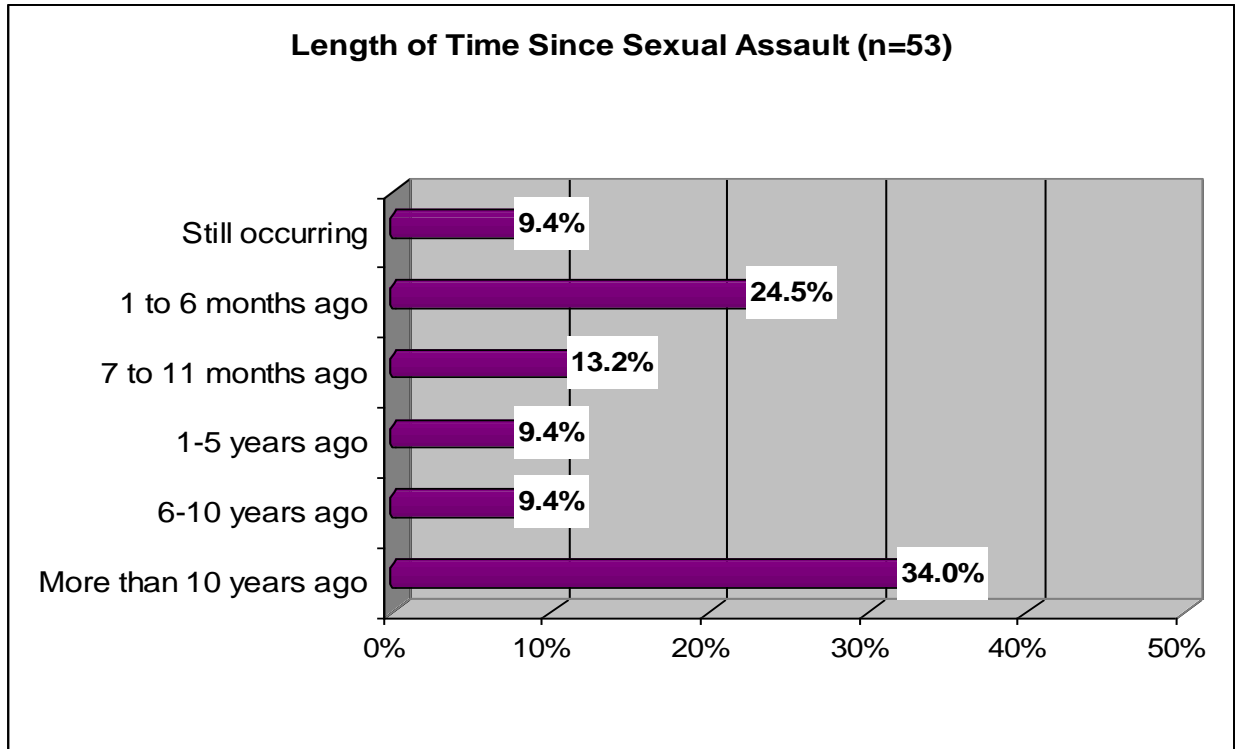
The Voices of Victims in South Carolina: Sexual Assault Victim Survey

The second means of collecting data for this assessment was through a survey of sexual assault victims. The survey asked victims a range of questions about their experiences, such as dealing with the criminal justice system and the emergency room, satisfaction with services received and how the sexual assault has impacted their lives. To ensure that the victims' information remained private, the surveys were sent to the 16 sexual assault centers and they gave them directly to victims receiving services. A total of 275 surveys with self-addressed stamped envelopes were sent out to the centers. Fifty-three (19.3%) completed surveys were received after four weeks of the survey being conducted. Approximately 72% of the victims were Caucasian and 15.1% were African American. Women comprised 94.3% of the victims and they were distributed in age, 37.2% were under 25, 31.4% were between 26 and 40, and 31.4% were over 40.

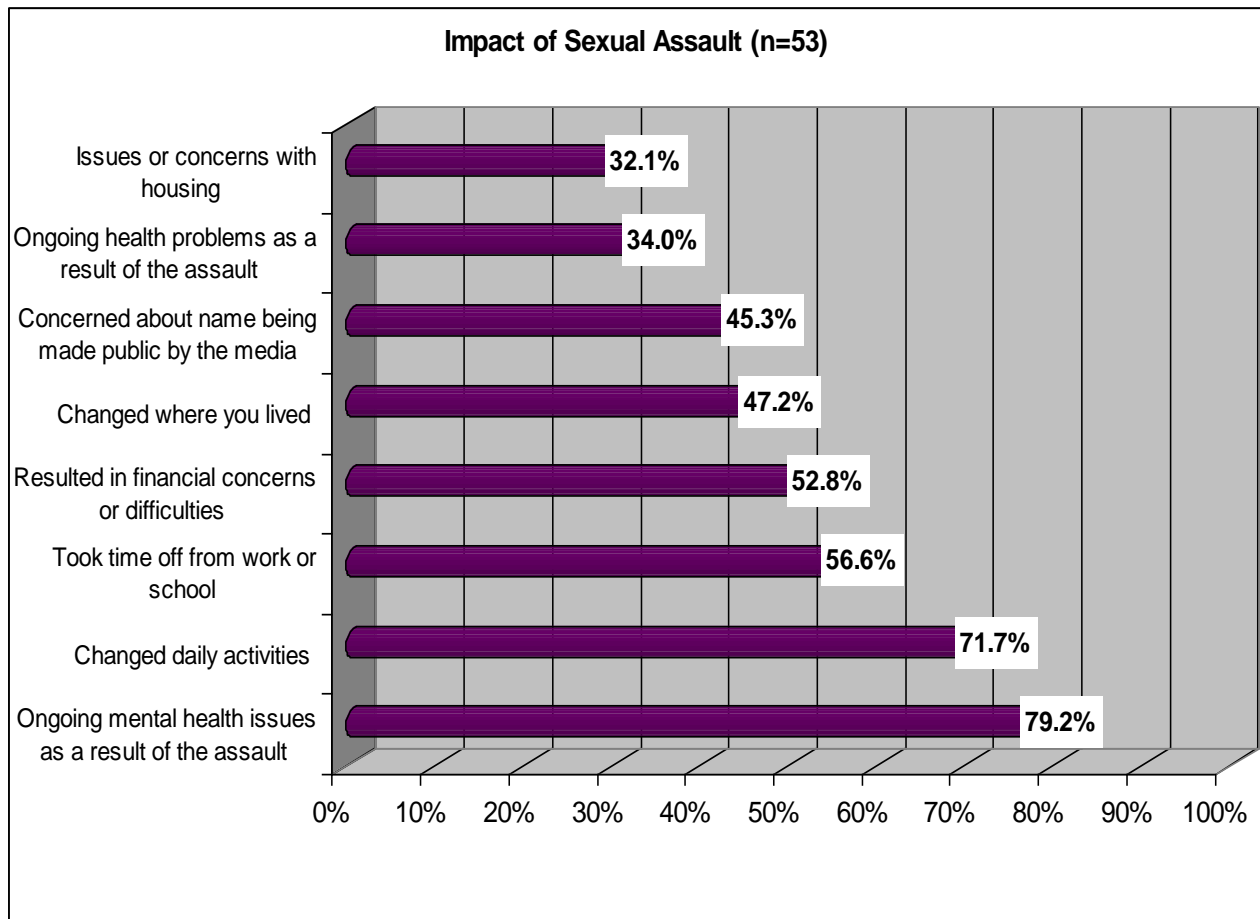
As shown below, the most common types of sexual assault experienced by the victims were sexual abuse or incest as a child (56.6%) and adult sexual assault by a friend or acquaintance (45.3%). **Over half of the victims (50.9%) experienced more than one type of sexual assault and 64.2% also experienced physical abuse at some point in their lives.** Research has shown that there is a relationship between victimization as a minor and subsequent victimization: Women who reported they were raped before age 18 were twice as likely to report being raped as an adult (Tjaden & Thoennes, 1998).



The length of time since the victim had experienced the sexual assault varied widely. Approximately 47% had experienced or were experiencing sexual assault in the last year, 18.8% had been sexually assaulted between 1 and 10 years ago and 34% had been assaulted more than 10 years ago. Of those that were assaulted more than a year ago, 78.6% were victims of incest or child sexual abuse.

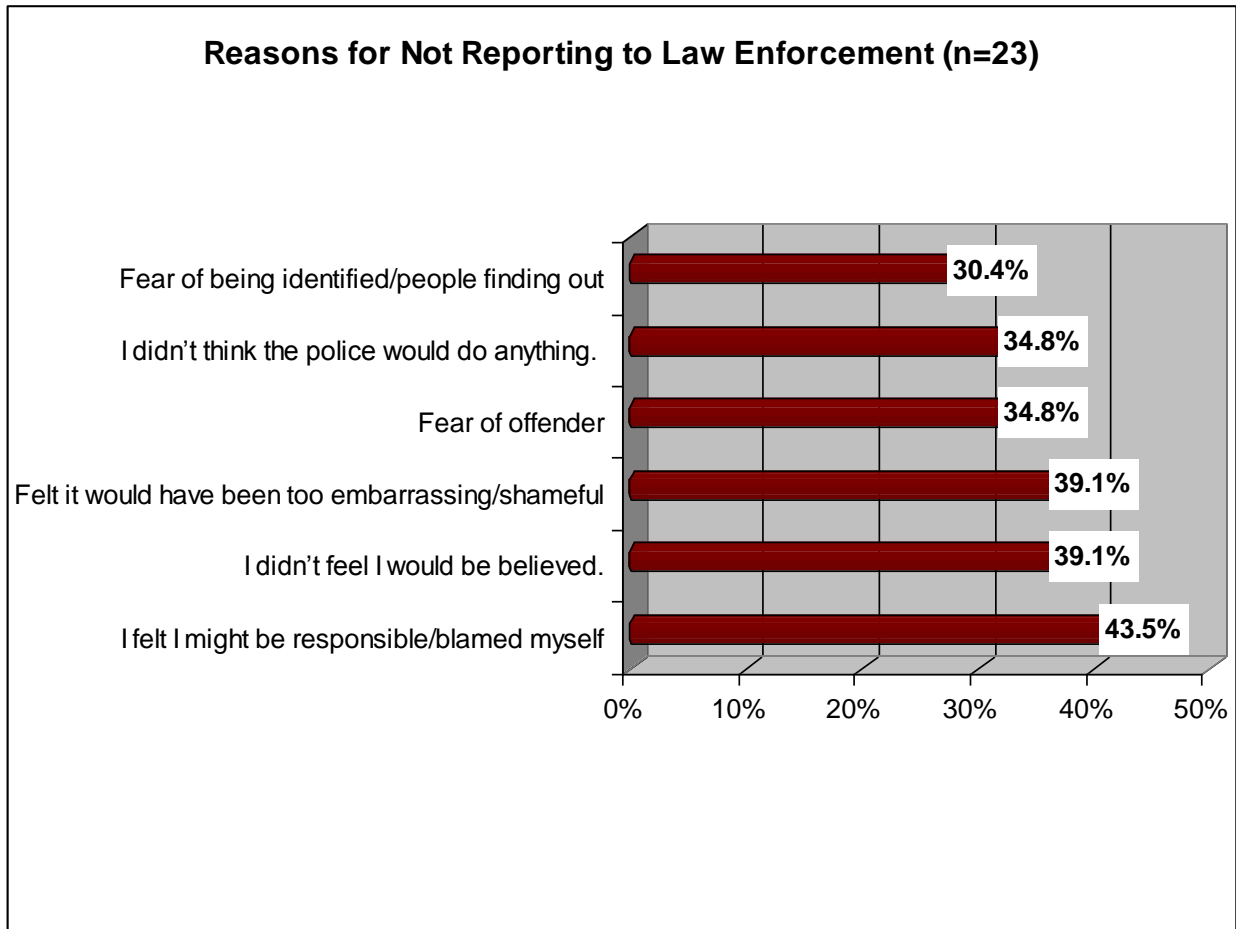


Victims were asked a set of questions about the impact sexual assault had on their lives. Consistent with data reported earlier on the short and long term effects of sexual assault, an overwhelming majority of victims reported multiple impacts. **Almost 80% of victims reported ongoing mental health issues, and 71.7% changed their daily activities after the sexual assault.** Over half reported that they took time off from school or work (56.6%) and that the assault resulted in financial concerns or difficulties (52.8%). Slightly less than half of the victims changed where they lived and were concerned about their name being made public by the media.

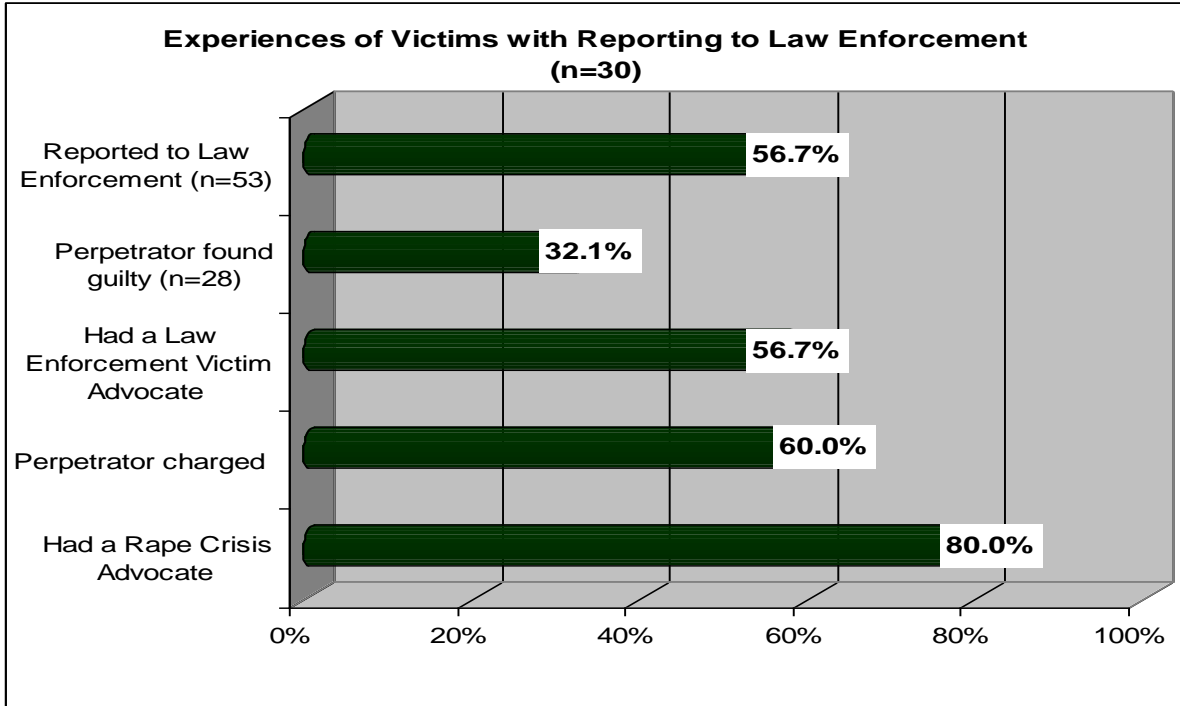


Experiences with the Law Enforcement Process: The survey asked victims if they reported their sexual assault to law enforcement. Thirty victims (56.7%) did make a report. Those who were sexually assaulted in the past year reported at a much higher frequency than those who had been assaulted more than a year ago. Eighty percent of victims who had been assaulted in the past year made a report to law enforcement. In contrast, only 36.4% of those that had been sexually assaulted more than a year ago and were victims of child sexual abuse reported to law enforcement. Those that did not report were asked why they did not choose to do so and provided multiple reasons. **The most common reasons for not reporting to law enforcement included feeling responsible and blaming the self (43.5%), feeling they would not be believed (39.1%) and feeling it would be embarrassing or shameful (39.1%).** This is consistent with the *Rape in America* report (Kilpatrick et al., 1992) that cited major concerns

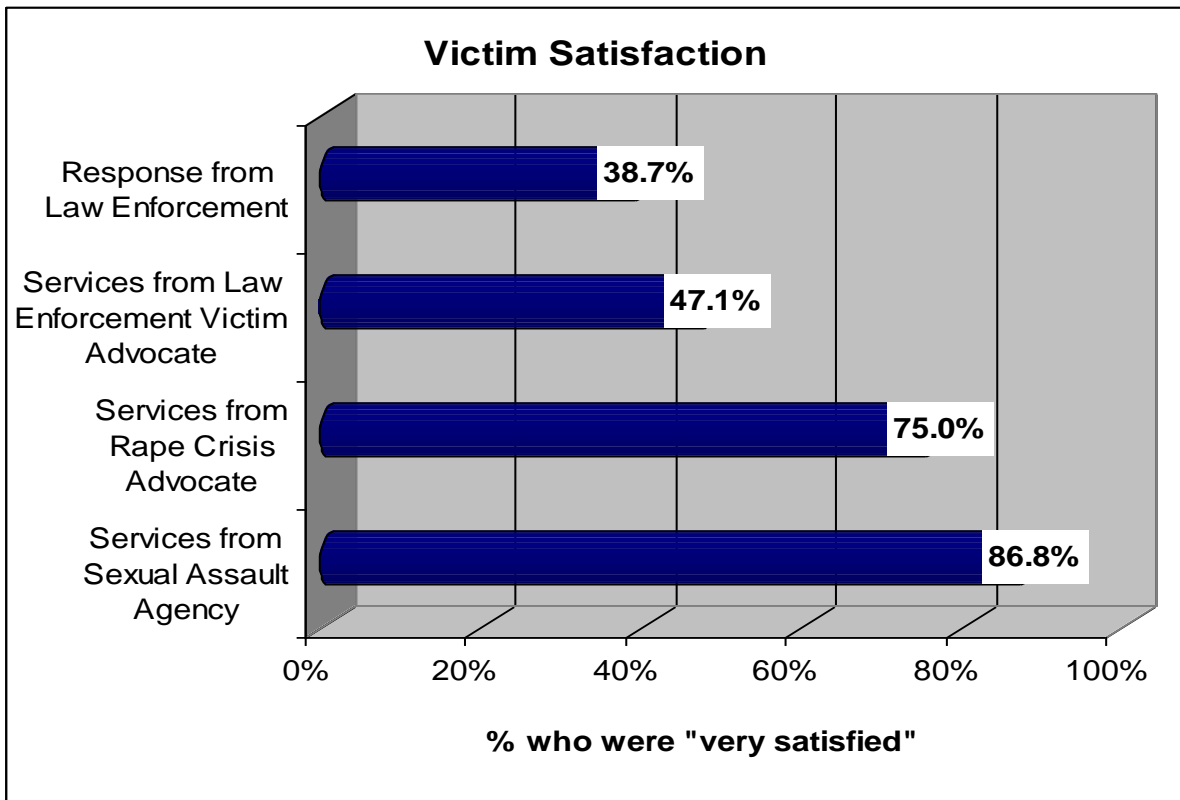
identified by victims as being blamed by others, their families finding out about the rape and other people finding out.



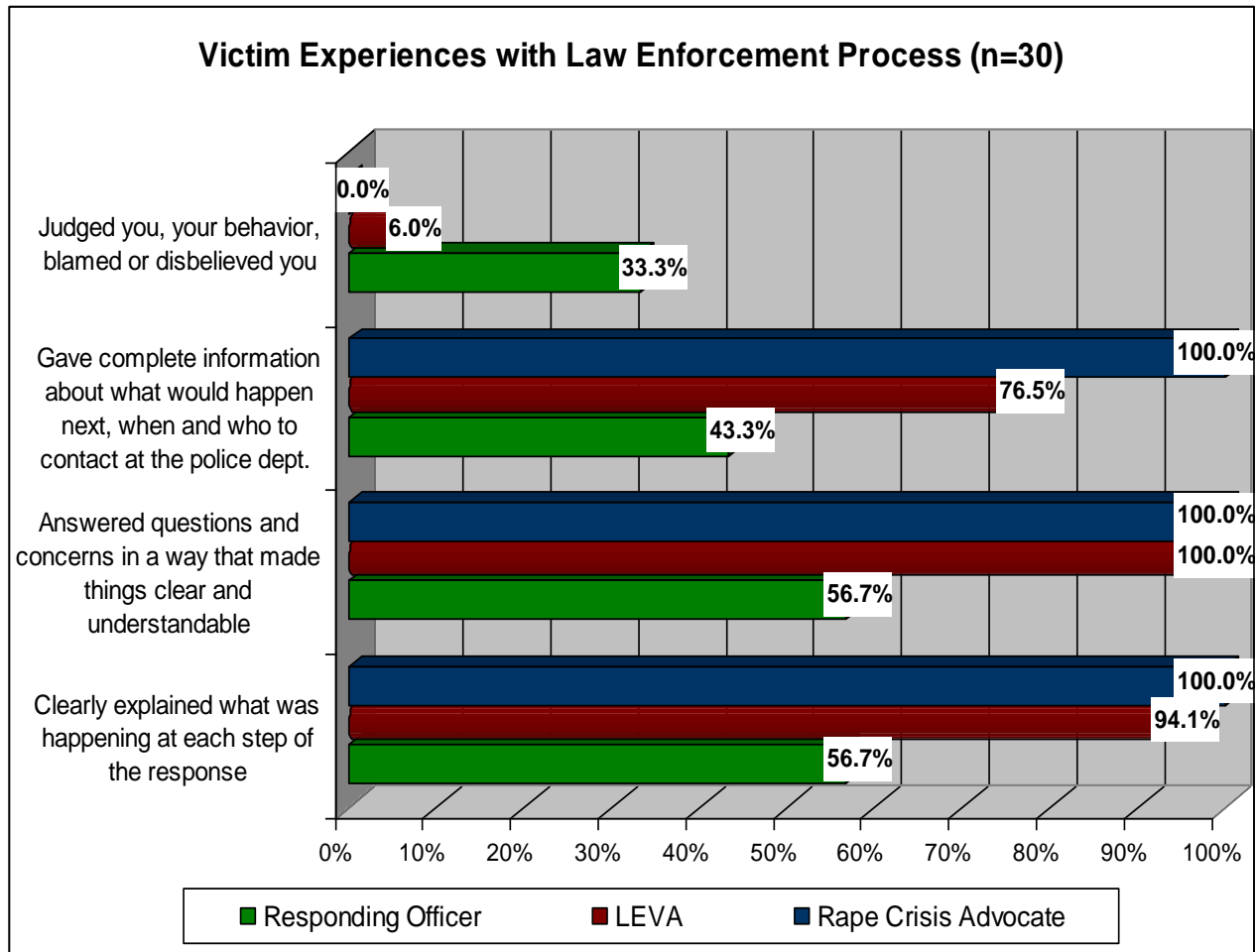
Those that did report to law enforcement were asked about their experiences with the criminal justice process and the outcome of the case. The victims reported that 60% of perpetrators were criminally charged, and at the time of the survey 32.1% had been found guilty. Slightly over half had a Law Enforcement Victim Advocate (LEVA) and 80% had a sexual assault advocate from one of the 16 sexual assault centers to assist them in the process.



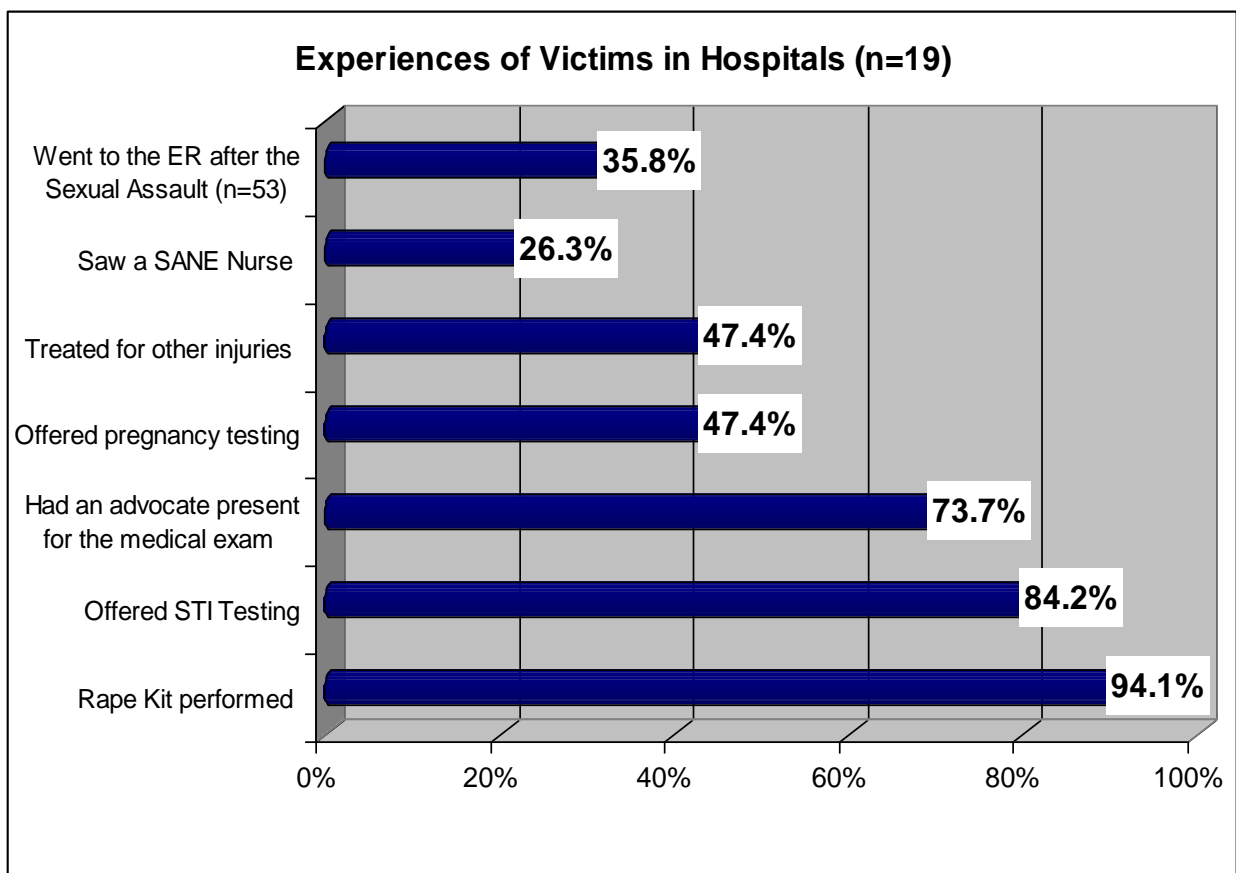
Overall victims were more satisfied with the services provided by sexual assault advocates (75% were very satisfied) than they were with the services from Law Enforcement Victims Advocates (LEVA) (47.1%) or the law enforcement response (38.7%).



With regard to the process of law enforcement investigation, **one third of victims felt judged, blamed or disbelieved by law enforcement and 56.7% were not given complete information about what would happen next, when it would happen or who to contact at the police department.** Approximately 43% reported that law enforcement did not answer questions in a way that was clear and understandable and also did not clearly explain what was happening at each step of the response. Victims reported that the LEVA, and especially rape crisis advocate, were more responsive to their needs.



Experiences with the Hospital Emergency Room (ER): In this survey 19 or 35.8% of the victims went to the ER after the sexual assault. This is consistent with national survey findings that 35.6% of the women injured during their most recent rape received medical treatment (Tjaden & Thoennes, 1998). About 68% of those who were assaulted in the past year went to the ER in comparison with 18.2% of victims who were sexually assaulted more than a year ago and were incest or child sexual assault victims. One hundred percent of victims who did not make a report to law enforcement also did not go to the ER after the assault. **Approximately 47% of victims were treated for other injuries; mostly cuts, bruises and contusions that resulted from the assault.** Victims were asked about their experiences with treatment at the ER. As shown below, a majority of victims had a Forensic Evidence Collection (also called a “rape kit”) exam performed, were offered testing for sexually transmitted infections (STI) and had a rape crisis advocate present for the forensic exam. However, less than half were offered pregnancy testing or saw a Sexual Assault Nurse Examiner (SANE) nurse. Approximately 84% of the victims were referred to other services, the most common being counseling (87.5%) and law enforcement (43.8%). Overall victims felt they were treated well at the ER, about 79% said they were treated “good” or “excellent” by hospital staff.



What Happens in Emergency Care to Victims: Sexual Assault Nurse Examiner Survey

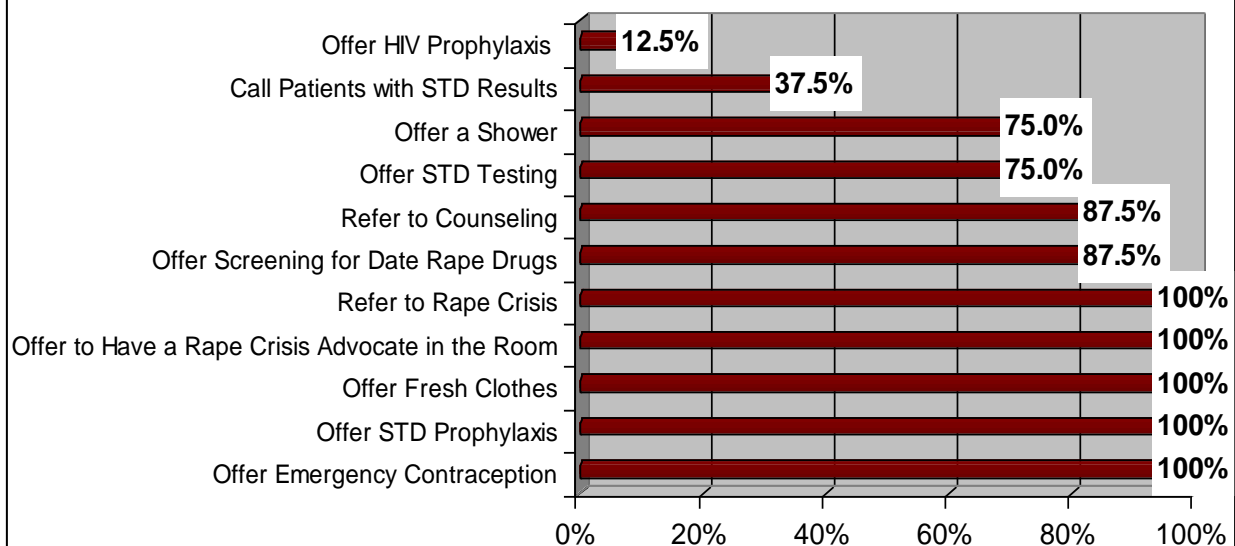
The last means for collecting data for the sexual assault service assessment was to survey Sexual Assault Nurse Examiner (SANE) programs statewide to compile information on sexual assault forensic evidence exams completed, the number of cases with injuries, the number of cases reported to law enforcement and prosecuted by the criminal justice system, and equipment SANE programs have and need to treat victims. A SANE is a registered nurse (R.N.) who has advanced education and clinical preparation in forensic examination of sexual assault victims. Victims are often re-traumatized when they come to hospital emergency departments for medical care and forensic evidence collection. Often they have to wait for long periods of time to be examined and those who perform the exams often lack training and experience in working with sexual assault victims and in gathering forensic evidence. The benefit of a SANE program is that they offer victims prompt, compassionate care and comprehensive forensic evidence collection.

Surveys were sent to the 10 SANE sites in South Carolina by e-mail. After one month, 8 of the 10 programs (80%) returned completed surveys. Seven programs were located in hospitals within the counties of Charleston, Richland, Kershaw, Greenville, Spartanburg, Pickens and Orangeburg, and all served surrounding counties as well. One program in York County was community-based. The Greenville program began in May 2007 so the data from this program is for a 7 month period.

In 2007 these eight SANE programs performed 613 Forensic Evidence Collection Kits (rape kits) and 94.3% of victims were women. On average, the seven hospital-based programs saw 83.4 sexual assault victims per year. **There are 67 Emergency Room sites that report data to the Office of Research and Statistics for the state, meaning it is possible that 5588 sexual assault victims, on average, are seen in Emergency Rooms per year in South Carolina.** The majority of victims (50.2%) were between the ages of 18 and 34, 28.4% were under 18, 19.2% were between 35 and 59, and 2.2% were 60 or older. Across the eight sites there was a range reported from 6% to 73% of victims with other physical injuries, with an average of 26.1% of sexual assault victims with other physical injuries. **SANE programs reported that current sexual assault trends include an increase in drug and alcohol facilitated rape (4 programs), younger victims (2 programs) and cases where the victim knows the perpetrator (2 programs).**

As shown on the next page, programs offer victims prophylaxis and/or screening in some areas (STD, Date Rape Drugs) but not in others (HIV), but they all offer emergency contraception and offer to have rape crisis advocates in the room.

Services Provided by SANE Programs (n=8)



Six of the eight SANE programs also performed suspect kits (evidence collection on the suspect), but a total of only 15 kits were performed in 2007. According to SANE program directors, there was only one case in which a SANE nurse was called to testify in court, and only 3 cases among the 8 sites that were prosecuted in 2007. In terms of cooperation with law enforcement, three SANE programs reported that 100% of victims cooperate. One program said 95% of victims cooperate, while in another 91% cooperate with law enforcement. One program reported that only 50% of sexual assault victims cooperate with police. In two SANE programs the percentage of victims who cooperate with law enforcement was not known.

Making Sense of the Assessment Data

The assessment clearly shows that sexual assault is an issue that affects thousands of people in our state each year. As with national studies, it is apparent that there are many more victims receiving services than there are reported sexual assaults. Almost 5000 victims were served by sexual assault centers in 2007 and it is possible to estimate that over 5000 were seen in Emergency Rooms that same year. In this study less than 60% of those sexually assaulted made a report to law enforcement, and that information is drawn from victims who were receiving services at sexual assault centers. It is likely that there are thousands more victims who never seek services and have not reported their assaults.

The survey and census data collected as part of this assessment paint a picture in which services are being directed to 1) the prevention of sexual assault (through community education and training) and 2) treatment for the long term impact of sexual assault and child sexual abuse or incest. This was confirmed by the 24-hour census numbers and in the makeup and services received by victims (almost 91% of victims surveyed were in counseling), as well as reports by sexual assault program directors that they do not see many recently assaulted clients. Only 25% of sexual assault programs are the sole focus of the centers in which they are located. Most are most housed with agencies that also provide domestic violence and/or child advocacy services. Sexual assault programs operate on limited budgets with limited staff and resources as evidenced by the shortage of available sexual assault counselors to meet the needs of victims and the necessity of the use of waiting lists for survivors seeking therapy. The victim survey showed that there are long lasting and multiple affects of sexual assault, and almost all victims reported ongoing mental health issues as a result of the sexual assault. When asked what was most helpful to their healing process, over 80% of victims surveyed said that it was therapy, counseling or talking to someone that was most helpful, so having access to these services is a critical need of victims.

The rate of victims reporting their assault to law enforcement was only slightly over half. Those that did not report gave reasons such as blaming the self, embarrassment and shame. Those who were raped in the last year were much more likely to have reported to law enforcement than those whose sexual assault was more than a year ago and consisted of incest or child sexual abuse. Sexual assault victims that did make a report had some issues with the law enforcement process in that they were not given clear information about the process or their questions were not answered completely. In addition, one-third of victims felt judged, blamed or disbelieved by law enforcement. Open ended comments by victims highlighted their disappointment in law enforcement officers not believing their story or questioning their report. Satisfaction with law enforcement was also low as compared to satisfaction with Law Enforcement Victim Advocates (LEVAs), sexual assault advocates or rape crisis services. Fortunately, the majority of victims are receiving the support that they need from law enforcement victim advocates and sexual assault advocates, and a majority of victims have access to one or more of these advocates. Findings also support that less than one third of perpetrators are found guilty of their crime. SANE programs reported almost 100% of victims cooperate with law enforcement, with the exception of 2 sites where the level of cooperation was not known and 1 site where victims cooperated half of the time. However, across 8 sites there was only 1 case in which a SANE was called to testify in court and 3 cases where there was a prosecution, which confirms victims' reports that there is a low rate of prosecution for offenders. Given the experiences of these victims, law enforcement training, and improved law enforcement investigation and prosecution of sexual assault perpetrators is a critical need.

In this study only slightly more than one third of victims went to a hospital emergency room (ER) after their sexual assault. Those who were sexually assaulted in the past year were much more likely to have sought treatment than those who had been a victim of child sexual abuse. Sexual Assault victims that do go to the ER have access to a range of testing and prophylaxis, but few see a SANE nurse who is specialized in sexual assault examinations and less than half are offered pregnancy testing. An overwhelming majority of victims say they were treated well by hospital staff and were referred for needed services. Sexual Assault Nurse Examiner (SANE) directors see sexual assault trends of an increase in drug facilitated rape, victims at younger ages

and an increase in date and acquaintance rape. These are the types of sexual assault that often go unreported, so prevention and communication efforts should focus on these areas.

Recommendations

- Because sexual assault victims need access to services to address the short and long term impacts of the assault: Increase funding for sexual assault centers to better address victims needs, especially in the area of counseling where there is a specific need for specialized sexual assault counselors/therapists.
- Because many sexual assault victims do not report their assault to law enforcement: Increase education and prevention that focuses on helping victims identify what is rape and addresses fears about reporting rape.
- Because victims feel judged, blamed or disbelieved and do not get the information they need: Increase training for law enforcement in dealing with sexual assault victims to improve compassion and communication.
- Because a small percentage of perpetrators are found guilty of a crime: Improve the law enforcement investigatory process and increase the rate of prosecution of sexual assault perpetrators.
- Because not all victims have access to the screening and prophylaxis they need after an assault: Increase the number of SANE programs so that victims have access to specialists with specific training in sexual assault forensic evidence collection.
- Because there is an increase in drug facilitated and acquaintance rape: Increase education and prevention efforts around drug facilitated rape and date/acquaintance rape.

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