

# FY10 United Way Mid-year Report

**Program: Sexual Assault Resource Agency**

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**Date: February 1, 2010**

1. For the current funding period, please highlight your program's goals, activities and results, noting any changes to your original plan/proposal. Include any relevant budget and/or financial information. Limit your response to no more than one page.

## *Program Goals*

Outcomes were revised for FY10 the following categories:

- The goal for the number and percent of clients, deemed to be at risk, who develop a safety plan to address current and/or future situations was increased from 160 or 50% to 192 or 60% based on trends.
- The goal for the number of victims who access SARA crisis services was revised upward from 700 to 750.
- The goal for the number and percent of clients seeking and receiving at least one referral to an indentified community resource to address current needs was revised upward from 595 or 85% to 637 or 85%.
- The goal for the number and percent of community members attending presentations who indicate having learned more about sexual violence reduced from 630 or 90% to 500 or 90% based on trends.
- The goal for the number of children/youth attending educational presentations and/or workshops who display an awareness of the characteristics of healthy relationships was decreased from 400 or 80% to 240 or 80%. Our child programming is shifting to work with staff of child-focused agencies, using a train-the-trainer model rather than SARA providing a one-time presentation to children. With this model, we anticipate more children receiving prevention education, but not directly from SARA staff. This longer-term approach is intended to broaden the impact of our prevention education work. Though we lowered the goal, demand for workshops was higher than expected, and we have already reached and exceeded our goal for the year.

## *Staffing*

Our Adolescent Educator left her position in the fall when she and her family moved out of the area. Our Executive Director also left in the fall to pursue personal interests. Our new Executive Director joined us the first week of 2010, and we are now reviewing applicants for the Adolescent Educator position. We expect to fill that position by the end of February. The work of the Adolescent Educator that could not be picked up by other staff has been on hold.

2. Please share a success story from your program. We are especially interested in stories that show a long-term impact on a person or family, and stories that show collaborations or referrals with other community programs in meeting a client's multiple needs.

During the last quarter, the SARA Counselor worked intensively with a 14-year old and her family. The client and her family were referred to the SARA Counselor by a CPS

worker, after the family recently reported that the teen was sexually assaulted by a family member. The SARA Counselor began providing counseling to the adolescent while providing support services to the family. Due to the family dynamic and circumstances of the case, the SARA Counselor also began collaborating with other allied professionals in the community. With a Family Action Plan Team (FAPT) plan created, the SARA Counselor worked with members of the community service board and other local therapists to create a therapeutic alliance for the family. During the meetings, safety plans were established for each family member, as well as received specific training to meet the needs of the client and her family. The SARA Counselor continues to work intensively with the 14-year old teen.

- Complete the following Outcome Measurement update (based on your application for funding) for the fiscal year to date.

**Projected Number of Intended FY10 Primary Beneficiaries: 750**                      **Actual Number of FY10 Primary Beneficiaries: 507**

Projected FY10 Outcomes	FY10 Indicators Tracked	FY10 Outcome Results (provide specific numbers and percentages)
<b>Victims of sexual violence are less isolated and no longer w/o resources</b>	750 victims call SARA hotline or access crisis services  637 or 85% of clients receiving one referral to community resource	507 people accessed SARA crisis intervention services  286 referrals were provided to community resources
<b>Community members learn more about the dynamics &amp; impact of sexual violence.</b>	<b>500 or 90%</b> of community members attending presentations indicate having learned more about sexual violence  <b>640 or 80%</b> of allied professionals who receive training will indicate gained knowledge	1553 community members attended presentations and 84% of indicated a gain in knowledge  367 allied professionals received training from SARA, 91% of attendees reported an increase in knowledge of SARA's services, awareness of sexual violence, and an ability to better respond to the needs of victims of sexual violence.
<b>Charlottesville/Albemarle residents affected by sexual violence are empowered to respond to the issues &amp; its impact on the community</b>  <b>Victims of sexual violence begin to let go of shame, talk more openly about</b>	<b>11 or 50%</b> of community members interested in volunteering become active hotline volunteers at SARA  8 or 80% of community members interested in the new community volunteer	Approximately 60 people inquired about volunteer opportunities. 15 interviewed for volunteer hotline advocate positions and of those, 10 were chosen and have begun the required 40 hours of training.  We trained 8 community members to become community volunteers. Of those, 6 became volunteers.

Projected FY10 Outcomes	FY10 Indicators Tracked	FY10 Outcome Results (provide specific numbers and percentages)
<p><b>their victimization, and are better able to cope with the impact of the violence</b></p> <p><b>Women, children, &amp; men learn strategies to identify and respond to threatening situations and hold perpetrators accountable</b></p>	<p>program become active with SARA.</p> <p>585 or 90% of short-term clients report feeling helped and better able to cope with the presenting stressors and current impact of the violence</p> <p>15 or 25 % of clients request legal accompaniment</p> <p>14 or 95% of rape aggression defense workshop participants report increased confidence in their ability to respond to threats and/or potential threats</p> <p>192 or 60% of clients at risk for re-victimization or immediate harm develop a safety plan to address current and/or future threats</p> <p>240 or 80% of children/youth attending educational presentations and/or workshops who display an awareness of the characteristics of healthy relationships.</p>	<p>We are training another group of 5 now.</p> <p>95% of 327 hotline callers reported feeling helped by SARA staff/volunteers</p> <p>Provided legal accompaniment to 13 adult and 8 child clients to date</p> <p>6 or 100% reported increased confidence</p> <p>152 or 46% out of 327 hotline callers received safety planning. 83 or 56% of 147 adult advocacy clients received safety planning. 15 or 45% of 33 child clients received safety planning.</p> <p>502 or 100% of children/youth attending educational presentations and workshops displayed an awareness of the characteristics of healthy relationships</p>

**4. Impact Report.** We are looking for issues and statistics specific to our local area; you are also welcome to include some general issues that set the framework for the local statistics. Under the Actual Results heading, we are looking for impact, especially long-term results, not just numbers served. For the Financial Impact section, have each example highlight a different thing (in other words, don't just multiply the first answer three more times).

**Community Needs or Issues Your Program Addresses** -- please include at least 3 local issues/statistics and cite your source

SARA advocates provided medical accompaniment to 10 adult victims and 3 child victims so far this year. Current best practice requires that the services of a victim advocate be offered

to every victim who presents at the emergency room as the result of a sexual assault, however advocate services are not always offered or the victim sometimes declines to have an advocate called. SARA has been collaborating with local law enforcement, health care professionals, and other stakeholders to implement a Sexual Assault Response Team protocol for Charlottesville and Albemarle County. When this protocol is implemented (later this year), an advocate will be called to the hospital every time someone arrives as the result of a sexual assault. The victim can then decline the support of the advocate, but will not be placed in the awkward position of asking for an advocate to be called in the middle of the night. Based on anecdotal reports from other agencies like SARA, we expect this new protocol to result in increased calls to our advocates for medical accompaniment.

Effective primary prevention of sexual violence programming requires multi-session, multi-context contact with young people (*Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence*, Virginia Sexual and Domestic Violence Action Alliance, 2009). As part of Virginia's plan for rape prevention education for 2010 through 2014, the Department of Health is encouraging agencies to work with youth-focused institutions to increase the capacity of those institutions to prevent sexual violence and promote healthy sexuality. Currently, public schools in SARA's service area do not have primary prevention curricula in place. This year, SARA is collaborating with Albemarle County Schools counselors to develop prevention curricula for its elementary, middle, and high schools to be implemented by the counselors throughout the year, in line with Virginia's state-wide plan for prevention. We intend our work with Albemarle County Schools to serve as a model for other school districts in our service area.

Only 38% of people receiving advocacy services from SARA this year reported the presenting sexual violence to the police. We know that violent crime committed by strangers is reported to police at a higher percentage than crime committed by nonstrangers. (*Reporting Crime to Police, 1992-2000* Bureau of Justice Statistics, 2003) Only 9% of perpetrators of assaults against SARA's adults clients this year were strangers. To increase reporting of sexual violence in our local community to police, we must increase people's willingness to report crimes committed by nonstrangers. To that end, our community presentations address the problem of victim-blaming, and expectations about who victims and perpetrators are likely to be. We also offer legal accompaniment to victims to make the criminal process easier.

### **Your Program's Solutions that United Way Community Impact Funds Support**

SARA's solutions include providing crisis intervention, counseling, legal and medical accompaniment, safety planning, systems advocacy, individual advocacy, referrals to other agencies, and prevention education.

**Actual Results** - based on your stated outcomes; please use percentages and numbers served to help show outcomes

In the first half of the 2010 fiscal year, SARA volunteers and staff responded to 507 people seeking crisis intervention services. Many of our clients receive multiple referrals as well as direct advocacy from a SARA staff person in accessing community services. The table below shows the number and type of referrals provided so far this year.

*Referrals provided to victims of sexual violence,*

7/1/09-1/31/10

Type of referral	Number of referrals
College/University Services	6
Education Services	1
Disability Services	8
Employment Services	0
Faith Community Services	2
Health Care/Medical Services	39
Homelessness Services	2
Immigration Services	0
Legal Services	53
Mental Health Services	92
Military Services	0
Other Community Services	50
Other Sexual/Domestic Violence Agency	18
Social Services	15

Not all community agencies are well equipped to deal with issues of sexual violence, so we continue to offer support, collaborate with, and train allied professionals. This year, we have provided training to 367 allied professionals, 91% of whom reported an increase in ability to better respond to the needs of victims of sexual violence. Looking at the long term implications as we refer clients to other agencies and establish community relationships we are broadening the number of people able to understand the dynamics of sexual violence, and to work with victims. Employment, relationships, parenting, community involvement are all negatively impacted when an individual is dealing with this kind of crisis. Having the necessary resources and the opportunity to address their issues allows individuals to cope more effectively in other realms of their life.

One of our outcomes is to assist people in learning strategies to identify and respond to threatening situations. We accomplish that through our self-defense classes for women and our work with victims in safety planning. The Adult Outreach Advocate who joined our staff this year recently completed training and has been certified to provide Rape Aggression Defense workshops. She has received enough interest that she is now setting up a regularly scheduled monthly class.

Many of our clients need help in planning for their safety in the aftermath of a sexual assault, even years after the initial assault. As standard practice, each hotline caller, if a victim, is asked about their immediate safety. Further, we talk about ways to feel safer and problem solve ways to avoid situations that could feel dangerous for the client.

We were able to provide safety planning strategies for 152 or 46% out of 327 hotline callers, 83 or 56% of 147 adult advocacy clients, and 15 or 45% of 33 child clients.

The amount of assistance varies according to the client's needs. Sexual assault victims typically feel a loss of control and the lack of safety in their world, home, even their workplace, so being given the opportunity to identify concerns and find ways to become empowered is a vital piece of the recovery process.

**Financial Impact of Donations**

\$30 would provide a new set of clothes for a victim after being seen at the ER and having his/her clothes kept as evidence.

\$50 would cover the cost of one counseling session for an adult or child victim of sexual violence.

\$ 20 is the cost to keep our 24 hour hotline running for a day.