

FY11 United Way Year End Report

Program: Sexual Assault Resource Agency

Agency: Sexual Assault Resource Agency

Date: August 5, 2011

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

The goal for the number of victims who access SARA crisis services had been revised from 750 to 518. The revised target for FY11 was that 248 of 450 hotline callers (55%) will be new callers, and that we would have 270 advocacy and therapy clients.

Outcomes:

- We provided advocacy and therapy services to 276 clients this year (64 children and 212 adults). 24% of our clients (66) received therapy. We received 351 hotline calls, which is lower than last year's 721, and lower than our target of 450. However, this year, only 16% of callers said they had used our services before. 32% said they had never used our services before, and 53% were not asked or did not say. Last year, 27% of callers had used our services before, 34% had never used our services, and another 34% were not asked or did not say.

We believe this suggests that clients are now accessing in-person services at SARA rather than relying on multiple calls to the hotline for emotional support. Clients are accessing the higher skills of our staff rather than our volunteers and receiving more services. Under our new model of care introduced in 2010, clients may see our staff advocates several times, so the hotline is not their main source of support. Our advocates also help clients identify other sources of support and strategies for coping.

We do not know how many of our hotline callers became advocacy and therapy clients, but we do know that 60% of our advocacy and therapy clients had not used our services before. 9.8% had, and 30% were not asked or did not say. Since clients may call the office and make an appointment to see an advocate without ever using the hotline, there may be only a low level of duplication between these two groups of clients. If we remove the 55 callers who said they had used our services before, and the 27 advocacy and therapy clients who said they had used our services before, we arrive at our best estimate of unduplicated clients at 545.

Staffing

SARA is very pleased to share that we have added a second therapist to our staff. Lorena Burrows is a bicultural and bilingual therapist, so SARA can now offer therapy services in Spanish, in addition to our existing Spanish-language advocacy services.

Cindy Ward joined our team as Adult Advocate, replacing the former advocate. Prior to joining SARA, Cindy managed several programs at a domestic violence and sexual assault agency, including the rape crisis, SART and criminal justice programs, in Biloxi, Mississippi.

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.

Case Study 1: The Crisis Services Coordinator ran a 6-week Sexual Assault Support Group for Adult Women. There were four women who were all adults molested as children. During this group session the women created an atmosphere based on trust, confidentiality and non-judgment. At the end of the 6 week group these women have continued to meet weekly on their own forming a healthy after-care group. The crisis services coordinator continues to check-in with the group monthly covering topics such as boundaries and self-care.

Case Study 2: The Child Advocate first became aware of the case when the teen called the hotline from school. After disclosing abuse by a household member the Child Advocate discussed with the teen her options and what they needed to do to keep her safe. After the conversation the Child Advocate made a report to CPS, and a CPS worker and investigator were sent to the school the same day. Due to the recent nature of the assault and evidence that was found, the perpetrator was arrested that same evening. Because this was a family member the Child Advocate first met with non-offending family members as they dealt with what they felt was a huge betrayal of trust by the perpetrator. The Child Advocate then met with the teen and family, accompanying them to meetings with the Commonwealth's Attorney and answering questions they had regarding the court process. Because of transportation issues and work schedules, the Child Advocate continued to meet with the teen up until the end of the school year to provide support and to help prepare for court. The Child Advocate accompanied the teen as she testified at the preliminary hearing and also attended the plea agreement hearing and sentencing. Because of the complexity of the case and needs of the family, the SARA Therapist also began meeting with family members this quarter to help provide additional support and therapy. The Child Advocate and SARA Therapist continue to work with this family as they continue to work through this and past abuse.

Case Study 3: A client who was recently sexually assaulted in the workplace was referred for counseling services by a SARA advocate. The client began meeting with

the therapist to process the trauma of the recent assault and to provide normalization of her symptoms and validation of her experience. Relaxation techniques, identification of natural supports and healthy coping strategies were address during sessions. Unhealthy defense mechanisms and coping strategies the client was utilizing were identified as well. The client disclosed during these sessions that in addition to the current assault in the workplace, she had been sexually abused as a child. The clinician continued with additional sessions focusing on processing this trauma, understanding that past traumas affect the way we process current trauma. The client's trauma symptoms reduced and the client transitioned out of individual counseling with the support of a SARA therapy, group led by the same clinician, where she received additional support and validation for her experience from others with similar experiences. During group sessions she also received prevention information concerning ways to talk about safety issues with her children, a point of anxiety for the client. The client was gradually able to resume work and child rearing duties and transition back to her routine life in a healthy way with significantly reduced trauma symptoms.

Case Study 4: A client was referred by a SARA advocate to counseling after disclosing she had been sexually assaulted by four men several years ago who were never prosecuted. The client explained to the therapist she was experiencing trauma symptoms since the assault which were interfering with her life and relationships. The client disclosed to the therapist that she was involved with Narcotics Anonymous for the last four years as a recovering heroin addict. She felt she was now at a place in her recovery that was stable enough to begin working through her assault. The client worked with the clinician on processing the trauma, allowing her to experience the emotions she had previously suppressed with substance abuse and other addictive behaviors. Allowing herself to grieve the assault and experience the emotions surrounding it was very new for the client and produced a high level of anxiety initially that was eventually lowered as therapy went on and she became more comfortable with feeling. Healthy coping strategies, breathing exercising, and relaxation techniques were introduced in therapy. The clinician encouraged the client to utilize her natural NA support system during the course of therapy to assist her with her any desires to use. A plan was created of steps for the client to take if she found herself in a situation where she was being overwhelmed by her feelings. The client reached a point where she no longer felt overwhelmed by the emotions surrounding the assault. She completed therapy with reduced trauma symptoms and new coping strategies for her to use whenever needed.

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

Projected Number of Intended FY11 Primary Beneficiaries: 3,840

Actual Number of FY11 Primary Beneficiaries: 5,522

545 crisis services clients

1,037 children participating in multi-session prevention education programs

3,000 community members reached through outreach activities

833 allied professionals trained

107 educators trained

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
<p>Victims of sexual violence are less isolated and no longer w/o resources</p>	<p>518 victims call SARA hotline or access crisis services</p> <p>518 or 100% of clients receiving one referral to community resource</p>	<p>545 people accessed SARA crisis intervention services, including the hotline, advocacy, and counseling</p> <ul style="list-style-type: none"> • 276 clients received personal advocacy services. • 66 clients received therapy from a licensed clinician or from a clinician under her supervision.

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
		<ul style="list-style-type: none"> • We received 351 hotline calls. <p>All clients (545) were provided referrals to community resources</p>
<p>Community members learn more about the dynamics & impact of sexual violence.</p>	<p>1,700 or 85% of community members attending presentations indicate having learned more about sexual violence</p> <p>640 or 80% of allied professionals who receive training will indicate gained knowledge</p>	<p>Approximately 3,000 community members attended or outreach presentations or events. 85% of those surveyed indicated a gain in knowledge.</p> <p>833 allied professionals received training from SARA; 90% of those surveyed 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.</p>
<p>Charlottesville/Albemarle residents affected by sexual violence are empowered to respond to the issues & its impact on the community</p> <p>Victims of sexual violence begin to let go of shame, talk more openly about their victimization, and are better able to cope with the impact of the violence</p>	<p>11 or 50% of community members interested in volunteering become active hotline volunteers at SARA</p> <p>8 or 80% of community members interested in the community volunteer program become active with SARA.</p> <p>466 or 90% of clients report feeling helped and better able to cope with the presenting stressors and</p>	<p>21 community members became new hotline volunteers. 84% of Hotline Advocates trained this year are still active.</p> <p>We have four new outreach volunteers this year.</p> <p>98% of hotline callers reported feeling helped by SARA staff/volunteers. 100% of advocacy clients reported feeling helped.</p>

Projected FY11 Outcomes	FY11 Indicators Tracked	FY11 Outcome Results (provide specific numbers and percentages)
<p>Women, children, & men learn strategies to identify and respond to threatening situations and hold perpetrators accountable</p>	<p>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>Provided legal accompaniment to 65 clients (24% of advocacy clients).</p> <p>24 participants or 100% reported increased confidence.</p> <p>141 or 51% of advocacy clients received safety planning support. 98 or 28% of 351 hotline callers received safety planning support. All clients are asked if they currently feel safe.</p> <p>1,037 students in grades 3 through 9 participated in our ongoing multi-session prevention programs. Each student attended 4-9 sessions depending on grade level. Post-test evaluations of these programs have not yet been compiled.</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

Issue 1: A study published in 2004 by the Virginia Department of Health found that one in four women and one in five men in Virginia have been sexually assaulted before age 18 (Childhood Sexual Assault Victimization in Virginia, August 2004). The mean age of first sexual assault was 14 years for females and 12 years for males. For female and male victims, almost one-third of perpetrators were themselves minors.

Young people are less likely to experience or perpetrate sexual violence when they feel valued and cared for by adults, have positive role models, and skills to engage in healthy relationships. Hyper-masculinity, strict adherence to traditional gender norms that promote male superiority and women's inferiority, lack of empathy, peers who encourage sexual coercion, and a lack of positive behavioral models are all risk factors for perpetrating sexual violence (*Guidelines for the Primary Prevention of Sexual Violence & Intimate Partner Violence*, Virginia Sexual and Domestic Violence Action Alliance, 2009).

Issue 2: We know that violent crime committed by strangers is reported to police at a higher percentage than crime committed by non-strangers (Reporting Crime to Police, 1992-2000 Bureau of Justice Statistics, 2003). Last year, only 18% of people receiving advocacy services from SARA had reported to the police.

Issue 3: Despite the prevalence of media coverage of assaults, abductions, and exploitation by strangers, most perpetrators of abuse against SARA's child clients are known to the child.

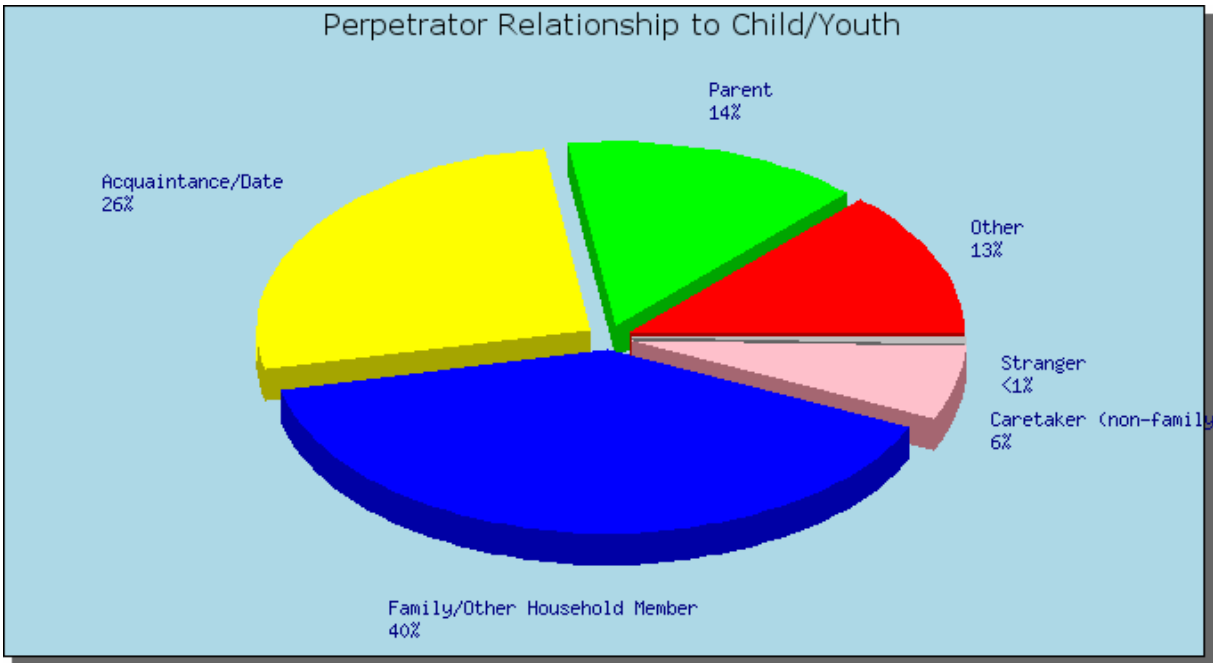


Figure 1 Perpetrator Relationship to SARA's Clients Under Age 18

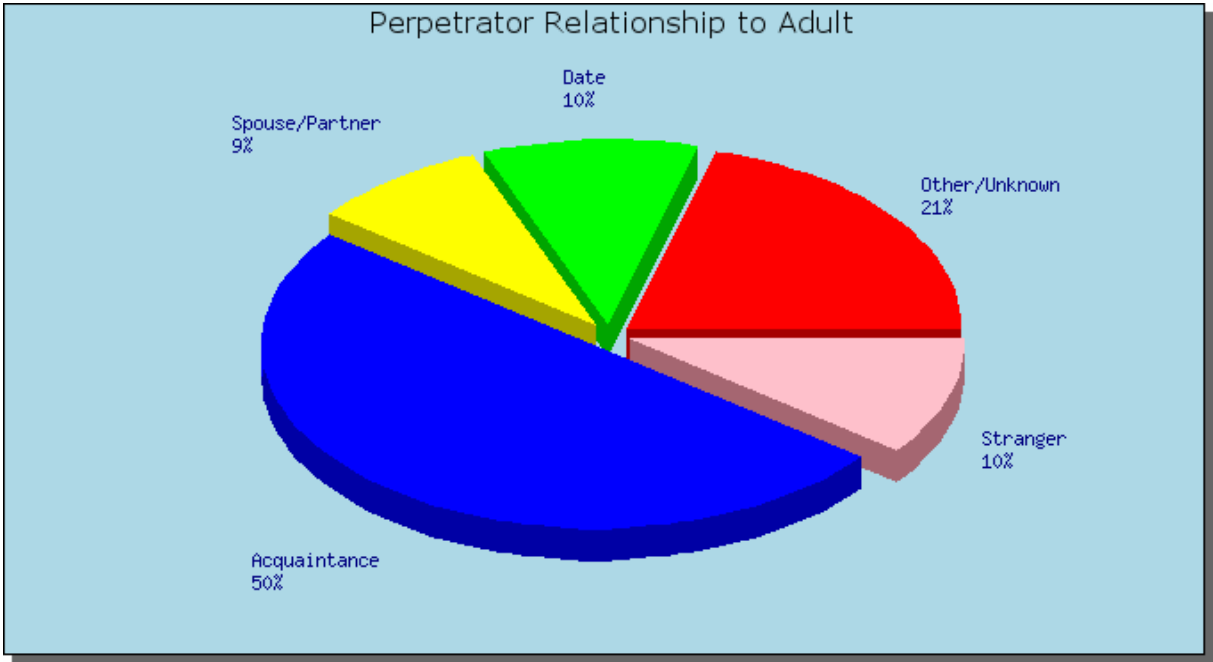


Figure 2 Perpetrator Relationship to SARA's Adult Clients

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

Victim Services: We provided 1329 services to 276 advocacy and therapy clients, or an average of almost five services per client. The most frequently provided services were emotional support, information and referral, crisis intervention, criminal justice information and support, safety planning, education on the dynamics of sexual violence, licensed therapy, and criminal accompaniment. To our 351 hotline callers, we provided an additional 985 services, most commonly emotional support, crisis intervention, information and referral, safety planning, and criminal justice information. 94% of clients who reported sexual violence had an impact on their emotional/mental well-being received counseling/advocacy services from SARA.

59% of our advocacy and therapy clients were referred to us by an allied professional, such as law enforcement, DSS, or doctor, a slight increase over 53% last year. This reflects improved knowledge among allied professionals about our services, and confidence in those services. Hotline callers were less likely to have been referred to us by an allied professional (21%) than were advocacy and therapy clients. They are more likely to be self-referred.

Client feedback has been very positive. Responses to our feedback survey included the following verbatim comments:

What do you think you would have done if these services did not exist?

- i would not have received the help i needed
- searched out a paid professional until i found someone who understood the complexities

Please describe any difficulties or concerns you have had with our services:

- none
- none, they are the best

Please describe any positive experiences you have had with our services:

- knowledgeable, skilled staff
- great support & therapist
- the therapist has a great way & and my child and getting her to open up
- they are great listeners, give advice and always there
- there is hope for me

- the first time i came here i was nervous. but instantly i was welcomed and felt safe. this has been one of the best things i have done for myself
- supportive, available, helped save my life
- both individuals i spoke with were very helpful and caring. they were respectful of my needs and provided thoughtful, informed responses to my questions

Systems Advocacy: SARA has been collaborating with law enforcement, Commonwealth Attorneys, Victim/Witness Programs, the Forensic Nurse Examiner program at UVA hospital, and other interested stakeholders to create Sexual Assault Response Teams (SART) and SART protocols for each of the jurisdictions we serve since FY2010. There are now five SARTs (Charlottesville/Albemarle/UVA, Nelson, Greene, Louisa, and Fluvanna) with completed protocols. The next step will be facilitating training for each member agency's staff. The Nelson County SART, including our adult advocate, received a scholarship to attend the national SART conference in Texas.

We shifted to a policy of only staff responding to requests for accompaniment during forensic exams at the hospital. Because of this change, and SART-development efforts, our hospital accompaniments increased from 17 last year to 33 this year. Hospital staff have expressed that they prefer that staff, not volunteers, respond to the hospital and they now are more likely to call SARA to provide this service to victims who report to the hospital.

52% of people receiving advocacy services from SARA this year reported the presenting sexual violence to the police. This is a large increase over 18% last year. Last year only 5% of perpetrators of assaults against SARA's adult clients were strangers. This year, 10% of perpetrators were strangers. We know that violent crime committed by strangers is reported to police at a higher percentage than crime committed by non-strangers (Reporting Crime to Police, 1992-2000 Bureau of Justice Statistics, 2003), which may account for some of the higher rate of reporting to police. We provided 65 legal and civil court accompaniments and 33 accompaniments during forensic exams. These services provide support to clients who would like to pursue justice, but who may face many barriers to do so.

Prevention Education: SARA not only increased the number of students it served versus fiscal year 2010, it increased the number of contact hours with students. In line with best practices in youth development and prevention education, SARA now emphasizes multi-session programming. Over one thousand students in 7 local schools participated in our prevention programs. Our educators are still compiling pre- and post-test results from the school year. Preliminary reports are very promising. For example, middle school students answered questions about consent 38% correctly on the pre-test, and 63% correctly on the post-test.

Together with parents and educators, SARA's prevention programs help children and teens:

- increase their empathy for others,
- identify role models for healthy relationships,
- build skills for healthy relationships including healthy boundaries and respect for others' personal space, impulse control, conflict resolution, self-esteem, and emotional independence,
- learn how to step in safely when they see inappropriate behavior, and
- let go of attitudes and behaviors that assume competition between genders.

SARA's prevention educators also trained teachers and other staff. At Buford Middle School, reported knowledge of risk and protective factors related to perpetration of sexual violence increased from 24% on the pre-test to 88% on the post-test. Reported knowledge of prevention strategies increased from 36% on the pre-test to 92% on the post-test. A district-wide training that was open to teachers from all Charlottesville schools showed great results. Knowledge of risk and protective factors increased from 24% to 100%. Knowledge of prevention strategies increased from 47% to 89%. Willingness to intervene increased from 76% to 100%.

Community Outreach: Fewer than 1% of perpetrators of abuse against SARA's child clients this year were strangers. Most perpetrators were either acquaintances or members of the victim's household (family, dating partners, stepparents, parent's dating partner). To increase reporting of sexual violence in our local community to police, we must increase people's willingness to report crimes committed by non-strangers. To that end, we hosted a community dialogue on child sexual abuse prevention in August which 40 community members attended, and which garnered a front page story in the Daily Progress. We also co-hosted a Faith Community Forum on Child Sexual Abuse Prevention in April with our partners the Shelter for Help in Emergency, CYFS, and Foothills Child Advocacy Center with representatives from 13 congregations.

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.

\$60 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.