



# ASSESSING THE SEXUAL ASSAULT SYSTEM RESPONSE IN HENNEPIN COUNTY

*A Community Needs Assessment  
by the Hennepin County SMARTeam*

OCTOBER 2014



SMART: Sexual Assault Multidisciplinary Action Response Team

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# TABLE OF CONTENTS

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## CHAPTER 1: INTRODUCTION

Background .....	1-2
The 8 Step Protocol Development Cycle.....	2-3
The Role of the Sexual Violence Center .....	3
SMARTeam Analysis and Recommendations.....	4-5

## CHAPTER 2: THE SCOPE OF SEXUAL VIOLENCE

The Effects of Sexual Violence.....	7-9
Sexual Violence in Hennepin County.....	9-11
The SMARTeam Approach .....	11-13

## CHAPTER 3: THE VICTIM EXPERIENCE SURVEY AND GROUP INTERVIEWS

The Victim Experience Survey .....	15-17
The Victim/Survivor Group Interview .....	17-18
The Law Enforcement Group Interview.....	19-20
The Prosecutor Group Interview .....	20-21

## CHAPTER 4: A CALL TO ACTION

The Minneapolis Police Department .....	23-25
The University of Minnesota Police Department .....	25-26
The Hennepin County Attorney's Office .....	26-28
Central Minnesota Legal Services .....	28-29
Sexual Assault Resource Services .....	29-30
Hennepin County Department of Community Corrections and Rehabilitation .....	31-32
The Sexual Violence Center.....	32-34
The Arc Greater Twin Cities.....	35-36
The Aurora Center for Advocacy & Education.....	36-37
Avenues for Homeless Youth .....	38-39
Cornerstone Advocacy Services .....	39-41
Division of Indian Work.....	42-43
The Hennepin County Attorney's Office- Victim Witness Program .....	43-44
Minnesota Indian Women's Resource Center .....	44-45

## CHAPTER 5: A COLLECTIVE CALL TO ACTION

The Responder Survey.....	46-47
Successes of the System when Responding to Sexual Assault.....	47-48
Challenges of the System when Responding to Sexual Assault.....	48-49
The Next Steps.....	49

WORKS CITED.....	51-52
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GLOSSARY OF TERMS AND ABBREVIATIONS.....	53-55
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## TABLE OF CONTENTS CONTINUED

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### APPENDICES

Appendix A: Victim Experience Survey .....	56-62
Appendix B: Law Enforcement Interview Questions .....	63-65
Appendix C: Law Enforcement Leadership Interview Questions .....	66-68
Appendix D: HCAO Interview Questions.....	69-71
Appendix E: Responder Interview Questions.....	72-74
Appendix F: Statutes and Sexual Assault Definition .....	75-80
609.342 Criminal Sexual Conduct in the First Degree .....	75
609.343 Criminal Sexual Conduct in the Second Degree.....	75
609.344 Criminal Sexual Conduct in the Third Degree.....	75
609.345 Criminal Sexual Conduct in the Fourth Degree.....	76
609.346 Criminal Sexual Conduct in the Fifth Degree.....	76
609.341 Sexual Assault Definitions.....	77-80
Appendix G: Map of Hennepin County .....	81
SMARTeam CONTACT INFORMATION.....	82-84

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## CHAPTER ONE: INTRODUCTION

### BACKGROUND

Sexual violence touches countless lives throughout Hennepin County. The Hennepin County Sexual Assault Multidisciplinary Action Response Team (SMARTeam) was created to produce a victim-centered, offender focused response to sexual assault that validates each victims/survivors experience, is inclusive of all communities, and promotes healing, justice, and accountability.

The team formed in 2010 and began collaborating with support from a private foundation grant. The team was then fully funded in June, 2011 by the Minnesota Office of Justice Programs Crime Victim Services with a federal STOP (Services-Training-Officers-Prosecutors) Violence Against Women Act (VAWA) grant. The focus of VAWA STOP grants are to encourage states and communities to restructure and strengthen the criminal justice system's response to be proactive in addressing violence against women, drawing on the experience of all the participants in the system, including the advocacy community.<sup>1</sup> The administrative host of the federal VAWA STOP funds is the Sexual Violence Center (SVC) in Minneapolis,

Minnesota with technical assistance from the Sexual Violence Justice Institute (SVJI) at the Minnesota Coalition Against Sexual Assault (MNCASA) in St. Paul, Minnesota.

In early October 2011, the Hennepin County SMARTeam had its formal orientation facilitated by SVJI @ MNCASA. The core team members participated in a team process that enabled them to have a better understanding of how victims/survivors are served by each agency and to hear about their experiences. With our continued monthly SMARTeam meetings, we incorporate team member presentations to multiply our understanding of what each organization does as the community and victim/survivor needs change. This strategy has been very beneficial, as it has provided better networking and referrals for victims/survivors within the county. The individuals listed below have generously shared expertise, time, and talents to work toward an improved response by creating a culture of accountability, transparency, and trust. The information found in this report will guide the team in its future work

## CHAPTER ONE: INTRODUCTION

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to improve the response by each agency to be more victim-centered.

The Hennepin County SMARTeam is represented by the following agencies and representatives:

The Arc Greater Twin Cities - Georgann Rumsey  
The Aurora Center for Advocacy & Education, UMN-TC -  
Katie Eichele and Becky Redetzke Field  
Avenues for Homeless Youth - Racquel (Rocki) Simões and (Vi) Michael Haldeman  
Central Minnesota Legal Services - Christy Snow-Kastor  
Community University Health Care Center - Teresa Llanas Villareal  
Cornerstone Advocacy Services - Colleen Schmitt and Bob Olson  
Division of Indian Work - Noya Woodrich  
Hennepin County Adult Protection Services - Carmen Castaneda and Amber Webb  
Hennepin County Attorney's Office - Therese Galatowitsch  
Hennepin County Attorney's Office - Victim Witness Program- Tracy Becker  
Hennepin County Department of Community Corrections - Hana O'Neill  
Minnesota Indian Women's Resource Center - Linda EagleSpeaker  
Minneapolis Police Department - Lt. Michael Sauro  
Sexual Assault Resource Services - Linda Walther (Chair)  
Sexual Violence Center - Kristen Houlton Sukura  
University of Minnesota Police Department - Kevin Randolph  
Sexual Violence Justice Institute - Leah Lutz (Technical Assistance)  
SMARTeam Coordinator - Jennifer Greene

## THE 8 STEP PROTOCOL DEVELOPMENT CYCLE

To achieve these goals, the SMARTeam will follow an eight step protocol development cycle based on the work of Anita Boles and John Patterson documented in the book, "Improving the Response to Crime Victims: An 8 Step Model for Developing Protocol."<sup>2</sup> The eight step process creates a shift in the criminal justice system's response to victims/survivors and encourages a victim-centered approach that allows systems to uniquely determine what that approach looks like based on the needs of the community. Each team supports a multidisciplinary approach including involvement from, but not limited to, law enforcement, prosecution, medical, corrections/probation, and advocacy agencies.

The Hennepin County SMARTeam is committed to following this cycle as a proposal for creating, implementing, and evaluating

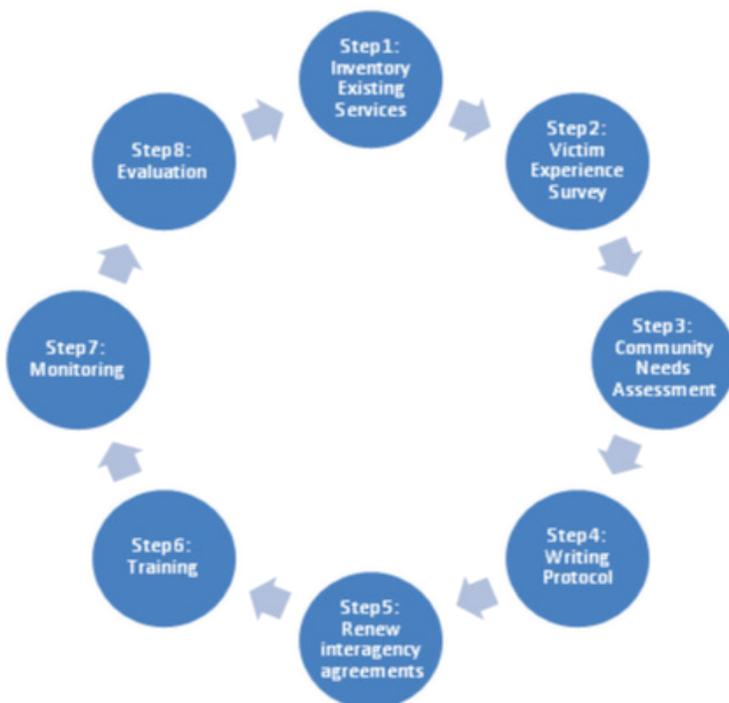
sexual assault protocol. The eight steps are:<sup>3</sup>

1. Inventory of Existing Services – Create an understanding of resources currently used to help sexual assault victims/survivors.
2. Victim Experience Survey – Obtain feedback from sexual assault victims/survivors about how well their needs were met by agencies, organizations, and systems.
3. Community Needs Assessment – Examine how well the existing system meets the needs of sexual assault victims/survivors and identify unmet needs.
4. Write/Adapt Protocol – Develop written protocols/guidelines for all agencies working with sexual assault victims/survivors describing how the agencies will work with each other and with sexual assault victims.

5. Renew Interagency Agreements – Obtain formal acceptance by SMARTeam members of the protocol and expand the SMARTeam if necessary.
6. Training – Develop protocol-based training programs for all personnel/staff affected by the SMARTeam protocol.
7. Monitoring – Determine the extent to which the protocols are being implemented and to identify any problem areas in the protocol.
8. Evaluation – Determine the impact of the SMARTeam protocol on sexual assault victims/survivors and on system performance.

This protocol development cycle is designed to be cyclical; with the ever-changing needs of the community, this protocol will accommodate to the developing needs of the county for years to come. The pages of this Community Needs Assessment reflect findings from the first three steps of this cycle. The team surveyed victims/survivors and responders and held informational group interviews with victims/survivors, law enforcement, and prosecuting attorneys, and heard from dozens of key responders throughout Hennepin County to understand the system response and assess gaps in service, communication, and gauge victim/survivor satisfaction.

**The Protocol Development Cycle:  
A Cyclical Process**



**THE ROLE OF THE SEXUAL VIOLENCE CENTER**

As a mainstream sexual assault agency, the Sexual Violence Center’s (SVC) work is inherently multi-disciplinary which has well-positioned the agency to be the host of the SMARTeam. SVC’s mission is to eradicate sexual violence and abuse by: challenging the systems and individuals that promote privilege, oppression and domination; educating those that will join them as advocates and catalysts for change; and supporting those who have been victimized, empowering them to not only survive but to thrive, finding power and movement in their collective voices. SVC’s clients are victims/survivors who suffer from any form of sexual violence including, but not limited to, rape, sexual harassment, child sexual abuse and incest, and stalking.

SVC works with survivors of all ethnic and demographic backgrounds and has been driven by a victim-centered ethic since its inception in 1985. All of SVCs services are free, including a 24-hour crisis line, one-to-one and group counseling, and legal, medical, and systems change advocacy. SVC is made up of trained sexual assault advocates who support victims/survivors through the full range of options available to them after an assault. The role of an advocate is to provide information, identify options, and support victims/survivors in their decisions. By sharing knowledge, offering choices, and acting as a liaison to various points in the system, the advocate empowers the victim/survivor. Plus, sexual assault advocates are accommodated by state statute to offer largely confidential support. The victims/survivors SVC works with have the expectation of “advocate privilege” which means that, in most cases, sexual assault advocates cannot be compelled to break their confidence or be subpoenaed to testify about the conversations had between the victims/survivors and advocates.

SVC also holds the protocol with the Sexual Assault Resource Service (SARS) in the county. When a Sexual Assault Nurse Examiner (SANE) is called in by Hennepin County SARS to perform a sexual assault exam, SVC is automatically paged as well to provide advocacy services to victims/survivors at the hospital. Because SVC, in many respects, picks up where other systems leave off, SVC advocates have a major investment in the meaningful improvement of system response to sexual assault so that more victims/survivors can seek justice and support through the system.

### SMARTeam ANALYSIS AND RECOMMENDATIONS

It has become clear to the Hennepin County SMARTeam through this research process that victims/survivors are often uncertain of the next steps in the criminal justice system. The reality is that many of their cases will not even move past the initial reporting phase. It is the goal of the SMARTeam to create a system of accountability, create a clear path to recovery regardless of what that road looks like to each victim/survivor, and provide open lines of communication between participating agencies that allow victims/survivors to define what success means to them when seeking justice and solace after a sexual assault.

#### *Increasing Capacity and Expertise within all Agencies*

The Hennepin County SMARTeam is working to increase the capacity and expertise of all participating agencies in their response to sexual assault. We plan to develop mechanisms and processes to communicate across all agencies, share resources, and increase the understanding of each agency's role in the response to sexual assault. Each agency will develop and identify core competencies as it relates to sexual assault which will then be included in staff orientation, in-services, and training opportunities.

The SMARTeam will also create interagency protocols and guidelines for patrol officers to follow that will address victims/survivors needs. We will reduce the inconsistencies in procedure practiced by all agencies by creating a coordinated county-wide protocol and establishing a uniform practice for engaging community

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advocacy early and throughout the process.

Traditionally, "victim-centered" is understood as the systematic focus on the needs and concerns of sexual assault victims/survivors to ensure the compassionate and sensitive delivery of services in a

nonjudgmental manner. The Hennepin County SMARTeam agrees with this definition but has decided to take its interpretation to the next level by defining its specific meaning to victims/survivors in Hennepin County. We will clearly define what those expectations will be to maintain its philosophy and put into practice. Our preliminary training for protocol will initiate this conversation and will continue throughout the development process. We have already determined that one integral part of being victim-centered is to acknowledge the low rate of false reports and to believe victims when they report. While there may be some inconsistencies in their narrative, it is important to note that this type of counter-intuitive behavior is typical for a person experiencing trauma. The SMARTeam would like to continue training criminal justice agencies on trauma-informed care so that we can begin to dispel rape myths and deconstruct rape culture.

#### *Building Accountability and Transparency within the System*

It is another goal of the SMARTeam to increase coordination and communication between disciplines and agencies across the system. Holding each other accountable and creating transparency within our agencies will only aid in creating a better victim/survivor experience of the criminal justice system, allowing them to believe that the system is a viable option.

We will continue to provide opportunities for responders to listen to and learn from victims/survivors with different circumstances and life experiences because every sexual assault is unique and should be treated as such. We will create a plan for residents of Hennepin County to know about reporting options and provide appropriate

resources to fit their needs. When we are able to meet the immediate needs of victims/survivors we are establishing early rapport to fully support them as they journey through the system.

Within the participating SMARTeam agencies and representatives, we will establish a climate of trust, understanding, and respect for one another's roles and experiences. We will clarify and craft a philosophy statement related to "victim-centered" practice and how it relates to each discipline because holding this philosophy

is of utmost importance the Hennepin County SMARTeam. In order to practice this newly formed philosophy, we will determine how to:

- Build accountability into the system
- Promote the practice of the SMARTeam philosophies
- Recognize and encourage exceptional practice, courage, and imagination of the SMARTeam philosophy and goals

The Hennepin County SMARTeam is clearly stating that the status quo is no longer acceptable, we would like to establish a Best Practice and Change Committee that is responsible for thinking beyond the currently established practice and parameters. We will work to increase responder understanding of victim experiences and conduct trauma-informed investigations by strengthening responder preparation for providing support that is welcoming to a broad range of ages, cultures, and life experiences.

Each agency has made a commitment to support the work of the SMARTeam. Our ultimate goal is to have these best practices not only exercised throughout the participating SMARTeam agencies but to expand and encourage all responding Hennepin County agencies to participate in this culturally sensitive, victim-centered, uniform approach to improve services to victims/survivors of sexual assault.

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<sup>1</sup> (42 U.S.C. § 14043g) from the United States Department of Justice, Office on Violence Against Women (OVW)

<sup>2</sup> Boles, Anita and James Patterson (1996). *Improving Response to Crime Victims: An 8 Step Model for Developing Protocol*. Washington DC: Sage.

<sup>3</sup> Sexual Violence Justice Institute (2008, 2013). Based on the work of Boles and Patterson (1997). "Looking Back, Moving Forward." National Center for Victims of Crime. Sage.



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## CHAPTER TWO: THE SCOPE OF SEXUAL VIOLENCE

### THE EFFECTS OF SEXUAL VIOLENCE

#### *What is Sexual Violence?*

While the Hennepin County SMARTeam protocol will specifically focus on sexual assault, it is important to note that the Sexual Violence Center (SVC), along with the Sexual Violence Justice Institute (SVJI @ MNCASA), believe that sexual violence includes all forms of sexual trauma including rape (date, acquaintance, or stranger), intimate partner sexual violence, alcohol or drug facilitated sexual assault, child sexual abuse and incest, female genital mutilation, stalking, pornography, commercial sexual exploitation and prostitution, professional sexual exploitation, systematic sexual abuse, sexual harassment, street harassment, and bullying. It is important to note that sexual violence is not exclusive of sexual assault.

Minnesota statute provides the legal definitions and behaviors that are consistent with sexual assault, and the Hennepin County SMARTeam affirms these definitions.<sup>4</sup> There are several forms

of sexual assault included in the Criminal Sexual Conduct (CSC) coding of first degree through fifth degree statutes in Minnesota, including: child sexual abuse/assault, statutory rape, sexual contact or penetration without consent, sexual assault involving incapacity or impairment of the victim, and forcible<sup>5</sup> rape.<sup>6</sup> Acts of sexual assault committed by a perpetrator in a “significant relationship” also include relationships that are historically known as the doctor/patient relationship.

Additionally, other criminal sexual acts included in the statutes pertain to prostitution, solicitation of a minor (including on-line sexual solicitation), stalking, indecent exposure, obscene phone calls, child pornography, and sexual harassment. Sexual Assault is defined in the Minnesota Criminal Code.<sup>7</sup> Below is a summary definition of these statutes:

Any nonconsensual sexual contact and sexual penetration, including incidents where the use of force or coercion

causes the victim to submit to such contact or penetration. Nonconsensual contact and penetration also included incidents when the victim is either physically helpless, mentally incapacitated, or mentally impaired so as to be legally unable to consent to any sexual contact or penetration.

While many of these acts fall on the continuum of sexual violence, some forms of reported sexual violence may not be prosecutable for many reasons including, but not limited to, lack of evidence or the statute of limitations. The Hennepin County SMARTeam concurs that the ability or lack of ability to prosecute a sexual crime does not diminish the victim's/survivor's experience of the crime. Whether victims/survivors decide to seek counseling for their assault or journey through the criminal justice system and prosecute their perpetrator(s), it is important that victims/survivors define what justice and success look like to them when seeking solace.

### **What is Sexual Trauma?**

A primary goal of the SMARTeam is to train system responders to understand the effects that trauma may have on victims/survivors brains and bodies. Common reactions to sexual trauma may include physical and emotional disturbances, such as sleep difficulties, flashbacks/nightmares, anxiety and depression. There are also many long term effects that sexual trauma survivors may experience, including eating disorders, trust issues, relationship/sexual issues, self-medicating, cutting and suicide. It is imperative that we as responders understand these symptoms and not treat victims/survivors as witnesses to their own crime; they are victims of a crime and should be treated as such. According to Russell Strand, a retired U.S. Army CID special agent and the current chief of the Family Advocacy Law Enforcement Training Division at the U.S. Army Military Police School, "good victims are bad witnesses. Offenders are so good at what they do. They're going to use alcohol, drugs and trauma so [the victims/survivors] don't remember much."<sup>8</sup> Plus, when a person experiences trauma, the logic and reasoning portion of their brain essentially shuts down, leaving our more basic brain functions responsible for recording the event.<sup>9</sup> Strand goes on to explain,

While the more primitive portions of the brain are generally very good at recording experiential and sensory information, they do not do very well at recording the type of information law enforcement professionals have been trained to obtain, i.e., the 'who, what, when, where, why, and how.'<sup>10</sup>

The criminal justice system continues to promote that inconsistent statements equal a lie. Strand argues that nothing could be further from the truth when stress and trauma impact memory.

In fact, when a person experiences trauma, there is solid evidence that routinely demonstrates that inconsistent statements are not only the norm, but they can also be a hallmark of the effects of stress and trauma.<sup>11</sup> In the criminal justice system, we educate responders to believe that when people lie they change their body language, affect, speak with ah-filled pauses, and have lack of eye contact, but when human beings are highly stressed or traumatized these reactions naturally occur, which has created a disconnection between the victim experience and the way law enforcement, prosecution, and juries understand victims'/survivors' experiences.<sup>12</sup>

It is the belief of the SMARTeam that introducing the Forensic Experiential Trauma Interview (FETI) as a central theme to sexual assault cases is key to unlocking the experience of a victim/survivor. Once victims are allowed the opportunity to share their experience in an empathetic setting and work through some of their trauma during the interview, they are often much more capable of providing the details surrounding the experience than they were able to using traditional interview techniques, i.e.: the cold, hard facts- who, what, where, when, how, that police officers are so often taught to collect.<sup>13</sup> FETI focuses on the experience rather than a specific timeline of the assault and follows more of a conversational approach:<sup>14</sup>

1. Acknowledge their trauma/pain/difficult situation
2. What are you **able** to tell me about your experience?
  - Follow up: tell me more about this... or that...
3. What was your thought process during this experience?
4. What are you able to remember about...the 5 senses
5. What were your reactions to this experience?
  - Physically?
  - Emotionally?
6. What was the most difficult part of this experience for you?
7. What, if anything, can't you forget about this experience?
8. Clarify other information and details after you "facilitate" all you can about the "experience."

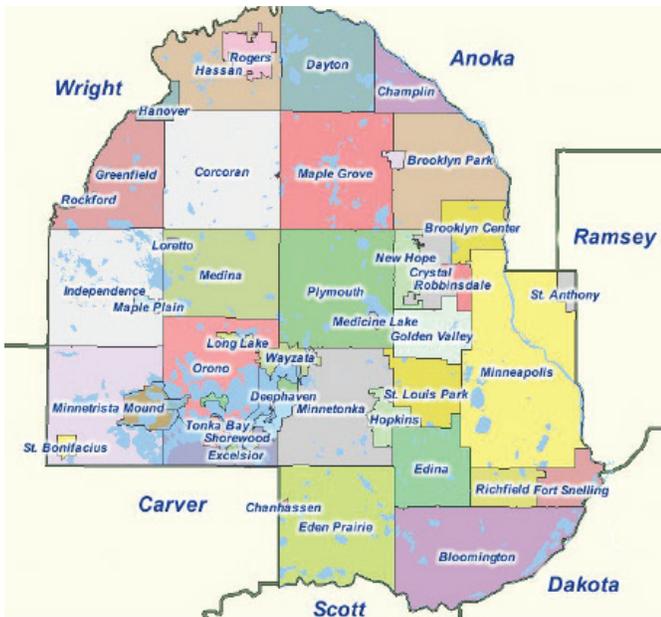
Strand has added that "these techniques provide the victim a better avenue for disclosure, reducing the potential for defensive feelings and uncooperative behavior, which can limit the information/evidence provided to an interviewer."<sup>15</sup> Moreover, this technique "obtains significantly more information about the experience, enhances a trauma victim's ability to recall, reduces the potential

for false information, and allows the interviewee to recount the experience in the matter in which the trauma was experienced.<sup>16</sup> Strand continues by adding that FETI significantly enhances traditional investigative practices by turning them into three-dimensional experiences, resulting in drastic reductions in victim/survivor recantations, increasing victim/survivor cooperation and participation, and significantly improving the chances for successful investigations and prosecutions.<sup>17</sup>

## SEXUAL VIOLENCE IN HENNEPIN COUNTY

### Demographics

Hennepin County is located in the south eastern half of Minnesota covering 557 square miles with 2099 people per square mile.<sup>18</sup> More than one in five (21.7%) Minnesotans live in Hennepin County, making it the most populated county in the state boasting 1,152,425 people.<sup>19</sup> The county features the bustling central economic city of Minneapolis, along with 45 other urban cities. The county also hosts many colleges and universities within its borders, including the University of Minnesota which houses 53,000 students (including the St. Paul campus) per year. This county also continues to grow quickly and is ranked third, only behind Scott (5.6%) and Carver (5%) counties for yearly growth.<sup>20</sup> The population demographics of Hennepin County are based on the 2010 US Census Bureau.



Map of Hennepin County

Race	Population	% of Total
<b>Total Population</b>	1,152,425	100
White	856,834	74
Black or African American	136,262	11
Hispanic or Latino	77,676	6
Asian	71,905	6
Some Other Race	38,878	3
Two or More Races	37,449	3
American Indian	10,591	.91
Three or More Races	3,707	.32
Native Hawaiian Pacific Islander	506	.04
Native Hawaiian	138	.01
<b>Gender <sup>21</sup></b>		
Female	586,241	51
Male	566,184	49
<b>Age (average age=35)</b>		
Under 15 years	217,004	19
16-24	146,206	13
25-44	338,184	30
45-64	300,981	27
65+	124,996	11

### Population Change from 2010-2013 <sup>22</sup>

County	2010 population	2013 estimate	Change	State Rank
Hennepin	1,152,425	1,198,778	4%	3

The second most populated county in Minnesota is Ramsey, housing our twin city and capitol, St. Paul. Ramsey County has a population of 508,640, or 9.6% of the state’s population, and is the most densely populated county in the state.<sup>23</sup> When paralleling Sexual Assault Exams (SAE) performed in the two county Sexual Assault Nurse Examiner (SANE) programs in 2013, however, Hennepin County Sexual Assault Resource Services (SARS) reported 805 SAEs<sup>24</sup> and Ramsey County SANEs reported 240 SAEs,<sup>25</sup> which is only 29.8% of the total exams performed by SARS in Hennepin County. The sheer volume of cases performed by SARS alone calls attention to the need for sexual assault protocol across the disciplines in Hennepin County.

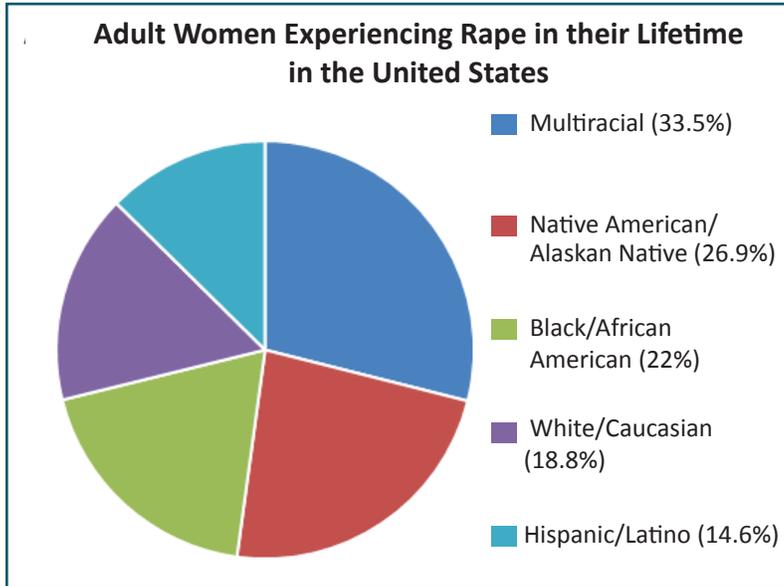
### Who are the Victims/Survivors in Hennepin County?

Many statistics of sexual assault victims/survivors point to marginalized and vulnerable populations. Credible research and the experiences of the Hennepin County SMARTeam show that perpetrators of sexual assault target vulnerable populations because of a decrease in likelihood to

## CHAPTER TWO: THE SCOPE OF SEXUAL VIOLENCE

report and lived experiences of marginalization. A national study by the Department of Justice reported that Native Americans are two and a half (2.5) times more likely to experience sexual assault crimes when compared to all other races, and one in three Native American women reported being

more likely), Black/African American community (133% or 1.33 times more likely), Latino/Hispanic community (60.8% or .608 times more likely), the Caucasian/White community (42% or .42 times more likely), and Asian community (27.9% or .279 times more likely). Then, of these reported



populations who had a sexual assault exam, 68% reported they were definitely, or possibly, a victim of a drug facilitated sexual assault, 44% reported a probable disability (mental health or intellectual and/or developmental disability), and 16% reported being homeless or marginally housed.<sup>32</sup>

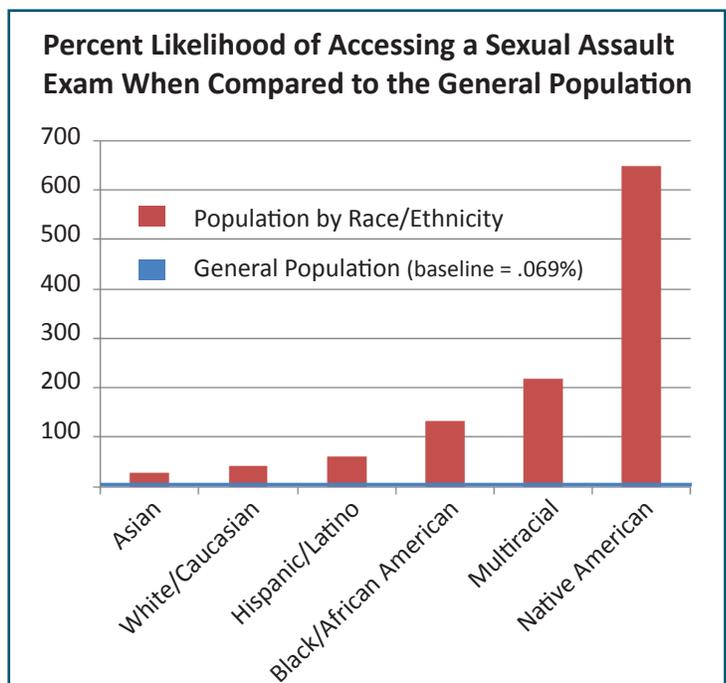
What these numbers tell us is that the national data provided on communities of color experiencing sexual assault correlate to the percentage of people accessing a sexual assault exam in Hennepin County. The mere likelihood of Native Americans having an exam, for instance, could be for many reasons, including better outreach, proximity to the hospital, wanting the sexual assault exam, etc., but what these numbers also allude to is that these populations may be experiencing more sexual assaults based on the likelihood of them accessing sexual assault exams in the county.

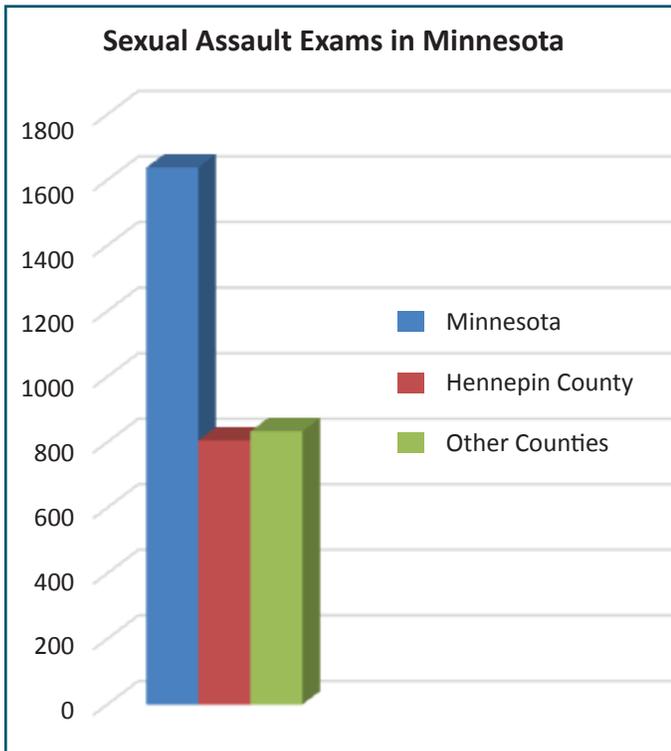
raped during her lifetime.<sup>26</sup> Gender is typically a large indicator of sexual violence because women, trans\*, and gender non-conforming people can experience marginalization at a much higher rate. The Centers for Disease Control and Prevention (CDC) found in a 2010 survey of adult women that 33.5% of the multiracial community, 26.9% of Native Americans/Alaska Natives, 22% of Blacks/African Americans, 18.8% of Whites/Caucasians, 14.6% of Latinos/Hispanics experienced rape(s) in her lifetime.<sup>27</sup>

These numbers then correlate to the use of power and control over vulnerable, marginalized populations in Hennepin County. In 2012, Minnesota reported 1,689 SARS exams, with just over 800 occurring in Hennepin County, or 49%. The county also boasts 40% of the state's minority population. We then, as a county, have a special challenge to consider on how to improve services to its most marginalized members.

If we were to add in other vulnerabilities that number significantly increases. For example, a national study in 2007 from the U.S. Department of Justice found that crimes against persons with disabilities was one and a half times higher than the rate for persons without disabilities.<sup>28</sup> Other studies have suggested that 83% of women with disabilities have been victims of sexual violence.<sup>29</sup> Women with developmental disabilities have among the highest rates of physical, sexual, and emotional violence by spouses, ex-spouses, intimate partners, and family members,<sup>30</sup> and approximately one quarter, or 25%, of men with disabilities experience sexual violence.<sup>31</sup>

In Hennepin County, one reliable statistic we had available to us at the time of this report was from Hennepin County SARS. Based strictly on the top six categorized racial/ethnic communities proportionately represented in the county and 2013 SARS statistics, Native Americans, are 649% more likely, or 6.49 times, to have a sexual assault exam than the general population (.00069 likelihood or .069%) in Hennepin County followed by the multiracial community (219% or 2.19 times





Because the current criminal justice system perpetuates the victim hierarchy, those who traditionally do not have ready access to services: namely children, non-native English speakers, immigrant/migrant/refugee persons- in particular, undocumented persons, people of color, people with disabilities, LGBTQ persons, and poor people do not see the criminal justice system as a viable option.

For instance, at advocacy centers the vast majority of victims/survivors will never make a police report because of their disillusion with the system. Many of these victims/survivors have already had negative experiences with the system or they are at a loss for navigating it and want nothing to do with it. Plus, when only 0.2-2.8%<sup>33</sup> of sexual assault perpetrators are ever incarcerated, it is understandable that many victims/survivors will chose to avoid the criminal justice system when seeking their own definition of justice.

If and when there is a victim/survivor who wishes to report the crime to law enforcement, many times they lack credibility in the eyes of law enforcement because of rape myths, victim blaming, and the perceived inability to prosecute their case if s/he does not fit the mold of what a jury thinks they need to convict. Many times there are victims/survivors who reach prosecution and have already experienced the “system” by telling their story over and over again to advocates, nurses, police, victim witness, prosecutors, etc., and now they must tell their story to a jury who will essentially judge her/his credibility.

While these examples clearly delineate a need for improvement in the system, we have seen progress in Hennepin County when compared to reported numbers. For example, in 2013 SARS reported that 53.4% of victims/survivors reported their assault to the police at the time of their SAE, and 56.5% of victims/survivors utilized advocacy services after their assault. These numbers are staggering when you compare them to the national average of only 5-20% who typically report to the police.<sup>34</sup>

## THE SMARTTEAM APPROACH

The Hennepin County SMARTeam believes that the response to sexual violence is a shared, community, and county-wide responsibility. Our SMARTeam is calling attention to the systemic barriers experienced by marginalized populations in Hennepin County. We believe that sexual violence occurs when there is an imbalance of power and an acceptance of rape as a social norm. To understand rape culture we must first understand that it does not necessarily involve a society or group of people who outwardly promote rape; rather, when defining rape culture we are talking about cultural practices that contribute to an environment that condones sexual violence. Our society’s promotion of rape culture further perpetuates power and control over its most oppressed populations. Some examples include:<sup>35</sup>

- Pop music telling women “you know you want it” because of these “blurred lines” (of consent)<sup>36</sup>
- Believing that victims “allow themselves to be raped”
- Calling someone who has the courage to report their rape a liar
- Victims being told they’re “overreacting” when they call out street harassment
- Rape jokes and people defending them
- Sexual assault prevention education programs focusing on victims being told to take measures to prevent rape instead of perpetrators being told not to rape
- Assuming that false reporting for sexual assault cases are the norm, when in fact they are only 2-8%<sup>37</sup>

Even though there have been substantial reforms in rape laws over the past decade, there remains a basic impediment to the successful prosecution of rapists due to juror and judicial beliefs in rape myths. When the criminal justice system within a community cannot effectively respond to its more vulnerable victims, the health and well-being of the entire community are at risk. These populations will not see the criminal justice system as a viable

option for their recovery because of the lack of trust in the system, thus exacerbating unreported sexual assaults.

There have been ample reports claiming victory on the war on crime because of declining rape rates since the 1990s<sup>38</sup>. While this may be the case in reported numbers to the Federal Bureau of Investigation

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(FBI) and the Uniform Crime Report (UCR), it has been noted by many researchers that these numbers are false.<sup>39</sup> It is estimated that up to 80 percent of rapes go unreported,<sup>40</sup> and one study estimates conservatively<sup>41</sup> that between 796,213 and 1,145,309 rapes were not included in the UCR due to police undercounting between the years 1995 to 2012. Further, this revised data indicates that this time span includes 15 to 18 of the highest rates of rape since the UCR began reporting rape in 1930.<sup>42</sup>

There has been substantial effort to correct the limitations and shortcomings of the UCR, such as updating the definition of rape in 2012, Congressional hearings, advocacy involvement, and the involvement of the Police Executive Research Forum including participation of past Hennepin County SMARTeam member, Commander Nancy Dunlap. Nonetheless, the UCR remains contestable and still acts as the dominant source of information for crime levels in the United States. Congress, most notably, utilizes the report to allocate funds to police departments based upon their reported UCR statistics.<sup>43</sup>

In addition, policy makers use the UCR regularly to evaluate the effectiveness of the criminal justice system.<sup>44</sup> What can be implied here is that Hennepin County may not be adequately funded to aggressively fight criminal sexual conduct crimes because the numbers do not reflect the reality

of its prevalence. There has been significant attention paid to Minneapolis over the last few reporting periods, however, because

the Minneapolis Police Department reported the highest rate of “forcible” rapes in the country from 2007-2011.<sup>45</sup> Cmdr. Dunlap expressed that the department was not over-reporting rapes; rather, the numbers documented more accurately reflected the realities of rape to include, for example, oral and anal rape, drug facilitated rape, and the rape of boys and men. Now, with the new definition of rape

it has been estimated that the number of reported sexual assaults will increase around the nation due to the more inclusive definition.

Even with this new definition, however, it may still prove difficult to convict because of our learned

reality of victim blaming, rape myths, and unrealistic expectations of DNA. For example, many jurors have bought into the “CSI Effect:” an exaggerated portrayal of forensic science on crime television shows that influences public opinion and the perception of what makes a crime believable.<sup>46</sup> In fact, one study found that 73 percent of jurors expect to have DNA evidence in rape cases, which is ranked as the highest percentage of all violent crimes.<sup>47</sup> This expectation is extremely problematic because many cases may not have corroborating DNA evidence, and even if there is DNA that proves the perpetrator was at the scene, it does not prove that the sexual act(s) were nonconsensual. What we must do is approach these cases first with the notion of truly believing the victim/survivor about the lack of consent and then use DNA as supporting evidence to prove the assault.

Plus, if the victim/survivor does not fit the mold of a strong case it is less likely to be prosecuted. Research and general public opinion supports that a strong case is generally considered to be

When the criminal justice system within a community cannot effectively respond to its more vulnerable victims, the health and well-being of the entire community are at risk. These populations will not see the criminal justice system as a viable option for their recovery because of the lack of trust in the system, thus exacerbating unreported sexual assaults.

one involving a stranger who uses a weapon and inflicts injury on the victim/survivor. Because in reality only a small percentage

## CHAPTER TWO: THE SCOPE OF SEXUAL VIOLENCE

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of victims/survivors fit into this “strong case” category, a victim hierarchy is created within the system: only those victims/survivors who fit the mold may have their perpetrator prosecuted. People of color, immigrants, and lesbian/gay/bisexual/transgender/queer (LGBTQ) populations, for example, fall outside the category of a victim with a strong case because of their marginalization within the system. It is a goal of the SMARTeam to level the playing field where each individual is able to choose his/her path to recovery without experiencing barriers. If that path involves reporting to law enforcement where prosecution may be involved, our goal is to have the system treat every victim/survivor with respect and dignity and provide equal access to services.

While many assume that sexual assault victims/survivors wish

to participate in the prosecution of their perpetrator, the healing process is different for each victim/survivor. It is not up to the system to decide what healing looks like; rather, it is the system’s responsibility to be victim-centered and meet the victim/survivor in his/her place of healing and guide him/her through the process providing unbiased options. This response is the beginning understanding of what it means to be victim-centered. As part of the protocol development process, the team will define the core elements and aspects of a victim-centered response. It is the expectation of the team that all responders will adapt to consistent victim-centered approaches. Although each discipline has a unique role in the criminal justice response, it is possible to develop policies that will promote justice, care, and healing for all victims/survivors that are consistent throughout the system.

It is a goal of the SMARTeam to level the playing field where each individual is able to choose his/her path to recovery without experiencing barriers. If that path involves reporting to law enforcement that may include prosecution, our goal is to have the system treat every victim/survivor with respect and dignity and provide equal access to services.

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<sup>4</sup> To see criminal sexual conduct statutes and definitions, please refer to Appendix F.

<sup>5</sup> The Hennepin County SMARTeam believes that the term “forcible” is problematic because it implies that violence was used. There are many situations of rape where physical force may not be utilized such as verbal threats, fraud or coercion.

<sup>6</sup> To see the Minnesota Criminal Code for Criminal Sexual Conduct, please refer to Appendix F.

<sup>7</sup> To see the sexual assault definition, please refer to Appendix F.

<sup>8</sup> Battered Women’s Justice Project. (2012) “Shifting the Paradigm for Investigating Trauma Victimization.”

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.

<sup>14</sup> Strand, Russell W. The Forensic Experiential Trauma Interview (FETI). <http://www.partnersforchange.info/wp-content/uploads/2012/09/STRAND-FETI-Public-Description.pdf>

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

<sup>17</sup> Ibid.

<sup>18</sup> US Census Bureau (2010). <http://quickfacts.census.gov/qfd/states/27/27053.html>. Retrieved on 7/15/2014

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Gender on the US Census Bureau does not ask about trans\* and/or gender non-conforming populations.

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<sup>22</sup> <http://quickfacts.census.gov/qfd/states/27/27123.html>. Website retrieved on 8/4/14.

<sup>23</sup> Ibid.

<sup>24</sup> Hennepin County Sexual Assault Resource Services (SARS) serves victim/survivor at the following locations/hospitals (including some outside of Hennepin County): Amplatz, Abbott Northwest, CornerHouse, Fairview-Ridges, Fairview-Southdale, HCMC, Maple Grove, Methodist, NMMC, Northfield, Regina (Hastings), UMN East Bank (University), UMN West bank (Riverside), Walker Methodist, West Health, and West Suburban Teen Clinic.

<sup>25</sup> Ramsey County SANE program serves locations and hospitals that are inside and outside Ramsey County including: Regions, Health East, United, Children's, Buffalo, Fairview Lakes, Fairview Northland, Mercy, Unity, and Lakeview.

<sup>26</sup> See for example, Tjaden, P. & Thoennes, N. (2000). Prevalence, Incidence, and Consequences of Violence Against Women. US Department of Justice; or Centers for Disease Control (2012). Sexual Violence: Facts at a Glance.

<sup>27</sup> Black, M.C. et al. (2010). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

<sup>28</sup> Rand, M.R. & Harrell, E. (2007). "National Crime Victimization Survey: Crime Against People with Disabilities, 2007." Website retrieved on 10/10/14. <http://www.bjs.gov/content/pub/pdf/capd07.pdf>

<sup>29</sup> Stuart, J. & D. (2007). "Recognizing and Responding to the Vulnerability Trail for People with Developmental Disabilities."

<sup>30</sup> Ibid.

<sup>31</sup> Powers et al. (2008). "End of Silence: A Survey of the Abuse Experiences of Men with Disabilities."

<sup>32</sup> We must assume that these numbers are not 100 percent accurate because many victims/survivors may not be willing to answer truthfully, perhaps for fear of repercussions or for any other reason. However, the reported numbers are staggering and should be examined as such.

<sup>33</sup> Lonsway, K.A. & Archambault, J. (2012). The 'Justice Gap' for Sexual Assault Cases: Future Directions for Research and Reform.

<sup>34</sup> Ibid.

<sup>35</sup> All rape culture definitions and examples are courtesy of Everyday Feminism: <http://everydayfeminism.com/2014/03/examples-of-rape-culture/> Retrieved on 7/29/14.

<sup>36</sup> This example of rape culture is from Robin Thicke's song, "Blurred Lines" with song lyrics by Pharrell Williams.

<sup>37</sup> National Sexual Violence Resource Center (2009). False Reports: Moving Beyond the Issue to Successfully Investigate and

Prosecute Non-Stranger Sexual Assault. Website retrieved on 9/10/14: <http://www.nsvrc.org/publications/articles/false-reports-moving-beyond-issue-successfully-investigate-and-prosecute-non-s>

<sup>38</sup> Frampton, Mary Louise et al (2008). After the War on Crime: Race, Democracy, and the New Reconstruction

<sup>39</sup> See for example, Yung, Corey Rayburn (2014). How to Lie with Rape Statistics; Frampton et al (2008). After the War on Crime: Rape, Democracy and the New Reconstruction.

<sup>40</sup> See for example, <https://www.rainn.org/get-information/statistics/reporting-rates> website retrieved on 8/25/14.

<sup>41</sup> Yung's number is conservative for two reasons: first, the estimate is derived from the FBI's pre-2012 definition of rape (one established in 1927): "carnal knowledge of a female forcibly against her will." This definition does not include oral or anal rape, nor does it include drug facilitated rape or the rape of boys and men or people who identify as trans\* or gender non-conforming. Second, the FBI and crime experts estimate that anywhere between 60-80 percent of rapes are never reported to the police.

<sup>42</sup> Yung, Corey Rayburn. (2014) How to Lie with Rape Statistics: America's Hidden Rape Crisis

<sup>43</sup> Ibid.

<sup>44</sup> Maltz, Michael D. (2007). Missing UCR Data and Divergence of the NCVS and UCR Trends, in Understanding Crime Statistics: Revisiting the Divergence of the NCVS and UCR 269, 270 (James P. Lynch & Lynn A. Addington eds., 2007).

<sup>45</sup> Stahl, Brandon and Matos, Alejandra (March 11, 2013). Minneapolis police overreporting rape statistics. Star Tribune. Website retrieved on 9/16/14. <http://www.startribune.com/local/minneapolis/196794231.html>

<sup>46</sup> Shelton, Donald E. (2008) The "CSI Effect": Does it Really Exist? Office of Justice Programs: National Institute of Justice. Vol. 259. <http://www.nij.gov/journals/259/Pages/csi-effect.aspx>. Website retrieved on 8/5/14

<sup>47</sup> Ibid.

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## CHAPTER THREE: THE VICTIM EXPERIENCE SURVEY AND GROUP INTERVIEWS

In the summer of 2013 the SMARTeam conducted a victim experience survey, along with group interviews with victims/survivors, law enforcement, and prosecutors. The purpose of this survey and group interviews were to understand victims/survivors experiences of the system and actively take steps to improve the process and outcomes for those who engage with law enforcement and prosecution to be more victim-centered. The intended outcomes from the surveys and qualitative interviews were to:

- Use this information to devise ways to improve process and outcomes for victims/survivors
- Consider this research when developing an inter-agency protocol.
- Share the findings of these surveys and interviews with key stakeholders, community leaders and team agencies.

### THE VICTIM EXPERIENCE SURVEY

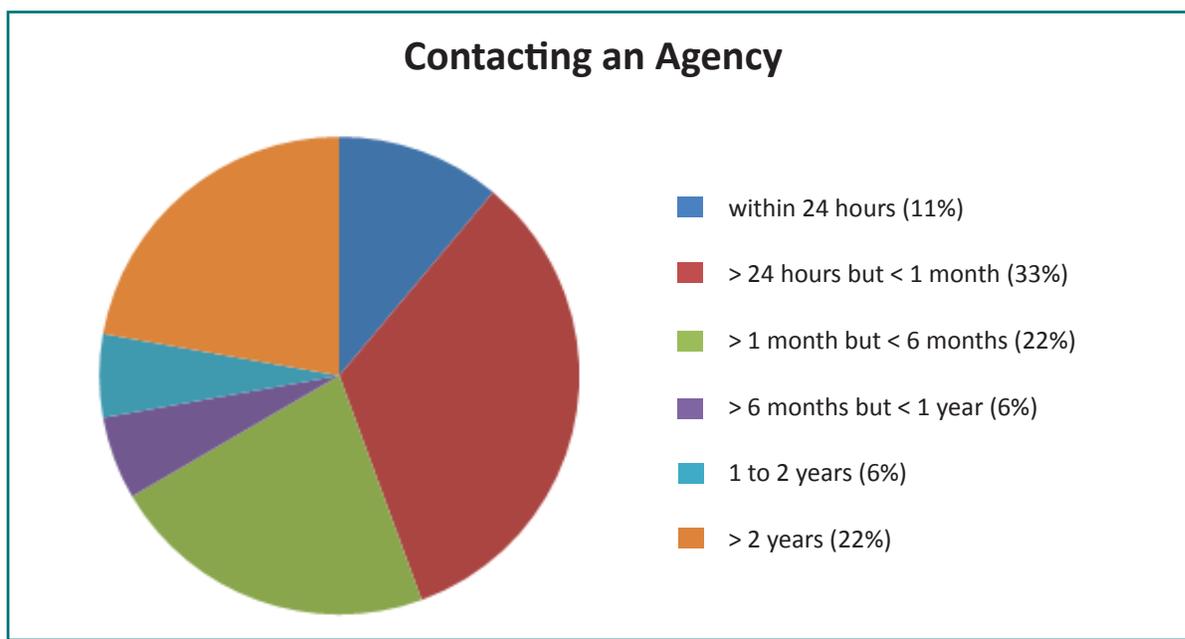
The Victim Experience Survey was developed by the SMARTeam to learn more about the system's response through the experiences of victims/survivors in Hennepin County. The SMARTeam engaged members of the community by distributing survey cards over the course of several months that lead them to a web-based online survey. While all of the data we are using in this Community Needs Assessment is not representative of all victims/survivors and responders in Hennepin County and should not be used to make generalizations, it does provide an anecdotal glimpse into victims/survivors and responders experiences of the system.

The Victim Experience Survey had a total of 35 people who responded to the survey, though only a portion of that 35 responded to every question. The chart below includes the demographics of the respondents who participated in this part of the survey:

## CHAPTER THREE: THE VICTIM EXPERIENCE SURVEY AND GROUP INTERVIEWS

Respondent (victim/survivor) Info	Offender Information
Race/Ethnicity (n=13): European American- 92% African American- 8%	Gender of the person who assaulted you (n=13): Male identified- 92% Female identified- 8%
Gender (n=13): Female identified- 85% Male identified- 7.5% Genderqueer (FAAB)-7.5%	Who was the person who assaulted you? (n=15) A family member- 13% Current or former partner- 20% Brief encounter (known less than 24 hrs)- 40% Non-stranger (known more than 24 hrs)- 27%
Sexual Orientation (n=13): Heterosexual, straight, mostly straight- 54% Gay, Lesbian, Queer- 31% Bisexual- 15%	
Age at the time of the assault (n=13): 13 or under- 7.5% 14 to 20 years old- 38% 21 to 30 years old- 31% 31 to 40 years old- 8% 41 to 50 years old- 7.5% Over 50 years old- 7.5%	

While these statistics do not correlate with national and/or county wide racial statistics experiencing sexual assault, it should be noted that all other categories (age, sexual orientation, gender, and offender information) are consistent with national and county findings. The participants were also asked if they contacted an agency or service following the assault:



When we consider the “Contacting an Agency” chart on the previous page, it is clear that the majority of these respondents utilized some type of service within six months (67%); yet for some, it took more than two years to seek help (22%). What this data reflect is that there is no “typical” response time for utilizing services for sexual assault because the reality is that many victims/survivors choose not to engage with the system. One reason may be that they do not understand how to navigate it or perhaps they do not believe it is a viable option. Regardless of the reason, we must increase the visibility of services to victims/survivors and let them know that they have trained advocates ready to help them navigate their choices.

If a victim/survivor chose to utilize or was referred to a service, it is clear in the chart below that the majority surveyed here utilized an advocacy service or other crisis service which can be healing for a victim/survivor.<sup>48</sup>

Of the 28% victims/survivors who chose to report to law enforcement, 80% stated they wanted to “catch and/or punish the offender” and 60% said they wanted to “prevent this from happening to others” and “because it is a crime.”<sup>49</sup> These responses are important to remember when creating protocol for responder agencies because all of these participants are from the community that the SMARTeam serves.

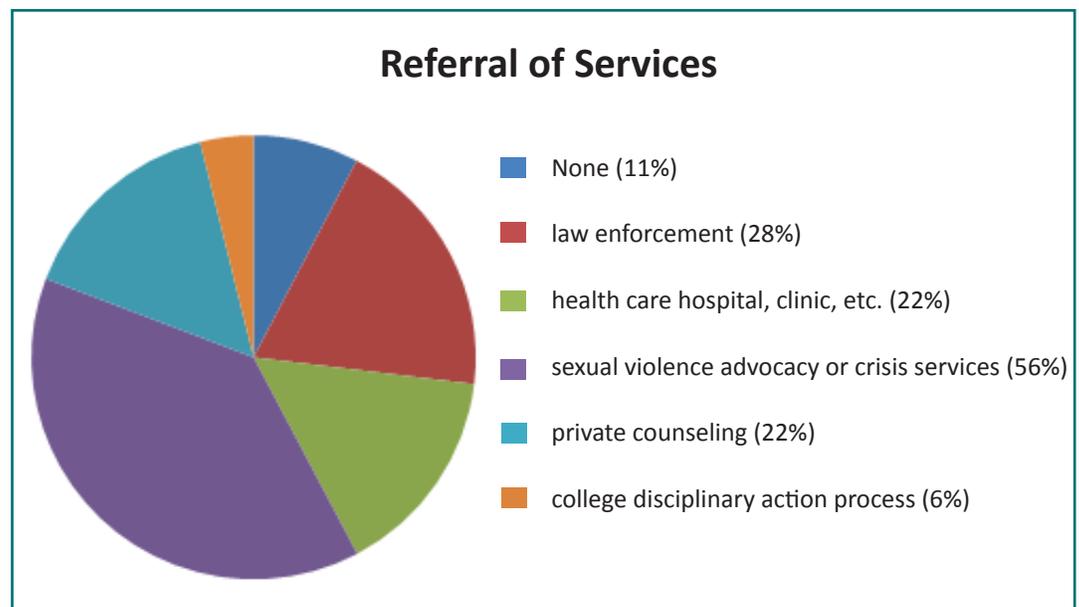
### THE VICTIM/ SURVIVOR GROUP INTERVIEW

The victim/survivor group interview was conducted at The Aurora Center at the University of Minnesota Twin Cities on May 3, 2013 during one of the agency’s Friday support group meetings. The interviews were facilitated and recorded by members of the SMARTeam. The SMARTeam developed all the questions asked of the victims/survivors, but all of the responses were left open-ended.<sup>50</sup> After conducting these qualitative interviews, there were several themes that became clear through this line of questioning regarding rape myths and/or disbelief of victims/survivors, hesitations about

reporting, what has worked in the system, and what they would like to see changed.

When someone is sexually assaulted, they may feel guilt, shame, fear, and many other negative sensations associated with trauma. Plus, as we have stated many victims/survivors are unsure of what their choices are, how to navigate the system, and who can support them. It is important for them to have access to trained advocates who are able to help navigate their choices, as well as responders who understand the effects of trauma.

There were several participants who reported they struggled when telling anyone about what happened to them because even their close friends and family did not believe them. Many victims/survivors shut down after their story was not believed, and they even began to question their own experience. These victims/survivors clearly



point to some of the myths that surround rape when a victim/survivor questions their own experiences of the assault. In one case, the perpetrator was the victim’s/survivor’s boyfriend, and they had been in an intimate relationship. Generally, when we think of rape, the stereotypical image is someone “jumping out of the bushes and raping you in a back alley.” It is not the partner, spouse, or caretaker, for instance, who is named as the perpetrator. It is sometimes very hard to understand that a person you are in a relationship with is capable of committing this horrendous crime- another reason why it is so hard to come to terms with what has happened because of the abuse of trust. Plus, when we have victims/survivors whose

friends and families are questioning their own experiences of assault, it proves extremely difficult to move forward and tell your story to someone in the criminal justice system, thus perpetuating rape culture and victim-blaming.

Negative reactions from family members, friends, or system responders often have the chilling effect of silencing victims/survivors. Participants also expressed hesitation and fear about reporting to the police. For victims/survivors who did report, it was shared that the reporting process was unhelpful and unwelcoming because of the way they were treated. They often felt like the burden of proof is placed on victims/survivors who are rarely believed instead of the perpetrator. To expand, one victim/survivor stated that “the person who raped you is considered innocent until proven guilty... that means that when you report him, you’re a liar until you can prove otherwise. That is a horrible way to be treated.” It is essential that we as a system are able to place the needs of victims/survivors first and respect their approach. In fact, there are many victims/survivors who do not report immediately for several reasons that are consistent with national research on delayed and/or non-reporting. For example, several participants said they waited several months to seek help or even to report because it took them a long time to realize the severity of the assault.

In addition to not reporting to law enforcement, there are also many victims/survivors who do not participate in a sexual assault exam (SAE) for various reasons. Some participants had never experienced sexual contact at the time and had never been through a gynecological exam before. Others expressed that they weren’t aware of the services, didn’t want their insurance billed, didn’t want their parents notified, didn’t want system involvement, or didn’t know they could have the exam without first reporting to the police. These responses clearly stated that there is a large gap in education regarding the options that are available to sexual assault victims. Plus, even if they had made a choice to move forward, sometimes those avenues (e.g., prosecution) were also not understood.

While most of the experiences have shown the need for improvement, there were several participants who have had positive experiences with advocacy agencies and the criminal justice system. One participant said when s/he had the SAE, “it was one of the better experiences I have had. She (the SANE) was great, kind, and friendly.” SANEs are specifically trained to understand trauma and conduct respectable exams that can, at times, be invasive and

uncomfortable. When working with the police, one participant said, “I was told that since I reported, even though it wasn’t charged, that it will now be on his record so if anyone reports again in the future, she will be validated by knowing it happened to someone else, too.” The reality we see is that many sexual assault reports are not prosecuted because of the circumstances that surround these assaults (i.e.: alcohol or drugs). Many participants found it helpful to speak about their assault in support groups or within their networks. For example, one participant said, “I’ve told a lot of people what happened to me and passed along what has helped me. I would encourage other people to do the same.” In addition, another participant said, “I would tell people that joining the support group was validating even though I was scared at first. It helped me see that [the rape] is real and that I’m not alone. It helped me know that my feelings were ‘common,’ and I was not alone...there is no expiration date on when you will feel better.”

Understanding these experiences allow the SMARTeam to build on these positive encounters and create guidelines that draw on these perspectives as a baseline for protocol. The participants also believed that there were things missing from the criminal justice response as well as the university response. For one, they would like to see every “incoming freshman be required to take a course defining consent, with specific examples and role plays.” Plus, they believe “powerful posters defining consent should be much more widely distributed.” Mostly, many participants would like people to know that it “takes a long time to heal and it makes everything in your life very hard.” They also “wish there was a way for victims’ rights to be protected in the same way defendants are.” At the end of the interviews, the biggest theme the participants wanted the criminal justice system to know was that people who have been through traumatic experiences need validation. It was mentioned several times that they would not have questioned themselves and their experiences if others (friends, family, and systems) had believed them. The most important point to take away from these interviews was that all responders must believe the victim’s/survivor’s experience they are being told. If a victim’s/survivor’s narrative is not validated by the first person they share their experience with (i.e.: a police officer), it is almost impossible to heal or find justice within the criminal justice system.

### THE LAW ENFORCEMENT GROUP INTERVIEW

The law enforcement group interview was organized by Lt. Michael Martin (now retired) on August 19, 2013 and focused primarily on the training needs of the Minneapolis Police Department (MPD). SMARTeam members facilitated and recorded the responses of the MPD participants. Questions posed to law enforcement circled around their approaches to victims/survivors, the most difficult or challenging part of sexual assault cases, limitations to their methods, and what they think needed to change or improve within the police department.<sup>51</sup>

There are many different methodologies that police use when interviewing a sexual assault victim/survivor. There are some police officers who practice empathy and recognize that the victim/survivor may experience post-traumatic stress disorder (PTSD). They realize it is not an easy topic to discuss and most people do not want to talk about it so they choose their approach with careful consideration. On the other side, there were officers who did not practice empathy by suggesting that they have seen everything before so they should not feel uncomfortable. Police officers know their role is to gather evidence and report the facts of the assault. It should be noted, however, that it is not the role of the reporting officer to decide if the assault happened; rather, their role is to present the facts of the case to the investigator who then decides if the reported assault can be substantiated and sent on to prosecution.

When officers are taking a report from a victim/survivor, they run into many challenges and difficulties because of the intimate nature of the crime. Many officers expressed awkwardness regarding the intimate and detailed nature of the questions that must be asked. They must be professional and ask factual questions for their report because that is what they are trained to do, but many times they have to ask uncomfortable questions that victims/survivors do not want to talk about, and it causes a disconnect between the victim/survivor and reporting officer. Plus, it is important to recognize, however, that the burden of proof rests on the victim/survivor because the victim/survivor is the person whose credibility will be questioned, not a police officer's line of questioning.

Because of this disconnect, sometimes officers will question the validity of a sexual assault report in non-stranger circumstances. Often times, officers cited reports of caregivers reporting that

their child was raped, but the child disagrees and discloses that the "perpetrator" is actually a partner and the sex was consensual. Unless there is a significant age difference, many times it is difficult for officers to press charges when the victim/survivor does not believe s/he is a victim and will not actively cooperate with police. In these circumstances it is important to note that officers get frustrated when a victim/survivor does not want to move forward because officers are coming from a paradigm of public safety that is looking to protect their community from crime.

While some officers have expressed difficulty with interviewing and questioning the validity of a victim/survivor experience, they also seem to have some difficulty interacting with other systems. Some officers expressed frustration with the sexual assault exam (SAE). Some officers noted that "the hospital part is tricky- it's not private- everyone sees you and people wonder what's going on." Plus, there is a long wait time from when an SAE begins and ends, creating frustration for all individuals involved. On average, an SAE can take anywhere between two and eight hours depending on the nature of the crime. This wait time can cause frustration because the different actors in the system are not communicating effectively with each other. Plus, many officers were not aware of the change that an SAE can now be taken up to 120 hours after the assault occurred. Many officers are still operating on a 72 hour window. While this change is more recent, it is clear that there has not been a uniform way for officers to learn new information when protocol changes.

Other shortcomings noted are that the "training in the academy [for sexual assault] is very short." Plus, many "have never seen a SARS report...and not all officers are trained on SARS language." In addition, many officers claim there is rarely any follow up with victims/survivors after they interview them. Participating officers said they would like to know what happens with the cases after they are handed over to investigators and prosecutors. Even though the patrol cops do have access to an internal system that allows them to look up their cases and see the outcome, they continued to stress the importance of direct follow up from the prosecutors as a very important benefit to police.

There were many ideas posted by the participants to improve the police response such as education, resources, and streamlining the process. On the education side, many officers expressed that there is not enough training or education on sexual assault and believed

it would be valuable to have “roll call updates, a yearly in-service training for post credits, a mandated annual training, and/or a five to seven minute video [on sexual assault].” Officers expressed a need for streamlining the process of reporting all the way up to prosecution. To make better use of their limited time and resources, they would like law enforcement called before starting the medical forensic exam or wait to be called after the exam. They encouraged better communication with the prosecutors by requesting follow-up emails regarding their cases. Since there has been limited communication between officers and the County Attorney’s Office, they would like to have “training from other disciplines [such as the County Attorney] on how to write better reports and how to ask questions.” In addition, some officers expressed frustration with advocates because they claim that “[the advocates] are usually not present.”

The officers are also looking for more direction for sexual assault cases like they have to use in domestic violence (DV) cases. “DV has specific protocol and questions to ask. We need some kind of book, some better information, a ‘what do I do from here’ approach” to creating a sexual assault protocol. They requested a “protocol sheet like DV for people who don’t feel comfortable” asking intimate questions. Many officers also expressed a need for culturally specific resources, understanding of transgender pronouns, and general support information for victims/survivors. It has been made clear from this group interview that the law enforcement participants expressed a need for improvement when responding to a sexual assault.

### THE PROSECUTORS’ GROUP INTERVIEW

The prosecutor group interview took place on August 29, 2013. Attorneys from the Hennepin County Attorney’s Office Adult Prosecution Division-Sexual Assault Team participated in a group interview facilitated and recorded by SMARTeam members.<sup>52</sup> As with the other interviews there were several themes that developed during these interviews, such as what drives cases and charging decisions, challenges to these cases - such as jury attitudes, delays in reporting, victim credibility, and understanding victim reactions-, and ideas for improving the system.

The prosecutors recognized there are many emotions involved in these cases, but their job is to determine whether or not the cases

can be proven to a jury beyond reasonable doubt. The prosecutors review police investigative reports and all other reports related to the case before making a charging decision, including the 911 call and SARS report. They note the nature of the relationship between parties, if there was alcohol or drug use, and other factors that bear on victim/witness credibility. Unfortunately, it’s not what a prosecutor believed happened; rather, it is what can be proven to a jury. Attorneys exercise discretion when reviewing cases for charging because proof beyond a reasonable doubt is what is needed to produce a jury conviction. In sexual assault cases, however, the burden of proof can seem greater because sexual assaults rarely have witnesses or corroborating evidence.

All of the participating attorneys believed that jurors chosen on the panel must be able to assess the case based on the evidence presented and not based on their expectations of the evidence. These cases are more than just the words of the two parties; jurors have the responsibility to assess credibility although many juries have been jaded by the “CSI effect.” For example, one trial resulted in an acquittal because the jury felt the need to know the blood alcohol level of the victim even though there was testimony about the victim’s condition. The jury wanted more and discounted the evidence that they did have. The attorneys all believed that there is a need to educate the general public, who then become juries, on the realities of sexual assault cases.

Prosecutors recognize that jurors are not educated on victim trauma, and many times potential jurors who have experience with trauma and sexual assault are screened out in jury selection. Jurors do not understand all the counter-intuitive behaviors of trauma survivors, such as delayed reporting and not remembering all aspects of the assault, and consider these behaviors to be lies about the assault. These beliefs then create conflict between how jurors assume a victim should react and the ways in which victims actually react. Many attorneys stated they wanted more funding for experts to help dispel rape myths and provide expert testimony on the neurobiology of trauma.

Many times attorneys choose not to charge a case because of the circumstances surrounding the assault. For example, many police use the term “risky” behaviors for circumstances such as intoxication, prostitution, using drugs, etc., but the SMARTeam is looking to avoid using this language and be more offender-focused instead of placing blame on victims. Sometimes victim/survivors will

not be truthful about the sexual assault because they were engaged in some of these behaviors, but it is one of the goals of SMARTeam to promote trust between victims/survivors and law enforcement. Many times prosecutors will emphasize the importance of telling the truth in the first interview. It is much better for prosecutors to know all the facts of the trial before it begins rather than when they go to trial. Immigrant victims especially have fears about giving information because they believe it could affect their immigration status. Again, these are all clear indications that there must be more education surrounding sexual assault and the myths associated with this crime.

Many prosecutors suggested a way of improving the system would be to open lines of communication between participating agencies (e.g., police, advocates, SARS, and prosecutors). This communication can only help move cases through the system in a more effective, streamlined way that is more beneficial for victims/survivors. One avenue that prosecutors believe is extremely helpful for victims/survivors is advocacy. By the time a victim/survivor meets with a prosecutor, it's much easier to establish rapport. It was noted multiple times that there are too many "gaps" in communication between the police, advocates, and prosecutors. Prosecutors stated the most important resource is each other. Being able to strategize and trade notes and ideas with each other has proved to be a best practice throughout the system response.

From these group interviews we have learned a great deal about the experiences of victim/survivors and responders of the criminal justice system in Hennepin County. While it is clear there is room for improvement, there are many people in the system who truly understand and are dedicated to improve the victim/survivor experience. The biggest theme that was expressed throughout these interviews was the need for communication between systems and understanding trauma.

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<sup>42</sup> The number of respondents answering this question was 18, but the percentages total over 100% because several respondents utilized more than one service.

<sup>43</sup> It is important to note that these percentages add up to more than 100%. The reason for this is because some respondents chose more than one answer.

<sup>44</sup> To see victim/survivor interview questions, please refer to Appendix A.

<sup>45</sup> To see law enforcement group interview questions, please refer to Appendices B and C.

<sup>46</sup> To see prosecutor group interview questions, please refer to Appendix D.



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## CHAPTER FOUR: A CALL TO ACTION

The Hennepin County SMARTeam members are choosing to take a new approach to address the needs of sexual assault victims/survivors in their different disciplines. Select team members from each discipline wrote a narrative we categorized as a “Call to Action” that contains four sections, including background/mission of the agency, successes in addressing sexual assault within the agency, challenges in the agency, and a plan for moving forward (i.e., protocol development). The following “Call to Action” documents were written exclusively by SMARTeam members and approved by their agencies.

### **THE MINNEAPOLIS POLICE DEPARTMENT (MPD)**

By, Lt. Michael Martin, Sex Crimes Unit Supervisor (now retired)

#### ***The Role of the MPD***

The Minneapolis Police Department is the primary responder and investigative agency for criminal sexual conduct cases that occur within the city of Minneapolis. In 2013, MPD officers responded to

1448 cases of Criminal Sexual Conduct, including 360 rapes, 289 molestation cases, 101 exposure incidents, and 53 cases involving the luring of a minor. Of these cases, 419, or 29 percent, were assigned for further investigation.

Reported rapes were down 11 percent in 2013 when compared to 2012, and reports are down eight percent year-to-date in 2014. Rape cases represented ten percent of all violent crimes reported to the MPD in 2013. While this decline may seem like a victory to some, to us it may mean that more victims are not reporting to police and these numbers are actually not representative of the actual occurrence of rape. The majority of reported sex crimes in Minneapolis involve victims or witnesses calling the police. However, the MPD also receives cases reported through advocates, counselors, mandatory reporters, child protection, adult protection, and SARS nursing staff.

Once a report is received by officers it is entered into the MPD’s Computer Aided Reporting System (CAPRS) and routed to the appropriate unit. The Sex Crimes Unit handles all cases involving

## CHAPTER FOUR: A CALL TO ACTION

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adult suspects or arrestees who are not related to the victim. If they are related to the victim and the victim is under 18 years old, the case is routed to the Child Abuse Unit. Otherwise, if the victim is older than 18 years of age, the vulnerability of the victim is evaluated and the case is routed accordingly. Any case, however, containing evidence of sexual assault is assigned to investigators for further investigation. The Sex Crimes Unit is also responsible for the registration and monitoring of over 2500 sex offenders residing in Minneapolis, including 187 Level 3 offenders.

### ***Successes in the Response of the MPD***

In recent years the MPD has taken an approach to the investigation of sex crimes that is more focused on the well-being of the victim. We have emphasized the predatory nature of offenders and the need to protect the most vulnerable victims from being targets of sexual violence.

In addition, the MPD has adopted a policy of 100% testing of sexual assault kits and processing for DNA evidence. A federal grant has enabled the testing of a historical backlog of kits, and periodic review is ensuring that untested kits are sent to the Bureau of Criminal Apprehension (BCA) for processing. This is done to preserve the evidence and to insure that it is still viable if the victim chooses to report at a later time.

The Sex Crimes Unit has also adopted the use of Forensic Experiential Trauma Interviewing (FETI). This is a technique that has assisted victims in recalling important details by asking about the five senses, including smells, sights, sounds, and other sensory information that might draw out important details and utilize trauma-informed care. All sex crimes personnel attended a cross-training session with the Hennepin County Attorney's Office to learn how this technique could enhance victim interviews. Sex crimes investigators have already used this technique in several cases to help victim's recall details.

### ***Challenges in the Response by the MPD***

One of the challenges the MPD faces is that there is no uniform protocol for addressing sexual assault cases. Written protocol would assist officers and supervisors in gathering all of the evidence needed and could facilitate interviewing victims and witnesses in the most advantageous manner. This would also allow for more consistent instruction in both pre-service (academy) and in-service training.

Another challenge is when victims have a SARS exam and do not want to report to the police, there must be a uniform approach to address anonymity with labeling the Sexual Assault Exam Kit (SAEK). When the SAEK is created during the exam and recovered by MPD Property & Evidence staff, these kits are currently inventoried under the victim's name and sent to the BCA for testing, which does not allow for anonymity.

A final challenge within the MPD response is that currently there is no system to enhance intelligence and information between investigators and street officers regarding emerging patterns and intelligence on known sex offenders. Creating a good system for exchanging intelligence and information would be extremely advantageous not only for the MPD but for any system that interacts with the MPD to better the outcome for victims.

### ***Recommendations for Moving the MPD Forward***

In order to build on the successes we have achieved, and in light of the gaps in the MPD's current response to cases of criminal sexual conduct, I would recommend the following steps for moving forward:

First, the MPD should establish a written protocol for the initial response to cases involving criminal sexual conduct. This protocol should be developed in consultation with our SMARTeam partners and should be reviewed and updated annually. This protocol would include specific direction for call takers, dispatchers, responding officers, investigators, and supervisors. It would also serve as a template for both in-service and pre-service training.

The MPD should also work with our partners to develop multiple reporting options for victims. Many victims are hesitant to report to the police. As a result, we need to establish multiple options for documenting the incident, collecting evidence, maintaining the chain of custody, and facilitating investigations when victims wish to remain anonymous or report at a later date. This is particularly important in cases where an SAE is completed and a kit is inventoried as evidence.

Additionally, the MPD should expand the use of Forensic Experiential Trauma Interviewing to all sex crimes cases when appropriate. Our training and piloted use of this technique have proven to be valuable tools in soliciting information from victims who have a difficult time recalling details of an incident. This will enhance our ability to assist victims, prosecute cases, and hold offenders accountable.

Another recommendation for moving forward is to develop an effective process for gathering, maintaining, and disseminating intelligence regarding sex crimes and predatory offenders. This process should draw on both investigations and predatory offender registrations and should enhance our ability track both offenders and emerging sex crimes patterns. The MPD should also identify an intelligence analyst at the Strategic Information Center to act as a liaison to the Sex Crimes Unit.

Finally, the MPD Sex Crimes Unit should enhance our service and responsiveness by working with our SMARTeam partners to identify ways to overcome a victim's fear of working with the police, to improve our communication with victims, and to better prepare victims for the rigors of pursuing a criminal case. Success in this area should be measured by a reduction in the number of cases closed "exceptionally", meaning by a lack of prosecution, unable to contact victim, or other such reasons.

### **THE UNIVERSITY OF MINNESOTA POLICE DEPARTMENT (UMPD)**

By, Kevin Randolph, Chief Investigator-Sex Crimes

#### ***The Role of the UMPD***

The University of MN Police Department is the primary response and investigation unit for reported Criminal Sexual Conduct (CSC) cases that occur on university property. The normal process for police reports is that a patrol officer takes the Initial Case Report (ICR), which gathers relevant information (names, dates, times, locations, contact information, etc.) along with a statement from the victim, referred to as the reporting party (RP) as to the facts of the incident. If an arrest is warranted, officers will attempt to locate the suspect at this time. The ICR gets written by the officer and submitted to a supervisor for approval. Once approved, the case goes to the investigative sergeant for assignment to an investigator based on location and type of crime.

On rare occasions, an investigator may be called by dispatch, a supervisor, or an external client (i.e.: The Aurora Center) to take a report directly. This would only happen if the report were delayed (> 72 hours old) AND had special circumstances such as the victim or RP is located away from the campus area, or they prefer not to speak with a uniformed officer.

The majority of CSC cases that come in to UMPD come via the Aurora Center. Many victims of CSCs in the university community first seek guidance from an advocate. This usually puts them in contact with Aurora. The advocates at Aurora are well versed in the legal process and can help victims decide if their individual case meets the criteria for a crime, and if they want to enter into the legal process. If victims first go to the hospital, then officers are dispatched directly to the ER to take the report.

#### ***Success in the Response of the UMPD***

One of the largest successes of the CSC process within the organization has been the increased cooperation between the Aurora Center and the University Police. Until recent years, a lack of understanding between the two groups resulted in a relationship that was strained at best. Advocates saw police officers as being indifferent, or even hostile, to the CSC victims, and officers viewed advocates as an encumbrance to the reporting process, often causing additional needless work for the officers.

With personnel changes in both organizations, we were able to open new dialogs that were not inhibited by past biases. Both groups were able to provide much needed information on the processes, requirements, and restrictions that they operated under. This exchange of information has led to a smoother operation between the organizations that have resulted in better service by both for victims of CSC.

The results of this inter-agency cooperation have been so successful, that Aurora and UMPD made a joint presentation about this process at the recent International Association of Campus Law Enforcement Administrators (IACLEA) conference in Hinckley, MN, with plans to give the presentation at other venues. UMPD has also had success in coordinating with both the Office of Student Conduct and Academic Integrity (OSCAI) and the Housing and Residence Life (HRL) staff to utilize a comprehensive investigation process that can lead to discipline being taken against offenders in cases that would not normally reach the level of prosecution.

Other improvements have included UMPD's expansion of training in CSC investigation, including Forensic Experiential Trauma Interview (FETI) training, as well as joining CSC related organizations including the Minnesota Sex Crimes Investigators Association (MN SCIA) and the Hennepin County SMARTeam.

### *Challenges in the Response of the UMPD*

One of the biggest gaps faced by UMPD is successful prosecution of CSC cases. The overwhelming majority of CSC cases reported to UMPD involve a suspect who is known to the victim. While this may seem to make investigation of the case easier, it is quite the opposite. In most cases, the victim had willingly spent time socially with the suspect prior to the reported CSC. Often, they willingly either go with the suspect to his residence, or invite him to theirs. There is usually some romantic involvement between the two people, and there is rarely a direct witness to the reported crime.

Because of this set of circumstances, the primary question of the investigation is not who is responsible for the CSC, but what actually transpired between the two. Physical evidence is usually non-existent, and if it is, it generally only proves that the two had intercourse, not whether it was consensual. That leaves the investigator with two differing statements about the same event, and no way to prove or disprove credibility. It is not surprising then that prosecution in these cases is regularly declined.

While much of this is beyond the control of the police department, there are internal gaps that contribute to this lack of success. On occasion, patrol officers conducting the initial victim interview either neglect to ask critical questions of the victim or else ask questions that introduce biases into the report that later prove to be problematic for prosecution purposes.

The rapidly changing rules and regulations that govern the handling of CSC reports in a college environment, coupled with the relative infrequency that any individual patrol officer receives this type of report, makes it difficult to insure proficiency in dealing with these cases at the patrol level.

### *Recommendations for Moving the UMPD Forward*

Given the national attention being focused on CSCs in the college environment, along with the relatively low success rate in prosecution of these crimes, the University Police Department needs to continue to actively improve in this area. We need to build on the success we have had in integrating Aurora, OSCAI and HRL with the police department for a comprehensive system for victims. We need to use caution to ensure that changes that are mandated from federal and state agencies don't have the effect of making the current system more complex or cumbersome for the end users. A viable solution to improve successful prosecution of CSC cases is

currently being explored by the department, and a workable version should be implemented. This solution involves providing 24/7 availability of investigators (who regularly receive more specific and technical training) for patrol officers to utilize in the proper handling of CSCs and other complex cases. Investigators would be called in to assist with scene management and conduct interviews as soon as the crime was reported. The goal of this system would be to minimize the role of patrol officers from the CSC reporting process whenever possible. This has the dual benefit of reducing the number of times a victim needs to give a narrative of the events, and assures the interviewer is utilizing best practices in the process. Success in this program could then be passed on to other organizations that may not currently employ this practice.

The University Police Department has made great strides in improving the service provided to victims of CSC and continued efforts in conjunction with our partner groups should ensure that trend remains in place.

## **HENNEPIN COUNTY ATTORNEY'S OFFICE (HCAO)**

By, Therese Galatowitsch- Senior Assistant Hennepin County Attorney

### *The Role of the HCAO*

The Sexual Assault Specialty Team of the Hennepin County Attorney's Office (HCAO), Adult Prosecution Violent Crimes Division is presently comprised of 21 Assistant Hennepin County Attorneys. The attorneys invited to join the Sexual Assault Specialty Team are experienced and skilled trial attorneys who expressed an interest in prosecuting sexual assault cases. These attorneys are specially trained in understanding the breadth and depth of Minnesota criminal sexual conduct statutes, Minn. Stat. §609.341-347, in addition to other statutes relating to sexual issues. The attorneys process referrals for criminal charges from 37 police departments in Hennepin County. They are required to attend regular in-house trainings that enable them to understand issues pertaining to sexual assault.

Sexual assault cases are referred for possible charging to HCAO by law enforcement investigators. Cases reviewed by the Adult Prosecution Division (APD) Sexual Assault Team include felony and gross misdemeanor criminal sexual conduct cases involving

victims over the age of 16 (a separate Child Abuse Specialty Team addresses sexual assault crimes against children through age fifteen). In addition, the attorneys review cases referred for other sexual-related offenses, including sexual harassment, stalking, interference with privacy, and sex trafficking. They work with fact issues in cases that deal with a diverse group of victims including, but not limited to, those assaulted by strangers or acquaintances, those who are mentally impaired, mentally incapacitated or physically helpless, and victims of alcohol and drug facilitated sexual assaults. The attorneys file criminal complaints against all types of perpetrators as enumerated in the criminal statutes including, but not limited to, those in positions of authority, those with a significant relationship to a victim, clergy members, massage therapists, and persons acting as psychotherapists.

The standard used by a reviewing prosecutor to determine if a case will be charged is whether sufficient credible admissible evidence exists to create a reasonable probability of obtaining a conviction at trial. Cases not initially charged can be deferred for additional investigation as determined by the attorney in consultation with the assigned police investigator. If the attorney determines that the evidence is not sufficient, the case is declined for charging. Often, the attorney will meet with the victim and an advocate to discuss the charging decision and to offer services to help the victim deal with the emotional aftermath of being the victim of sexual assault.

Attorneys representing the State of Minnesota attend all pre-trial court appearances. Prosecutors and opposing defense counsel litigate their positions through motion practice. The attorneys determine whether to write and file legal memorandum to support motions pertaining to the case and then argue those motions in court. When appropriate, the State will seek to introduce evidence of prior bad acts, called Spreigl evidence, to help bolster the State's case by showing a defendant's prior modus operandi, absence of mistake, intent, and common scheme or plan. If indicated, the State will also file motions for enhanced prosecution when the defendant's prior criminal history allows for a greater sentence. The State will proffer negotiations to defense counsel to settle a case after considering any aggravating or mitigating factors in the case. If unable to reach a negotiated settlement, the State prepares victims and witnesses for trial testimony. Depending on the evidence in a particular case, the attorneys meet with SARS nurses, forensic scientists, medical doctors and lay witnesses to prepare for trial. If the case goes to jury trial, jurors are selected by the prosecutor and defense counsel. Testimony and evidence are presented in a trial, presided over by

a judge. The jury evaluates the evidence and decides whether or not the State has proven its case beyond a reasonable doubt. If the State is successful in obtaining a verdict of guilt, the case enters the sentencing phase. The State may argue to the court for an upward departure from the sentencing guidelines when indicated by the facts and circumstances of the case. Throughout the prosecution of the case, the attorneys maintain contact with the sexual assault victims primarily through specially trained sexual assault victim advocates.

### ***Successes in the Response of the HCAO***

The Assistant County Attorneys work collaboratively with many other professionals while prosecuting sexual assault cases. Law enforcement sexual assault investigators and the attorneys often consult with one another for ways to gather evidence that will enhance prosecution. Because sexual assaults are often crimes of secrecy, attorneys seek peripheral corroborating evidence to prove relevant facts to support the charge.

An analysis of case data and trends in sexual assaults help identify areas of potential training for attorneys within APD. The use of cell phones, social media and Forensic Experiential Trauma Interview trainings are several training topics sponsored by HCAO that enhanced understanding of sexual assault crimes and investigations. Several recent trainings also explained the processes used in sexual assault exams, including DNA forensic tests, addressing the needs of special victims, recognizing counter-intuitive behavior of victims and how to address that in trial and jury selection and the understanding the nuances of sex trafficking cases. By sharing ideas and experiences, the attorneys learn from their peers about the many ways to best handle challenges, evidentiary concerns, and at times, ethical issues inherent in the adversarial process.

### ***Challenges in the Response of the HCAO***

Delays in prosecuting cases due to overcrowded court dockets are not unique to sexual assault cases. However, every effort must be made to prioritize timelier sexual assault trials over other types of crimes while in the court system.

The Sexual Assault Specialty Team recognizes the need to utilize expert testimony when indicated to explain counterintuitive behavior of sex assault victims. This is one way to expel rape myths that are generally accepted in society and sometimes attributed to victims

who testify. The “CSI effect” can unfairly plant expectations in the minds of jurors regarding what type of evidence they expect to hear about in a jury trial based on often unrealistic representations seen on television and in other media. Finding ways to educate potential jurors about the reality of sexual assault is always a challenge.

The recent awareness of sex trafficking cases offers opportunities to end oppression of victims in the sex trade. Additionally, the recent interest in the issue of sexual assault on college campuses affords our office the opportunity to work collaboratively with law enforcement and college and university officials to help combat the problem of sexual assault on college campuses.

### ***Recommendations for Moving the HCAO Forward***

The prosecution of sexual assault cases is often viewed as the end of the continuum for sex assault victims. The HCAO Sexual Assault Specialty Team needs to continue to nurture an awareness of all the entities that work to support victims of sexual assault. We need to continue to educate ourselves about different kinds of victims and perpetrators in order to develop solid protocols to assess each type of sexual assault case that is referred for charging. We need to continue to actively plan and participate in joint trainings with other entities that will enhance our understanding of the many legal, practical, and realistic issues pertaining to sexual assault. We should work with advocates and law enforcement to develop guidelines for responding officers and investigators on how best to respond to reports of sexual assault, collect and preserve evidence and interview victims.

## **CENTRAL MINNESOTA LEGAL SERVICES (CMLS)**

By, Christy Snow-Kastor, Esq. - Supervising Attorney

### ***The Role of the CMLS***

Central Minnesota Legal Services (CMLS) is a civil legal services program primarily funded by the Legal Services Corporation. The mission of CMLS is to advocate for low income people to have access to the civil justice system by providing high quality legal services and empowering self-advocacy skills through legal education. As part of its critical priorities, CMLS specifically assists victims of sexual assault and domestic violence by obtaining Orders for Protection (OFP) and Harassment Restraining Orders (HROs)

in divorce and custody cases, eviction and subsidized housing terminations, and public benefits. CMLS has seven attorneys on staff in its Minneapolis office who all practice family law and have extensive experience obtaining OFPs and/or HROs. In 2013, CMLS closed 706 family law cases including HROs and OFPS where 656 cases, or 90%, involved domestic abuse and/or sexual violence.

### ***Successes in the Response of CMLS***

CMLS and our sister program, Mid Minnesota Legal Aid (MMLA), have, through the assistance of the Violence Against Women (VAWA) grant, been able to increase awareness among staff on the intersection of domestic violence and sexual violence. We have done this through our VAWA partnerships with the Sexual Violence Center (SVC) in Minneapolis and Alexandra House in Blaine. In December 2012 we had an all staff mandatory training from SVC and Battered Women’s Legal Advocacy Project on the basics of sexual assault and domestic abuse and their screening processes. As part of the intake process, staff or case handlers now ask whether potential clients have been victims of domestic violence or sexual violence in order to provide them with appropriate referrals and to identify potential services for which they may be eligible. In the last nine years CMLS has increased the number of HROs it has executed by focusing not only on sexual assaults perpetrated by intimate partners but also including sexual assaults committed by acquaintances.

Additionally, CMLS has reached out to providers who focus on sexual violence such as SVC, Community University Health Care Clinic, Asian Women United, and others in order to increase representation of clients who are seeking protective orders, custody modifications, or other family law matters as a result of sexual violence. During the first six months of 2014, CMLS and its partner MMLA have served 257 victims/survivors, of which 84% were victims of sexual assault.

### ***Challenges in the Response of CMLS***

CMLS provides legal advice or representation for civil cases and only in certain areas of law like family law, restraining orders, benefits, housing, and family law. Often times the sexual assault has occurred days, weeks, or even months before CMLS attorneys first see the cases. When CMLS does receive a case, victims/survivors often do not know what civil remedies they may have available to them because the focus is on the criminal prosecution. If prosecution is what a victim/survivor desires, there is a lack of

knowledge about what sort of civil legal issues they have or how legal aid would be able to assist them.

Additionally, there is sometimes a disconnection between criminal prosecution and civil legal services. There may be legal issues like an HRO or OFP that are not discussed with the victim by prosecution because they may be focused on the criminal no contact order in place. Additionally, prosecution is crime-focused and may not be aware of the housing laws that could assist victims break their lease or public benefits they may be eligible for that would help them be safe.

Plus, there is little communication between prosecution and civil legal services and sometimes between prosecution and the victim/survivor. The victim sometimes only gets a letter from prosecution stating that there will be no prosecution but does not provide them with any information about why their case is not being prosecuted. The victim/survivor often times may not be told that even though their case is not prosecutable in criminal court, they are eligible for an OFP or HRO, but often times they do not find out this information until it is too late to bring the case to civil court.

Finally, CMLS has limited resources and MMLA does not generally assist with OFPs or HROs. CMLS tries to place as many survivors with an attorney for representation, but often times the most CMLS can do is to provide brief services or limited advice to get the victim/survivor through the court process themselves.

### ***Recommendations for Moving CMLS Forward***

CMLS would like to work towards increased funding or pro bono opportunities for civil legal services so that more survivors have access to an attorney for their civil legal service needs.

Plus, we would like to increase communication and trainings between systems who are interacting with victims/survivors from police, advocacy, prosecution, and medical professionals to ensure that each is aware of what the other systems do and to make appropriate and timely referrals to each of the systems.

CMLS would also like to increase communication between prosecution and civil legal services to make sure that both agencies know how cases are progressing in both the criminal and civil contexts. Prosecution and probation should know and have access to any OFPs/HROs or family law court orders to ensure that criminal orders and probation are tracking with the family or OFP orders. The same is true in the reverse.

## **SEXUAL ASSAULT RESOURCE SERVICES (SARS)**

By, Linda Walther, RN-SANE A, SANE P

### ***The Role of the SARS***

In 1977, Hennepin County Medical Center (HCMC) was one of the first hospitals in the country to have nurses with specific sexual assault training to provide medical forensic exams in the Emergency Department. The Sexual Assault Resource Service (SARS) is the largest Sexual Assault Nurse Examiner (SANE) program in Minnesota and is one of 700 SANE programs nationwide. We have 20 SANE nurses who are available to respond every day of the year to all hospitals in Hennepin County. SARS provides care to an average of 800 patients each year.

### ***Successes in the Response of SARS***

SARS has had many successes in Hennepin County. It has been working with the Minnesota Human Trafficking Task Force since 2013 to create a new protocol that provides medical-forensic sexual exploitation exams for youth and adults. In addition, a new documentation form was developed that incorporates specific questions and information about sex trafficking into the SANE exam. SARS has also worked in concert with our community partners to provide culturally competent resources, advocacy, and housing for victims of sex trafficking.

Currently SARS in Hennepin County and Regions in Ramsey County are the only two SANE programs in the metro area that provides law enforcement with the option to request a suspect exam (a medical forensic exam for suspects involved in a sexual assault). At this time, the Minneapolis Police Department is the only jurisdiction in Hennepin County that has requested suspect exams. Suspect exams are valuable because they often yield more evidence for prosecution than the victim exams.

### ***Challenges in the Response for SARS***

SARS has some areas of improvement that must be addressed in Hennepin County. Currently, there is no anonymous reporting option for victims in Hennepin County. A patient has two options for reporting to law enforcement: report at the time of the exam or at a later time. After the exam, the Sexual Assault Evidence Collection Kit (SAEK) is stored in a locked refrigerator with the patient's name

## CHAPTER FOUR: A CALL TO ACTION

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and medical record number and other identifying information, which negates any anonymity to the patient. If a patient never makes a report to law enforcement, the SAEK is held at the hospital for an unspecified amount of time. When the kit is destroyed, all of the patient's information is visible on the SAEK.

If a sexual assault happens in Minneapolis, the Minneapolis Police Department collects all of the SAEKs that have been reported and not reported to police. Even the unreported cases are logged into the evidence storage area with the patient's name, and the Minneapolis SAEKs are held indefinitely. Because we do not have an option for anonymous reporting, a victim's right to privacy is compromised. Every SAEK collected always has a patient's name and other identifying information attached to the kit.

Another area SARS should improve upon is using the Forensic Experiential Trauma Interview (FETI) technique. This patient centered technique is a trauma-informed way to obtain information about the sexual assault from the patient. Law Enforcement and prosecution have been trained and have implemented the FETI technique, but SARS staff would like to see this technique more widely used and implemented into the system. If SARS also implemented the FETI technique, interviewing victims would be more consistent across disciplines.

Assessing the risk of HIV following a sexual assault is an important part of the SANE exam. Medication is available to reduce the risk of acquiring HIV following a sexual assault. HIV prophylaxis must be started within 72 hours of the assault and should be taken for 28 days. The medication and costs incurred total over \$1,000 for the full 28 day course.

SARS has a small grant to help cover the cost or the co-pay for the first 5 days of the medication. The rest of the medication is often covered by insurance or if the patient does not have insurance and the sexual assault was reported to law enforcement, the Crime Victims Reparations Board will reimburse the cost to the patient. The medical care for patients with no insurance, no report to law enforcement, and no money to pay out of pocket for the medication, however, is compromised. These patients are often our most vulnerable and marginalized who are also at the highest risk for HIV. This places an undue burden on them solely because they are financially disadvantaged.

Currently SARS responds to 10 hospitals in Hennepin County and in July of 2013, we began responding to Fairview Ridges in Burnsville,

Regina Hospital in Hastings and Northfield Hospital. At that time, we began having 2 SANEs on-call to improve our response times during periods of high volume of calls and the distance between hospitals. Each sexual assault exam takes between two to five hours to complete. Having 2 SANEs on-call has been a success because patients are not waiting extended periods for a SANE to arrive at the hospital, and it has decreased stress for the SANEs. Budget concerns are now dictating that SARS will have more frequent times with only one SANE on-call, and this will negatively impact patients regarding wait times for SANEs, as well as increase the amount of time advocates will need to be with the patient, leaving other patients without advocates.

### *Recommendations for Moving SARS Forward*

To improve outcomes for all victims, SARS would like to expand our suspect exam practices to other jurisdictions in Hennepin County. As stated earlier, these exams typically yield more evidence than victim exams so we believe this is a step in the right direction for SARS to become even more victim-centered than it already is.

SARS must work with law enforcement to develop an anonymous reporting option that would protect our patient's rights to confidentiality and protect their Health Insurance Portability and Accountability Act (HIPAA) right to privacy. This could be accomplished in a variety of ways and the SMARTeam could review many protocols that are used in other counties and states to make a recommendation for a best practice for Hennepin County. SARS should train all SANEs to use the FETI techniques and implement the questions into our current documentation form to ensure that all patients are interviewed in a trauma informed way, thereby improving outcomes for all patients.

SARS should improve access to HIV prophylaxis, regardless of the victim's ability to pay. We must look at ways to expand our grant monies to cover HIV medications for those without financial resources for the full 28 day course. We also need to improve our HIV follow-up with the patients and assist them making doctor appointments, make sure they are taking the medication, and monitor the side effects of the medication to reduce their risk of contracting HIV.

Our final recommendation is to increase our visibility in Hennepin County by doing more community outreach in underserved communities and training Emergency Department staff. Due to budget concerns, however, SARS has not been able to provide these services to our community.

## **HENNEPIN COUNTY DEPARTMENT OF CORRECTIONS AND REHABILITATION (DOCCR)**

By, Hana O'Neill- Corrections Unit Supervisor- Sex Offender Program

### ***The Role of Hennepin County DOCCR***

Hennepin County Department of Community Corrections and Rehabilitation's Adult Field Services Division is responsible for the assessment and supervision of approximately 23,000 clients that reside in Hennepin County who have either been placed on probation by the court or are on intensive supervised release or supervised release. The Sex Offender Unit currently supervises over 900 offenders on probation and supervised release that have been convicted of a sex offense.

Our role as agents is multi-faceted: we agents enforce court ordered and DOC (Department of Corrections) conditions placed on offenders; we assist with housing and employment; we participate in the offender's sex offender treatment; we provide information and assistance to victims who are involved in the offenders' treatment or probation plans; and we place a focused emphasis on public safety. Additionally, our role is to monitor other conditions restricting access to drugs/alcohol, pornography, contact with victims or youth, Internet access, and anything else that is deemed a trigger to reoffend. If the offender violates any of those terms, they are either returned to court or the DOC Hearings and Release Unit.

Once an offender pleads or is found guilty of a sex related offense, the agent will write a Pre-Sentence Investigation and Hennepin County Psychological Services will prepare a Psycho-Sexual Evaluation to assess the offender's risk and amenability to community supervision. During this process, the victim witness advocate assigned to the case by Hennepin County is contacted to determine if the victim, or guardian if the victim is a youth, would like to make a victim impact statement to the court. Once the offenders are placed on probation and they serve their workhouse or prison time, they are referred to an appropriate sex offender treatment program that typically takes two and a half years to complete. Our role with victims throughout the supervision period varies and is victim driven; it is the victim's choice how much involvement they will have with the supervising agent and the sex offender.

### ***Success in the Response of the DOCCR***

Successful completion of sex offender treatment is paramount in sex offender supervision. The role of an agent in sex offender treatment is essential: agents know what goals or assignments the offenders are working on; they have quarterly staffing's with both the therapist and offender; they communicate closely with the therapist on issues that arise; and eventually, they are a part of the offender's support network.

A significant aspect to sex offender treatment is that the offender takes 100% responsibility for the offense that is most times verified by polygraph testing. Another integral feature of treatment is working on victim empathy. The offenders will write a letter to themselves from the victim vantage point and an amends letter to the victim. Both of these letters are presented to the therapist, other group members, and the supervising agent. The letters routinely require several revisions prior to being approved as appropriate.

Once scrutinized and approved, the supervising agent will contact the victim if his/her whereabouts are known and offer the amends letter. If the victim/survivor does not wish to receive the letter it will be kept in the offender's file and be available if it is requested at a later date. In the instance of family member victims, there will often times be amends sessions for reunification that involves the victim and their therapist, the offender and their therapist, the supervising agent, and at times, other family members. Supervising agents are also mindful of secondary victims, including family members, spouses, partners, friends, and the like.

### ***Challenges in the Response of DOCCR***

First, caseload volume is an issue in our unit. When the Sex Offender Unit was established in 2000, the cap on caseloads was 35 offenders. Many of the specialized agents are well over that original standard with an average of supervising 48 offenders, and they are also required to write Pre-Sentence investigations that can average around three per month. These responsibilities are above the standard recommendation for sex offender supervision per CSOM (Center for Sex Offender Management) and ATSA (Association for the Treatment of Sexual Abusers).

Second, the negative public perception of sex offenders must be addressed. Because of this damaging stigma, it hinders offenders' ability to find adequate, sustainable housing and employment. They

also tend to lose the support of their family and friends which creates risk factors for reoffending. We must create a public education campaign on the realities of sex offenders and their inherently low risk to reoffend.

Third, the cost of sex offender treatment is extremely costly. We in Hennepin County have an advantage because we contract with several sex offender treatment providers and can subsidize Hennepin County offenders' treatment costs. However, over 25% of the offenders supervised in the Hennepin County Sex Offender Unit are from other jurisdictions, and sex offender treatment is cost prohibitive for many of these offenders. Statistically, successful completion of sex offender treatment reduces the risk of re-offense from 13% to 8%.

Fourth, agents are not well versed in VINE (Victim Information and Notification Everyday) or MnChoice which are victim notification services. Because of the lack of awareness to these programs, agents are not able to direct victims to these services for additional support and information from these advocacy groups.

And lastly, over 25% different jurisdiction, inside or outside of the state. The result of this occurrence is that this broadens that gap in our ability to reach out to victims. In previous years WATCH, an organization that holds the criminal justice system accountable in Hennepin County, has been effective and responsive in handling cases of violence, particularly against women and children, to create a more informed and involved public. Recently, WATCH has been silenced due to budget cuts. Their volunteers monitored over 5,000 hearings a year in the Hennepin County court system, but they are rarely seen any more in the courtroom, and victims' interests have become under represented, particularly at violation hearings.

### ***Recommendations for Moving the DOCCR Forward***

The most effective approach for moving forward is to decrease the caseload size for sex offender agents from 48 to 35 cases per agent. This would allow specialized sex offender agents more time to spend with offenders and assist them with their basic needs, such as housing and employment, to allow for a smoother transition back into the community, a better chance to monitor their behavior, and lower their risk to reoffend.

Hennepin County Adult Field Services should create a written protocol that includes, but is not limited to: working side by side with community and county victim advocates, working with victims

and/or their guardians to prepare for sentencing, creating guidelines to VINE and MnChoice, creating consistency in offering amends letters to victims, and reaching out to victims who may be out of county or state.

We must create a community education platform that informs the public on the realities of sex offenders and their offenses. The purpose of this forum is to understand sex offenses and the low risk of re-offense. However, it is important that the community understand that there are risk factors that feed into reoffending, such as lack of housing and employment opportunities, and it should be a communal effort to mitigate that risk.

Additionally, the Department of Corrections must increase current funding for sex offender treatment for out-state offenders as well as additional state funding for WATCH or any other advocacy group that is consistently present in court.

Finally, Hennepin County Adult Field Services should enhance and strengthen its relationships with victim advocacy agencies. If victims choose to participate in the sentencing process it would be very helpful to have the additional support of an advocate to help navigate through the criminal justice process. Plus, if victim's choose to read their victim impact statements in court or to the supervising agent, it can create a very powerful influence on sentencing decisions and perhaps provide some closure for victims.

## **THE SEXUAL VIOLENCE CENTER (SVC)**

By, Kristen Houlton Sukura- Executive Director

### ***The Role of SVC***

The Sexual Violence Center (SVC) coordinates support services for victims and survivors of sexual violence in three Minnesota counties, including Hennepin, Carver and Scott Counties. For nearly thirty years, our agency has responded to the effects of sexual violence in concert with an awareness-raising prevention agenda to help create a future free from violence. We do this work with a team of paid and unpaid sexual assault advocates. The advocates are rigorously-trained and supervised para-professionals under state statute as "sexual assault counselors." As an advocacy agency, to contrast with rape crisis centers which operate on a more therapeutic/medical model, SVC has long taken an activist approach to the problem. It is a grounding principle of our work that the sexual violence we see is enabled and, indeed, fostered by rape culture. In Hennepin County,

SVC's office is located in North Minneapolis, an under-served and generally disenfranchised community in the city that suffers from high rates of violence. In addition to offering our services out of our office, we also routinely take our support into the community and meet people who need it. We coordinate support in local schools and several local correctional facilities. SVC responds to sexual violence with a range of direct service support options for those affected:

*Crisis Line:* Our 24-hour, 7 day a week telephone line offers the immediate access to trained advocates for people in need of anonymous, in-the-moment crisis support. Our crisis line is a major gateway to our service delivery in the county. We commonly receive calls from people who have never called any rape crisis center before, are in the throes of the trauma that sexual violence has wrought on their lives, or literally have no idea what next steps for support are available to them. Our advocates walk victims/survivors through not only our various services but also what legal and medical support they are entitled to.

*One-to-One Counseling:* At SVC we do not provide therapy but rather offer up to ten sessions of peer counseling free of charge to anyone in the county who needs it. We believe that sexual violence happens because of a breakdown in society, and in the tremendous power of a community member sitting with a victim, bearing witness to their story and affirming that what happened to that person was not their fault.

*Medical Advocacy:* SVC holds the protocol with the Sexual Assault Response Service (SARS) to provide crisis support in hospitals. SVC advocates respond to calls from seven emergency rooms across Hennepin County to support victims of sexual assault through their medical and forensic examinations. Our advocates offer emotional support and resources to victims in the emergency room in complement to the work of the forensic nurses of the SARS program.

*Legal Advocacy:* SVC advocates support victims and survivors to engage with both the criminal and civil justice systems. Our advocates support victims through interviews with law enforcement in the police precinct and/or in our offices. SVC advocates support victims/survivors seeking harassment restraining orders, orders for protection, and in dealing with court room proceedings.

*Support Groups:* SVC coordinates a varied complement of support groups for victims/survivors who are interested in working toward their healing in community.

### **Successes in Response of SVC**

Framing a discussion about our agency success is ultimately

somewhat couched in a challenge: the lack of financial support for research and data collection means that our understanding of our impact tends to be largely anecdotal.

At SVC, we measure our success first and foremost by the victims and survivors who we work with and witness moving forward along their healing journey. Because we often spend hours with each victim, working through nighttime triggers on our crisis line, introducing that person to coping skills through ten sessions of individual counseling and then perhaps more support offered either in the emergency room or police station, we do not look at numbers of people served in a given year as the primary indicator of our performance. Instead, we take the long view about our impact on each individual person we come in contact with and whether we can see that our support has changed that individual's life.

As a result of the reports we hear about negative interactions with the system experienced by victims/survivors, at SVC we look toward the systems change work we have pioneered in the county as a source of pride. One example of note is the close collaboration we have built with SARS as an organization and the SANEs individually. Our protocol with SARS has given our advocates the opportunity to support victims/survivors in the height of crisis: in the emergency room after an assault. This relationship with SARS gives us access to emergency rooms across the county where otherwise we would have no right to enter. Our medical advocacy program has been a gateway to our other services, and our program with SARS has made a positive impact on our full range of service delivery as a result.

We look to the strong start of this SMARTeam in the county as an agency success. Our work coordinating the team, and our agency participation as team member, has given us unprecedented, meaningful connections to the other actors in the system. Though we are in the early stages of the eight-step process with this team, at SVC we have already seen the benefits of our participation. Our informal relationships with other team members have helped us troubleshoot current and on-going cases in a way that might not have been otherwise possible.

### **Challenges in Response of SVC**

Due to the holistic range of support options we offer victims/survivors, it is routine for SVC advocates to come in close contact with every agency and department that create the system response to sexual violence in Hennepin County. Consequently, our agency

as a whole bears meaningful institutional knowledge about the hard edges of the system that can re-victimize and re-traumatize victims or otherwise erect obstacles to their healing journey. At SVC we recognize that all of us in the system ultimately are working toward a shared goal of a community free from sexual violence. Yet the means and strategies we employ to get us there can be dramatically different. Our concern is that some of the procedures employed by other actors in the system can have unintended effects on individual victims.

SVC advocates support victims/survivors as individuals and work to support that person to the best of our ability on that one person's terms. This perspective can sometimes make our position seem at cross purposes with other actors in the system. For example, it is common for victims/survivors of sexual assault to refuse to engage with law enforcement or prosecution. We have heard from professionals in these roles, who of course operate with a public safety mandate, the desire to compel a report and participation in the criminal justice process so that they have a chance to apprehend the perpetrator and potentially prevent future victims. In such a situation, SVC advocates will always support the perspective of the victim of today: if that person has made an informed refusal to report what happened to the police, then our advocates honor it. We believe that the assault happened because of failure in our community to stand up collectively against rape culture. In that context, victims do not owe a greater obligation to the community. It is their decision to determine what they need to recover from the assault.

Due to the limited common understanding of the role and impact of the advocate in the response to sexual assault, SVC has a difficult time soliciting the level of financial support from government funders that would allow us to truly meet the needs in Hennepin County. Our critical crisis work in hospitals, for example, is largely unfunded. SVC's projects in correctional facilities, similarly, are unfunded. SVC ideally should only be responding to crisis, but unfortunately, limited financial support to keep our services running has resulted in periods of financial crisis for our agency that hamper our ability to support victims/survivors.

As a mainstream rape crisis center, it is the mandate of SVC to support all victims from all walks of life. Inevitably, we work with many victims who cannot be well-supported in the English language and need access to an interpreter. When supporting these victims/survivors to navigate the system, we have consistently witnessed a tremendous hardship to get an interpreter that, at the end of

the day, is tantamount to a barrier of access to services. When a victim/survivor is told to wait for an interpreter to help her/him in the courtroom, for example, and then watches case after case proceed while waiting for hours to get support for her/his case, our advocates are challenged to help keep the victim/survivor motivated to participate in the process. All too often, out of desperation our advocate is forced into the role of interpreter – for which that person is not trained and meaning that the victim/survivor loses advocacy support.

### *Recommendations for Moving SVC Forward*

We suffer from a lack of exposure in the county. Most people have some idea, through popular culture, instruction in school, or word-of-mouth, of other disciplines in the system that are ready to respond and support them. Unfortunately, we have found that people do not know of advocacy agencies like SVC until they need us. We hope to explore other avenues and potential protocols that would trigger an automatic call to our agency after an assault. Though our advocates are not in the position to respond to the scene of a crime, or to support a victim through a law enforcement interview in their home, we believe a protocol encouraging automatic advocate involvement in police station-based interviews could be an effective way of allowing victims to feel more supported in that context. Our experience has shown that victims feel more comfortable with an advocate present, and this can result in a more productive interview process. Our goal is to make reporting as attractive an option for victims as possible and to enable them to report in every possible way. Yet if reporting is not what the victim wants, our advocates support the victim to move forward in healing and recovery through other means.

Sexual assault advocacy can only be truly effective when advocacy agencies foster respectful and productive partnerships with the other disciplines in the system. We continually work to stay open to opportunities for new connections, fresh experiences, and better interactions with our partners in sexual violence response. There is no benefit to us to stagnate, clutching to assumptions and biases about the system based on anecdotal historical experiences. At SVC, we actively seek to move our relationships with law enforcement agencies, professionals in the criminal justice system, government, and non-profit social service agencies to the next level of mutual accountability and rich collaboration.

## **THE ARC GREATER TWIN CITIES (THE ARC)**

By Georgann Rumsey, Program and Services Director

### ***The Role of The ARC***

The Arc Greater Twin Cities is a grassroots organization formed by parents that has become a leader in systems change resulting in an array of community based services that support children and adults with intellectual and developmental disabilities (IDD) and their families. The mission of The Arc is to promote and protect the human rights of people with IDD, actively supporting them and their families in a lifetime of full inclusion and participation in their communities.

Through The Arc's core services, the agency brings expertise in providing information, assistance, training and education to individuals with IDD, their family members, and professionals who reside and work in Hennepin County about abuse, sexual violence, and prevention.

The Arc is a resource for disability information and provides core services, including information and individual advocacy assistance, support and training for adults with disabilities, family members and professionals, and systems advocacy through civic engagement and support. The Arc advocates provide information by making referrals to appropriate agencies and community resources. Longer term, more intensive individual advocacy, conflict resolution, and referral to crisis intervention services help children and adults with disabilities and their families to access services, navigate complex systems, pursue their rights, and develop strategies to resolve problems.

Support and training is provided to create awareness around sexual violence and its impact on persons with IDD by abuse prevention, victim support, and justice programs so they will increase their understanding and capacity to serve victims with disabilities. Additionally, The Arc enlists individuals and groups to help educate policymakers about the unique needs and issues facing people with IDD and their families and to influence systems change on issues across the lifespan.

### ***Success in Response of The Arc***

In 2009 The Arc conducted a community forum to discuss the high rate of violence against women with disabilities and the community response. The forum brought together 27 members from the victim

services, law enforcement, criminal justice, and disability service communities. All of the agencies indicated they served few, if any, women with disabilities and lacked information and training to make their services accessible to survivors with developmental disabilities. Based on information gained from the forum, The Arc began implementing the Voices of Women project to help raise awareness within the disability community about the high rate of abuse against women with disabilities. This project encourages women to change their personal behavior and become involved in community change to increase awareness within the victim services and disability communities to break down barriers that prevent women with disabilities from receiving supportive services and justice.

There is a comprehensive array of organizations and systems that focus on improving the safety of people in our community, especially as it relates to violence. These organizations work together on awareness, supportive services, justice, and legislative policy changes. The Arc has started working within these networks and found that they have not addressed the issues of access and support for people with developmental disabilities. All, however, are interested in expanding their capacity. In 2009 The Arc was also invited by the Sexual Violence Center (SVC) to join the ongoing Scott/Carver counties Sexual Assault Protocol Team. The partnership between SVC and The Arc expanded in 2010 when the agency was invited to participate in the newly formed SMARTeam for Hennepin County. The Arc is the only agency representing victims with disabilities on these multi-disciplinary teams.

### ***Challenges in Response for The Arc***

The biggest challenge The Arc has experienced in serving victims with IDD is the lack of referrals from victims/survivors or agencies serving victims. As noted, this can be attributed to the fact that many incidences of violence against people with intellectual and developmental disabilities are handled through the human services system and the survivors are never referred to community agencies for services or justice. As awareness builds, The Arc has seen a small increase in referrals from victims/survivors with disabilities and/or their guardians. In these instances advocates have been able to help them navigate the victim service systems, utilize the professional networks established through the various sexual assault protocol teams for referrals, and help to establish ongoing plans for support within disability services. The Arc has also been asked to conduct training for many of the partner agencies on serving victims/survivors with IDD and for victim advocates. Additionally,

with more referrals the funding need will increase to have additional advocates to meet the demand to provide the quality support that individuals will need.

Another challenge involves working with other systems personnel. For example, an emergency room nurse may not understand issues around guardianship, rights of a person with IDD regardless of guardianship status, and the ability to communicate with the person with IDD to provide what is needed and requested by the individual. These are decisions to be made by the victim/survivor or guardian depending on the degree of the disability, not by a staff member who supports them. Other challenges may involve persuading law enforcement to order a forensic interview for a victim/survivor with developmental disabilities, and/or to aggressively investigate the case.

A final challenge includes the need for more specific information on working with victims/survivors of sexual assault who have IDD including: the need for more information on forensic interviewing techniques and methods of victims/survivors, more information on what is legally admissible as evidence/interviews, research on best practices for working with victims/survivors with developmental disabilities, review of cases that were charged and/or prosecuted and case disposition, and understanding how the effects of sexual assault play out with victims/survivors with developmental disabilities, such as how trauma manifests itself with this victim/survivor population in relation to a specific disability, i.e. autism, traumatic head injury, severe learning disability, etc.

### ***Recommendations for Moving The Arc Forward***

One of the core values of The Arc is social justice. The Arc promotes building advocacy skills for adults with IDD by developing self-advocates strengths in navigating complex systems, pursuing their rights, and developing strategies to solve problems and overcome barriers. The demand for individual advocacy and with community training on prevention and safety for self-advocates, family members, and professionals have increased with limited funding to meet those demands.

According to Nancy Fitzsimmons, PhD, MSW, Minnesota State University, Mankato, she says the community response to violence against people with IDD indicates a need to shift the definition or reframing of the issues. Currently, few cases of abuse against persons with IDD are referred to the criminal justice system—thus the community views these crimes as social issues rather than criminal issues. Much of the data collected on crimes does not include

disability. Disability concerns must be integrated into other violence and abuse prevention campaigns and data collection efforts.

These changes will also include shifts in institutions or policies to ensure that persons with IDD who are victims have access to services. Local victim service programs, criminal justice systems, first responders and law enforcement must examine their practices and physical environments to ensure access as well as have training to work with victims with disabilities. These efforts also take increased funding to support additional advocate positions to create systems change to meet the needs of individuals with IDD impacted by sexual violence.

## **THE AURORA CENTER FOR ADVOCACY & EDUCATION (THE AURORA CENTER)**

***By Katie Eichele- Director***

***Becky Redetzke Field- Legal Advocate***

### ***The Role of The Aurora Center***

The Aurora Center for Advocacy & Education has four very distinct roles on the University of Minnesota's Twin Cities Campus (UMN-TC) and Augsburg College. The first is advocacy: to provide direct services to victims/survivors and/or concerned persons dealing with sexual assault, relationship violence, or stalking. The populations we serve are students, staff, and faculty at the UMN-TC Campus and Augsburg College. The Aurora Center provides crisis intervention 24-hours a day thanks to a strong volunteer base of direct service advocates. The Aurora Center provides support to victims/survivors navigating not only the criminal justice system but also the university processes in place.

The second role is education: to provide education around the issues of sexual violence, relationship violence, and stalking, as well as providing bystander intervention education to affiliated groups on campus and to provide presentations to some nearby unaffiliated groups. Again, thanks to a strong volunteer base, The Aurora Center is able to provide presentations throughout the day as well as after regular business hours to accommodate student groups such as the Greek community or athletics.

The third role is leadership development: to provide meaningful volunteer and leadership opportunities for our students and staff. The Aurora Center provides several training opportunities such as the 40-hour

sexual assault crisis counseling as well as incorporating the University of Minnesota's student development outcomes into their experience.

The fourth role is policy development/compliance: to provide university accountability to develop, implement, and enforce strong policies addressing sexual assault, relationship violence, stalking, sexual harassment, and gender equality.

### ***Successes in the Response of The Aurora Center***

The Aurora Center is well-established on the UMN-TC campus and has existed since 1986. In the mid 2000's The Aurora Center began to advertise inside restrooms – there are posters advertising services inside many gendered and gender-neutral restrooms on campus as well as in residence halls and the recreation and wellness centers. The posters outline the option of going to the emergency department for a sexual assault exam. The posters also list the 24-hour helpline, website, text line, business line, and physical location of The Aurora Center's office. There was a dramatic uptick in people seeking services after the poster campaign began.

The Aurora Center currently responds to the three emergency departments' on-campus: Amplatz Children's Hospital, Fairview-Riverside, and University of Minnesota Medical Center. By switching from pagers to a call center for after-hours response, The Aurora Center has been able to respond to all calls that come through on the helpline and successfully responds to nearly all calls to the emergency room. The Aurora Center responds to any individual who seeks a sexual assault exam at those three emergency departments – not just those affiliated with the UMN-TC or Augsburg College.

Through a partnership with Boynton Health Services, The Aurora Center has broadened prevention education with Step Up! - a prosocial bystander intervention program. The program provides tangible steps for students or staff/faculty to intervene in high-risk situations, including scenarios of sexual/relationship violence.

Additionally, with strong partnerships with Greek life, athletics, International Student Scholar Services, Housing & Residential Life, University of Minnesota Police Department, The Women's Center, GLBTA Programs Office, Multicultural Center for Academic Excellence, University Counseling & Consulting Services, and University Student Legal Services, our center can provide the best services and information to our clients.

### ***Challenges in Response for The Aurora Center***

The Aurora Center would like to increase its services to under-represented campus populations such as male survivors, people of color, people with disabilities, and Lesbian/Gay/Bisexual/Trans\* (LGBT). Additionally, we know that we need to work with the University to create better electronic access to information and resources about sexual assault and Title IX all in one location.

We also need to continue forging and maintaining strong relationships with University of Minnesota Police Department, Minneapolis Police Department, athletics, Greek life, and the science, technology, engineering, and math (STEM) programs which have large populations of men to engage in prevention but also provide resources for our services. Because The Aurora Center takes on four major initiatives: direct services, prevention education, leadership development, and policy development, there is a need for The Aurora Center to grow both in space and people. However, with that growth requires monetary expansion.

### ***Recommendations for Moving the Aurora Center Forward***

The Aurora Center would benefit from working with the "1 in 6" program created for male survivors to develop a strategic outreach plan. This initiative may peel back layers to a greater conversation about men and masculinity that the campus has struggled to engage in. Additionally, The Aurora Center will need to create opportunities to reach out to multicultural student groups on campus to build relationships for access to services.

Next, The Aurora Center will need to start its own sexual assault response team on campus to meet and discuss cases, policies, and other compliance issues. Though the university already has written protocol for many of the offices that interact with student victims/survivors, meeting regularly would help to discuss the issues much like the Hennepin County SMARTeam does.

Finally, to move forward with expansions there are many cogs to put together and turn. First, we must acquire space on the Westbank and St. Paul campuses. Second, we must secure funding through grants, student services fees, fundraising, or university funds. Third, we must create job descriptions and get approval to hire up to four more staff to fill positions as the Male Engagement & Outreach, the Bystander Intervention Coordinator, and two Advocate positions.)

### AVENUES FOR HOMELESS YOUTH (AVENUES)

*By Racquel (Rocki) Simões- Program Manager- GLBT Host Home Program (HHP)*

*(Vi) Michael Haldeman- Youth Counselor*

#### *The Role of Avenues*

Avenues for Homeless Youth is a shelter and transitional housing program located in North Minneapolis serving 20 young people ages 16-20. Avenues provides for all basic needs with 24-hour staff guidance and support services in a communal residential setting. It also operates three community-based host home programs: the GLBT HHP, Suburban HHP and Minneapolis HHP, which serve young people ages 16-21.

Avenues train's our staff to practice trauma-informed care and other therapeutic modalities in a positive youth development framework. We are a leader in our field and strive to engage youth where they are at to engender healthy relationships, foster interdependence, and practice "giving back" as community values.

If a youth reports experiencing a sexual assault in our facility, staff will immediately notify the program director. We will provide immediate access to medical services, as well as assistance in making a report if they choose to do so, trauma counseling, referral to the Sexual Violence Center or other advocacy, and in most instances, removal from the facility of perpetrator/s. Priority is always given the victim. Important note: ALL 18+ youth at Avenues are Categorical Vulnerable Adults. We are a licensed residential facility with ties to the city, county and state.

#### *Successes in Response for Avenues*

Avenues has an extremely caring and committed staff. We work hard with the resources we have and are passionate about supporting young people as they experience homelessness. Many of our direct services staff has also shared similar lived experiences with the young people whom we serve, so as we move forward with our work on responding to sexual assault, we must also keep strengthening Avenues support of its staff.

Without an agency protocol, success is difficult to measure and can be subjective. Despite not having a formal protocol or professional advocates in our agency, however, we have generally done very

good work in listening to and supporting victims by providing the help they need and/or want in a timely way. There are some resources available for youth victims, but more is needed.

Avenues is committed to developing and realizing youth-driven, community-centered housing with justice for youth and young adults in Hennepin County and later this year in the northern suburbs. We also feel strongly about working with others in ending homelessness.

#### *Challenges in Response for Avenues*

A young person stays at Avenues for an average of four months. This means that we don't have a very long period of time to establish a trusting relationship that engenders the sharing of sexual assault experiences. We also do not have a clearly articulated protocol for reporting or process for providing supportive services. When that sharing happens, both within and outside of Avenues, it requires training and time which in turn requires funding.

Additionally, we work with young people who are overwhelmingly mistrustful of law enforcement. The majority of our residents are African American, and many are GLBTQ identified. It is not rare that we hear them speak of past violence at the hands of police officers, especially if they are transgender women of color, so it makes sense that the mistrust is there, as well as their unwillingness to engage with law enforcement. Because of this, it is extremely important that we have a clear understanding of what the role and scope of staff is in regards to listening, supporting, reporting, and on-going advocacy.

The few times that Avenues staff have helped a resident make a police report due to sexual assault have proven to be complicated and ineffective, so there is a lack of incentive for staff to engage with that system. Because we know that systemic racism, homophobia, and transphobia are prevalent and we witness the impact of that in youth's lack of access to housing and employment, it is unsurprising that we are often hesitant to offer up the judicial system as a positive route to pursue. Though this reluctance is good in many ways, it might also keep us from being better advocates to those youth who are interested in reporting and following through with what that process entails.

We also know that many of our young people can fall under the label of both 'perpetrators' as well as 'victims' of sexual violence, and we need more training in how to work and support both, while still maintaining a victim-centered and trauma-informed approach. We need to do this for all genders.

Some other challenges include a lack of facilities for temporary, outside shelter/housing for the offending youth while an agency determination is made. Their exit likely means that they are again homeless or precariously housed, and, if left without help and support, can the impact to their safety and well-being as well.

### **Recommendations for Moving Avenues Forward**

Immediate recommendations include planning and implementing effective trainings for both staff and youth on sexual assault responses- including alternatives to reporting or engaging with the more traditional systems, exploring the possibility of having sexual assault advocates at Avenues regularly, and organizing a directory of community-specific resources including interpreter services.

More long-term recommendations include seeking funding for the planning and implementing of on-going programmatic responses/support services with youth input and agency participation, strengthening staff support while maintaining our trauma-informed and holistic approach, and respecting youth leadership and self-determination.

As participants in the Hennepin County SMARTeam we are determined to create processes and policies which result in greater awareness, prevention, and response to youth sexual violence. As advocates we envision a two-fold strategy: empowering and equipping youth and youth partners to make youth spaces “safer” spaces, and demonstrating a need and offering a road map for change to policy-makers.

## **CORNERSTONE ADVOCACY SERVICES (CORNERSTONE)**

**By, Colleen Schmitt- Director of Day One**

**Bob Olson- Blueprint for Safety Project Coordinator**

### **The Role of Cornerstone**

Cornerstone is a trauma-informed, survivor-centered agency that provides a continuum of services for victims/survivors of interpersonal violence. Cornerstone has over 30 years of experience in providing domestic violence services in the southern and most recently in the northwest areas of Hennepin County. Recognizing that many of the survivors we serve have experienced both domestic violence and sexual assault, in 2014 we expanded our mission. Cornerstone now

is in the process of becoming a dual agency serving both domestic and sexual violence survivors.

This expansion of services will be reflected in all of the agencies programs, including: Emergency Shelter, Community Advocacy, Criminal Justice Intervention, Day One, and Children, Youth and Families. However, for purposes of this Call to Action, our agency has chosen to define our roles, successes, challenges, and recommendations in two specific programs:

- A) Abuse in Later Life Initiative (Day One)
- B) Criminal Justice Intervention (The Blue Print Project)

### *Cornerstone’s Role in Addressing Abuse in Later Life*

Cornerstone has a long history of providing services to those aged 50 and older. As early as 1986 we recognized that to meet the unique barriers experienced by older adults, specific services needed to be in place. At that time, the agency conducted a needs assessment to determine what services senior women were seeking. As a result, we began providing individual and group services specific to those identifying as seniors.

Cornerstone expanded its work in 2013 when the MN Network on Abuse in Later Life (MNALL) closed its doors after nearly 13 years. MNALL representatives approached the Day One program of Cornerstone to take over their work in the metropolitan and southern areas of the state. Since then, Day One has carried on their work under Cornerstone’s Abuse in Later Life initiative. Day One’s role, as with the previous role of MNALL, is not one of direct services but instead one of educating, raising awareness, and creating systems change in the response to those aged 50 and older affected by domestic violence and sexual assault.

### *Cornerstone’s Role in The Blue Print Project*

Cornerstone was awarded a two year Violence Against Women Act (VAWA) grant in 2011 to implement The Blueprint for Safety in partnership with the cities of Bloomington, Eden Prairie, Edina, Richfield and St Louis Park. The Blueprint for Safety is broken down into separate chapters and training memos for advocates, law enforcement, 911 communicators, prosecutors, probation, and judges.

Cornerstone was awarded a second two year grant in 2013 adding the cities of Brooklyn Park, Brooklyn Center, Crystal, Maple Grove, and Robbinsdale. The ten suburban Hennepin County cities in

this grant comprise 62% of the suburban populations of Hennepin County. The Hennepin County Sheriff's Office, Hennepin County Attorney's Office, and Hennepin County Probation are also partners in this grant.

The two goals of implementing this program are:

- 1) Bolster domestic violence victim safety
- 2) Increase offender accountability

In order to implement such a program all partners in the criminal justice process must be able to identify who in their communities are the most likely to be victimized or re-victimized and who the individuals are that are most likely to be the offenders. When victims and offenders are identified as "high risk" the criminal justice system can offer enhanced victim safety protocols as well as identify potential threats to public safety.

### ***Successes in the Response of Cornerstone***

#### *Successes in Addressing Abuse in Later Life*

Our successes lay both within Cornerstone's history of service to older survivors and Day One's ability to keep the issue of Abuse in Later Life in the forefront of this movement.

In 2013, Cornerstone served 386 women and men over the age of 50. This age group represents approximately 10% of all survivors served by Cornerstone. These survivors were provided emergency shelter, assistance with orders for protection, criminal justice intervention support, therapy, and transitional housing services.

One of the agency's specific services for those who identify as senior women is a support group called Seasoned Survivors. This group started in 2007 after hearing from law enforcement, senior groups, and survivors what services were important to provide. The group sessions are held once a week with an average of two to five survivors attending. Because many older survivors do not readily identify with the domestic and sexual violence they experience, Cornerstone anecdotally believes that this group is of utmost importance for this population. This group provides survivors with an outlet to talk about what they have experienced, provides support to each other, and breaks the silence and isolation that many experience.

In the broader picture, Day One has continued to raise awareness of the issue. As an agency we have developed public awareness materials reflecting older adults that are distributed widely across

the state at fairs, conferences, medical clinics, and through other venues to continue the educational component of MNALL's work. Abuse in Later life is part of the training curriculum for new Cornerstone staff and volunteers. In addition, Day One trains other service providers, civic groups, system personal, and community members about the reality and effects of abuse in later life with an emphasis on sexual assault.

#### *Successes in the Blue Print Project:*

Cornerstone has worked with our criminal justice partners to enhance and expand the response to domestic violence, stalking and intimate partner sexual violence to 62 percent of the population in suburban Hennepin County. Cornerstone has provided training for law enforcement officers in the identification of risk and danger as it relates to domestic violence and intimate partner sexual violence; 483 officers have completed this training. The ten law enforcement agencies that are partners in this VAWA grant continue to enhance their policies and procedures relating to the identification of cases that are deemed to be high risk.

This VAWA grant has also allowed for Cornerstone to continue working with the Hennepin County Attorney's Office, Hennepin County Sheriff's Office and Hennepin County Adult Probation as protocols are developed for the surrender of firearms in domestic violence related cases.

This grant has allowed Cornerstone to be active with the state coalition to recommend amendments to Minnesota state statutes to the state legislature regarding the arrest of domestic violence offenders. As a result, Minnesota state statute 629.43 has been amended expanding the time frame for misdemeanor, warrantless arrests from 24 hours to 72 hours. This grant has allowed Cornerstone to expand its ability to assist victims of domestic violence in obtaining protection orders in northwestern Hennepin County. It has also allowed victims in this part of Hennepin County to now have access to a 24-hour crisis line which was an unmet need. Because of the success of the project and the movement of Cornerstone to a dual agency, we are looking to repeat these successes in the sexual violence movement as well.

### ***Challenges in the Response of Cornerstone***

#### *Challenges in Addressing Abuse in Later Life*

The most critical gaps in our agency's services and systems change work pertaining to Abuse in Later Life is capacity and resources.

Cornerstone is one of only two victim service agencies in Hennepin County that specifically address Abuse in Later Life/Elder Abuse. Currently, due to no designated funding, the service component of Cornerstone's work is limited to one staff and is only a small part of the overall responsibilities. To build on services and systems change work, capacity will need to increase. However, due to a lack of awareness and attention given to Abuse in Later Life/Elder Abuse in society, there are limited funding opportunities.

It also important to have a concentrated effort on the systems level change in order to modify our services for adults in later life. Embedded deep into society is a sense of denial that those aged 50 and older can be sexually assaulted. A reason for this may be rooted in ageism, such as the belief that older adults are asexual or incompetent.

The crime of sexual assault, as well as physical violence, against an older adult is suspected to be highly underreported. Since the crime statistics appear low this leads some to believe it is not a problem. In 90% of cases the assailant or abuser is a family member or trusted caregiver. This puts the older person in a position of not wanting to report for fear of what will happen to the family member. It can also instill the fear that the loss of this person as a caregiver will lead to the survivor being placed in an elder care facility. Despite the denial and underreporting, Cornerstone knows that sexual assault against older adults does occur, and therefore there is a need for a comprehensive systems approach to support the survivor.

### *Challenges in Addressing The Blue Print Project*

Our agency asked for and compiled statistics from ten suburban Hennepin County law enforcement agencies regarding their calls for service to criminal sexual conduct cases for 2013. Of the 429 victims reporting, 264, or 61.5%, were juveniles. We also compared the rate of occurrence of sexual assault cases to all other types of calls for service officers respond to. These agencies responded to 443,148 calls for service in 2013, of which 417 were reported sexual assaults. On average, 1 out of 1062 calls for service will be a sexual assault case.

Cornerstone also asked for any written policies, procedures, or directives as they relate to the law enforcement agencies' response to sexual assaults. Of the six agencies that responded, there were virtually no distinct protocols for an officer's initial response to a reported sexual assault.

### *Recommendations for Moving Cornerstone Forward*

#### *Recommendations - Abuse in Later Life*

To build on our successes and address the challenges in services and response, Cornerstone would recommend the following steps moving forward to address Abuse in Later Life:

- Additional information must be gathered from research, needs assessments, etc., about the occurrence of sexual assault against older persons and types of effective interventions.
- Increase our capacity within and outside of Cornerstone to provide additional Abuse in Later Life sexual assault trainings for other victim services and systems personnel (law enforcement, SANes, court personnel, etc.).
- Develop protocols and practices in addressing sexual assault of older adults with systems personnel.

#### *Recommendations - The Blue Print Project*

While examining the multiple responsibilities a patrol officer has in our designated suburban area, the response to a sexual assault case is a rarity. While the rate of reported incidence may be low, however, the consequence is extremely high. Cornerstone recommends the following:

- Develop model policies/procedures for the law enforcement response to sexual assault.
- The development of a "ready reference" sheet for officer's to have access to insure a consistent response amongst suburban agencies.
- Develop training materials for use in roll calls to assist in the distribution of information.

## **DIVISION OF INDIAN WORK (DIW)**

*By, Noya Woodrich, Executive Director*

### *The Role of DIW*

The mission of the Division of Indian Work is to empower American Indian people through culturally based advocacy, education, counseling, and leadership development. We achieve our mission and goals through four distinctive program areas:

Youth Leadership Development Program: Provides out-of-school and in-school academic support, supplemented with recreational and cultural activities for American Indian youths aged 7-17. The program's goal is to encourage academic success for American

Indian youth by offering them safe programming that offers a wide variety of learning opportunities.

**Health Services:** Includes Horizons Unlimited Food Shelf which increasingly features diabetes-appropriate and traditional American Indian foods. This program also provides used clothing to Women of Traditional Birthing, which works with expectant mothers to adopt a healthy lifestyle and increase healthy births of their babies. Lastly, there is a curriculum called Live It! that works to prevent teen pregnancies.

**Strengthening Family Circles:** Serves teen and adult American Indian mothers, fathers, and expectant parents with case management and home visits, group meetings, supportive housing, family violence prevention services, services for youth who have been or are at risk of being sexually exploited, and fathers' services.

**Healing Spirit Program:** Provides in-house services complete with house parents for long-term foster care of American Indian boys who would otherwise be living on the streets, and the Healthy Transitions Program which works with the youth to prepare them for successful independent living when they age out of the foster care system at 18.

### ***Successes in the Response of DIW***

Over the years we have had varying degrees of success in providing services, education, and support to victims of sexual violence. In the 1980s and 1990s we had a sexual assault program that provided education, advocacy and support for adult female victims of sexual assault. In addition to providing support to the victims, we provided education to community partners. Some of those culturally specific materials developed then are still used today.

At the end of the first decade of the 21st Century, we worked closely with the Minnesota Indian Women's Resource Center (MIWRC) to develop programming and related materials around the issue of sexual violence and trafficking. We received funding from two different sources for this collaborative work. DIW was the service provider, and MIWRC provided education and advocacy work. Through that collaborative work, we developed local and national relationships with law enforcement, prosecution, advocacy providers, policy workers, other social service providers, spiritual healing, and many others to meet the needs of the clients we were serving.

We have a current collaborative relationship with MIWRC to provide prevention and treatment services to American Indian boys that are at risk for or are victims of sexual violence. Many materials, such as intake, education, support, have been created over the years for use with victims of sexual violence. Staff of DIW remains current with their knowledge of sexual violence and are able to provide some basic services through either our Strengthening Family Circles or Healing Spirit programs. We are also able to refer victims to other and different types of services.

### ***Challenges in the Response of DIW***

We at DIW have seen that there are some challenges within our organization when addressing sexual assault in our community. For example, none of our intake and screening materials developed under former projects are still used, so we are currently not tracking data specific to victims of sexual violence. Our current list for referral resources is ever changing and limited. Our work in the past on sexual violence was much more robust, but due to the changing focus of the organization, we have not been able to dedicate the funds that we have to specific programs addressing sexual violence.

### ***Recommendations for Moving DIW Forward***

There are several things we would like to do to improve our approach moving forward. First, we plan to seek and secure funding to have staff on board that specifically works with victims of sexual violence. Second, we plan to reinstate past paperwork that tracked incidences of sexual violence to screening existing clients for a history of sexual violence. Third, we would like to develop prevention materials that we can implement and use at other community agencies and schools to provide education on the prevention of sexual violence. And lastly, we would like to create a more robust sexual violence referral list for those victims with whom we come in contact.

## **HENNEPIN COUNTY ATTORNEY'S OFFICE (HCAO) VICTIM SERVICES AND RAPE AND SEXUAL ABUSE CENTER**

***By, Tracy Becker-Victim Advocate***

### ***The Role of the Victim Services Division of the HCAO***

Advocates provide services to victims of all crimes prosecuted by the Hennepin County Attorney's Office (HCAO). Specialized

advocates work with victims of sexual assault. The HCAO currently has two advocates assigned to sexual assault cases where victims are aged 16 or older. The two advocates are part of a special joint project that started in 1979 with the Rape and Sexual Abuse Center (RSAC) and HCAO.

One of the goals of the advocate is to positively impact a sexual assault victim's experience with the criminal justice system. Advocates work closely with prosecutors to ensure compliance of crime victims' rights. Advocates are assigned once a charging decision has been made on a case. If a case has been charged, the advocate notifies the victim of the decision and informs them of important information about the case, such as court dates, bail amounts, custody status and conditions of release for the offender. Often times, this is the first contact a victim has had with an advocate since the assault. It is very important for the advocate to establish a relationship with the victim and to offer continuous support and assistance for the duration of the case. The advocate is also responsible for facilitating meetings with the victim and prosecutor as well as accompanying the victim to court proceedings. Another important responsibility of the advocate is to inform the victim of their right to give a victim impact statement (VIS) at the time of sentencing. A VIS is the victim's opportunity to address the court and express the impact the experience has had on them. Often times, victims find this to be a very empowering experience and an important part of the healing process.

On declined cases, the advocate notifies the victim of HCAO's decision to decline charges. As one would expect, this is often very difficult information for the victim to hear. The advocate offers the victim the option to have a meeting with the prosecutor to discuss any questions or concerns about the charging decision. Advocates also provide information on obtaining an Order for Protection or Harassment Restraining Order and offer resources to community agencies where community advocates can continue to support the victim.

### ***Successes in Response of the Victim Services Division of the HCAO***

Because the HCAO has been working with RSAC for over 35 years, advocates have a unique role. They are able to remain connected with a community agency while being housed in the HCAO. Advocates are offered and often participate in trainings at both RSAC and the HCAO.

As part of the HCAO evaluation process, evaluations are mailed to victims upon the closing of their case. Overwhelmingly, the feedback received from these evaluations reinforces the importance of the role of the advocate.

Advocates from the HCAO have been pioneers in ensuring the compliance of victims' rights. Because of our well established protocol in making sure the victim is aware of the right of the victim to request a confidential HIV test of the offender, HCAO advocates have been asked to provide training to other advocates on this important right.

### ***Challenges in Response of the Victim Services Division of the HCAO***

One challenge in the response of the Victim Services Division of the HCAO is amount of time it takes for an advocate to be assigned to a case once it has been referred to the HCAO. For a variety of reasons prosecutors may not be able to review cases and make timely charging decisions. Advocates are not assigned until a charging decision has been made by the attorney. Unless a victim reaches out and connects with a community advocate, therapist or other support person, days or weeks can go by without victims being connected to support services. We know how important early and thoughtful intervention is and HCAO advocates would be a good resource for victims. Another benefit of assigning HCAO advocates more quickly is that victims would be better informed on the status of the case and the custody status of the suspect/defendant.

Another gap that advocates have learned through working with victims and through the victim/survivor interview conducted by the Hennepin County SMARTeam is that victims "wish there was a way for victims' rights to be protected in the same way defendants are." Although victims have many rights within the legal process, not all victims' rights are treated equally. It is very common for a sexual assault case to experience delays which impact the length of time it takes to resolve through the criminal court process. Advocates know that waiting for a case to resolve is an extremely emotional and stressful time for victims. Many victims report not being able to move forward with their recovery process until their case resolves. Under Minnesota State Statute 611A.003, the victim has a right to request that the prosecutor make a speedy demand under rule 11.09 of the Rules of Criminal Procedure, to have a trial begin within 60 days of the demand. In contrast to a defendant's right to a speedy trial demand, this victim right is rarely complied with and rarely argued in court.

## CHAPTER FOUR: A CALL TO ACTION

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### ***Recommendations for Moving Victim Services Division of the HCAO Forward***

An advocate can work with 1,000 victims and never have one victim be like another. Flexibility and sensitivity are often needed when working with victims. Advocates should work within the office to encourage all members of HCAO staff to be conscious of the victim's experience in the criminal justice system. Advocates should encourage management to offer trainings that help HCAO staff create a victim-centered approach to working with victims.

Advocates should also continue to encourage prosecutors to honor important victim rights, such as the right to demand a speedy trial and encourage prosecutors to ask the courts to give sexual assault cases priority to shorten the amount of time it takes to resolve a sexual assault case.

One final recommendation would be for advocates to continue to work collaboratively with SARS, law enforcement, community advocates, and probation to ensure a continuity of care for the victim from the time of the incident through the criminal court process and through the healing process. The HCAO advocates must work closely with all systems to help create a safe, strong, and supportive system for victims.

## **MINNESOTA INDIAN WOMEN'S RESOURCE CENTER (MIWRC)**

***By, Linda EagleSpeaker- Sacred Journey Program Director***

### ***The Role of the MIWRC***

At the Minnesota Indian Women Resource Center (MIWRC), the sexual assault advocate is the primary responder to all sexual assault/abuse cases entering and/or referred for services at MIWRC. Our advocate responds to walk-in, call-in, and emergency response to area hospitals involving Native American women admitted for SARS exams upon request. Advocates continue to assist victims from the SARS exam through the full criminal court process, if requested. Services include legal referrals, securing safe housing, safety planning, and assistance to secure an order for protection (OFP) or no contact order. The advocate office line directs victims to contact the Sexual Violence Center (SVC) during the hours of 4:30 pm to 8:00 am. All sexual assault advocacy services are free and confidential.

MIWRC's sexual assault advocates are required to respond to call-ins within 24 hours and respond immediately to walk-ins

and emergency cases. The advocate follows all protocols and guidelines of the sexual assault training and maintains a high level of confidential client information. Advocates additionally provide sexual assault education on a weekly basis at the Hennepin County Women Workhouse (ACF) every Friday from 2:00 pm to 4:00 pm, including one hour of lecture and one hour of exit planning, where numbers of Native American victims are extremely high. Other advocate education sessions include internal programs for Healing Journey, Oshkiniigikwe (Young Girls) Program and Nokomis Endaad Out-patient Treatment Program. Outside agencies include First Nation Recovery Out-patient Treatment Program, Circle of Generations Project located at the Minneapolis American Indian Center and Kateri Residence and various charter schools.

### ***Successes in Response for MIWRC***

MIWRC offers sexual educational services to wide variety of internal program clients in the Oshkiniigikwe (Young Girls) Program, Healing Journey Program, Nokomis Endaad (Our Grandmother's House of Healing) Out-patient Program, and to external agencies including First Nations Recovery Program, Kateri Residence, Center School (charter), Augsburg College and various conferences and events in the surrounding greater metro area. Increased sexual assault education has resulted in a decreased number of reported sexual assaults in and around the Native communities of South Minneapolis. Sexual Assault education has brought greater awareness to a wide age range of Native men, women, and children.

### ***Challenges in Response for MIWRC***

MIWRC's sexual assault program continues to have Native American women who are unwilling to report a sexual assault incident(s) primarily due to the location or residence of the victim and her relation to the perpetrator. Many of the victims we serve reside in the South Minneapolis Phillips community, and they hesitate to report because their abuser is living in the same community. Even victims of gang rape hesitate to report because of the close relationship of the victim to the perpetrator. Because many reside in the same close Native community where "everyone knows your business," it has proved difficult for many victims to report. Native women are especially hesitant to report child sexual abuse within their close family ties for fear of retaliation and violence against themselves and their other children. Historically Native people have a dislike for persons of authority (police, first responders and hospital employees) which stems from their intergenerational trauma experiences.

### ***Recommendations for Moving MIWRC Forward***

Better sexual assault education within Native communities, both rural and urban, are needed. We must also incorporate more culturally based interventions and healing by utilizing the wisdom of Native Elders through ceremonies, including sweat-lodge ceremonies and forgiveness ceremonies. Our recommendation is to develop and implement more culturally based advertisements, videos, brochures and public service announcements in Native languages common to many tribes in Minnesota, including Ojibwe and Sioux. A last recommendation is to continue sexual assault education awareness programs in educational settings, including K-12, colleges and universities, women support groups, and Elder gatherings.

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## CHAPTER FIVE: A COLLECTIVE CALL TO ACTION

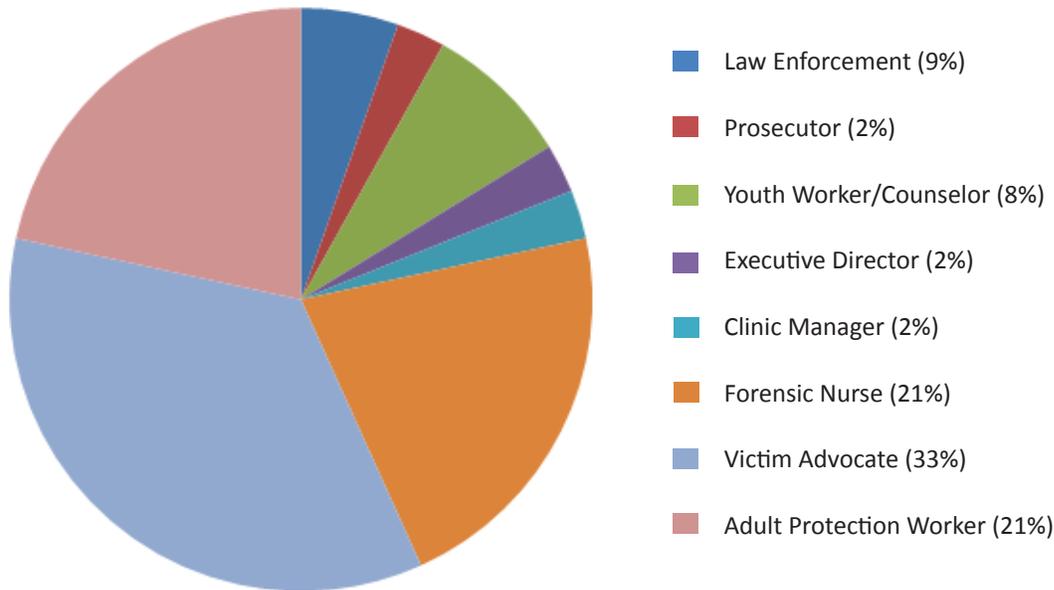
In previous chapters we heard from victims/survivors, law enforcement, and prosecutors in Hennepin County from our victim experience survey and qualitative interviews. The SMARTeam also conducted a general responder survey that solicited information from county responders, including other law enforcement and prosecutor personnel, youth workers/counselors, executive directors, clinic managers, forensic nurses, victim advocates, and adult protection workers. This survey yielded even further depth into our assessment of the criminal justice system's response to sexual assault in Hennepin County. Combining together this survey, along with the victim experience survey and the qualitative interviews, has allowed for the creation of a "Collective Call to Action" that considers the county as a whole from the perspective of those who experience the system as victims/survivors and those who provide services and respond to victims/survivors. This "Collective Call to Action" will provide a glimpse into the successes of the responders, challenges of the system, and a next steps plan to guide the SMARTeam in

creating protocol and guidelines that are victim-centered, inclusive of all communities, and offender- focused.

### THE RESPONDER SURVEY

The purpose of the responder survey was to hear from a wide range of responders to learn more about their perspectives and experiences serving victims/survivors in the criminal justice system. The team developed a confidential web-based survey that launched in the spring of 2012 and was open for a few months. Each team member took the lead in announcing the survey to their respective agencies to encourage participation, explain the reason for the survey, and describe the SMARTeam. In total, there were 40 people who answered most or all of this survey. On the following page is the analysis of participants: Law Enforcement, Prosecutors, Youth Worker/Counselor, Executive Director, Clinic Manager, Forensic Nurse, Victim Advocate and Adult Protection Worker.

## The Responder Survey 40 Total Responses



This survey produced several themes that are noteworthy to responders as well as victims/survivors experiencing the system. Taking into consideration the ideas we have learned through the victim experience survey and group interviews, the responder survey has also drawn attention to responder systems that may not be directly involved in the criminal justice system (i.e.: advocacy agencies) but who are still considered part of the response team. The themes developed from this survey have allowed the Hennepin County SMARTeam to assess the system as a whole from the responder point of view while factoring in the victim experience survey and victim/survivor group interview.

### ***Successes of the System when Responding to Sexual Assault***

Many of the responders in this survey noted there were many aspects of the current system that had a strong, victim-centered approach. In particular, many participants pointed to the competent dedication and caring nature of many responders throughout Hennepin County. Many of these responders have developed this caring nature and understanding because of the system-wide training opportunities. Many of the allied organizations have developed training and conducted conferences to understand the effects of trauma, how to be culturally sensitive and provide appropriate resources, and learn effective interviewing techniques (e.g. FETI) for survivors of trauma.

From these trainings, the responders in this survey have expressed, most notably, the importance, value, and effectiveness of advocacy. Each sexual assault advocate receives mandated training to understand the effects of trauma and provide unbiased advocacy that in turn empowers victims/survivors to make their own decisions about healing and justice. Advocacy agencies that are members of the SMARTeam have showcased their ability to support, listen, and provide culturally sensitive resources for victims/survivors in Hennepin County. Many agencies also provide support groups, counseling, and therapy for victims/survivors in addition to providing training and building partnerships with allied agencies in the community. Because The Sexual Violence Center (SVC) is the advocate response with Hennepin County SARS protocol, SVC advocates respond to all hospitals in Hennepin County with the exception of the University of Minnesota based hospitals, including Amplatz Children's Hospital, Fairview-Riverside, and the University of Minnesota Medical Center where the Aurora Center at the University of Minnesota is the exclusive advocate response.

Advocates work hand-in-hand with the dedicated SARS staff to promote the well-being of victims/survivors. It is essential for these two responders to work together productively when a victim/survivor is seeking not only medical help, but solace and justice. SARS staff are specially trained to conduct respectful medical, forensic (sexual

assault) exams for adult and child victims/survivors. More recently, Hennepin County SARS has added exams of the alleged suspect of the assault (suspect exams) to their program. It has been outlined in the SARS Call to Action that suspect exams, often times, warrant more evidence in sexual assault cases and have proved to be extremely beneficial when prosecuting perpetrators.

Not only is it important for advocates and SARS staff to work together, but it is extremely beneficial when law enforcement attends to the needs of victims/survivors. The Minneapolis Police Department, the University of Minnesota Police Department, and many other suburban police departments in Hennepin County are beginning to change their approach to be more empathetic and understanding to victims/survivors. These actions have made a big difference not only with building rapport but also when building a strong case against a perpetrator because s/he is more likely to work with law enforcement when his/her needs are met by a caring, empathetic police force. It has been noted that many victim's/survivor's first interaction with a responder is an indicator for how s/he will proceed with the system; meaning, if the victim/survivor has a positive first interaction with the police s/he is more likely to work closely with the police and prosecutors to prosecute their perpetrator. Many law enforcement agencies have also been working hand-in-hand with advocacy agencies, most notably the University of Minnesota Police Department with The Aurora Center and the Minneapolis Sex Crimes Unit and the Sexual Violence Center.

These partnerships have proved to be beneficial to victims/survivors who are seeking justice through the criminal justice system. For instance, Central Minnesota Legal Services has increased their number of Harassment Restraining Orders (HROs) by not only focusing on intimate partner sexual violence but broadening the scope to include acquaintance sexual assault. Plus, the Hennepin County Attorney's Office (HCAO) has become one of the most successful offices in Minnesota to prosecute sexual assaults. In 2013, the HCAO prosecuted 40% of the cases that were referred for prosecution when the national average is between 7% to 27%. The HCAO has also done a respectable job developing their relationships with community partners to build on their effectiveness in prosecuting sexual assault cases and for developing specific expertise in sexual assault. Overall, there were many comments from the participants in the responder survey who were impressed with responders' willingness to work with one another in order to provide better outcomes for victim services in Hennepin County.

Victim services organizations have worked hard to build a

partnership with the Hennepin County Department of Corrections and Rehabilitation. Because all sex offenders are not sentenced to prison or jail, many of them are placed in sex offender treatment and are on probation or intensive supervised release (ISR) after they serve their time. When offenders are placed on probation or ISR it is the intent of sex offender probation officers to build a support network for offenders to discourage them from reoffending. It was reported by the Hennepin County DOCCR that sex offenders have an inherently low risk to reoffend. Probation officers become part of the offender's support system by assisting with housing and employment, participating in sex offender treatment, providing information and assistance to victims/survivors who are involved in the offenders' treatment or probation plans, and they place a focused emphasis on public safety. If this system of response encourages sex offenders to become sustaining, productive members of society it can result in even lower numbers of recidivism, promote healthy relationships, and encourage positive outcomes for victims/survivors.

### *Challenges of the System when Responding to Sexual Assault*

The SMARTeam is encouraging the system to be transparent, victim-centered, and offender-focused as a contrast to the current system where victims/survivors fall through the cracks, are sometimes blamed for the assault, and do not have equal access to the system. This Community Needs Assessment declares that the status quo is no longer acceptable. The general delays in responding to victims in a timely manner occur in every facet of the system. There are several participants who also pinpointed the inconsistencies of the responder approach, lack of empathy, victim blaming, and not building rapport with victims/survivors.

Advocacy agencies have called attention to the elevated numbers of victims/survivors who do not feel comfortable reporting to law enforcement—most notably in this report were communities of color, LGBTQ, youth, adults in later life, and people living with intellectual and developmental disabilities. Many of these communities have experienced historical trauma, countless harmful interactions with service providers or law enforcement, lack of believability, and negative backlash from their own communities when reporting sexual assaults. Many communities also continue to believe rape myths and are socialized to tolerate rape culture. Many advocacy agencies have also noted the lack of resources, referrals, and prevention education on sexual assault that is not available for these underrepresented populations.

The medical and law enforcement communities have also called attention to the lack of anonymity for victims/survivors when reporting sexual assaults. When a victim/survivor requests an SAE, that person's name is automatically tied to the kit even if they do not want to report to the police. There is no uniform system for storing SAEs, and there is no defined amount of time that SAEs are held. It is the goal of the SMARTeam to create a uniform system of anonymous reporting and forensic compliance within the county.

While the participating law enforcement agencies on the SMARTeam would like to see protocol/guidelines for officers to follow, it is important to note that each case of sexual assault is unique and should be treated as such. The lack of communication between officers, investigators, prosecutors, and advocates must be addressed through training, transparency, open lines of communication, and a willingness to work together.

The legal avenues that are available to victims/survivors are commonly misunderstood. Prosecutors and Victim Witness have noted the large gap in the time it takes from the actual occurrence of the assault to prosecution. Victim Witness at the HCAO called attention to the right to a speedy trial for not only defendants but for victim's who experienced the assault. Prosecutors have also pointed to the overcrowding of court cases and believe that sexual assault cases should take precedence over other cases because of the serious nature of the crime. If for some reason a case is not prosecutable, there is limited communication with victims/survivors and they rarely know their options to file for relief, such as an OFP or HRO, in civil court.

When a perpetrator is convicted of criminal sexual conduct, it has proved difficult for corrections because of the negative perceptions of sex offenders. It is rarely understood by the general population of the inherently low risk to reoffend. Rather, sex offenders are stigmatized in their communities to be dangerous which often times has dictated where they can live. In Hennepin County, for example, sex offenders are mostly restricted to reside in historically poor, crime ridden neighborhoods that perpetuate negative stereotypes and severely limit their chances for recovery.

### ***The Next Steps***

The SMARTeam has taken all of these successes and challenges into account when analyzing the system to create an inclusive system response to sexual assault. Many team members have expressed that the SMARTeam working partnership is, in some

aspects, challenging because of the systemic barriers experienced by victims/survivors when accessing the system. The various disciplines represented on this team often times bring to the surface those conflicts that victims/survivors often experience in the system. For the past three years this team has been meeting across different fields, expressing their perspectives and opinions- many times with varying degrees of trust, but the important characteristic to note is the commitment across each discipline to improve the victim/survivor experience in the criminal justice system. We are all here because we want people who have experienced sexual assault and violence to have more venues for healing and justice within the system, recognizing that some will always choose to stay outside of it.

Our next steps are to begin training and development of protocols and guidelines for each discipline involved in the SMARTeam. It should be noted, however, that we are not attempting to develop a standard protocol across all counties in Minnesota; rather, our protocol will be county specific to Hennepin and will develop with the changing needs of the county's represented communities. It is our ultimate goal to have these guidelines and protocols accessible to all disciplines and communities that are represented on this team and beyond in Hennepin County. Because we are limited on who is represented on the SMARTeam during this first round of protocol, we are aware that we are missing several underrepresented communities. It is a goal of the SMARTeam when we reach Step 5, Renewing Interagency Agreements, of the 8 Step Protocol Development Cycle to reach out to more underrepresented communities and hold ourselves accountable to these populations who have been unable or unwilling to access the system. We, as a team, are taking proactive steps to change the community around us by educating our responders on trauma-informed care for sexual assault and demanding change to create a system of accountability that is transparent, offender focused, and inclusive of all communities by providing equal access to those who seek solace and justice within its framework.



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### Terms

**Advocacy** – Advocacy on the individual or systems level is acting with or on behalf of an individual or group to resolve an issue, obtain a needed support or service, or promote a change in the practices, policies, and/or behaviors of third parties.

**Advocate** – refers to a sexual assault advocate, whether paid or unpaid, who has undergone 40 hours of training in compliance with Minnesota State Statute § 595.02 (1).

**Consent** – Minnesota Statute § 609.341 Subd. 4 defines consent as words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor. Consent does not mean the existence of a prior or current social relationship between the actor and the complainant or that the complainant failed to resist a particular sexual act. For other forms of nonsexual consent, see informed consent.

**Criminal Sexual Conduct** – Minnesota law classifies the crime of criminal sexual conduct into five categories: first- through fifth-degree criminal sexual conduct, with first-degree carrying the most severe penalties and fifth-degree the least. Minn. Stat. §§ 609.342 to 609.3451. Generally speaking, the first-degree and third-degree crimes apply to sexual conduct involving sexual penetration of the victim; the second-, fourth-, and fifth-degree crimes apply to sexual conduct involving sexual contact with the victim without sexual penetration. For a more in depth explanation, see Minnesota Statutes and definitions in Appendix F.

**CSI Effect** – the phenomenon of popular television shows raising jury members' real-world expectations of forensic evidence, investigation techniques, and DNA testing.

**Forensic Experiential Trauma Interview** – utilizes information about the parts of the brain that experience trauma. This technique not only reduces the inaccuracy of the information obtained but enhances understanding of the experience, increasing the likelihood that judges and juries will also understand the event.

**Genderqueer** – describes a person who feels that his/her gender identity does not fit into the socially constructed “norms” associated with his/her biological sex. Genderqueer is an identity that falls anywhere between man/boy/male and woman/girl/female on the spectrum of gender identities.

**Harassment Restraining Order** – a court order to protect someone who has repeatedly experienced unwanted acts, words, or gestures toward them, which cause, or are intended to cause substantial adverse effect upon their safety, security or privacy.

**Informed Consent** – Permission granted for services and/or information sharing with full knowledge of the possible risks and benefits. Order for Protection- a court order stating that one person cannot: stalk, physically abuse, harass, willfully deprive, neglect, exploit, intimidate a dependent, or interfere with another person's person liberty.

**Post-Traumatic Stress Disorder** – a mental health condition that is triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

**Primary Victim/Survivor** – An individual who has been subjected to sexual violence. Any person can be a primary victim/survivor.

**Rape Culture** – a culture in which rape is prevalent and pervasive and is sanctioned and maintained through fundamental attitudes and beliefs about gender, sexuality, and violence.

**Secondary Victim/Survivor** – An individual who has been affected by another's experience of sexual violence. Secondary victims/survivors can include intimate partners, friends, and family of the primary victim/survivor.

## GLOSSARY OF TERMS AND ABBREVIATIONS

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**Sexual Assault** – Unwanted, coerced and/or forced sexual penetration and/or touch. Penetration may be of the victim or forcing the victim to penetrate the actor; penetration can be accomplished with either a body part or other object. Similarly, contact can be sexual contact with the victim or forcing a victim to touch the actor.

**Sexual Assault Evidence Collection Kit** – a set of items used by Sexual Assault Nurse Examiners to gather and preserve physical evidence following a sexual assault in a Sexual Assault Medical Forensic Exam.

**Sexual Assault Medical Forensic Exam** – medical exam provided to victims of sexual offenses that includes a medical screening, an examination for medical injuries, treatment for sexually transmitted infections, and, if appropriate, delivery of post exposure HIV prophylaxis.

**Sexual Assault Multidisciplinary Action Response Team** – a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.

**Sexual Assault Nurse Examiner** – a nurse who has specialized education and clinical experience in the treatment of sexual assault patients and the collection of forensic evidence.

**Sexual Violence** – includes all forms of sexual trauma including rape (date, acquaintance or stranger), intimate partner sexual violence, alcohol or drug facilitated sexual assault, child sexual abuse and incest, female genital mutilation, stalking, pornography, commercial sexual exploitation and prostitution, professional sexual exploitation, systematic sexual abuse, sexual harassment, street harassment, and bullying.

**Trauma-Informed Approach** – Representatives of an agency make a collective commitment to and understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma in the communities they serve. A trauma-informed approach is designed to avoid re-traumatizing those who seek assistance.

**Uniform Crime Report** – Annual publications containing criminological data compiled by the Federal Bureau of Investigation (FBI) and intended to assist in identifying law enforcement problems, especially with regard to murder and non-negligent Manslaughter, forcible rape, Robbery, aggravated assault, Burglary, larceny-theft, motor vehicle theft, and Arson. These studies provide a nationwide view of crime because they are based on statistics submitted by law enforcement agencies across the United States.

**Victim-Centered** – while we as a united SMARTeam will be defining our version of victim-centered, this term is traditionally understood as the systematic focus on the needs and concerns of a sexual assault victim/survivor to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.

**Victim Hierarchy** – The result of conscious and/or unconscious ranking of a victim's/survivor's credibility, faults for sexual violence, legitimacy as a victim in criminal legal processes, and deservingness of support. Victim hierarchies can be established and reinforced by media, law enforcement, courts, family and friends, medical professionals, and even sexual assault services. Victims/Survivors can fall lower in the hierarchy when they are a part of one or more marginalized groups because are less likely to be believed and more likely to be blamed or even punished and re-victimized.

**Victim/Survivor** – A person who has been subjected to or secondarily affected by sexual violence. This term avoids labeling people with a status they do not claim and leaves the decision of how to identify up to each individual person. See also Primary Victim/Survivor and Secondary Victim/Survivor.

### Abbreviations

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**CSC** - Criminal Sexual Conduct

**DOCCR** - Department of Community Corrections and Rehabilitation

**FAAB** - Female Assigned At Birth

**FBI** - Federal Bureau of Investigation

**FETI** - Forensic Experiential Trauma Interview

**HCAO** - Hennepin County Attorney's Office

**HRO** - Harassment Restraining Order

**LGBTQ** - Lesbian/Gay/Bisexual/Trans/Queer

**MNCASA** - Minnesota Coalition Against Sexual Assault

**OFP** - Order For Protection

**PTSD** - Post Traumatic Stress Disorder

**SAE** - Sexual Assault Exam

**SAEK** - Sexual Assault Evidence Kit

**SANE** - Sexual Assault Nurse Examiner

**SARS** - Sexual Assault Resource Service

**SMART** - Sexual Assault Multidisciplinary Action Response Team

**SVC** - Sexual Violence Center

**SVJI** - Sexual Violence Justice Institute

**UCR** - Uniform Crime Report

**UMPD** - University of Minnesota Police Department

**VAWA** - Violence Against Women Act

## APPENDIX A: THE VICTIM/SURVIVOR GROUP INTERVIEW

### Hennepin SMARTeam Informational Group Interview Script and Questions

#### Welcome,

My name is \_\_\_\_\_ and I am a member of the Hennepin County Sexual Assault Multidisciplinary Action Response Team (Hennepin SMARTeam). This team is made up of 30 people from a variety of different professions and organizations committed to creating a more effective response for sexual assault victims in our community. Our team is working to create a county-wide cooperative protocol that works better for agencies and victims. We are in the process of gathering information from community members, so that we can identify issues with sexual violence in our community and develop comprehensive approaches.

In case you are wondering about the SMARTeam:

- Stands for Sexual Assault Multidisciplinary Action Response Team
- The 5 core disciplines are: medical, law enforcement, advocacy, prosecution, corrections.
- Mission: To ensure safety for all victims and to promote offender accountability through a victim centered approach to enhance community response and the legal process.
- SMARTeam follows an eight step cyclical process which involves: the inventory of existing services, victim experience survey, community needs assessment, writing protocol, adopting protocol, protocol-based training, monitoring, and evaluation.
- The Sexual Violence Center is the fiscal agent and coordinates the team.

Thank you

Thank you for participating in this group. By sharing your experience, you will help us improve. We would like to hear your concerns about what has not gone well in the past with sexual assault response, what has gone well, and any ideas you may have.

The discussion should take about 1.5 hours. I would like to start by explaining a little about how our discussion will work today and then we can introduce ourselves. How many of you have participated in an informational group interview before? I will explain the process to you and as I do feel free to ask questions.

#### What I Will Do With This Information

The information you and other community members provide will be used to help guide the team process. We will also be compiling a written community needs assessment report. We want you to know that whatever is shared in that report will not identify you. Information will be shared as a general theme. Related to this, we'd ask that whatever is shared here stays within the group and is not discussed with others. Is there anyone who cannot abide by this?

#### **Guidelines**

Before we start, we want to establish some guidelines for our time together. It's important that you know that there are no right or wrong answers. This is about your opinions and your experiences.

We're tape recording, and/or we're taking notes, so in order to capture all responses, only one person should be speaking at a time.

Unless there is any objection, we'll refer to one another by first names and that includes the two of us moderators (you've got name tags to help you out.)

There's no expectation that you'll agree with what others share, but there is the expectation that everyone gets to share their ideas and be listened to and respected by other participants.

Rules for cell phones if applicable. (Either turn all cell phones off, or if you must respond to a call, please do so quietly and rejoin the group quickly.)

My role as the moderator will be to guide the discussion. (Assistant moderator's role is to document the conversation, to summarize what you've said, and possibly to raise some questions at the end.

I'd ask that you direct your comments to one another, and not just to me. We'd like this to be a conversation.

<b>Group:</b>	
<b>Interviewer:</b>	
<b>Documenter:</b>	
<b>If you wanted to encourage a friend to seek support, what would you tell them?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>For those of you who have had an experience with law enforcement, what do you wish might have been different about that experience?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up</b>	

<b>Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>There are many good reasons why you wouldn't report to law enforcement. What are some of the reasons you didn't?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>For those of you who have had an experience with a sexual assault nurse examiner, what do you wish might have been different about that experience?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	

<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>There are many good reasons why you wouldn't get a sexual assault exam. What are some of the reasons you didn't?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>For those of you who have had an experience with administrators, what do you wish might have been different about that experience?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	

<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>There are many good reasons why you wouldn't report to administrators. What are some of the reasons you didn't?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>For those of you who have had an experience with advocacy services, what do you wish might have been different about that experience?</b>	
<b>Quotes</b>	
<b>Key Points and</b>	

<b>Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>There are many good reasons why you wouldn't access advocacy services. What are some of the reasons you didn't?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>Suppose you were in charge and you could make a change in the way things currently operate, what would you change?</b>	
<b>Quotes</b>	

<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<b>Based on your experience, what do you wish the community understood?</b>	
<b>Quotes</b>	
<b>Key Points and Themes</b>	
<b>Follow Up Questions—for clarification</b>	
<b>Big Ideas and Hunches from the recorder</b>	
<b>Other factors</b>	
<p><b>Concluding questions</b>  Review purpose and ask if anything has been missed or needs more discussion as an example: “of all the things we discussed, what to you is the most important?” “Is this an adequate summary of what we talked about?” ‘Would you like to add anything?’</p> <p><b>Thank you very much for taking the time to tell us your thoughts and to share your perspective.</b></p>	

## APPENDIX B: GROUP INTERVIEW-LAW ENFORCEMENT

### GROUP INTERVIEW- FIRST RESPONDER- LAW ENFORCEMENT

#### PURPOSE: When might you use this interview?

- This is an interview that may be used during the process of conducting a community needs assessment, to assess current status of each responder's role and perceptions regarding sexual assault cases.
- This interview might also be used following a training – with questions shaped to capture particular points from the training.
- It could also be used for monitoring purposes to determine how familiar different responder groups are with the SART and with team protocols.

#### GOALS: What do you want to learn from the survey?

- To learn more about how each responder group addresses sexual assault cases and where strengths and challenges lie.
- To learn how familiar different responders are with the team and with team protocols.
- To learn more about the perspective of responders and what they perceive as obstacles and ways to improve.
- To better understand how responders interact with victims/survivors in their initial response.
- To hear what we can provide to different responder groups to support and improve the system's response to sexual assault

#### PREPARATION STEPS:

- **Interview Set Up** – Identify a potential participant group for the interview and engage key leadership in recruiting and encouraging participation.
- **Test Your Questions** – Run through questions a final time (with another person, if possible) to insure they will elicit relevant responses, are in the proper order (general to specific), and make logical sense.
- **Send Reminders** – Send an email/phone call to remind participants about the day/time/location of interview.
- **Do You Have Everything?** – One quick check to make sure everything (name tags, poster paper, markers, recorder, etc.) is packed and ready to go.
- **Arrive Early** – Give yourself enough time to set up the room, food, or anything that needs to be taken care of before participants arrive.
- **Be Inviting** – Create a warm and friendly environment. You will not only make participants feel welcomed, but you will also put them at ease.

#### INTERVIEW SCRIPT OUTLINE:

- Welcome, make introductions and thank participants.
- Review the purpose of the focus group interview.
- Review the ground rules.
- Conversation
- Debrief

#### THE OPENING

Welcome! I'm (Insert name here) and I'm going to be facilitating our conversation today. Our Assistant Facilitator

(insert name here) will be documenting our conversation. I want to begin by thanking you all for making the time to join us today. We understand that you operate under tight time constraints and we want you to know how much we appreciate your participation in this interview.

As you may know, this interview is being conducted on behalf of the Sexual Assault Response Team, which works together with all those in the system who respond to sexual assault cases, including advocates, law enforcement, health care providers, prosecutors and probation.

We are here to learn more about your experiences and insights for the purpose of informing the SART's work to make the system's response to sexual assault as strong and effective as it can be.

As I mentioned before (Insert AF Name) will be documenting our conversation and diligently capturing the thoughts and opinions expressed today. We do this to aid our memory as we later try to recall and organize what you've shared with us. We want to accurately capture what you've said.

We want you to know that the information collected here will remain anonymous and you will not be associated with any individual answer or comment. The more honest and candid your responses, the more useful it will be towards informing our multi-disciplinary team's process and outcomes. Responses will only be shared in summary form.

Does anyone have any questions before I go on?

Before we get started, let's talk about some guidelines for our time together. First of all, our primary interest is learning for the purposes of informing the team's work on sexual assault cases. As I mentioned, (Insert AF Name) is going to be documenting the conversation so it's important that only one person is speaking at a time, so that she can capture what's said. Your participation in this interview and the views you express will have no impact, positive or negative on your position and role in the department, your role with the SART or any other context.

We ask that everyone respect one another's privacy about what is said here by not sharing or discussing it outside of this conversation. There's no expectation that you'll agree with what others share, but it's important that everyone listen to all ideas shared and that each person gets a chance to share their thoughts and ideas and be listened to. During the conversation, I'd ask that you direct your comments to one another, and not just to me. We'd like this to be a conversation with the full group.

At this time I would ask that you each power off or silence your cell phones. If you must respond to a call, please separate from the group quietly and rejoin us as quickly as you're able.

Any final questions before we get started?

#### **INTERVIEW / CONVERSATION:**

1. Let's get started by having you share a bit about the process of how a sexual assault case is handled. Just briefly, how do sexual assault cases typically come to you/ your agency and what's the general process? What happens from when you are contacted?
2. What are some of your initial thoughts and actions when you are responding to a sexual assault case?
3. What is the most difficult part of your job when dealing with a sexual assault case?
4. Think of a sexual assault case that didn't end with the best possible outcome, for whatever reason. What change, if any, might have impacted that outcome in a beneficial way?
5. How well prepared do you feel you are for addressing a sexual assault case (training, preparation, resources, materials, etc.)
6. How familiar are you with the protocols that exist within your department that address sexual violence? How familiar do you think your colleagues are? How are the protocols used in your office?

7. How can the SMARTeam help you be more effective when first responding to victims of sexual assault?
8. What would you like to see in the protocols that is not currently included or addressed?
9. Can you list 1-2 things the response team could work on to make your job/role easier or more efficient?

Thank you so much for sharing your time and experiences with us.

#### **INTERVIEW TIPS**

- **Draw out all responses** – Allow ample time as well as silences, in order to hear all relevant thoughts and opinions, don't rush through the questions, but be mindful of time.
- **Exercise Flexibility** - Capitalize on unanticipated comments and useful directions the discussion may take. Explore and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- **Who isn't speaking** – After 1-3 questions, make note of quiet participants and ask if they have anything they'd like to share without putting them on the spot. This gives them an opening to join the conversation.
- **Summarize responses:** After the discussion from each question, summarize the response and check for validation of your summary. "So what I'm hearing is....." "Would it be safe to say you all....." "My understanding is...."

#### **WRAP / DEBRIEF WITH CO-FACILITATORS**

- See the "How to Conduct a Systematic Analysis Process" section of Group Interview Guide.

## APPENDIX C: GROUP INTERVIEW- LAW ENFORCEMENT LEADERSHIP

### GROUP INTERVIEW – LAW ENFORCEMENT LEADERSHIP / INVESTIGATORS

#### PURPOSE: When might you conduct a group interview with law enforcement leadership / investigators?

- This is an interview that may be used during the process of conducting a community needs assessment, to assess current status of how the department is working to cultivate a positive sexual assault process within the department.
- This interview might also be used before or following an investigator’s training – with questions shaped to capture particular points from a recently presented training or one you’re about to present.

#### GOALS: What do you want to learn from the survey?

- To learn more about how the department addresses sexual assault cases and where strengths and challenges lie.
- To learn more about leadership perceptions about good investigation practices for sexual assault cases.
- To learn more about what law enforcement leadership sees as obstacles to sexual assault cases and what changes would bring better results.

#### PREPARATION STEPS:

- **Interview Set Up** – Identify a potential participant group for the interview and engage key leadership in recruiting and encouraging participation.
- **Test Your Questions** – Run through questions a final time (with another person, if possible) to insure they will elicit relevant responses, are in the proper order (general to specific), and make logical sense.
- **Send Reminders** – Send an email/phone call to remind participants about the day/time/location of interview.
- **Do You Have Everything?** – One quick check to make sure everything (name tags, poster paper, markers, recorder, etc.) is packed and ready to go.
- **Arrive Early** – Give yourself enough time to set up the room, food, or anything that needs to be taken care of before participants arrive.
- **Be Inviting** – Create a warm and friendly environment. You will not only make participants feel welcomed, but you will also put them at ease.

#### INTERVIEW SCRIPT OUTLINE:

- Welcome, make introductions and thank participants.
- Review the purpose of the focus group interview.
- Review the ground rules.
- Conversation
- Debrief

#### THE OPENING

Welcome! I’m (Insert name here) and I’m going to be facilitating our conversation today. Our Assistant Facilitator (insert name here) will be documenting our conversation. I want to begin by thanking you all for making the time to join us today. We know that you are operating under many time pressures, and want you to know how much we appreciate your participation. As you know, this interview is being conducted on behalf of the (name) Sexual Assault Response Team, which works together with all the disciplines involved in sexual assault cases and is

responsible for developing and carrying out common protocols for these cases.

As you all know, we are here to talk about your experiences and perspectives regarding sexual assault cases and your role in addressing these cases. You all hold a wealth of information about your department, patrols and how they work to solve sexual assault cases.

Our hope is to learn more about the department's current procedures and practices regarding sexual assault cases, what is working well and what kinds of support and assistance might foster beneficial changes in sexual assault process and outcomes.

As I mentioned before (Insert AF Name) will be documenting our conversation and diligently capturing the thoughts and opinions expressed today. We do this to aid our memory as we later try to recall and organize what you've shared with us. We want to accurately capture what you've said.

We want you to know that the information collected here will remain anonymous and you will not be associated with any individual answer or comment. The more honest and candid your responses, the more useful they will be towards informing our multi-disciplinary team's process and outcomes. Any responses will only be shared in summary form.

Does anyone have any questions before I go on?

Before we get started, let's talk about some guidelines for our time together. First of all, our primary interest is learning for the purposes of informing the team's work on sexual assault cases. As I mentioned, (Insert AF Name) is going to be documenting the conversation so it's important that only one person is speaking at a time. Your participation in this interview and the views you express will have no impact, positive or negative on your position and role in the department, your role with the SART or any other context.

We ask that everyone respect one another's privacy about what is said here by not sharing or discussing it outside of this conversation. There's no expectation that you'll agree with what others share, but it's important that everyone listen to all ideas shared. It's important that each person has the chance to share their thoughts and ideas and be listened to. During the conversation, I'd ask that you direct your comments to one another, and not just to me. We'd like this to be a conversation with the full group.

At this time I would ask that you each power off or silence your cell phones. If you must respond to a call, please separate from the group quietly and rejoin us as quickly as you're able.

Any final questions before we get started?

#### **THE INTERVIEW / CONVERSATION:**

1. Let's get started by having you share a bit about the process of how a sexual assault case is handled in your department. Briefly, how do sexual assault cases typically come into the department and what's the general process.
2. In thinking about those who handle sexual assault cases in your department, without mentioning names, are there certain individuals who stand out as particularly effective when responding to sexual assault cases? Tell us about what makes them stand out? (Attitude, personal characteristics, skill, etc.)
3. As an investigator, what are some of the key things you look for when you receive documentation from a patrol? How do these key things make a difference for possible outcomes of the case?
4. How would you describe the department's perspective about sexual assault cases? Has that changed at all in the past year? If so, how has it changed and what's brought about the changes?
5. Are there things that concern you about your department's current response to sexual assault cases

and their outcomes? Please say more.

6. Are you familiar with the protocols developed by the SART? How are they introduced and used within the department?
7. What change, if implemented, would make all the difference for improving how sexual assault cases are addressed in the department?
8. What are 1 or 2 things the SART team could work on or implement that would make your job/role easier or more efficient?

Thank you so much for sharing your time and experiences with us.

#### **INTERVIEW TIPS**

- **Draw out all responses** – Allow ample time as well as silences, in order to hear all relevant thoughts and opinions, don't rush through the questions, but be mindful of time.
- **Exercise Flexibility** - Capitalize on unanticipated comments and useful directions the discussion may take. Explore and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- **Who isn't speaking** – After 1-3 questions, make note of quiet participants and ask if they have anything they'd like to share without putting them on the spot. This gives them an opening to join the conversation.
- **Summarize responses:** After the discussion from each question, summarize the response and check for validation of your summary. "So what I'm hearing is....." "Would it be safe to say you all....." "My understanding is...."

#### **DEBRIEF WITH CO-FACILITATORS**

- See the "How to Conduct a Systematic Analysis Process" section of Group Interview Guide.

## APPENDIX D: GROUP INTERVIEW- HENNEPIN COUNTY ATTORNEY'S OFFICE

### GROUP INTERVIEW – HENNEPIN COUNTY ATTORNEY'S OFFICE

#### PURPOSE: When might you use this interview?

- This is an interview that may be used during the process of conducting a community needs assessment, to assess current status of each responder's role and perceptions regarding sexual assault cases.
- This interview might also be used following a training – with questions shaped to capture particular points from the training.
- It could also be used for monitoring purposes to determine how familiar different responder groups are with the SART and with team protocols.

#### GOALS: What do you want to learn from the survey?

- To learn more about how each responder group addresses sexual assault cases and where strengths and challenges lie.
- To learn how familiar different responders are with the team and with team protocols.
- To learn more about the perspective of responders and what they perceive as obstacles and ways to improve.
- To better understand how responders interact with victims/survivors in their initial response.
- To hear what we can provide to different responder groups to support and improve the system's response to sexual assault

#### PREPARATION STEPS:

- **Interview Set Up** – Identify a potential participant group for the interview and engage key leadership in recruiting and encouraging participation.
- **Test Your Questions** – Run through questions a final time (with another person, if possible) to insure they will elicit relevant responses, are in the proper order (general to specific), and make logical sense.
- **Send Reminders** – Send an email/phone call to remind participants about the day/time/location of interview.
- **Do You Have Everything?** – One quick check to make sure everything (name tags, poster paper, markers, recorder, etc.) is packed and ready to go.
- **Arrive Early** – Give yourself enough time to set up the room, food, or anything that needs to be taken care of before participants arrive.
- **Be Inviting** – Create a warm and friendly environment. You will not only make participants feel welcomed, but you will also put them at ease.

#### INTERVIEW SCRIPT OUTLINE:

- Welcome, make introductions and thank participants.
- Review the purpose of the focus group interview.
- Review the ground rules.
- Conversation
- Debrief

## **THE OPENING**

Welcome! I'm (Insert name here) and I'm going to be facilitating our conversation today. Our Assistant Facilitator (insert name here) will be documenting our conversation. I want to begin by thanking you all for making the time to join us today. We understand that you operate under tight time constraints and we want you to know how much we appreciate your participation in this interview.

As you may know, this interview is being conducted on behalf of the Sexual Assault Response Team, which works together with all those in the system who respond to sexual assault cases, including advocates, law enforcement, health care providers, prosecutors and probation.

We are here to learn more about your experiences and insights for the purpose of informing the SART's work to make the system's response to sexual assault as strong and effective as it can be.

As I mentioned before (Insert AF Name) will be documenting our conversation and diligently capturing the thoughts and opinions expressed today. We do this to aid our memory as we later try to recall and organize what you've shared with us. We want to accurately capture what you've said.

We want you to know that the information collected here will remain anonymous and you will not be associated with any individual answer or comment. The more honest and candid your responses, the more useful it will be towards informing our multi-disciplinary team's process and outcomes. Responses will only be shared in summary form.

Does anyone have any questions before I go on?

Before we get started, let's talk about some guidelines for our time together. First of all, our primary interest is learning for the purposes of informing the team's work on sexual assault cases. As I mentioned, (Insert AF Name) is going to be documenting the conversation so it's important that only one person is speaking at a time, so that she can capture what's said. Your participation in this interview and the views you express will have no impact, positive or negative on your position and role in the department, your role with the SART or any other context.

We ask that everyone respect one another's privacy about what is said here by not sharing or discussing it outside of this conversation. There's no expectation that you'll agree with what others share, but it's important that everyone listen to all ideas shared and that each person gets a chance to share their thoughts and ideas and be listened to. During the conversation, I'd ask that you direct your comments to one another, and not just to me. We'd like this to be a conversation with the full group.

At this time I would ask that you each power off or silence your cell phones. If you must respond to a call, please separate from the group quietly and rejoin us as quickly as you're able.

Any final questions before we get started?

## **INTERVIEW / CONVERSATION:**

9. Let's get started by having you share a bit about the process of how a sexual assault case is handled. Just briefly, how do sexual assault cases typically come to you as a prosecutor?
10. What are some of your initial thoughts and actions when you are reviewing sexual assault cases for charges?
11. What is the most difficult part of your job when dealing with a sexual assault case?
12. Think of a sexual assault case that didn't end with the best possible outcome, for whatever reason. What change, if any, might have impacted that outcome in a beneficial way?
13. How well prepared do you feel you are for addressing a sexual assault case (training, preparation, resources, materials, etc.)

14. Can you list 1-2 things the SMARTeam could work on to make your job/role easier or more efficient?

Thank you so much for sharing your time and experiences with us.

**INTERVIEW TIPS**

- **Draw out all responses** – Allow ample time as well as silences, in order to hear all relevant thoughts and opinions, don't rush through the questions, but be mindful of time.
- **Exercise Flexibility** - Capitalize on unanticipated comments and useful directions the discussion may take. Explore and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- **Who isn't speaking** – After 1-3 questions, make note of quiet participants and ask if they have anything they'd like to share without putting them on the spot. This gives them an opening to join the conversation.
- **Summarize responses:** After the discussion from each question, summarize the response and check for validation of your summary. "So what I'm hearing is....." "Would it be safe to say you all....." "My understanding is...."

**WRAP / DEBRIEF WITH CO-FACILITATORS**

- See the "How to Conduct a Systematic Analysis Process" section of Group Interview Guide.

## APPENDIX E: GROUP INTERVIEW- GENERAL RESPONDERS

### GROUP INTERVIEW – GENERAL RESPONDER INTERVIEW

#### PURPOSE: When might you use this interview?

- This is an interview that may be used during the process of conducting a community needs assessment, to assess current status of each responder’s role and perceptions regarding sexual assault cases.
- This interview might also be used following a training – with questions shaped to capture particular points from the training.
- It could also be used for monitoring purposes to determine how familiar different responder groups are with the SART and with team protocols.

#### GOALS: What do you want to learn from the survey?

- To learn more about how each responder group addresses sexual assault cases and where strengths and challenges lie.
- To learn how familiar different responders are with the team and with team protocols.
- To learn more about the perspective of responders and what they perceive as obstacles and ways to improve.
- To better understand how responders interact with victims/survivors in their initial response.
- To hear what we can provide to different responder groups to support and improve the system’s response to sexual assault

#### PREPARATION STEPS:

- **Interview Set Up** – Identify a potential participant group for the interview and engage key leadership in recruiting and encouraging participation.
- **Test Your Questions** – Run through questions a final time (with another person, if possible) to insure they will elicit relevant responses, are in the proper order (general to specific), and make logical sense.
- **Send Reminders** – Send an email/phone call to remind participants about the day/time/location of interview.
- **Do You Have Everything?** – One quick check to make sure everything (name tags, poster paper, markers, recorder, etc.) is packed and ready to go.
- **Arrive Early** – Give yourself enough time to set up the room, food, or anything that needs to be taken care of before participants arrive.
- **Be Inviting** – Create a warm and friendly environment. You will not only make participants feel welcomed, but you will also put them at ease.

#### INTERVIEW SCRIPT OUTLINE:

- Welcome, make introductions and thank participants.
- Review the purpose of the focus group interview.
- Review the ground rules.
- Conversation
- Debrief

#### THE OPENING

Welcome! I’m (Insert name here) and I’m going to be facilitating our conversation today. Our Assistant Facilitator

(insert name here) will be documenting our conversation. I want to begin by thanking you all for making the time to join us today. We understand the you operate under tight time constraints and we want you to know how much we appreciate your participation in this interview.

As you may know, this interview is being conducted on behalf of the Sexual Assault Response Team, which works together with all those in the system who respond to sexual assault cases, including advocates, law enforcement, health care providers, prosecutors and probation.

We are here to learn more about your experiences and insights for the purpose of informing the SART's work to make the system's response to sexual assault as strong and effective as it can be.

As I mentioned before (Insert AF Name) will be documenting our conversation and diligently capturing the thoughts and opinions expressed today. We do this to aid our memory as we later try to recall and organize what you've shared with us. We want to accurately capture what you've said.

We want you to know that the information collected here will remain anonymous and you will not be associated with any individual answer or comment. The more honest and candid your responses, the more useful it will be towards informing our multi-disciplinary team's process and outcomes. Responses will only be shared in summary form.

Does anyone have any questions before I go on?

Before we get started, let's talk about some guidelines for our time together. First of all, our primary interest is learning for the purposes of informing the team's work on sexual assault cases. As I mentioned, (Insert AF Name) is going to be documenting the conversation so it's important that only one person is speaking at a time, so that she can capture what's said. Your participation in this interview and the views you express will have no impact, positive or negative on your position and role in the department, your role with the SART or any other context.

We ask that everyone respect one another's privacy about what is said here by not sharing or discussing it outside of this conversation.. There's no expectation that you'll agree with what others share, but it's important that everyone listen to all ideas shared and that each person gets a chance to share their thoughts and ideas and be listened to. During the conversation, I'd ask that you direct your comments to one another, and not just to me. We'd like this to be a conversation with the full group.

At this time I would ask that you each power off or silence your cell phones. If you must respond to a call, please separate from the group quietly and rejoin us as quickly as you're able.

Any final questions before we get started?

#### **INTERVIEW / CONVERSATION:**

10. Let's get started by having you share a bit about the process of how a sexual assault case is handled. Just briefly, how do sexual assault cases typically come to you/ your agency and what's the general process? What happens from when you are contacted?
11. What are some of your initial thoughts and actions when you are responding to a sexual assault case?
12. What is the most difficult part of your job when dealing with a sexual assault case?
13. Think of a sexual assault case that didn't end with the best possible outcome, for whatever reason. What change, if any, might have impacted that outcome in a beneficial way?
14. How well prepared do you feel you are for addressing a sexual assault case (training, preparation, resources, materials, etc.)
15. How familiar are you with the protocols that the SART developed? How familiar do you think your colleagues are? How are the protocols used in your office?

16. What has been most useful to you about the protocols? What have you found to be not as helpful regarding the protocols? What would you like to see in the protocols that is not currently included or addressed?
17. Can you list 1-2 things the response team could work on to make your job/role easier or more efficient?

Thank you so much for sharing your time and experiences with us.

#### **INTERVIEW TIPS**

- **Draw out all responses** – Allow ample time as well as silences, in order to hear all relevant thoughts and opinions, don't rush through the questions, but be mindful of time.
- **Exercise Flexibility** - Capitalize on unanticipated comments and useful directions the discussion may take. Explore and move flexibly into unplanned aspects of the topic but be careful about unnecessary or irrelevant divergences.
- **Who isn't speaking** – After 1-3 questions, make note of quiet participants and ask if they have anything they'd like to share without putting them on the spot. This gives them an opening to join the conversation.
- **Summarize responses:** After the discussion from each question, summarize the response and check for validation of your summary. "So what I'm hearing is....." "Would it be safe to say you all....." "My understanding is...."

#### **WRAP / DEBRIEF WITH CO-FACILITATORS**

- See the "How to Conduct a Systematic Analysis Process" section of Group Interview Guide.

## **APPENDIX F: CRIMINAL SEXUAL CONDUCT STATUTES (ABRIDGED VERSION) AND SEXUAL ASSAULT DEFINITION**

**Criminal Sexual Conduct** – Minnesota criminal law designates sexual violence under degrees of criminal sexual conduct (CSC) in State Statute §609.342 through §609.3451.

CSC in the First Degree (§609.343) – Statutory designation for sexual assault involving penetration or sexual contact with someone under 13 and any of the following circumstances exists:

- The victim is less than 13 years old and the actor is more than 3 years older than the victim;
- The victim is between 13 and 16 and the actor is more than 4 years older and uses a position of authority to make the victim submit;
- The victim, based on circumstances at the time of the act, has a reasonable fear of imminent great bodily harm to self or others;
- The actor is armed with a dangerous weapon/uses an article the victim reasonably believes to be a dangerous weapon and uses/threatens to use it to cause the victim to submit;
- The actor causes personal injury to the victim and actor either: uses force or coercion to accomplish sexual penetration or knows/has reason to know the victim is mentally impaired/incapacitated/physically helpless;
- The actor is aided/abetted by an accomplice and accomplice either: uses force or coercion or is armed with a dangerous weapon used to cause the victim to submit;
- The victim is under 16 years old at the time of penetration, and the actor has a significant relationship with the victim, and either: the actor/accomplice used force or coercion to accomplish penetration, or the victim suffered personal injury, or the sexual abuse involved multiple acts committed over an extended time period.

**CSC in the Second Degree** (§) – Statutory designation in which an actor engages in sexual contact with another person and any of the special circumstances required for a violation of CSC in the First Degree also exists. To distinguish between CSC in the First Degree and CSC in the Second Degree, therefore, note that sexual penetration is required for CSC in the First Degree, while sexual contact without sexual penetration is the sexual conduct required for CSC in the Second Degree.

**CSC in the Third Degree** (§) – Statutory designation in which an actor engages in sexual penetration with another person and any of the following circumstances exists:

- The victim is less than 13 years old and the actor is no more than 3 years older than the victim;
- The victim is between 13 and 16 and the actor is more than 2 years older;

- The actor uses force or coercion to accomplish the penetration;
- The actor knows/has reason to know the victim is mentally impaired/incapacitated/physically helpless;
- The victim is between 16 and 18 and the actor is more than 4 years older and uses a position of authority to make the victim submit;
- The victim is between 16 and 18 and the actor has a significant relationship with the victim at the time of the sexual penetration, or the victim suffered personal injury, or the sexual abuse involved multiple acts committed over an extended period of time.
- The actor is a psychotherapist, the victim is a patient and the act occurred during a therapy session or during the ongoing therapy relationship; or the victim is a former patient and is emotionally dependent upon the psychotherapist; or the victim is a patient/former patient and the penetration occurred by mean of therapeutic deception;
- The actor accomplishes penetration by means of deception or false representation that is for a bona fide medical purpose;
- The actor is/purports to be a member of the clergy and the victim and actor are not married and either: the penetration occurred during a meeting where the victim sought/received religious/spiritual advice/aid/comfort from the actor or during a period of meetings as part of an ongoing basis where the victim sought/received religious/spiritual advice/aid/comfort from the actor;
- The actor is an employee/independent contractor/volunteer of a state, county, city, or privately operated adult/juvenile correctional system, secure treatment facility, or facility providing services to clients civilly committed as mentally ill/dangerous, sexually dangerous person, or sexual psychopathic personalities and the victim is a resident of a facility/under supervision of the correctional system.
- The actor provides/is an agent of an entity that provides special transportation services and the victim uses the special transportation service and the sexual penetration occurred during/immediately before or after the actor transported the victim;
- The actor performs massage or other bodywork for hire and the victim was a user of those services and nonconsensual penetration occurred during/immediately before or after the actor performed/was hired to perform those services for the victim.

**CSC in the Fourth Degree (§)** – Statutory designation in which an actor engages in sexual contact with another person and any of the special circumstances required for a violation of CSC in the Third Degree also exists. To distinguish between CSC in the Third Degree and CSC in the Fourth Degree, therefore, note that sexual penetration is required for CSC in the Third Degree, while sexual contact without sexual penetration is the sexual conduct required for CSC in the Fourth Degree.

**CSC in the Fifth Degree (§)** – Statutory designation in which an actor:

- Engages in nonconsensual contact with any victim; or

- Engages in masturbation or lewd exhibition of the genitals in the presence of a minor under age 16, knowing/having reason to know the minor is present.

## **609.341 DEFINITIONS.**

### **Subdivision 1.Scope.**

For the purposes of sections 609.341 to 609.351, the terms in this section have the meanings given them.

### **Subd. 2.Actor.**

"Actor" means a person accused of criminal sexual conduct.

### **Subd. 3.Force.**

"Force" means the infliction, attempted infliction, or threatened infliction by the actor of bodily harm or commission or threat of any other crime by the actor against the complainant or another, which (a) causes the complainant to reasonably believe that the actor has the present ability to execute the threat and (b) if the actor does not have a significant relationship to the complainant, also causes the complainant to submit.

### **Subd. 4.Consent.**

(a) "Consent" means words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor. Consent does not mean the existence of a prior or current social relationship between the actor and the complainant or that the complainant failed to resist a particular sexual act.

(b) A person who is mentally incapacitated or physically helpless as defined by this section cannot consent to a sexual act.

(c) Corroboration of the victim's testimony is not required to show lack of consent.

### **Subd. 5.Intimate parts.**

"Intimate parts" includes the primary genital area, groin, inner thigh, buttocks, or breast of a human being.

### **Subd. 6.Mentally impaired.**

"Mentally impaired" means that a person, as a result of inadequately developed or impaired intelligence or a substantial psychiatric disorder of thought or mood, lacks the judgment to give a reasoned consent to sexual contact or to sexual penetration.

### **Subd. 7.Mentally incapacitated.**

"Mentally incapacitated" means that a person under the influence of alcohol, a narcotic, anesthetic, or any other substance, administered to that person without the person's agreement, lacks the judgment to give a reasoned consent to sexual contact or sexual penetration.

### **Subd. 8.Personal injury.**

"Personal injury" means bodily harm as defined in section 609.02, subdivision 7, or severe mental anguish or pregnancy.

### **Subd. 9.Physically helpless.**

"Physically helpless" means that a person is (a) asleep or not conscious, (b) unable to withhold consent or to withdraw consent because of a physical condition, or (c) unable to communicate nonconsent and the condition is known or reasonably should have been known to the actor.

**Subd. 10. Position of authority.**

"Position of authority" includes but is not limited to any person who is a parent or acting in the place of a parent and charged with any of a parent's rights, duties or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, at the time of the act. For the purposes of subdivision 11, "position of authority" includes a psychotherapist.

**Subd. 11. Sexual contact.**

(a) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (a) to (f), and 609.345, subdivision 1, clauses (a) to (e), and (h) to (o), includes any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, and committed with sexual or aggressive intent:

(i) the intentional touching by the actor of the complainant's intimate parts, or

(ii) the touching by the complainant of the actor's, the complainant's, or another's intimate parts effected by a person in a position of authority, or by coercion, or by inducement if the complainant is under 13 years of age or mentally impaired, or

(iii) the touching by another of the complainant's intimate parts effected by coercion or by a person in a position of authority, or

(iv) in any of the cases above, the touching of the clothing covering the immediate area of the intimate parts, or

(v) the intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

(b) "Sexual contact," for the purposes of sections 609.343, subdivision 1, clauses (g) and (h), and 609.345, subdivision 1, clauses (f) and (g), includes any of the following acts committed with sexual or aggressive intent:

(i) the intentional touching by the actor of the complainant's intimate parts;

(ii) the touching by the complainant of the actor's, the complainant's, or another's intimate parts;

(iii) the touching by another of the complainant's intimate parts;

(iv) in any of the cases listed above, touching of the clothing covering the immediate area of the intimate parts; or

(v) the intentional touching with seminal fluid or sperm by the actor of the complainant's body or the clothing covering the complainant's body.

(c) "Sexual contact with a person under 13" means the intentional touching of the complainant's bare genitals or anal opening by the actor's bare genitals or anal opening with sexual or aggressive intent or the touching by the complainant's bare genitals or anal opening of the actor's or another's bare genitals or anal opening with sexual or aggressive intent.

**Subd. 12. Sexual penetration.**

"Sexual penetration" means any of the following acts committed without the complainant's consent, except in those cases where consent is not a defense, whether or not emission of semen occurs:

(1) sexual intercourse, cunnilingus, fellatio, or anal intercourse; or

(2) any intrusion however slight into the genital or anal openings:

(i) of the complainant's body by any part of the actor's body or any object used by the actor for this purpose;

(ii) of the complainant's body by any part of the body of the complainant, by any part of the body of another person, or by any object used by the complainant or another person for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired; or

(iii) of the body of the actor or another person by any part of the body of the complainant or by any object used by the complainant for this purpose, when effected by a person in a position of authority, or by coercion, or by inducement if the child is under 13 years of age or mentally impaired.

**Subd. 13. Complainant.**

"Complainant" means a person alleged to have been subjected to criminal sexual conduct, but need not be the person who signs the complaint.

**Subd. 14. Coercion.**

"Coercion" means the use by the actor of words or circumstances that cause the complainant reasonably to fear that the actor will inflict bodily harm upon the complainant or another, or the use by the actor of confinement, or superior size or strength, against the complainant that causes the complainant to submit to sexual penetration or contact against the complainant's will. Proof of coercion does not require proof of a specific act or threat.

**Subd. 15. Significant relationship.**

"Significant relationship" means a situation in which the actor is:

(1) the complainant's parent, stepparent, or guardian;

(2) any of the following persons related to the complainant by blood, marriage, or adoption: brother, sister, stepbrother, stepsister, first cousin, aunt, uncle, nephew, niece, grandparent, great-grandparent, great-uncle, great-aunt; or

(3) an adult who jointly resides intermittently or regularly in the same dwelling as the complainant and who is not the complainant's spouse.

**Subd. 16. Patient.**

"Patient" means a person who seeks or obtains psychotherapeutic services.

**Subd. 17. Psychotherapist.**

"Psychotherapist" means a person who is or purports to be a physician, psychologist, nurse, chemical dependency counselor, social worker, marriage and family therapist, licensed professional counselor, or other mental health service provider; or any other person, whether or not licensed by the state, who performs or purports to perform psychotherapy.

**Subd. 18. Psychotherapy.**

"Psychotherapy" means the professional treatment, assessment, or counseling of a mental or emotional illness, symptom, or condition.

**Subd. 19. Emotionally dependent.**

"Emotionally dependent" means that the nature of the former patient's emotional condition and the nature of the treatment provided by the psychotherapist are such that the psychotherapist knows or has reason to know that the former patient is unable to withhold consent to sexual contact or sexual penetration by the psychotherapist.

**Subd. 20. Therapeutic deception.**

"Therapeutic deception" means a representation by a psychotherapist that sexual contact or sexual penetration by the psychotherapist is consistent with or part of the patient's treatment.

**Subd. 21. Special transportation.**

"Special transportation service" means motor vehicle transportation provided on a regular basis by a public or private entity or person that is intended exclusively or primarily to serve individuals who are vulnerable adults or disabled. Special transportation service includes, but is not limited to, service provided by buses, vans, taxis, and volunteers driving private automobiles.

**Subd. 22. Predatory crime.**

"Predatory crime" means a felony violation of section 609.185 (first-degree murder), 609.19 (second-degree murder), 609.195 (third-degree murder), 609.20 (first-degree manslaughter), 609.205 (second-degree manslaughter), 609.221 (first-degree assault), 609.222 (second-degree assault), 609.223 (third-degree assault), 609.24 (simple robbery), 609.245 (aggravated robbery), 609.25 (kidnapping), 609.255 (false imprisonment), 609.498 (tampering with a witness), 609.561 (first-degree arson), or 609.582, subdivision 1 (first-degree burglary).

**Subd. 23. Secure treatment facility.**

"Secure treatment facility" has the meaning given in sections 253B.02, subdivision 18a, and 253D.02, subdivision 13.

## APPENDIX G: MAP OF HENNEPIN COUNTY



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