



*Toward a Coordinated Sexual Assault
Advocacy Response in Milwaukee:
A Needs Assessment of Sexual Assault
Advocacy Services*

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Executive summary

Milwaukee has worked for several decades to better serve survivors of sexual assault. The Milwaukee Commission on Domestic Violence and Sexual Assault was established thirty-one years ago, and it has combined forces with grassroots efforts and local government and non-profit agencies to increase community recognition of sexual assault as a significant problem in Milwaukee. Despite the hard work of many dedicated individuals and organizations, Milwaukee's services for sexual assault survivors continue to be delivered in a decentralized way that presents challenges for survivors. Many survivors also attempt to access services only to find out that the services they need do not yet exist; others disclose to people who do not have the training or knowledge to connect them to the services they need. The absence of a "one-stop shop" model through which survivors can access services, particularly advocacy services, continues to be a barrier for many who seek services post-assault.

Like all major cities in the United States, Milwaukee experiences a significant number of sexual assaults each year, and sexual assaults continue to be an under-reported crime. Nearly 700 women in Milwaukee are probably victimized by sexual violence each year, though there were just 453 such reports to Milwaukee Police Department in 2009. Applying national rates of sexual assault prevalence to Milwaukee's adult female population, over 39,000 women in the city probably have a history of sexual assault. While there is no way to know when or how these women access services, innumerable studies show that they pay a steep price for their assaults physically, mentally and economically. Milwaukee as a community also suffers when these survivors are unable to resume their normal activities post-assault.

Cities similar to Milwaukee in size and demographics, such as Cleveland, Ohio, have met the challenge of coordinating sexual assault services by: training all law enforcement officers in dealing with sexual assault victims, ensuring that a large number of volunteer advocates is available in-person and/or by phone in times of crisis or for longer-term needs, and establishing a highly active Sexual Assault Response Team that reviews cases, includes a broad base of victim-centered voices, and is guided by a strong strategic plan. While some of these pieces are in place in Milwaukee, many of them are not. Survivors in Milwaukee continue to go to up to six locations, often visiting multiple times, to receive the services they need.

Survivors consulted for this report shared positive and negative experiences they had with agencies and systems throughout Milwaukee. Their recommendations are outlined in this report, but thematically they highlight the lack of uniform, victim-centered, coordinated responses that are the hallmarks of best practices in sexual assault advocacy response. Service providers also shared their insights for improving the way the systems in place might better serve survivors.

This report focused on the systems that serve adult female survivors of sexual assault in the city of Milwaukee. Further study is needed for survivors who are male, who have special cultural or ability needs, children, and other groups who are affected by sexual assault.

Introduction

Community-based efforts to advocate for sexual assault survivors began on a large scale when the Anti-Rape Movement began in the United States in the early 1970s. Between 1970 and the late 1990s, the number of rape crisis centers in the United States grew from 100 to over 1,200.¹

In Milwaukee, no rape crisis center was ever established. The City of Milwaukee Common Council created the Milwaukee Commission on Domestic Violence and Sexual Assault in 1979 (known at the time as the Common Council Task Force on Sexual Assault and Domestic Violence). This Commission, in effect, makes sexual assault and domestic violence visible problems for which we all must take responsibility.

The formation of the Commission has brought community members together from community-based agencies, advocacy groups, law enforcement agencies, and the justice system for the past thirty-one years. Despite the hard work of individual agencies and community-wide organizations, sexual assault continues to pose significant threats to the physical, mental and economic health of all Milwaukeeans. Survivors of sexual assault in Milwaukee lack a single, multidisciplinary site through which they can obtain the necessary advocacy or other services to ensure recovery from the trauma of sexual assault. Most survivors, especially those who decide to prosecute their attackers, will go to up to six locations in Milwaukee to obtain the medical, legal, mental health and other support services they need. They frequently encounter caring individuals who want to help them but lack the knowledge of local supports in place to do so. Survivors also discover that sometimes the services they need simply do not exist in Milwaukee. Even with the strong commitment of dedicated individuals in formal and informal systems, survivors of sexual assault in Milwaukee do not receive the services they need in the coordinated, victim-centered fashion that is consistent with best practices for sexual assault survivors.

This report offers an examination of what adult female survivors of sexual assault in Milwaukee have told us they need, what the providers of services tell us they experience when they work with survivors, and what practical steps could be taken to improve our community's advocacy response for these survivors.

This report is not intended to be an in-depth assessment of the effectiveness of advocacy or other services by individual agencies or organizations, nor is it intended to provide a detailed examination of specific groups of survivors by gender orientation, religion, ethnicity, or ability/disability. Instead, it focuses on the community's collective obligation to respond to sexual assault as the grave threat it represents to our physical, economic and psychological health as a city. As noted above, this report focuses on the experiences of adult female survivors. It is important to note that child sexual assault, and sexual assault of males are common realities, and the experiences of these survivors are in need of additional study.

1. Campbell, R. & Martin, P.Y. (2001). Services for sexual assault survivors: The role of rape crisis centers. Pp. 227-241 in Sourcebook on Violence Against Women, Claire M. Renzetti, Jeffrey L. Edleson and Raquel Kennedy Bergen (eds.). Thousand Oaks, California: Sage.

Methodology, language & definitions used in this report

All qualitative data was gathered through face-to-face, semi-structured interviews in community settings, focus groups, phone conferences/interviews, and direct e-mail exchanges. Recurring themes or suggestions for improvements to the systems serving sexual assault survivors are presented in the report in a way designed to maintain the confidentiality of the interviewee. Quantitative data was drawn from self-report by local agencies, articles published in peer-reviewed or professional journals and government reports. While every effort has been made to ensure the accuracy of facts and figures that appear in this report, errors and double-counting may exist due to the lack of coordination of services across some sectors and/or agencies.

Specific notes on the language and definitions used for the purposes of this report are outlined below.

- While a person may be considered a “victim” of a crime, many who are victimized by sexual assault prefer to be called “survivors,” especially if they have sought and found help in their physical and emotional healing process after the assault. This report uses both terms somewhat interchangeably, and when citing data or quoting survivors uses their words.
- The definition of “advocacy” varies greatly among people who work with sexual assault survivors, and among survivors themselves. Advocacy needs change based on an individual’s needs, when the assault occurred, and how services are set up to work with them. Advocates may be system-based, such as those who work in hospital systems or tribal agencies, law enforcement agencies, campus systems or judicial systems. They may be community-based, such as those who work in non-profit agencies, which are mainly focused on providing services to survivors, whether or not they are connected with any other systems. Many survivors will work with multiple systems or multiple advocates, though best practice in sexual assault advocacy is for the same advocate to accompany an individual as he or she navigates all systems.²

For the purposes of this report, the definition of advocacy is based on the widely regarded Oregon Attorney General’s Sexual Assault Task Force SART Handbook:

“The role of advocates in the response to sexual assault is to provide crisis intervention and services, support, information, referrals, and ancillary services, including housing, and/or childcare. Best practices utilizes trained advocates to accompany victims through the health care, social service, and criminal justice systems.”³

- In general, “law enforcement” refers to Milwaukee Police Department, “legal system” refers to the system that charges, prosecutes, and ultimately sentences sexual offenders (typically the Milwaukee County Office of the District Attorney), “community-based organization” refers to any organization in the Milwaukee community which provides, either by design or by default, services to survivors of sexual assault.
- The words “sexual assault” and “rape” are sometimes used interchangeably in this report. The term “sexual assault” is used to categorize a broader range of unwanted sexual contact, and it also encompasses rape.

- “Trauma-informed services/training” means that services are: based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid retraumatization.⁴ The theory behind this change approach is that violence, abuse, neglect, disaster, war, and other emotionally destructive experiences create trauma and these experiences know no boundaries with regard to age, race, ethnicity, economics, gender, geography or sexual orientation.
- “Victim-centered” means that each victim has unique needs and that all decisions should be made with the victim whenever possible, based on what the victim identifies that she needs. Effective victim-centered services mean that survivors’ needs and wants are considered in all matters related to safety, healing and seeking justice for the crime committed against them.⁵

2. Oregon Attorney General’s Sexual Assault Task Force SART Handbook, <http://www.oregonsatf.org/SART/handbook.html>

3. Ibid.

4. National Mental Health Information Center, National Center for Trauma-Informed Care,

<http://mentalhealth.samhsa.gov/nctic/default.asp>

5. www.mncasa.org, “Becoming Victim-Centered”

A system-wide overview: Who is serving sexual assault survivors in Milwaukee?

Survivors may receive no services at all if they do not report or disclose the assault to anyone. How many services survivors access can depend upon whom they tell about the assault. While every community looks different, Milwaukee's main sexual assault service providers and related systems include, but are not limited to:

- 1.) Milwaukee Police Department: patrol officers are usually the first responders to a call reporting a sexual assault. Patrol officers conduct initial questioning and phone their supervisors at the district level. Police protocol is for the supervisors to phone the Sensitive Crimes Division. The Sensitive Crimes Division is located in the Police Administration Building downtown.
- 2.) Sexual Assault Treatment Center (SATC): medical/forensic examinations and crisis care take place at this center, located near 12th and Highland in downtown Milwaukee, within the Aurora Sinai Medical Center though they also respond to Aurora West Allis Medical Center. Referrals to additional agencies and services, safety planning and other services may be offered depending on a victim's needs.
- 3.) Milwaukee County Office of the District Attorney: Specific Assistant District Attorneys handle the bulk of the sexual assault crime cases. Advocates with Sensitive Crimes Victim Services also provide assistance to victims navigating the legal system. The District Attorney's Office is located in the Courthouse Complex downtown.
- 4.) Community-Based Sexual Assault Service Organizations: These organizations spend a significant amount of their time and resources working with victims of sexual assault to provide counseling, advocacy, support and connections to other resources within the community. Organizations like The Healing Center, the Latina Resource Center and a small handful of others are in this category. The agencies providing these services are scattered throughout the city of Milwaukee.
- 5.) Social Service Agencies or Community Centers/Agencies: A large number of social service agencies work with sexual assault survivors because they are represented in the populations they serve. Examples of these are: group homes, shelters, and organizations which work with women in the criminal justice system. These agencies are scattered throughout Milwaukee County but are concentrated in the central city.
- 6.) Sexual Assault Hotline: Milwaukee has a sexual assault hotline, which is hosted at Aurora Sinai Medical Center through the Sexual Assault Treatment Center. Through this hotline, victims are connected to community-based services, or receive crisis counseling or referrals to other services, depending on their needs.
- 7.) Coalitions and Commissions:
 - The Milwaukee Sexual Assault Response Team (SART) was formed in 2006, bringing together a coalition of professionals who work with sexual assault survivors. The current agencies/organizations represented on the Team are: the Sexual Assault Treatment Center, the District Attorney's office, the Milwaukee Commission on Domestic Violence and Sexual Assault, The Healing Center, and the Milwaukee Police Department.
 - The Milwaukee Commission on Domestic Violence and Sexual Assault was formed in 1979 and brings together representatives from multiple sectors to present on and discuss significant issues related to domestic violence and/or sexual assault. Its purpose is to increase safety for victims of domestic violence and sexual assault and their children, and to hold abusers accountable for their violent behavior.

Sexual assault in Milwaukee: How many sexual assaults are being reported?

No one can be sure how many sexual assaults are occurring in Milwaukee. This is because sexual assault continues to be a significantly under-reported crime throughout the United States. The reasons for under-reporting vary widely, but survivors say that the main reasons they did not report to police, seek medical attention, or tell anyone about the abuse, are:

- Fear of retaliation from the perpetrator
- Just want the whole thing to go away
- Telling and retelling a story can make victims feel revictimized and retraumatized
- Fear of not being believed
- Confusion about whether what they experienced was sexual assault
- History of contact with law enforcement/criminal history
- Fear of being kicked out of the family if the abuser/rapist is a family member
- Fear that their family may be hurt if they tell
- Drug or alcohol use at time of assault
- Having a history of sexual assault and not reporting previous assaults
- Belief that they did something to lead to the sexual assault
- Fear of being labeled gay (male victims of sexual assault)
- Previous negative contact with law enforcement
- Fear of being blamed for the assault/abuse
- Fear that the loved ones they tell will turn against them
- Being underage at the time of assault (fear of telling parents)

At the national level the Uniform Crime Report (UCR) is published annually by the Federal Bureau of Investigation (FBI) and includes forcible rapes reported to local law enforcement. The UCR tracks trends and reports of nine major crime categories as well as law officers killed and assaulted. In order to be included in the annual report, a crime must fit the category defined by the FBI. The UCR definition of "forcible rape" does not include assaults of men or boys, oral sex or sodomy, forcible fondling, incest, statutory rape, or other sexual assaults outside of the UCR's own, relatively narrow definition. The FBI/UCR definition of forcible rape is displayed below:

"The carnal knowledge of a female forcibly and against her will."⁶

As anyone who works with sexual assault survivors knows, the problem of sexual assault goes far beyond completed or attempted rapes, and many fall outside of the narrow FBI definition. The reliance solely on this statistic at the federal level continues to be a source of frustration to law enforcement and paints only a partial picture of the real scope of sexual assaults in any community. Data reported to the UCR may not have taken place during that year; they reflect what is reported to law enforcement during that year.

6. Uniform Crime Report Handbook, Revised 2004

State & city reporting of sexual assault

Crimes which meet the UCR definitions are reported to the Wisconsin Office of Justice Assistance (OJA) through its Incident-Based Reporting System (IBRS). There is a national system (NIBRS) and a state-level system (WIBRS) for tracking criminal incidents. Milwaukee Police Department, like most major metropolitan areas, reports crimes in nine major areas but also reports other details about those crimes, such as demographic information of victims and suspects. The OJA publishes this information in part or in whole every year, and also provides detailed reports on specific types of crimes or crime trends within the state.

Like all law enforcement agencies, the Milwaukee Police Department keeps detailed records about its ongoing cases involving allegations of sexual assault. Milwaukee's Chief of Police Edward Flynn generously shared internal data kept by the Sensitive Crimes Division for the purposes of this report. Detailed suspect and victim demographics as well as the nature of the allegations against the perpetrators are detailed in Tables I and II.

In the city of Milwaukee there were 90 forcible rapes reported in 2008 and 104 forcible rapes reported in 2009. This number is supposed to include assaults or attempts to commit rapes, though some of these crimes may be counted in a different category when reported and investigated. See Table I below for this information. Note that while all of these forcible rapes would meet the statutory requirements for a First Degree Sexual Assault, not all of these assaults fit the UCR definition of forcible rape. The total number of First Degree Sexual Assaults for 2008 was 124, while the number for 2009 was 102. In some cases, these numbers may vary according to what was reported during which year, what the initial report was vs. what the report became after further investigation, and during what period the data was collected. Numbers at MPD are updated frequently internally.

Table I: Forcible rapes in Milwaukee as reported by MPD to the FBI's Uniform Crime Report (UCR) through the Wisconsin Office of Justice Assistance

| Year | Forcible Rapes | First Degree Sexual Assaults, reported internally through Sensitive Crimes Division |
|------|----------------|---|
| 2008 | 90 | 124 (includes forcible rapes from 2008) |
| 2009 | 104 | 102 (includes forcible rapes from 2009) |

Table II: Milwaukee Police Department's Sexual Assault Cases At a Glance, 2008-09*

| Name of Offense | Number of Reports, 2008 | Number of Reports, 2009 | Two-Year Totals | % of 2-yr. Total Sexual Assault Reports (total reported: 2,891) |
|---|-------------------------|-------------------------|-----------------|---|
| 1 st Degree Sexual Assault | 124 | 102 | 226 | 8% |
| 2 nd Degree Sexual Assault | 246 | 245 | 491 | 17% |
| 3 rd Degree Sexual Assault | 84 | 68 | 152 | 5% |
| 4 th Degree Sexual Assault (misdemeanor) | 41 | 35 | 76 | 3% |
| Sexual Assault of a Child—1 st Degree | 563 | 568 | 1131 | 39% |
| Sexual Assault of a Child – 2 nd Degree | 300 | 327 | 627 | 22% |
| Lewd & Lascivious Behavior | 5 | 3 | 8 | <1% |
| Sexual Intercourse with a Child 16 or Older | 57 | 90 | 147 | 5% |
| Sexual Exploitation of a Child | 3 | 3 | 6 | <1% |
| Incest with a Child | 1 | 1 | 2 | <1% |
| Exposing Genitals to a Child | 12 | 13 | 25 | <1% |
| Totals | 1,436 | 1,455 | 2,891 | 100% |
| Total reports: Adult victims (shaded areas) | 500 | 453 | 953 | 33% |

When we examine victim demographics for assaults reported in Milwaukee, we see in Table III on the next page that they are more likely to be “black” than “white.” (Milwaukee Police Department classifies all Asian, American Indian, Hispanic, and Caucasian suspects and victims in the “white” category and African-American or Black individuals in the “black” category. Individual internal records are more detailed but would have compromised confidentiality of suspects and victims if examined by the researcher for the compilation of this report). Victims are more likely to be under 18, and are far more likely to be female than male. Police records keep track of the age of the victim at the time of report, which is not necessarily the age at which the crime occurred. This is in part due to the nature of sexual assault: so often, assaults or abuse will occur for years before they are reported, or it may take years for the victim to come forward to report the assaults/abuse.

Milwaukee's suspects in reported sexual assaults are more likely to be "black" than "white" (see notes on this description in the paragraph above), are far more likely to be male than female, and are likely to be many years older than their victims. The pattern of older suspect/younger victim is reflected in data at the national level as well. The following tables display demographic and report data gathered by the SCD.

**Table III: Demographics of Victims & Suspects as Reported to/by MPD
(Child and Adult Victims)**

| Victim | 2008 | 2009 | Two-year total |
|------------------------------|--------------|--------------|----------------|
| Race* | | | |
| Black | 990 | 935 | 1,925 (64%) |
| White | 495 | 572 | 1,067 (36%) |
| Total | 1,485 | 1,507 | 2,992 |
| Sex | | | |
| Female | 1,226 | 1,230 | 2,456 |
| Male | 256 | 271 | 527 |
| Age at time of report | | | |
| 0-13 | 603 | 641 | 1,244 |
| 14-15 | 297 | 291 | 588 |
| 16-17 | 229 | 235 | 464 |
| 18+ | 390 | 385 | 775 |

| Suspect | 2008 | 2009 | Totals |
|------------------------------|--------------|--------------|--------------|
| Race* | | | |
| Black | 921 | 864 | 1,785 (70%) |
| White | 322 | 395 | 717 (28%) |
| Unknown | 27 | 20 | 47 (2%) |
| Total | 1,270 | 1,279 | 2,549 |
| Sex | | | |
| Male | 1170 | 1197 | 2,367 |
| Female | 87 | 80 | 167 |
| Age at time of report | | | |
| 0-12 | 70 | 84 | 154 |
| 13-16 | 198 | 231 | 429 |
| 17 | 57 | 66 | 123 |
| 18+ | 850 | 811 | 1661 |

*MPD racial data classifications currently categorize Latino/Latina, Asian, American Indian and other groups which are not African-American into "white" and include African-American or Black individuals as "black."

In Table IV, data from MPD on the statuses of sexual assault cases is displayed. While it would be helpful to be able to compare these figures with other cities' data and discuss any differences, a review of the literature and a review of publicly available data led to the discovery that each municipality may differ somewhat in the way it determines case status. This occurs in many communities despite the clear protocols in place through the UCR, which require the following steps be taken before declaring that a false report has been made:

- 1.) The determination that a report is false must be supported by evidence that establishes that it did not happen.
- 2.) This evidence will only be available after a thorough investigation, not on the basis of a preliminary investigation or initial interview.⁷

**Table IV: Case Status of Sexual Assault Reports to MPD, 2008-2009
(Child and Adult Victims)**

| Case Status | 2008 | Percentage | 2009 | Percentage |
|----------------------|--------------|-------------|--------------|-------------|
| Active | 99 | 7.88% | 132 | 9.62% |
| Cleared by arrest | 475 | 37.79% | 447 | 32.58% |
| Cleared baseless | 353 | 28.08% | 342 | 24.93% |
| Uncooperative victim | 237 | 18.85% | 329 | 23.98% |
| Cleared exception | 86 | 6.84% | 113 | 8.24% |
| Partial clearance | 7 | .56% | 9 | .66% |
| Totals | 1,257 | 100% | 1,372 | 100% |

The UCR allows for a reported offense to be cleared as unfounded "if the investigation shows that no offense occurred or was attempted."⁸ Reports categorized as "baseless" are those which don't meet the elements of the offense, and those which were improperly coded in the first place.⁹ Retired police sergeant and executive director of Ending Violence Against Women International Joanne Archambault says that even detectives sitting at desks next to each other may be using completely different criteria for case classification. Thus, the issue of definitions is not one particular to MPD or any other law enforcement agency.

There is perhaps no topic more controversial in the community that serves sexual assault survivors than the question of false reports. False reporting of sexual assaults can be very damaging for those wrongly accused and for those victims who report but are not believed, due to the mistrust of victims that can result from false reports. The largest study to examine false reports studied 2,059 cases in eight US communities during an 18- to 24-month period. This study concluded that the false report rate was 7%. This figure is derived from the most methodologically sound study done to this date.¹⁰ Cases cannot be accurately categorized based on preliminary investigations or initial interviews; they must be given thorough investigations.

7. Lonsway, K., Archambault, J., & Lisak, D. (2009). "False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault." The Voice: Volume 3, Number 1.
8. Uniform Crime Report Handbook, Revised 2004
9. Lonsway, K., Archambault, J., & Lisak, D. (2009). "False Reports: Moving Beyond the Issue to Successfully Investigate and Prosecute Non-Stranger Sexual Assault." The Voice: Volume 3, Number 1.
10. The Making a Difference Project: www.evawintl.org

How many sexual assault survivors are there in Milwaukee?

When we look to understand how sexual assault affects our community, an estimate of the number of community members who have experienced sexual assault is very important. Here, we are mainly concerned with two figures: lifetime prevalence rates, which refer to the number of people who have been sexually assaulted during their lifetimes, and incidence rates, or the number of people who have been assaulted in the previous 12 months in a given population. Lifetime prevalence rates give us an idea of how many people are potentially affected in our population at any given time, and thus could potentially seek services at some point in the future. Incidence rates are more important to an examination of current needs for advocacy response and other services for sexual assault survivors. Together, they represent the total number of survivors who might seek advocacy or other services in Milwaukee.

There have been numerous attempts to calculate incidence and prevalence levels of sexual assault, some occurring at the national level. The National Crime Victimization Survey (NCVS) and the National Violence Against Women Survey (NVAWS) are perhaps the most widely cited studies when calculating the occurrence of sexual assaults in a given community. The NCVS is conducted annually by the United States Census Bureau for the Bureau of Justice Statistics. The NVAWS was conducted between November, 1996 and May, 1996, by the Center for Policy Research, with support from the National Institute of Justice and the Centers for Disease Control and Prevention.

Both NVAWS and NCVS are important for understanding the scope and severity of sexual assaults in our nation, but they used very different sampling and implementation strategies. First, while both surveys estimate annual incidence rates, only NVAWS calculates lifetime prevalence of sexual assault. Second, there are important distinctions in the definitions of rape used by the two surveys. The NCVS and the NVAWS definitions of rape are described below. (*Additional information about the NCVS and the NVAWS are available in the appendix of this document.*)

National Crime Victim Survey definition of rape:

“Forced sexual intercourse including both psychological coercion as well as physical force. Forced sexual intercourse means vaginal, anal or oral penetration by the offender(s). This category also includes incidents where the penetration is from a foreign object such as a bottle. Includes attempted rapes, male as well as female victims and both heterosexual and homosexual rape. Attempted rape includes verbal threats of rape.”¹¹

National Violence Against Women Survey definition of rape:

“...An event that occurred without the victim’s consent that involved the use or threat of force to penetrate the victim’s vagina or anus by penis, tongue, fingers, or object, or the victim’s mouth by penis. Includes attempted and completed rape.”¹²

11. <http://bjs.ojp.usdoj.gov/content/pub/pdf/cvus/cvus06mt.pdf>

12. <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>

While these definitions may not seem very different, these small distinctions, combined with differences in sampling and methodology, have produced results quite different from each other. The NVAWS is conducted by telephone, which may exclude persons without telephones or those whose only home phone is a cell phone, but nonetheless appears to be more effective at eliciting a “positive” response from sexual assault survivors. In other words, NVAWS participants report more sexual assaults than the NCVS sample population, which relies on in-person interviews. This suggests that it may be more comfortable for participants in surveys about sexual assault to disclose sexual assault to a stranger if the survey is conducted over the phone rather than in a face-to-face interview. It also suggests that NVAWS may provide a more comprehensive estimate of sexual assault incidence and prevalence, which is critical to understanding service needs and gaps.

Using the prevalence rate calculated by the NVAWS, which looks at the lifetime rates of sexual assault for females in our population, we can calculate that approximately 17.6% of Milwaukee’s women have been victims of sexual assault at some time during their lifetimes. The mathematical calculations of these rates are displayed below in Table V. For every 1,000 women in Milwaukee, 176 can be expected to have been the victims of an attempted or completed rape, while 148 of them can be expected to have been the victims of a completed rape.

Table V: Lifetime Prevalence of Sexual Assault in City of Milwaukee Females

| Total Population of Milwaukee, 2008 | 2008 population, females | Prevalence rates | Total number of survivors in this population (youth and adult females, survivors of completed and attempted rapes) | Total number of survivors in this population ≥ 18 years old |
|-------------------------------------|--------------------------|---|--|---|
| 582,819 | 302,383 | 17.6% – completed and attempted rapes 14.8% – completed rapes only | 53,219 | 39,035 |

Using the NVAWS incidence rates to estimate the number of new sexual assaults we might see each year in Milwaukee, we can arrive at the figures below in Table VI.

Table VI: Annual Incidence Rate Projections for Sexual Assault in Milwaukee Females

| Total population, Milwaukee 2008 | 2008 population, females ≥ 18 | Annual % women ≥ 18 who are victims of sexual assault | Estimated number of adult women sexually assaulted in the city of Milwaukee, using NVAWS definition | Average number of assaults per victim | Estimated number of sexual assaults of adult females in Milwaukee, annually |
|----------------------------------|-------------------------------|---|---|---------------------------------------|---|
| 582,819 | 221,790 | 0.3% | 665 | 2.9 | 1,930 |

Note that among women victimized by sexual assault, they report nearly 3 assaults per person. This figure speaks to the repeated victimization of women either on a per-incident or a per-person basis. Successful prevention or harm reduction efforts should with focus on reducing the vulnerability of survivors to additional sexual assaults.

Where are survivors in Milwaukee going for services?

1. Milwaukee Police Department: First Response for Reported Sexual Assaults

In 2008 when this needs assessment project began, Edward A. Flynn had recently begun serving as Chief of Police of the Milwaukee Police Department. In the history of the Milwaukee Police Department, which dates back to 1855, most chiefs held long tenures. At the time of Chief Flynn's swearing-in ceremony, however, he was to be the Department's third police chief in 12 years. Several high-profile incidents, including nationally publicized serial rapist/murderer Jeffrey Dahmer's case, police department lawsuits charging promotions based on race instead of seniority and merit, and a severe beating which involved several off-duty officers had brought a significant amount of negative attention to the Department in the previous decade. While these events were outside of each sitting chief's control, they had an effect on the morale of the police force, and each story was heavily covered by local and/or national media. While Chief Flynn's first two years have not been without public scrutiny, he is widely regarded as having emphasized transparency, professionalism, and public accountability to the Milwaukee Police Department. He has adopted a number of best practice measures, fully activated a computer network so that officers can have real-time crime data in the field, and been a persistent, hard-charging voice about the need to reduce crime in Milwaukee.

The Milwaukee Police Department's Sensitive Crimes Division (SCD) is staffed with 18 detectives, 32 police officers, seven supervisory officers and five civilian support staff. All of the sworn officers in the SCD have received specialized training in a number of areas specific to sensitive crimes. In-service training happens twice each year, is specific to the types of crimes the SCD deals with, and may last a day or longer. Topics covered on recent training days have included human trafficking, interviewing techniques, and firsthand accounts of experiences with law enforcement as told by the parents of the victim of a brutal gang rape.

The SCD handles a wide variety of crimes, from pursuing critical missing persons cases, to protecting vulnerable populations such as the elderly or cognitively disabled, to sexual assault crimes. At any given time during the past two years, the Sensitive Crimes Division had over 100 active sexual assault investigations going. They also actively pursue "cold cases" for which DNA evidence has been especially helpful in providing closure to victims and their families. The detectives assigned to solve cold cases routinely coordinate with law enforcement agencies throughout the state, region and nation to apprehend suspects when a cold case DNA "hit" occurs, and many sexual assault survivors who might otherwise never have seen their attackers go to trial have received some measure of justice and closure from these important operations.

During day-to-day operations at the Milwaukee Police Department, when a victim decides to report a sexual assault right away, or even years after the assault, the Department will receive a call. If the assault has just happened, the first individuals on the scene will be patrol officers, who arrive in a squad car and secure the scene of the alleged assault. In cases of alleged sexual assault, the standard process is for patrol officers to do some initial questioning regarding the call, then apprise their district supervisor of the situation. This supervising officer then contacts the Sensitive Crimes Division. In Milwaukee, police officers interview a victim before they receive a medical examination if the police are the first ones who receive a call. For victims who first come to the Sexual Assault Treatment Center, police interview victims who choose to report after they have had a medical examination. Approximately 75% of those who come to SATC for a "rape exam" (either on their own or with law enforcement) choose to report their assault to law enforcement.

For at least ten years, all new law enforcement officers have been required to spend one day of their officer training learning about issues specific to sexual assault. Topics have varied slightly, but a typical day of training for new recruits has included:

- Victim dynamics/ trauma response
- A victim dynamics exercise
- Instruction on State Statutes
- A video of a portion of "The Accused", a movie in which a rape takes place
- Discussion of the video
- Scene investigation instruction
- Health care response/Sexual Assault Nurse Examiner information
- Forensic interviewing of children

This day of training is 7.5 hours long. It is staffed by representatives from local agencies that work with sexual assault and domestic violence survivors, representatives from the DA's Office, staff from the SATC, and other local experts. It is not necessarily the only training that officers will receive regarding interviewing or investigation of sexual assault, but it is the only mandated training at this time dealing with the post-traumatic stress disorder-like behavior many sexual assault victims can display after the assault. This is not a retroactive requirement. Thus, any officers who went through the Police Academy before the training was required, and who do not now work in the Sensitive Crimes Division, likely have fewer hours of trauma-informed training and potentially less knowledge about sexual assault cases than their more recently trained counterparts.

There is currently a process in development through which victims will be able to do "blind reports," which would collect evidence that would be useful for law enforcement follow-up and perpetrator apprehension even in those cases where the victim did not want to talk to police. The rationale behind this recent effort is that it may be very helpful in solving cases where the victims are targeted because they are believed by the perpetrator to be unlikely to report or to be believed if they do report. This process is in existence in other cities and has been shown to be an effective strategy, particularly with serial offenders.

2. Sexual Assault Treatment Center: Crisis Care, Medical Care & Forensic Examinations

Sexual assault victims often have medical needs immediately after a sexual assault. Many victims fear sexually transmitted infections, pregnancy, or have been physically injured during an assault. Milwaukee currently has one fully-equipped location where rape/sexual assault examinations are routinely given. There is an additional location in West Allis that is less centralized and is not staffed to the level of the site downtown. If paged, Sexual Assault Nurse Examiners (SANE) services can be provided at a number of other health care facilities in the region. Aurora Health Care has provided dedicated clinical and waiting area spaces at Aurora Sinai Medical Center for sexual assault victims for 35 years, beginning at what was originally Family Hospital. No other health or medical system in Milwaukee is providing these services at the time of this report. Service providers also report that a number of women who are sexually assaulted may seek help from a medical provider with whom they are most comfortable, but who may not have any training in advocacy, evidence collection or be familiar with SATC. At this time there is no formal system for tracking the individuals who seek medical care at community clinics or other non-SANE sites.

While some victims may go to the SATC on their own, many are brought there by police officers who respond to the report of a sexual assault. If an exam is done before police are called, victims/patients typically receive information about the law enforcement process before police arrive. Staff at SATC estimates that 50% of victims arrive with police. Trained Sexual Assault Nurse Examiners provide a full rape examination that addresses the patient's clinical needs and gathers crucial forensic evidence for investigation and prosecution purposes. The percentages of victims who have chosen to report their assault to police were 78% for 2008 and 75% for 2009.

The staff at SATC also helps victims set up a safety plan post-assault, and they provide crisis counseling for short-term victim needs or for questions that arise after the victim leaves. They also operate a hotline and are often a victim's first call for assistance for those who do not first call police. For many victims whose assaults happened months or years ago, the hotline can connect them with post-crisis counseling at locations such as The Healing Center. There are 15 volunteer advocates who are trained by and who work with SATC staff on a regular basis, providing advocacy and survivor support on site.

Milwaukee's SANE are frequently called upon to provide expert testimony for sexual assault trials. They also are frequently sought to train other SANE program staff throughout the state and beyond. Rape examinations, which frequently last from 4 to 8 hours including processing time, can be done 365 days per year, 24 hours per day, in the existing system in Milwaukee. Please see the following tables for hotline and patient/victim demographics and examination totals.

Rape/sexual assault examinations are very thorough and they are also costly. While it is rare that Milwaukeeans will have to pay for the costs of their "rape kit" that is sent to the a laboratory for processing, there are additional costs which victims may incur which may or may not be reimbursed. If clothing is taken for evidence, if there is treatment necessary for injuries sustained during the assault, or if the victim incurs other costs, she may be entitled to compensation from the state's Crime Victim Compensation Fund. This can be a lengthy process and it may be especially difficult for those who are suffering from the trauma and after-effects of the assault. Victims who do not choose to report to police or who do not cooperate with the investigation will not have access to this Fund, though they may not have to cover the cost of their rape examination. Even with reimbursement of some expenses, the cost of the assault to the victim over her lifetime will probably greatly exceed the \$40,000 maximum set by the Fund.

Table VII: SATC Patient/Victim Care, 2008-2009*

| Client/Victim Characteristics | Number of Clients, 2008 | 2008 Percentage | Number of Clients, 2009 | 2009 Percentage |
|--|-------------------------|-----------------|-------------------------|-----------------|
| Male | 26 | 4.84% | 49 | 8.36% |
| Female | 507 | 94.41% | 534 | 91.13% |
| Victim Under 18 | - | 44.51% | - | 43.17% |
| Victim 18 or older | - | 53.26% | - | 53.41% |
| Reported to police – YES** | 407 | 77.52% | 430 | 75.44% |
| Reported to police – NO** | 118 | 22.48% | 140 | 24.56% |
| Previously sexually assaulted (before current assault) | 212 | 40.38% | 221 | 38.77% |
| Previously seen in SATC | 57 | 10.86% | 59 | 10.35% |
| Caucasian | 173 | 32% | 183 | 31% |
| African-American | 276 | 52% | 307 | 53% |
| Latina/Latino | 47 | 9% | 55 | 9% |
| American Indian | 6 | 1% | 2 | <1% |
| Asian | 4 | <1% | 4 | <1% |
| Multi-Racial | 24 | 5% | 31 | 5% |
| Unknown | 4 | <1% | 3 | <1% |
| Totals | 534 | ~100% | 585 | ~100% |

*Some differences between totals may occur, as different data may be tracked on patients or data may not be available for all patients.

** This figure is not known for all SATC patients; reporting to police may be higher.

3. Sexual Assault Hotline: Crisis Assistance and Resource Help

The SATC-operated hotline serves a wide variety of community needs, and the data collected from the first 10 months of 2009 is highlighted on the next page in Table VIII. The hotline currently operates year-round and around the clock, though many of the services to which victims might be connected operating mainly during typical business hours. When someone calls the hotline during the day, they will usually reach SATC staff. During nighttime or weekend hours, they may reach SATC staff or volunteers, or they may reach a hospital operator. This operator will handle the call if able, but in some cases, an operator may need to page the appropriate person to handle the call.

Table VIII: Sexual Assault Hotline Data

| Type of Call/Purpose | Number of Calls from January 1 – October 31, 2009 |
|---|---|
| Contacts from agencies | 575 |
| Calls for counseling | 49 |
| Crisis information/Referral | 498 |
| Community speaking engagements | 83 |
| Follow-up | 489 |
| Regarding advocates | 123 |
| Wrong number | 181 |
| Media | 21 |
| Call regarding Wisconsin Coalition Against Sexual Assault | 16 |
| Obscene call | 2 |
| Other | 187 |
| SATC Operations | 1,294 |
| Total number of calls | 3,518 |

4. Milwaukee Office of the District Attorney: Justice Response & System-Based Advocacy

The Milwaukee County Office of the District Attorney’s is somewhat unique in its practice of dedicating several district attorneys and assistant district attorneys almost exclusively to the prosecution of domestic violence and sexual assaults. By designing prosecution this way, attorneys gain a significant amount of expertise in key areas relating to sexual crimes.

District attorneys say that the work of the advocates in their office is crucial to their work as attorneys. The District Attorney Office’s Sensitive Crimes Advocates assist victims in a number of ways as their case makes its way through the judicial system. They work with both adult and child victims, serving as a bridge between the family and the justice system. Five of the six advocates on staff work mainly with victims of sexual assault and/or domestic violence. The advocates know what is happening with cases, and are able to work with victims and their families to inform them of the eventual possible outcomes of cases. Victims can also learn about and access other supportive services in the community.

The District Attorney’s Office deals with over 20 law enforcement agencies across Milwaukee County. Each agency municipality can vary in its ability to successfully investigate and document cases before bringing them to the DA’s office. Cases are sometimes delayed or not issued, and in 2009 there was often a six-month wait between when the DA’s office received the case and when it could be expected to go to trial. Funding and salary constraints have limited the office’s ability to attract and retain attorneys.

For several years Assistant District Attorneys have provided their services as volunteers for an all-day training at the Milwaukee Police Academy. The training is held for new police recruits and brings domestic violence and sexual assault advocates, law enforcement trainers, and other experts together at the Milwaukee Police Academy. (This training is explained in more detail in the section above about the Milwaukee Police Department.)

5. Community-Based Sexual Assault Service Providers: Short-Term and Long-Term Help for Survivors

In most major metropolitan communities throughout the United States, rape crisis centers offer services to meet the crisis and long-term counseling needs of survivors. Services can include short- or long-term individual therapy, group therapy, and advocacy provided by volunteers or paid advocates who may be dispatched to the location of the survivor. In some systems this means advocates are working in tandem with law enforcement to support the needs of the victim during or after initial questioning. In Milwaukee, the duties of crisis counseling and immediate post-crisis counseling are fulfilled most often through the Sexual Assault Treatment Center. The hotline and on-site staff often help in the first several hours or days after an assault.

Once the victim moves beyond the immediate crisis or post-crisis phase, perhaps the first two weeks after the assault, there is evidence that many victims stop seeking services temporarily. Often, this leads to the development of health issues such as depression, insomnia, fears of another victimization, or other problems which lower a victim’s quality of life or limit their ability to resume normal activities. Victims who seek additional help may be referred to The Healing Center or a similar organization for counseling or other assistance. The Healing Center currently has one full-time bilingual advocate (English and Spanish) who works to connect victims with services both on and off site. The Healing Center also has counselors on staff who can provide individual or group therapy.

Other community-based agencies in Milwaukee which have a staff person who provides at least 10 hours per week for sexual assault advocacy services includes: The Latina Resource Center, the Milwaukee Lesbian, Gay, Bisexual and Transgender Community Center, the American Indian Task Force on Domestic Violence, Sexual Assault and Vulnerable Populations, the Hmong American Women’s Association, and Hmong American Friendship Association. Many of these same agencies also offer individual or group therapy, art therapy, work/employment support or training, and other services. The needs of sexual assault survivors can be quite broad, especially if they have not reported or sought help for mental health or chemical abuse issues that have arisen as a result of their assault(s). Unlike many other communities, Milwaukee has no large base of highly trained volunteer advocates who may take turns providing 365-day-per-year coverage for hotlines, requests for in-person advocacy at police stations or hospitals, or in courts. (Further information on community-based advocacy capacity is provided in Table X on the next page.)

Table IX: The Healing Center’s 2009 Clients & Services

| Individual Counseling | Group Support & Education | Individual Advocacy |
|-----------------------|---------------------------|---------------------|
| 167 survivors | 491 | 172 |

Community-based advocacy providers tell us that just 20% of the people who seek services have been assaulted in the last year. It takes most victims a year or more to fully acknowledge the effects that the assault has had on their lives. Adults who were molested as children may have been living for decades with physical or emotional side effects of their sexual abuse. Those who serve this particular group of survivors report that this group experiences severe limitations on their adult lives as a result. Statistics from The Healing Center, where many women receive post-crisis therapy or advocacy services, can be found in Table IX below. During 2009, 95% of the clients served were women, 39% were African American, 13% were Latina, 43% were Caucasian, 5% were multi-racial, Asian, and/or Native American or Alaskan.

6. Social Service Agencies or Community Centers/Agencies

A large number of social service agencies work with sexual assault survivors because they are represented among the populations they serve. Agencies such as shelters, chemical dependency treatment programs, halfway houses, groups which work with women re-entering the community after being incarcerated, support groups and similar organizations estimate that between 75 to 100% of the population they serve has a history of sexual assault.

These agencies are scattered throughout Milwaukee County but are concentrated in the central city. Staff members who were interviewed regarding their ability to provide sexual assault advocacy reported that clients sometimes disclosed the assault or abuse in the context of a group, or during an individual counseling session. When asked whether they felt that they were able to provide advocacy for survivors who disclosed to them, they said they generally referred clients to agencies that specialized in working with survivors unless they had participated in special training related to sexual assault service provision. The Healing Center was the agency that staff named most frequently as a referral site for counseling services. Many of the women who disclosed their assault or abuse to staff had been victimized as children or had suffered the assault years ago while already an adult.

There is currently no system for determining how many sexual assaults are disclosed to service providers who are in the broader social service fields. Depending on the level of training or knowledge about sexual assault on the part of the person to whom the person discloses, the survivor could be connected with a number of resources or none at all. Some of the staff interviewed for this report had participated in advocacy training offered by The Healing Center. The more connected organizations were with other organizations in Milwaukee, the more likely, in general, staff members were to be able to connect survivors with the necessary resources. A survivor's successful path to receiving advocacy and other services in Milwaukee, therefore, continues to depend very much on the place at which she first accesses services.

7. Sexual Assault Response Team & Milwaukee Commission on Domestic Violence and Sexual Assault

The Sexual Assault Response Team (SART) was formed in the city of Milwaukee in 2006. It currently has representatives from five agencies that meet to discuss topics relevant to their work with survivors of sexual assault. The agencies represented at this time include: the Sexual Assault Treatment Center, The Healing Center, Milwaukee Police Department, the Milwaukee County Office of the District Attorney, and the Milwaukee Commission on Domestic Violence and Sexual Assault. They also collaborate to organize and/or attend trainings together and have helped bring trainers to the Milwaukee area in order to familiarize Milwaukee SART participants and others with practices used in other parts of the state or country.

The Milwaukee Commission on Domestic Violence and Sexual Assault is under the authority of Mayor Tom Barrett and is situated in the City of Milwaukee Health Department. Its formation provided Milwaukee with a team of experts and community leaders joined to address the issues of family violence, sexual assault, and child abuse. Commission members work cooperatively with area agencies and institutions, the media, and government. Its purpose is to increase safety for victims of domestic violence and their children and for victims of sexual assault, and to hold abusers accountable for their violent behavior.

The current path to advocacy for Milwaukee's survivors

In the current system set up to serve survivors in Milwaukee, survivors who report their assault and attempt to prosecute the perpetrator may come in contact with six of the seven categories outlined above: the sexual assault hotline, police, SATC, community-based sexual assault service providers, social service agencies or community centers and the DA's office. We know from speaking with survivors that they may seek assistance from an agency where no one has had any specialized training in sexual assault advocacy, and staff simply does not know where to send them.

The window for gathering DNA evidence from a victim is quite small; ideally, evidence should be collected in the first 72 hours. It is important for victims who might want to prosecute their assailant to receive a rape/forensic examination as quickly as possible after the assault occurs. If a victim goes to a small community clinic and encounters a provider who is uncertain where to direct the victim, or if the victim is unfamiliar with the city, has language or immigration issues that prevent her from seeking services, or faces other challenges due to a disability, crucial evidence may be lost and the opportunity to prosecute the perpetrator may vanish with it.

Milwaukee is fortunate to have a sexual assault hotline, something which many communities in the United States do not have. While the hotline handles a large volume of calls, it is not yet fully staffed with trained volunteer or paid advocates around the clock. Perhaps most importantly, though, there is a shortage of immediate post-assault counseling providers available in Milwaukee. This can affect women who face language or transportation barriers disproportionately, leaving them vulnerable to revictimization or a delay in their healing process. Women who seek counseling find that the wait for therapy that is trauma-informed, culturally competent, and affordable may be several months if it exists at all.

Milwaukee has advocacy services available at the community and systems levels but they are not yet sufficient to meet the demand. Survivors who seek help through an organization providing counseling may or may not find an advocate or therapist who is affordable and understands the trauma caused by sexual assault. When working with multiple organizations, as almost all survivors must in Milwaukee, survivors often must tell and retell their stories in order to access services. Victims must be very persistent to see their case from initial law enforcement report to prosecution of their attacker, and must be able to get themselves to a wide variety of locations, almost all of which are open only during regular business hours. This can place a tremendous burden on survivors who have jobs, who have children in their care, or who face physical disability, language, immigration or other barriers to accessing services. Improving coordination of advocacy and other services for survivors can lead not only to better practices for agency staff, but can lead to better outcomes for survivors, who can then move across systems more seamlessly.

What do best practices in sexual assault advocacy look like?

“Historically, the community response to rape has been disorganized at best, revictimizing at worst.”^{13, 14} Milwaukee is far from disorganized, and it already has in place many of the necessary components for helping survivors meet their needs for support services and seeking justice. Milwaukee is fortunate to have so many capable, caring individuals working in every sector that serves sexual assault survivors. They are dedicated professionals who work tirelessly to help survivors heal from their assaults and, if they desire, to pursue punishment for their assailants. Too often, however, these individuals work without the collaboration and cooperation of other entities who are also working to serve survivors. The United Nations Special Rapporteur recommends programs that have a “one stop center” at which the victim will have the medical examination and police interviews. This approach is most effective at avoiding revictimization and successfully gathering evidence. Milwaukee’s survivors currently seek services at up to six locations throughout the city, often visiting these locations multiple times depending on their needs.

Sexual assault means different things to different stakeholders in a community, too. To compare current practices with best practices, a community must take a look at what the purposes are of their services. For the police, it may be to determine whether a crime occurred, secure evidence, and take down witness and victim testimony. For a counselor, the purpose may be to return the survivor to a level of functioning nearer to where she was pre-assault. A prosecutor in a community with a high level of coordination had this to say about working with rape victims:

“The thing that keeps coming to my mind as we’re talking is ‘saturation’ – saturate the entire community with knowledge and resources about rape ... infiltrate all of the places rape victims could go. So I guess I’d call this the ‘Principle of Saturation.’ And I think it’s why we’re pretty effective in helping rape victims.”¹⁵

It is interesting to hear such a comment coming from a prosecutor, as we do not generally think of prosecutors as having much direct connection to the level of community awareness about rape. The key in that highly coordinated community, as in others like it, was that this prosecutor saw a strong connection between public knowledge and the effectiveness of a case against a sexual offender, or re-offender.

A study of 22 communities across the United States found that where there existed a high level of coordination between rape crisis services, victims were more likely to obtain needed resources and assistance.^{16, 17, 18} Further, in communities that have formally coordinated their response to the crime of rape, these changes have helped them establish and maintain a successful stance against rape. Researchers theorize that “coordinated programs reflect an understanding of the multiple contexts of service delivery and embody that knowledge in services that are consistent with victims’ needs.”¹⁹ High coordination communities find multiple, frequent ways to train and interact with each other. Often, meetings or trainings are conducted on a monthly basis. This serves the dual purpose of building trust between individuals across systems or agencies and building an understanding of what each agency does or could do for sexual assault victims. It strengthens the ability of each agency, regardless of where a victim enters the system, to work in a coordinated manner toward meeting victims’ and systems’ goals.

An examination of these innovative community services for rape victims concluded that the communities which provided a *high level of coordination of rape crisis services* were more likely to provide victims with needed resources and assistance. These communities had the following traits in common:

- The services had been created recently (in last 5 years);
- Services involved staff from multiple agencies (legal, medical, mental health, law enforcement, etc.);
- Services focused on improving service delivery for victims; and
- All training was reciprocal, i.e., law enforcement trained rape counselors, rape counselors trained law enforcement.²⁰

Highly coordinated services in a community, Campbell and Ahrens theorize, reflect an examination and rejection of traditional models of service delivery. “Representatives from each system (legal, medical, mental health, rape crisis centers) may be well-connected to their own system, but have rarely been so across systems... It is in this culture of confusion that rape victims are supposed to receive help ...”²¹

13. Campbell, R. (1998). The community response to rape: Victims’ experiences with the legal, medical, and mental health systems. *American Journal of Community Psychology*, 26, 355-379.
14. Madigan, L., & Gamble, N. (1991). *The second rape; Society’s continued betrayal of the victim*. New York: Lexington.
15. Campbell, R. (1998). The community response to rape: Victims’ experiences with the legal, medical, and mental health systems. *American Journal of Community Psychology*, 26, 355-379.

16. Campbell, R. (1998). The community response to rape: Victims’ experiences with the legal, medical, and mental health systems. *American Journal of Community Psychology*, 26, 355-379.
17. Campbell, R. & Ahrens, C.E. (1998). Innovative community services for rape victims: an application of multiple case study methodology. *American Journal of Community Psychology*, 26, 537-571.
18. Tjaden, P., & Thoennes, N. (1998). Prevalence, incidence and consequences of violence against women: Findings from the National Violence Against Women Survey (research in Brief NCJ 172837). Washington, DC: U.S. Department of Justice, National Institute of Justice, United State Department of Justice, 1998.
19. Campbell, R. (1998). The community response to rape: Victims’ experiences with the legal, medical, and mental health systems. *American Journal of Community Psychology*, 26, 355-379.
20. Ibid.
21. Campbell, R. & Ahrens, C.E. (1998). Innovative community services for rape victims: an application of multiple case study methodology. *American Journal of Community Psychology*, 26, 537-571

The presence of an active and involved SANE/SART intervention can have tremendous impact on the judicial process due to greatly improved evidence collection by those involved in participating agencies or partners. In Madison, Wisconsin, a study involving SANE examinations over a three-year period showed a 100% conviction rate, which was attributed to the quality of evidence collected and testimony by the SANEs.²² Other studies have shown an increase in the number of charges filed and the number of guilty pleas where effective SANE/SART collaborations exist.²³ In communities where SANE/SART interventions were most effective within the judicial process, the participants worked toward these two goals: 1) To increase the odds of prosecution by enhancing evidence collection and facilitating communication between all parties in the process and, 2) to help victims recover from and cope with their experiences through counseling and support.^{24, 25} Wisconsin has done significant work at the state level to provide guidance on best practices in serving sexual assault survivors. Wisconsin's Office of Justice Assistance published an "Adult Sexual Assault Response Team Protocol" in 2009. Its recommended best practices for advocacy include, in part:

- Use of an empowerment philosophy that does not encourage or discourage victims from reporting or participating in the criminal justice system;
- 24-hour hotline staffed by trained advocates;
- Multi-lingual and multicultural availability on the hotline, including TTY and translators;
- Accessibility based on victim need;
- 24-hour in-person advocacy;
- Two advocates available, one based in the community and one who is system-based;
- Most independent advocate available, community-based if available;
- Victim-centered;
- Advocate called at the same time as the SANE nurse;
- Advocate present in all places victim requests; and
- Advocate facilitates transportation needs.

Milwaukee and Cleveland: A system comparison

Part of the local effort to complete a needs assessment included an examination of best practices in sexual assault advocacy. After consulting with local professionals who work with sexual assault survivors and the National Sexual Violence Research Center staff, and after doing a demographic comparison between other cities, two sites were identified for a possible visit by a multidisciplinary Milwaukee team. The Pittsburgh-based Pittsburgh Action Against Rape (PAAR) and the Cleveland Rape Crisis Center (CRCC) both had strong participation from advocates, law enforcement, therapists/counselors, the judicial system, and many community-based organizations. They also maintained a very victim-centered approach and a wide variety of services with and for survivors. Through phone conferences and interviews of key staff, and after determining that Cleveland was very willing to work with the Milwaukee team over the course of two days, Cleveland was chosen as the site for a visit.

The goals for the visit to Cleveland were to:

- 1.) Learn the history of how sexual assault advocacy services were provided and how they are now provided in the Cleveland/Cuyahoga County area.
- 2.) Learn how the Cleveland SART evolved and how it now works: protocols, procedures, results to date, and next steps.
- 3.) Visit sites of SART members or have "break-out" discussions with SART members in individual disciplines/professions: legal, law enforcement, advocacy, medical/forensic.
- 4.) Identify areas of potential change to the current Milwaukee model of delivering advocacy services and outline tasks and procedures to move toward these changes.

Through additional financial support from the Wisconsin Office of Justice Assistance, a nine-person team traveled to Cleveland in late September, 2009, to conduct a fact-finding mission at the CRCC and partner organizations. Participating organizations included: the Milwaukee Police Department, the Milwaukee Commission on Domestic Violence and Sexual Assault, the Wisconsin Coalition Against Sexual Assault (WCASA), The Healing Center, and the Sexual Assault Treatment Center. The group spent one entire day with staff of the CRCC, the Cuyahoga County Sexual Assault Response Team (SART), Sexual Assault Nurse Examiners from throughout Cuyahoga County, and other sexual assault service providers from the area. The second day in Cleveland was spent visiting with the Cleveland Police Department's Sensitive Crimes Department and a local Sexual Assault Nurse Examiner Unit connected with the emergency department of a local hospital. A side-by-side comparison of some of the key systems in each city can be viewed on the next couple of pages.

22. O'Brien, C. (1992). Medical and forensic examination by a sexual assault nurse examiner of a 7 year-old victim of sexual assault. *Journal of Emergency Nursing*, 18: 199- 204.

23. Crandall & Helitzer (2003). An Impact Evaluation of a Sexual Assault Nurse Examiner (SANE) Program. National Institute of Justice. From <http://www.ncjrs.org/pdffiles1/nij/grants/203276.pdf>.

24. Girardin, B. (2005). The Sexual Assault Nurse Examiner: A Win-Win Solution. *Topics in Emergency Medicine*, 27(2), 124-131.

25. Wilson, D. and Klein, A. (2005). An Evaluation of the Rhode Island Sexual Assault Response Team (SART). National Criminal Justice Research Service, U.S. Department of Justice.

Table X: Comparison of staff capacity at agencies working with sexual assault survivors

| | Cleveland, OH | Milwaukee, WI |
|--|---|--|
| Population Size according to UCR, 2008 | 433,432 | 602,131 |
| Community-Based Advocates (agency-based, full-time, paid) | 3 (all at the Cleveland Rape Crisis Center but working at multiple locations throughout system) | 4-5 Full-time positions, spread between: American Indian Task Force on Domestic Violence, Sexual Assault and Vulnerable Populations; The Healing Center; Hmong American Friendship Association; Hmong American Women’s Association; Latina Resource Center; Milwaukee LGBT Community Center. |
| System-Based advocates (full-time, usually connected with the justice or hospital systems) | 6 | 5 at DA’s office 2.5 at SATC (also 3 crisis counselors on staff) |
| Volunteer Advocates (trained, part-time, unpaid) | 85 (working on the hotline and in-person with survivors in hospitals or at police departments) | 15 (principally hospital-based at SATC) |
| Number of hours of formal training for volunteer advocates | 40, with annual in-service requirements, coordinated through the Cleveland Rape Crisis Center. | No community-wide number/standard at this time. SATC has 15 volunteer advocates for whom it provides training. The most frequently attended advocacy training is at The Healing Center, a 12-hour training for professionals or volunteers from the community. |
| Number of fully-equipped hospital-based SANE units | 4 | 1 |
| Number of hospital systems housing SANE units (Cleveland Clinic System, Aurora Health Care) | 1 | 1 |
| Sexual Assault Response Team members (SART) | 60 (county-wide) | 5 (city-wide) |

Table XI: Comparison of key numbers in Cleveland, Milwaukee Police Departments

| Law Enforcement | Cleveland, OH | Milwaukee, WI |
|---|---|--|
| Population Size according to UCR, 2008 | 433,432 | 602,131 |
| Number of uniformed officers | 1,613 (in 2008) | 2,016 (in 2008) |
| Year established | 1868 | 1855 |
| Number of municipalities reporting within home county | 60 (Cuyahoga County) | Over 20 (Milwaukee County) |
| Number of police officers/ staff assigned to work on sexual assaults, including “cold hits” in the DNA databases | 10 detectives 3 supervisors | 18 detectives 32 police officers 7 supervisors 5 civilian support staff |
| Number of shifts during which Sensitive Crimes Division detectives are available | 2 | 3 |
| Total Violent Crimes 2008 | 2,882 (6.66 per capita) | 3,458 (5.74 per capita) |
| Total Violent Crimes 2009 | 2,845 (6.65 per capita) | 3,056 (5.08 per capita) |
| Number of sexual assaults reported to law enforcement in each city, 2008 (all ages & genders) | 1,700 | 1,530 |
| Number of forcible rapes reported to FBI’s UCR, 2008 | 217 (2008, 5.0 per capita) 185 (2009, 4.27 per capita) | 90 (2008, 1.49 per capita) 105 (2009, 1.74 per capita) |

While there are many differences, there are also similarities between the two cities. First, both have roughly the same racial demographics. Both have economies that were previously based in manufacturing. Significant areas of concentrated urban poverty exist in both cities. Their total incidents of violent crime in 2008 and 2009 were similar when adjusted for the population, but Milwaukee is a slightly less violent city per capita. For reasons that are not fully understood, but which are likely partially attributable to increased access to training and coordinated sexual assault response in the area, Cleveland’s sexual assault reporting rates are much closer to what we would expect in a city of its size, while Milwaukee’s initial sexual assault reports are 75% of what we might expect to see in a community of its size. Once the cases categorized as “cleared baseless” and “uncooperative victim” are taken out of the 500 total sexual assaults reported to MPD in 2008, for example, we see just 40% of the cases we would expect to see when compared against NVAWS rates.

Both cities have SARTs, reflecting cross-sector participation that likely strengthens their responses to sexual assault survivors. Both cities have the array of services in place to serve survivors, though survivors may face long waits before they can access the justice system, counseling/therapy, or other services. In some cases, the services they need do not yet exist, particularly for members of minority language, gender orientation or cultural communities.

The two cities also differ in the way they have structured their responses to sexual assault:

- A high-profile incident in 2003 involving officers from the Cleveland Police Department led to the training of all 2,000 uniformed officers (2003 figure) in sexual assault response. Thus, officers on the Cleveland Police force have all received training in handling sexual assaults. In Milwaukee, new officers have received this training through the Milwaukee Police Academy for approximately ten years, though Sensitive Crimes Division police officers receive additional specialized training on a semi-annual basis.

- While advocacy response is not yet 100%, CRCC staff estimate that 30% of survivors receive an in-person, community-based advocate during their initial interaction with SANE or CPD, but they all receive advocacy if they seek assistance through the RCC after the assault. Having no real rape crisis center, Milwaukee’s survivors receive varying amounts of expert advocacy depending on where they access care. A significant number of survivors disclose in substance abuse support groups, halfway houses, therapists’ offices, or other places where the level of expertise in post-sexual assault trauma varies.

A Regional Example: Brown County, Wisconsin

An example of a system which exemplifies best practices criteria but which is closer to home than Cleveland is Brown County. For the past 4-5 years, Brown County’s Family Services Center and partners have undergone a large initiative to train first responders, advocates and nurses in the area to respond to sexual assaults in a way that is victim-centered. To date, every law enforcement officer at the municipal and county level has been trained, as have 65 advocates and 13 nurses. Reporting rates, believed to be largely attributable to improved investigative and victim dynamics techniques learned during specialized training, increased by 73% when averaged over the two years after the implementation of the training. Reporting results from before and after training are displayed below in Table XII.

Table XII: Brown County sexual assault reports to law enforcement: pre- and post-training of first responders, nurses and advocates*

| Reported sexual assaults pre-training (2006) | Reported sexual assaults post-training (2008) | Number two years post-training (2009) | Increase in reporting, averaged over two years | Number of trained community-based advocates (approximately 1 advocate per 10 victims) |
|--|---|---------------------------------------|--|---|
| 343 | 634 | 552 | 73% | 65 |

* Data gathered and reported through the Family Service Center, Green Bay, WI

If such training opportunities were put in place for first responders, nurses and volunteer or paid advocates in Milwaukee, and if we could extrapolate from Brown County’s experience and calculate a potential reporting rate change for our area, it might look like the table below. The principal staff involved in the training process in Brown County have suggested that for the first year post-training, a community is wise to plan for a minimum of 25% increased reporting of sexual assaults, and therefore, advocacy response.

Table XIII: Potential change to city of Milwaukee’s reporting rates if training similar to Brown County’s model were adopted & had similar effects

| Reported sexual assaults pre-training (adult female victims) | Reported sexual assault one year post-training (using 73% as increase) | Estimated number of advocates who would be necessary in city of Milwaukee alone | Number of community-based advocates available now in the city of Milwaukee (paid or volunteer) | Number of trained community-based advocates still needed |
|--|--|---|--|---|
| 385 | 666 | 67 | 3–4 Full-time equivalent staff, spread over 5+ agencies | 60–65 (likely to be trained volunteers, similar to other communities) |

How the whole community pays the price for sexual assault

Arguing about best practices models, who should complete training and how advocates should or should not be a part of the survivor’s journey can go on indefinitely. While these discussions are happening, billions of dollars are being spent to pay the costs associated with sexual violence and billions are lost in quality of life costs and unearned income among Wisconsin survivors.

The United States General Accounting Office has called sexual assault the crime most costly to its victim from economic and quality of life perspectives.²⁶ Sexual assault homicides, which result in loss of life, are the most costly of sexual assault crimes, but according to Department of Justice figures, sexual assaults of children and sexual assaults of adults are also extremely costly to all of us. Miller et al²⁷ completed an in-depth study of the economic costs of sexual assault, attempting to quantify the broad range of individual and community costs associated with sexual victimization. Further application of these estimates was used to calculate the costs of sexual violence in Minnesota in 2007. The figures they came up with were astounding, putting the cost at \$139,000 per victim for child victims and \$84,000 per victim for adults.²⁸ While these numbers may seem large, they still do not include all of the costs associated with sexual assault. For example, they exclude (1) the costs of crimes committed by people whose experiences of victimization contributed to their criminal behavior; (2) costs of family and relationship problems that arise when someone perpetrates sexual violence; (3) revictimization during the disclosure and/or investigation process; (4) costs to those who are mistakenly suspected of committing sexual offenses; (5) costs of personal and community protection like alarms and security services; and (6) heightened fear and mistrust in neighborhoods, schools, workplaces, and other community settings.²⁹

If these dollar amounts are multiplied by the more than 63,000 adult women currently living in Milwaukee County who have a history of sexual assault, Milwaukee County is paying a steep price as a community. At nearly \$5.3 billion, this equals a cost of \$7,537 per person for each adult victim during her lifetime. Some of these costs are expressed as costs of crime and some of them are expressed as costs of society’s response to crime (see Table XIV below).

Table XIV: Economic Costs of Sexual Assault Based on Lifetime Prevalence

| Number of women and men age 18 & over in Milwaukee County ³⁰ | Number of adult women living in Milwaukee County with a history of being sexually assaulted | Cost to the adult individual and community for sexual assault ³¹ | Total costs of sexual assault to Milwaukee County, based on lifetime prevalence of sexual assaults among adult women |
|---|---|---|--|
| 702,122 | 63,000 | \$84,000 | \$5,292,000,000 |

Table XV: Economic Costs of Sexual Assault Based on Annual Incidence

| Number of women and men over age 18 in Milwaukee County (from ACS totals, above) | Likely number of new sexual assaults of adult women each year in Milwaukee County, using NVAWS estimates gathered nationally | Costs to the adult individual for each sexual assault | Total costs of sexual assault to Milwaukee County, based on annual incidence rates if all crimes were known |
|--|--|---|---|
| 702,122 | 665 | \$84,000 | \$55,860,000 |

26. Dolan, P., Loomes, G., Peasgood, T., Tsuchiya, A. (2005). Estimating the Intangible Victim Costs of Violent Crime. British Journal of Criminology, 45,;6, 958-976.
 27. Miller, T., Cohen, M., Wiersema, B. (1996). Victim Costs and Consequences: A New Look. Washington, D.C.: National Institute of Justice, U.S. Department of Justice.
 28. Miller, T. (2007). Costs of Sexual Violence in Minnesota, Minnesota Department of Health.
 29. Ibid.
 30. American Community Survey (ACS) 2006-2008, 3-year Milwaukee City and County population estimates.
 30. Miller, T. (2007). Costs of Sexual Violence in Minnesota, Minnesota Department of Health.

Identification of needs & recommendations from survivors

Recommendations: What Survivors Tell Us

The current system set up to serve the needs of sexual assault survivors is made up of capable, dedicated professionals who work hard to fulfill their duties as defined by their agencies and to assist survivors in meeting their own needs. Despite the best intentions, and despite significant funding and human resource commitments, many survivors tell us that the system is not yet adequate to meet their needs.

In order to find out what survivors felt about the response of advocates and other systems set up to serve them, a focus group of eight survivors of sexual assault and a number of face-to-face interviews were conducted with primary and secondary sexual assault survivors. The results of the focus group and interviews are displayed below. Please note that only areas where survivors had specific recommendations appear in this report.

Survivors' general recommendations for the larger community or general social services:

- The problem of sexual assault is far, far bigger than the community believes. Survivors felt that this was in large part due to people not reporting it and never telling anyone about the assault. Often, when survivors sought help, the place they turned for assistance did not know how to help them, or they were turned away and told to forget about it (though this was more likely to happen in smaller agencies or from loved ones).
- "Believe us when we tell you we have been raped." It is hard for us to tell anyone, but worse to tell someone and not be believed. Numerous examples were offered in which survivors disclosed to family members, friends, or clergy, only to be accused of lying or told that what happened really wasn't as bad as they claimed. Perhaps, they were often told, they "didn't remember it right." Some survivors reported multiple assaults to multiple people, only not to be believed by anyone about any of them.
- Provide more awareness of where people can go if they get sexually assaulted. As one person interviewed put it, "People know where to go for Bucks tickets but not for sexual assault." Put information in newspapers and magazines especially about the high costs of not being supportive of survivors.
- Provide more follow-up to them after they are assaulted and come in for services. From one survivor, "You get more follow-up when you buy a stereo from Best Buy® than when you get raped."
- A lot of the people who are affected by domestic violence or who use drugs were sexually assaulted, and they don't have a real idea of what "normal" is or how people should treat them. For families where there is intergenerational abuse, or where abuse has become "the norm", outsiders have to come in and help identify the problems and help the kids in those situations. Kids do not know that what is being done to them is wrong because they are learning it from parents, step-parents, brothers or sisters.
- The places that work with survivors need more funding. Survivors get frustrated by the long waits for services, the delays until trials, and the lack of help for them as they make their way through different agencies. Said one survivor, "We need to remove barriers, not create them."

Survivors' recommendations for the medical/health care provider community:

- Health care providers should screen people for any sexual assaults in their past. Sometimes things happen because of the assault, and they need to know that. As one survivor said, "Drugs are not always the answer to everything. They (providers) need to know and understand that if I can't sleep that it's from something else."
- Help partners and family members understand what happened to survivors, and what to expect after the assault took place.
- "When I am there for a rape exam, tell me what is going on and help me understand why you are doing what you are doing. Don't take too long to start the exam or keep me waiting a long time with no one around. It is lonely and scary to wait if you are a survivor."
- Their medical experiences varied, and some felt that they were not given all of their options about pregnancy, and little advocacy or support during or after their rape/sexual assault exam.

Survivors' recommendations for law enforcement agencies:

- Experiences with law enforcement have been both positive and negative, but many survivors felt that they were treated with suspicion when they reported the assault. They were asked a lot of questions about what they were wearing, why they were in a certain neighborhood, and other questions that led them to believe that the officer(s) believed that they invited the assault.
- Women who were assaulted in neighborhoods with high crime rates believed this contributed to their negative treatment when they reported the assault. One survivor said, "How the police have treated me, it made me not want to call the police." Another said, "I don't trust the police." Some survivors felt that the response time of police was also slower in some neighborhoods. Said one survivor: "(Police) District matters!"
- "If police acted like they cared, there might be more reporting." One survivor recounted her experiences first reporting a break-in, and months later reporting a stranger rape. She felt that her treatment during the investigation about the break-in was more respectful than the investigation after her rape.
- Women who have mental health issues reported that they were not believed, that they were told, "... maybe it was the medication and they did not remember the assault right."
- When people make false reports, it makes it hard for the real victims to be believed.

Survivors' recommendations for the legal system:

- Those who reported the crime and worked with the District Attorney's advocates felt very supported by the advocates working there.
- Survivors did not understand why it took so long for cases to go to trial. Some did not feel that they were updated often enough about their case status. Some felt that they had to be very proactive in communicating with staff at the DA's office to make sure they knew where the process was with their case.
- Those whose cases were ultimately not issued or for whom the perpetrator was found not guilty were greatly affected. Having come so far, often having waited for several months and through a trial for a "positive" outcome, seeing a perpetrator walk free was devastating.
- Survivors universally felt that sentencing for people who commit sexual assault should be harsher. Many felt that life after the assault would never return to "the way it was", and for that, stricter punishments should be given to their attackers.
- Some felt that the process of going to court was very confusing and intimidating.

Survivors' recommendations for work typically done by Coalitions and Commissions:

- Many survivors commented that when a high-profile domestic violence incident happened, they “would see Carmen (Pitre, Sojourner Family Peace Center) all over the news talking about it.” When it came to high-profile sexual assaults, however, no one spoke out, no one wrote in to the newspaper. This is hard on survivors and it makes them feel even more isolated.
- Meet as systems to review what happened with sexual assaults and see how things went well or how they could have been done better. Some survivors knew that this was done in other communities but not in Milwaukee.
- Survivors want to be included in groups that are working to help meet survivors' needs. Many felt that this was an important part of their healing process: reaching out to others and also telling the systems how they could work better from a survivor's perspective. They would like to be at trainings for other survivors as well as for the agencies that work with and for survivors.
- Rape and sexual assault need to be more visible and more people need to know what a huge problem this is. Survivors suggested bus or newspaper advertisements and public service announcements on the television.

Recommendations from and for service providers

Law Enforcement, Medical & Legal Service Providers

Local officials acknowledge frustration with the very narrow definition used for the UCR's forcible rape data collection. They know that it is not an accurate measure of rates of sexual assault in Milwaukee. Until the broader community, including citizens and government officials, knows the extent of this crime, however, they will be unlikely to emerge as allies to combat the problem and ultimately work to prevent it. Milwaukee Police Department's current effort to use real-time crime data and communicate frequently with the public via social marketing efforts, press conferences, and community collaborations will all add to an atmosphere of trust and strengthened relationships.

Medical personnel, legal service providers and law enforcement officers value assistance in connecting with unique populations within the community, such as non-English speakers, people with disabilities, and people who may not react well to authority because of a previous history with the legal system. Advocates who work with tribal communities in other parts of the state also play a valuable role for law enforcement in working with American Indians. By increasing their own knowledge of these communities' unique needs or by bringing in assistance through outside resources, capacity can be built to better serve the legal and medical needs of these individuals. The Milwaukee Police Department currently has a Domestic Violence Liaison whom many officers consider a strong support for and complement to their work with domestic violence survivors. Systems that have increased access to cultural or community liaisons generally grew to identify these individuals as enhancing their own ability to meet community needs. Increasing these formalized collaborations serves many purposes, but chiefly assists in making the community safer.

While the effort to ensure that all newly sworn police officers receive a day-long training in sexual assault-related topics is laudable and is a hallmark of best practices, a significant portion of the officers who are the first on the scene of a sexual assault call have never received this training. It is important that every single first responder to a possible sexual assault, even those who are responding to a medical emergency such as paramedics, be trained in working with people who have experienced sexual violence. Programs like the one in Brown County have shown how this can affect reporting rates. Prosecutors in Brown County attest to the dramatic increase in the quality and quantity of evidence they now receive in sexual assault cases, some of which comes from medical/forensic examinations and some of which comes from law enforcement personnel.

Specific to first responders it is imperative that the first contact with a possible sexual assault victim not further traumatize the victim. Milwaukee Police Department protocol is for the responding officer, usually arriving in a dispatched patrol car, to do preliminary questioning, and reporting findings to their district supervisor. This supervising officer then notifies the Sensitive Crimes Division. Whether it is due to a lack of training or a lack of understanding on the part of some patrol officers of the effects of trauma, there is significant anecdotal evidence that some initial interactions with victims are contributing to victims' unwillingness to proceed with their cases. It should be acknowledged, too, that police officers grow frustrated when victims initially express an interest in pressing charges but later become unavailable for further questioning, or choose not to press charges for a different reason. Regardless of the reasons why these changes occur, it is usually the case that neither the victim nor the cause of justice is served well. The more that the initial contact with law enforcement can be trauma-informed, the more likely that the interaction will elicit a complete report that will contribute to charges against an assailant.

It is difficult to overstate the importance of a strong capacity within medical/forensic, law enforcement and justice system sectors. These three entities support each other's work and ultimately serve as supports for survivors if they work effectively toward common goals. As one local observer said, “When this system works, it really works.” Milwaukee data shows that among survivors who initially present to SATC for medical assistance after an assault, approximately 70% will go on to report to police. A 70% rate for clearance by arrest or a 70% prosecution rate for sexual offenses would have far-reaching positive consequences for service providers and survivors alike, if they were attained, and would likely prevent the occurrence of additional sexual assaults committed by these same perpetrators.

Upon examining individual rape cases, one study found that survivors who received prompt medical and counseling care were more likely to continue to seek medical care, were least likely to blame themselves for the assault, had fewer symptoms of post-traumatic stress disorder, and were more likely to successfully return to work.³² Thus, time and resources spent on increasing the responsiveness of these systems appear to serve needs or goals at the individual and system levels.

Individuals across systems felt that having the right individuals in the right jobs was crucial to working well with survivors. Some individuals are better than others at working with specific populations: some are better with child victims than others, some are better with females than males. Supervisory personnel have a key role to play in identifying those who are better or worse at specific assignments and making decisions based on this knowledge. Keeping individuals in roles for which they were ill-suited or ill-prepared could thwart an effective investigation or prosecution process.

32. Zorza, J. Ed. (1997). Study finds rape crisis programs do work. *Sexual Assault Report*, 1 (2),17, 30-31.

It is important that training be the result of self-examination of current practices versus best practices, and how effectively law enforcement is able to bring cases to the DA's office that will result in charges that "stick." For those survivors who pursue action through the justice system, as well as the attorneys and police who have worked hard to investigate and prosecute these cases, seeing an assailant go free can be devastating.

In communities that have provided significant victim-centered, trauma-informed, multi-disciplinary training to first responders, reporting rates have increased. These increases have sometimes been dramatic. Brown County saw a 73% increase on average in the two years after it trained all first responders in the area. Communities must be educated to understand that an increased reporting rate does not constitute an increased crime rate. Law enforcement agencies can sometimes face significant pressure both internally and externally to keep crime numbers low, so a public awareness campaign may be necessary to inform citizens of the true meaning of increased numbers, should they be reported.

Advocacy Response: Community-Based & System-Based

It is likely that survivors will continue to disclose to their chemical dependency counselors, their clergy members, their close friends and family or their health care providers. It is therefore important that every effort be made to increase the general level of awareness and understanding of the effects of sexual assault among the general population and especially among those who work with individuals who may have a history of sexual assault. It is also important to increase the number of individuals in the Milwaukee area who have specialized training in advocating for survivors. The Healing Center currently offers advocacy training for volunteers, therapists or members of other professions who work with survivors of sexual assault. This training is 12 hours long and is offered twice each year. The Healing Center could enhance this important community asset by carefully tracking the locations or professional affiliations of those who complete the training, and a network of individuals with advocacy training could take shape across the community.

If a network of trained advocates were more formalized it could eventually become a source of volunteer advocates who could staff the sexual assault hotline or fulfill in-person calls for assistance. If there is an increase in reporting to law enforcement or the Sexual Assault Treatment Center, as other communities' data shows, Milwaukee could experience a dramatic increase in requests for advocacy assistance. Unless and until additional paid advocacy positions are created, volunteer advocates may need to provide a significant amount of the necessary help for survivors.

While twelve hours of specialized advocacy training provides crucial information for working with survivors, most communities with broader advocacy access find that adequate training for those willing to make long-term commitments as volunteer advocates require 40 hours of training and continuing education each year. Successful models exist in many other communities, some of which are in Wisconsin. Advocates, be they community-based in small non-profit organizations, system-based within court or hospital systems, or on a hotline at 2 a.m., provide a crucial link between survivors and the healing process.

A likely source of volunteer advocates may be the survivors themselves. Many survivors who have sought and found help after their assaults consider helping others a part of their own healing process. While this may not be the case for all survivors, with tens of thousands of local survivors of sexual assault in Milwaukee County alone, they represent a significant potential pool of volunteers.

Teams, Committees & Commissions

The formation of the Milwaukee SART has, by all accounts, improved relationships between the participating agencies and likely spurred new collaborations across sectors. Most highly effective SARTs fund or partially fund a leadership position so that this important work is adequately supported. The Milwaukee SART does not yet pay a coordinator for this vital work. It still needs many things that are crucial for a SART to be highly effective, namely: a strategic plan, a regular meeting schedule with action items and reports that follow the strategic plan, a forum for case reviews, responsibilities shared by the participant organizations, and a plan to include additional agencies or organizations which serve survivors. Some SARTs also find that establishing a county-wide team may serve survivors well, and may give smaller jurisdictions access to training or professional connections they otherwise cannot access.

The Milwaukee Commission on Domestic Violence and Sexual Assault can and should play a leadership role in bringing greater awareness about sexual assault to the Milwaukee community. It has strong community participation and its members represent the largest group of organizations serving survivors in Milwaukee. It has primary and secondary sexual assault survivor participation and could position itself to become the public voice in high-profile sexual assault cases. If Commission's representatives cannot serve in this role the Commission may want to participate in a selection process for a designated spokesperson on issues that arise related to sexual assault crimes or concerns in the community.

Training is most powerful when it is deemed necessary by participants, not when it is mandated or when it is only occurring in one direction. In communities that have established significant coordination between agencies or systems, training is frequent, it is reciprocal, and it ensures that no matter what point survivors enter the system, they can access the services they need because all of the parties involved know how to refer to each other. Frequent collaboration through Sexual Assault Response Team efforts, cross-training events, and general relationship-building exercises are no substitute for clear role definition within systems. Any major change to the current system in Milwaukee, such as a push to increase access to community-based advocates, should carefully define the role that advocates play in law enforcement or any other context.

Conclusion

Milwaukee is fortunate to have so many capable, dedicated individuals working with and for survivors of sexual assault. Their efforts could be enhanced, however, if the services they provided were better coordinated and more closely matched with what survivors say they need. The principal problem is that the City of Milwaukee does not have a rape crisis center or similar centralized service delivery system. Instead, systems have been created in a piecemeal way, which imposes far more burdens on survivors than the one-stop-shop models used in other communities.

There are several things that Milwaukee must do in order to better serve survivors:

- 1.) Provide financial support for the services necessary for survivors to heal, particularly round-the-clock advocacy by trained volunteer advocates or paid community-based advocates. These advocates can enhance other systems' services with the proper planning, training, and integration. They can also assist survivors no matter where they enter the system.
- 2.) Move current services toward victim-centered, trauma-informed practices across all systems in Milwaukee. These efforts have helped other communities raise reporting and prosecution rates, and has taken serial offenders off the streets.
- 3.) Come together as a professional community to make sure that the next serial rapist or pedophile news story does not go without comment by sexual assault service providers in Milwaukee. Survivors notice this silence, and it serves to deepen their anger and feelings of powerlessness.

Sexual assault represents a significant threat to every person in Milwaukee. Although girls and women bear the overwhelming burden of sexual assault crimes, our entire society pays an economic and psychological price. Many victims of sexual assault pay for these crimes with their lives, either because they are the victims of sexual assault homicides or because they take their own lives as a result of the trauma they have suffered. We have much of the knowledge and capacity to make the necessary changes to our current system. It is up to those who run those systems to find the will to make them.

Appendix I

Methods of calculating sexual assault estimates for Milwaukee City and County

Estimates were based on a national study, the National Violence Against Women Survey (NVAW) using American Community Survey population estimates.

The NVAW was conducted between November 1995 through May 1996 by the Center for Policy Research, with support from the National Institute of Justice and the Centers for Disease Control and Prevention. NVAW was a phone survey conducted through random-digit dialing that covered all 50 states and the District of Columbia. Interviews were conducted using a computer-assisted telephone interviewing (CATI) system. The study sample was restricted to adults over age 18. Female interviewees were interviewed by females, whereas male interviewees were interviewed by men and women. For more information, visit <http://www.ncjrs.gov/pdffiles1/nij/181867.pdf>. (Tjaden P, Thoennes N. Findings from the National Violence Against Women Survey. July 2000)

NVAW definition of rape: an event that occurred without the victim's consent that involved the use or threat of force to penetrate the victim's vagina or anus by penis, tongue, fingers, or object, or the victim's mouth by penis. Includes attempted and completed rape.

The American Community Survey (ACS) 2006-2008 3-year Milwaukee City and County population estimates, as conducted by the US Census Bureau, were used to estimate the Milwaukee population. The rolling estimates were meant to provide greater stability to the estimate, and to correspond as closely to the NCVS study time period. Estimates stratified by sex, race, and Hispanic ethnicity were also derived from the ACS 2006-2008 estimates. To exclude residents under age 18 (to estimate the population comparable to the NVAW study), ACS Table B01001 was consulted. Unfortunately, ACS tables presenting male and female populations by age are not stratified in a way that allows for exclusion of children under age 12 (comparable to the NCVS study). A 2000 US Census table (Table III) stratified by age and sex was available. Estimates of males and females under age 12 were based on the population of males and females under age 12 in 2000.

