

CENTERING

SURVIVORS:

**A Report from the New Jersey
Statewide Sexual Violence
Needs Assessment**

A product of

The New Jersey Coalition Against
Sexual Assault

Prepared by

QPOC Labs & NJCASA

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INTRODUCTION

For what purpose?

When the New Jersey Coalition Against Sexual Assault (NJCASA) embarked upon the process of conducting the Garden State's first-ever statewide sexual violence needs assessment in 2018, we had no way of knowing how the ground beneath us would shift by the time the findings were released in 2021. We knew that there was a dearth of data on the experience of survivorship in New Jersey (N.J.). We knew that we could not responsibly advocate for a survivor-centered policy agenda without a strong understanding of the vast lived experiences of survivors. We knew that these gaps in data prevented us from addressing the gaps through which many fall in the aftermath of a victimization.

And then came a national reckoning with systemic racism in the United States, a global pandemic posing challenges for service provision, and threats to bodily autonomy for people with female reproductive organs, all with the underlying current of our society still coming to understand the implications for addressing sexual violence. Now, the data we collected from survivors and those who served them in 2019 are more relevant and critical than ever.

Here in the Garden State specifically, policy issues affecting survivors of sexual violence came into sharp focus as national and statewide media continued reporting on issues relating to sexual violence. Legislative victories included expanding the civil statute of limitations for sexual assault, enshrining earned sick leave for all New Jerseyans - including those who are affected by interpersonal violence - creating a mechanism by which teachers who abused students would be prevented from moving on to teach in other schools, establishing a commission to study sexual violence against people who are incarcerated, and creating a basic bill of rights for survivors of sexual violence. But as lawmakers increasingly focused their attention on the issue of sexual violence, NJCASA wanted to better understand what we might be missing. What policies could we advocate for, both to improve immediate response to victimization and address the long-term impacts of sexual violence?

As we build on our legislative victories for survivors and continue expanding support for N.J.'s diverse communities, we're better equipped to meet new challenges and fill the gaps in our advocacy. NJCASA's work centers on addressing the systemic factors and harmful social norms that contribute to the perpetration of sexual violence and prevent those who have been harmed from accessing

services. In our systems advocacy, NJCASA seeks to improve the range of supportive measures available to survivors – including crisis response, counseling, civil and criminal legal remedies, and medical services - and improve general education of the public. Understanding the complex and diverse needs of survivors in N.J. is the critical piece of the puzzle needed both to respond to and prevent sexual violence, and this report seeks to provide the blueprint for our future work.

NJCASA designed the New Jersey Statewide Sexual Violence Needs Assessment (hereinafter “the Needs Assessment”) with the goal of identifying and filling gaps in knowledge regarding the disparate needs of survivors, with the understanding that survivors’ needs are often impacted by the fundamental causes of inequality, such as oppression and discrimination. NJCASA conducted the needs assessment survey and data analysis in partnership with QPOC Labs, LLC, a small consulting firm with the mission of utilizing data-driven evaluation, community engagement, and strategic dissemination of findings to advance social justice. The firm has extensive interdisciplinary experience working on initiatives with advocacy and health components. Team members have substantial background in programming related to sexual and reproductive health, with a primary focus on HIV services.

Acknowledgments

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We want to thank all the survivors who so generously shared their experiences and perspectives with us. We know that no matter the context, discussing incidents of and experiences with sexual violence can be incredibly challenging. We do not take lightly the sacrifice that many victims made to share their experiences with us to better inform our work. The following findings and recommendations would not have been possible without survivors’ willingness to share and their desire to facilitate change in N.J.

In 2019, an estimated 8.9 million people resided in N.J. Close to the major cities of New York and Philadelphia, N.J. is comprised of 21 counties and 565 municipalities, which range from mid-sized cities, such as Jersey City, Newark, and Patterson, to inner and outer ring suburbs, to rural farming communities. The most densely populated state in the country, N.J. is also one of the most racially and ethnically diverse states, one of the highest ranked states for LGBTQ-friendly law and policy, and home to many immigrants, with large populations of both foreign-born residents and residents with limited English proficiency. It is the ancestral land of the Nanticoke Lenni-Lenape, the Ramapough Lenape, and Powhatan Renape peoples and is today home to their descendants and many people

from other tribes.

N.J. is home to 1.8 million survivors of contact sexual assault. Survivors reside in each of N.J.'s counties and municipalities and in communities large and small. Sexual violence touches all our lives, and survivors in N.J. are people of all ages, genders, sexual orientations, and abilities. They are members of every racial and ethnic group in the State and are both native and foreign-born. They speak over 155 languages, with various levels of English language proficiency.

We would also like to thank the professionals who provided critical insight for the stakeholder survey portion of this Needs Assessment. These professionals included staff from N.J.'s county-based sexual violence programs, law enforcement officers, prosecutors, educators, and more. Bilingual advocates, those who advocated for people with intellectual/cognitive disabilities, and others provided even more concrete feedback via dedicated listening sessions with QPOC Labs. We are grateful both for your insight and for the critical services you provide 24 hours a day, 365 days a year.

A Note on Terminology

Throughout this report, the terms “victim,” “survivor,” and “victim-survivor” are used interchangeably. NJCASA recognizes and affirms that people who have experienced sexual violence choose to define themselves in different ways and use a variety of terms to do so. Unless the report is quoting someone directly, NJCASA also refrains from using the term ‘perpetrator’ to describe a person who has committed an act of sexual violence, instead using ‘a person who caused harm’, as our work to end sexual violence and oppression broadly requires us to recognize the humanity of those who have committed harmful acts and see them as people who are capable of accountability, change, and ultimately growth.

About NJCASA

1. NJCASA's role

Established in 1981, NJCASA is the statewide organization in the Garden State charged with advocating for survivors of sexual violence and those who serve them. NJCASA's membership is comprised of the state-designated, county-based sexual violence programs (“SVPs”) and Rutgers University – New Brunswick. With this unique perspective, NJCASA recognized the need to address two fundamental questions: Is N.J. meeting the needs of victims-survivors of sexual violence, and what can we as a state be doing better? With recent widespread public discourse on sexual violence, policing, and healthcare, this question has never been more relevant.

While SVPs provide direct services—such as counseling, emergency accompaniment, and hotline advocacy—to survivors of sexual violence and their loved ones, NJCASA takes a broad, bird’s-eye view of survivor service-provision throughout the state. NJCASA’s statewide work spans the following areas:

- **Capacity building.** NJCASA works directly with SVPs to build their capacity to serve survivors-victims of sexual violence. This work includes statewide audits of hotline services; standardization of the 40-hour Confidential Sexual Violence Advocate (CSVA) training to better center all modules in anti-oppression principles; leadership development of sexual violence professionals via NJCASA’s Building the Bench program; the creation of a comprehensive and continually updated suite of resources and tools to guide practice throughout the state; and projects focusing on enhancing language access at SVPs.

In addition to capacity building and training for its member programs, NJCASA also provides expert training to allied organizations and other sectors that interact with survivors. This includes training to improve baseline understanding of sexual violence for N.J.’s state judges; training of law enforcement officers; facilitation of monthly meetings for professionals from N.J.’s colleges and universities via the statewide Campus Consortium; training provided at the N.J. Attorney General’s annual symposium on sexual violence; and technical assistance for medical providers, educators, and policymakers on the dynamics of sexual violence.

- **Legislative advocacy.** NJCASA engages with lawmakers on issues relating to sexual violence in the Garden State. NJCASA provides annual advocacy during the statewide budget-making process on behalf of itself and the county-based SVPs. As a result of this advocacy, the Governor has increased statewide appropriations from \$900K to more than \$12.6M for sexual violence prevention, response, and infrastructure services.

NJCASA has also secured numerous legislative victories in recent years. Since 2013, NJCASA has successfully advocated to expand the civil statute of limitations for sexual assault; expanded access to civil protective orders for survivors of sexual violence; formed a task force studying sexual violence against people who are incarcerated; created a task force to study and provide recommendations for addressing sexual violence in higher education; and mandated training for our colleagues in law enforcement.

NJCASA further contributes expertise to statewide and national leaders. NJCASA’s Executive Director serves on the executive committee of the Governor’s Advisory Council Against Sexual Violence, and other members of NJCASA’s team have staffed working groups, including the Statewide Campus Sexual Assault Task Force, the Statewide Sexual Assault Resource Team

(SART) advisory board, the Deaf Advocacy Project, the New Jersey Child Abuse Prevention task force, the Working Group on Sexual Harassment & Misogyny in N.J. Politics, and the statewide Partners in Justice group. NJCASA has submitted federal public comment regarding Title IX, Title X, and proposed HUD housing rules impacting people who are transgender. NJCASA staff has consulted with Senator Robert Menendez and Senator Cory Booker on issues relating sexual violence, notably with Sen. Booker's staff ahead of the hearings to confirm Supreme Court Justice Brett Kavanaugh, and has advised Governor Phil Murphy on campus sexual violence and Title IX, the impact of the COVID-19 pandemic on survivors of sexual violence, and other issues.

- **Prevention.** NJCASA leads statewide sexual violence prevention efforts. NJCASA regularly convenes prevention coordinators from each SVP in monthly meetings to discuss emerging issues and provide training on relevant topics. NJCASA has also developed and led multiple statewide sexual violence prevention campaigns, including its "Road to Prevention" campaign, which featured billboards throughout the state and ad placement on public transportation, and the NJCASA C.A.R.E.S. campaign, a social media campaign focusing on how New Jerseyans can infuse principles of sexual violence prevention in their day-to-day lives.
- **Anti-oppression.** NJCASA continues work to improve upon centering principles of anti-oppression in sexual violence service provision in the Garden State. NJCASA committed to greater public education through its "At the Intersections" campaign and resource library, which used social media graphics to educate the public on inequality, oppression, and discrimination as the root causes of sexual violence. NJCASA works with its Board of Trustees to implement an anti-oppression framework as a basis for the organization's principles. Additionally, NJCASA holds monthly affinity group meetings for staff of color from SVPs to convene in a supportive environment to discuss unique challenges for people of color working within the anti-sexual violence movement.
- **Communications and media.** NJCASA makes a conscious effort to engage consistently with local, statewide, and national media outlets to inform the discourse around sexual violence in N.J. and beyond. Notably, NJCASA has secured national media interviews and hits in outlets such as: HLN, the New York Times, National Public Radio, PBS, and more.

2. Sexual Violence Programs (SVPs)

Every county in N.J. is served by a state-designated sexual violence program (SVP), all of which comprise NJCASA's core membership. While every county is served by an SVP, it is important to note that there are no standalone rape crisis centers in the Garden State. That means each SVP is either a dual program (that is, a program serving both survivors of domestic violence and survivors

of sexual violence); part of a hospital/healthcare system ; part of county government; a project of a larger nonprofit organization; or a component of a multi-service organization. This comes with unique challenges for each program, in terms of infrastructure, restrictions on fundraising, level of autonomy guiding the use of resource allocations, and mission drift, as sexual violence may not always be seen as a priority issue within the larger institution.

SVPs provide the following services:

- **Direct crisis response.** Programs provide free, confidential services to victims of sexual violence who are in crisis. This is delivered via hotlines, which are a 24-hour service, and through the deployment of Confidential Sexual Violence Advocates (CSVAs). CSVAs are trained and supervised by their county-based SVP, which gives them statute-bound privileged communications with survivors. CSVAs respond to hospitals, often while victims-survivors are receiving a forensic medical exam, to police stations when survivors are being interviewed, and to courtrooms during testimony.
- **Community education.** SVPs provide community-wide education through local events and trainings for K-12 and college students, allied organizations, and other groups. Many SVPs employ sexual violence preventionists, who have specific expertise in the study of sexual violence prevention.
- **Counseling and supportive services.** SVPs provide free individual and group counseling sessions for survivors and their loved ones, along and other healing modalities, such as arts-based workshops, nature groups, and yoga and exercise groups.

GOALS, OBJECTIVES, & METHODOLOGY

Using a mixed methods approach, research was conducted on the following questions:

1. What are the barriers that prevent survivors of sexual violence from seeking support services (i.e., issues related to language access, transportation, lack of childcare, etc.)?
2. What are the challenges that survivors of sexual violence face when they do choose to seek support services?
 - (a) How do these challenges differ for survivors from historically marginalized communities (i.e., those who are people of color, are LGBTQ+, are immigrants, etc.)?
3. What are some examples of successful service delivery models?
 - (a) What are the strengths of the organizations in N.J. that offer support services to survivors of sexual violence?
4. What are the challenges and opportunities that exist in relationships between service providers and governmental partners?
 - (a) How can these relationships be strengthened and/or become more effective to work towards a safer Garden State?

These questions were researched through academic and “grey” literature (i.e., non-commercial, unpublished content that may include task force reports, committee hearing minutes, etc.) about sexual violence services, the effects of sexual violence on those who are members of historically marginalized communities, barriers to care, and successful survivor-centered support services.

A foundational component of the Needs Assessment was a review of current literature and best practices related to serving sexual violence survivors. The second phase of the project included collecting original data - both quantitative and qualitative - from survivors of sexual violence and key stakeholders who work with survivors within the state of N.J.

The main proprietary data for the report comes from two unique surveys conducted between April 2019 and December 2019. The survey design was informed by extensive stakeholder input and literature review. Feedback from survivors, service providers, advocates, and other community members was also incorporated into these assessment tools.

NJCASA promoted the survey:

- Directly to SVPs;
- Via e-blast to more than 5,000 recipients;
- Via NJCASA's social media channels;
- Directly to members of the Governor's Advisory Council Against Sexual Violence, to share with their networks;
- Directly to members of the legislature, encouraging them to share with their constituents; and
- Directly to additional key stakeholders, to distribute through their networks, including: the Survivors' Network of Those Abused By Priests (SNAP), New Jersey Child Abuse Prevention (NJCAP), the Partners in Justice coalition, the ARC of New Jersey, members of NJCASA's Campus Consortium, Sen. Menendez, and Sen. Booker, and statewide elected officials.

The survey used SurveyGizmo software. Survey participation necessitated that a survivor be 18 or older and live, work, and/or receive services in N.J., either currently or in the past. Survey participants were given the opportunity to provide information about their demographic data, health status, healthcare access, barriers to care, and use of social, legal, and medical services. Pearl IRB approved the final survey instrument prior to its launch.

The survivor survey was available online from May 2019 to December 2019 in English and Spanish. The survey received 369 complete responses and 88 partial responses. Data was analyzed in Statistical Package for Social Services (SPSS).

Limitations

The sample represented in this report is a convenience sample, meaning that it does not necessarily represent the underlying population distribution of survivors in N.J. Limitations associated with survey tools in general existed with this approach. Respondents had to self-identify as survivors of sexual violence to engage with the survey. Additionally, while efforts were made to broaden the accessibility of the survey (i.e., reading level, transcreation into Spanish, etc.), the survey was only accessible to individuals with some degree of literacy and access to digital technology. For these and other factors, the sample underrepresents adults with less education, people whose primary language is not English or Spanish, and older adults. All data are self-reported.

EXECUTIVE SUMMARY

NJCASA initiated the Needs Assessment with the goal of collecting, analyzing, and disseminating data specific to sexual violence in the state of N.J. Through the presentation of data in this report, NJCASA aims to achieve the following goals:

- Identify the needs of survivors and gaps in systemic response;
- Create a baseline for the current state of sexual violence services in N.J., as experienced by survivors and the workforce in the field;
- Share with a diverse group of stakeholders about the pervasiveness of sexual violence and the complexities of survivors' experiences;
- Inform legislative advocacy and policy decision-making; and
- Identify ongoing gaps in data and opportunities for future assessment in areas that require additional focus.

The Needs Assessment consisted of two quantitative surveys: one directed towards survivors, which yielded 369 complete responses, and another directed towards the workforce who provide, fund, or otherwise support services for survivors of sexual violence and their loved ones. The latter survey received 98 complete responses from stakeholders, primarily advocates who work at SVPs.

Key findings from the Survivor Survey include:

WHO RESPONDED?

- Respondents varied greatly by age, ranging from 18 years old to 82 years old. **The average age of respondents was 38** and the median age was 34.
- The vast majority of respondents (95.1 percent) **resided in N.J., either full-time or part-time**, at the time they completed the survey.



WHO RESPONDED?

Average age of respondents was **38 YEARS OLD**

88.4 percent identified as **WOMEN**

88.1 percent identified as **WHITE** & 91.1 percent identified as **NON-HISPANIC**

71.3 percent identified as **STRAIGHT OR HETEROSEXUAL**

Respondents were **HIGHLY EDUCATED**: 30.1 percent held a bachelor's degree, while 36.6 percent had an advanced degree

93.5 percent were **BORN IN THE U.S.**

ANALYSIS

Respondents to this Needs Assessment hold enormous amounts of **PRIVILEGE** and did not constitute a wholly **REPRESENTATIVE SAMPLE** of the state of N.J. Results of this assessment must be interpreted through this lens.

- Most respondents (88.4 percent) **identified as women**.
- In terms of race/ethnicity, **most respondents identified as white** (88.1 percent) and non-Hispanic (91.1 percent).
- Of all respondents, 16 percent of respondents identified as bisexual and 6.2 percent of respondents identified as gay or lesbian. 71.3 percent of respondents identified as **straight or heterosexual**.
- The respondent sample was **highly educated** when compared to the general population of N.J.; 30.1 percent of respondents had a bachelor's degree while 36.6 percent had an advanced degree (master's, Ph.D., M.D., etc.).
- The vast majority of respondents (93.5 percent) were **born in the United States**, compared to 77.8 percent for the state as a whole.¹

WHAT WAS THEIR EXPERIENCE?

- Nearly nine in 10 respondents (86.4 percent) experienced **more than one incident** of sexual violence in their lifetime.
- Overwhelmingly (89.4 percent), respondents indicated that **they knew/had a pre-existing relationship** with the person who caused them harm prior to the victimization taking place.
- More than 80 percent indicated that they **disclosed information about the assault to someone** after the fact – including people in informal networks, like friends or family members.
- Nearly six in 10 respondents (57.5 percent) reported experiencing sexual violence **ten or more years ago**.

WHAT ARE THE BARRIERS TO HEALING AND WELLNESS?

- Just 18.2 percent of respondents indicated that they reported an assault to the police; only 13.3 percent indicated that they sought medical care after a victimization; and less than half (43.6 percent) accessed support services (such as counseling and advocacy) after experiencing sexual violence.



WHAT HAPPENED?

The majority of respondents (86.4 percent) experienced **MORE THAN ONE INCIDENT** of sexual violence.

Nearly 90 percent of respondents **KNEW THE PERSON** who harmed them

Majority of respondents **DID NOT** report to law enforcement, seek medical attention, or access formal services after an assault.

- The majority of respondents who did not seek formal services indicated that they did not do so due to:
 - » Not recognizing the harm as sexual violence at the time
 - » Fear
 - » Concerns about not being believed
 - » Uncertainty about where to go to access services
 - » Not having the desire to do so.

Key findings from the Stakeholder Survey include:

- **Who responded?** Respondents were primarily employed as advocates, counselors/social workers, and nonprofit staff. Inadequate data returns for some sectors prevented a robust, cross-sector analysis of respondents.
- **What are the needs?** Respondents overwhelmingly identified “counseling” as the top need for the survivor population that they serve.
- **What are the challenges?** 9.2 percent of respondents overall said that staff attrition has an “extreme or major” impact on their ability to do their work. However, it is notable that of that group, 44.4 percent were advocates, suggesting a dynamic unique to this sector.
- **What is the understanding?** Respondents were overall highly knowledgeable about the dynamics of sexual violence and the range of emotional responses people may display following victimization, which is critical for survivor service delivery. Opportunities exist for more targeted training on elements of N.J. law that are applicable to survivors, such as forensic medical exams and protective orders for survivors of sexual violence.
- **What opportunities exist?** Even for a respondent pool that serves survivors, there remains confusion about what “prevention” means and constitutes outside of a risk-reduction framework. Sector leaders must focus on instilling an understanding of prevention as a cultural change movement, rather than behavior modification on an individual level.

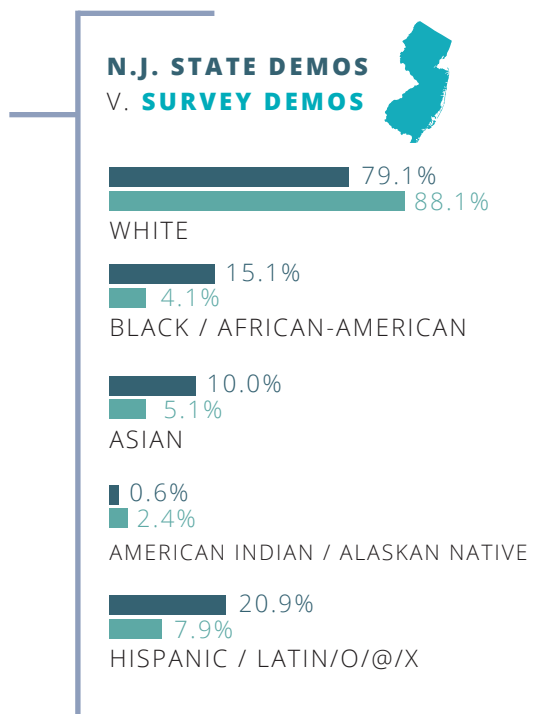
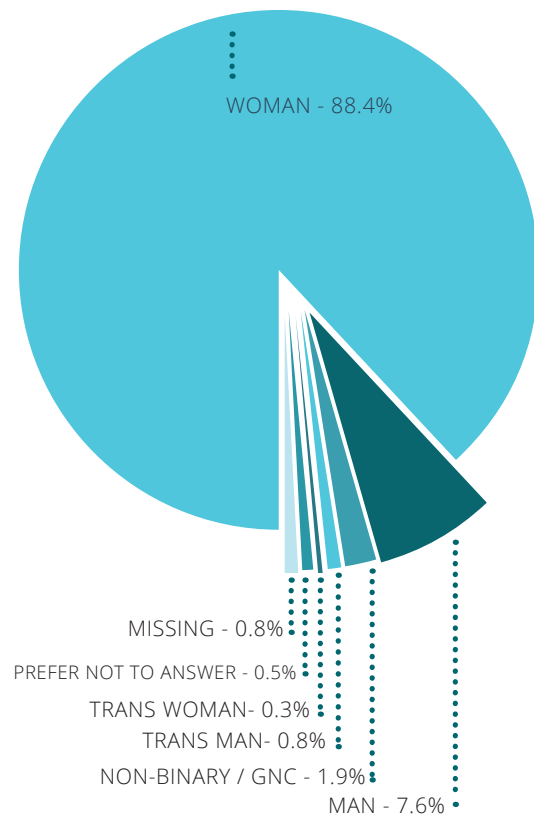
FINDINGS: SURVIVOR SURVEY

The survivor survey, created in both English and Spanish, included questions regarding demographic data, details about victimization, and inquiries about interactions with legal, medical, and support services.

The respondents to this survey predominantly identified as cisgender women. National data indicate higher rates of sexual violence among individuals who are transgender or identify outside the gender binary.² State and federal institutions inconsistently gather data related to sexual orientation and gender identity (SOGI data), and there is no data on the number of transgender and non-binary people living in N.J. Therefore, it is difficult to determine if the representation among survey participants aligns with the general population.

Survey respondents were *overwhelmingly* white and non-Hispanic. The vast majority (88.1 percent) of respondents identified themselves as white, followed by 5.1 percent who identified as Asian, and 4.1 percent who identified as Black, African-American, Afro-Caribbean, or Continental African. Other demographic categories were represented at returns of under 3 percent. This represents a disparity in representation when compared to census data on the racial/ethnic makeup of N.J., highlighting that people of color were vastly underrepresented in the survey respondents. This has implications for how the findings of this survey can be used and interpreted, as will be discussed throughout.

- Most respondents (71.3 percent) identified as straight or heterosexual, while 16 percent of respondents identified as bisexual, and 6.2 percent identified as gay or lesbian. As with all the demographic information provided, each category should be considered in relation to the others. For example, while there was better representation from those who are



LGBTQ+, these respondents were still predominantly white, well-educated, cisgender, and female.

While the population of N.J. has higher levels of education than the national average, the education of the respondents to this survey exceeded even the high state average. According to census data, fewer than 40 percent of N.J. residents hold a bachelor's degree or higher,³ whereas more than 67 percent of survey respondents fall into this category.

Nearly 95 percent of respondents indicate that they were born in the United States, representing a stark departure from the known composition of N.J.'s population. According to census data, more than 22 percent of New Jerseyans were born in a country other than the United States.

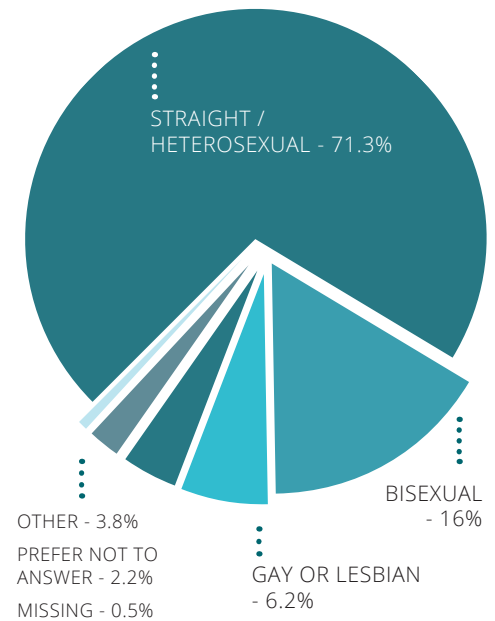
Analysis

The fact that the respondents were *overwhelmingly* well-educated, cisgender, and white suggests the survey tool was not sufficiently accessible. The distribution and promotion of the survey, as outlined above, relied upon the existing reach of NJCASA's network. That the Coalition's network failed to engage a more accurate representation of the diverse survivor community in N.J. speaks to the need to expand the inclusivity of these networks. *Read more, Recommendations, p. 39.*

The lack of representative data is especially concerning when considering the prevalence of sexual violence among people of color. National data finds that 32.3 percent of multiracial women, 27.5 percent of American Indian/Alaskan Native women, 21.2 percent of non-Hispanic black women, 20.5 percent of non-Hispanic white women, and 13.6 percent of Hispanic women were raped during their lifetime.⁴ Additionally, 64.1 percent of multiracial women, 55 percent of American Indian/Alaskan Native women, 46.9 percent of non-Hispanic white women, and 38.2 percent of non-Hispanic black women experienced sexual violence (other than rape) during their lifetime. Women of color disproportionately experience sexual violence, yet their voices are vastly underrepresented in this Needs Assessment.

The demographics represented in these data are those associated with greater levels of privilege. This privilege manifests as increased access to healthcare, education, and economic opportunity. When evaluating and using this data, it is critical that this point is not overlooked: overwhelmingly, respondents were highly privileged, and the findings of this report *should not* be construed to represent the needs of all survivors living in the Garden State.

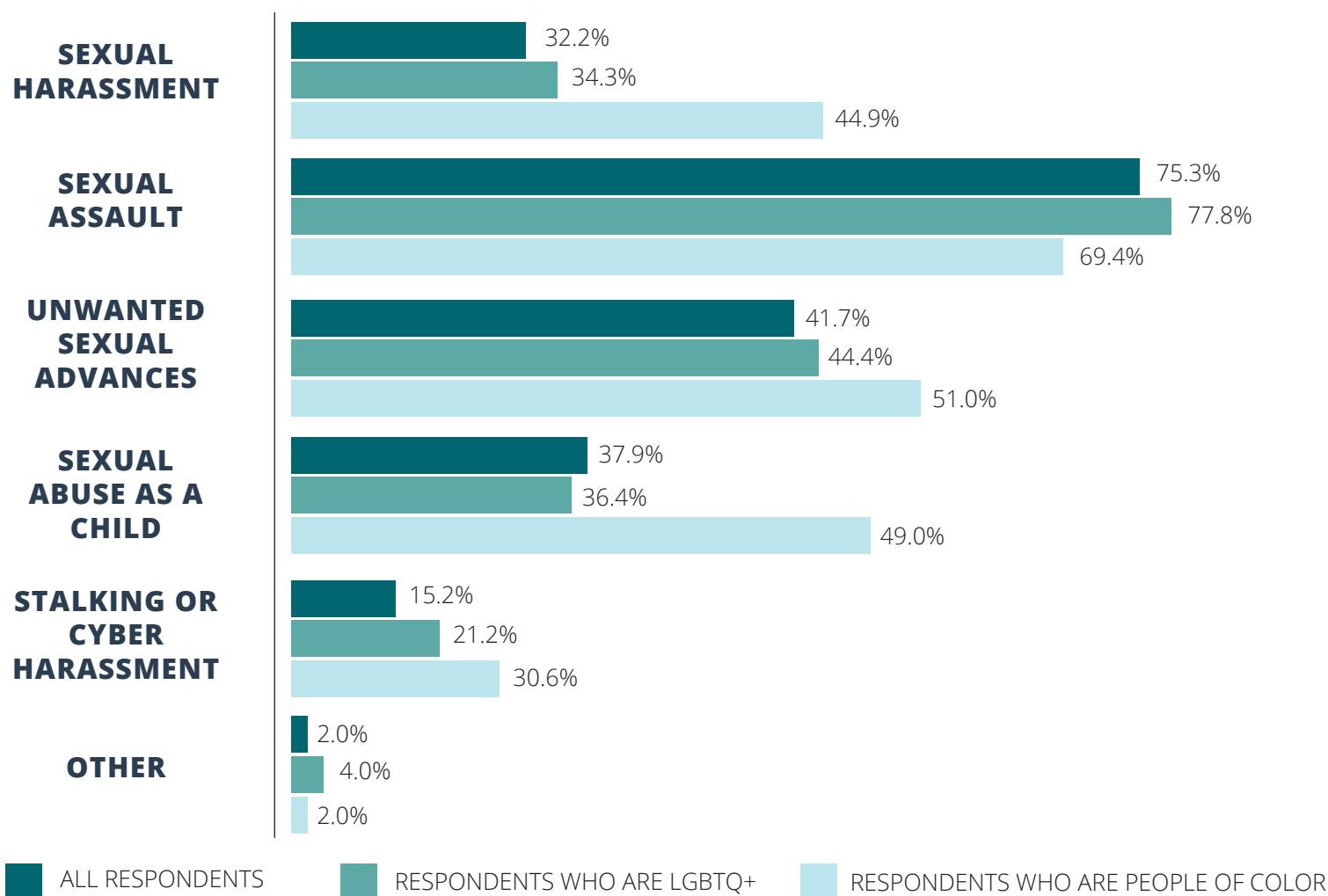
WHAT IS YOUR SEXUAL ORIENTATION?



Sexual violence is one of the most underreported crimes. Many victims will never feel comfortable sharing their experience outside of a close, supportive network. As such, conducting a survey on this topic asked potential respondents to trust that the information they shared would be treated ethically and respectfully. Ongoing experiences of systemic oppression for communities of color may have caused survivors in these communities to feel less inclined to provide data to a statewide agency that does not have a pre-existing, trusting relationship with them. It is of note that the individuals who engaged with this survey skewed towards identities with whom some level of trust was established.

SEXUAL VIOLENCE ACROSS THE LIFESPAN

Respondents were asked to identify what type(s) of sexual violence they had experienced in their lifetime, with the option to select multiple responses. The largest share of respondents (75.3 percent) indicated having experienced sexual assault, such as rape or other non-consensual sexual contact. Of all respondents, 41.7 percent indicated they experienced unwanted sexual advances. 37.9 percent indicated that they experienced sexual abuse as a child, 32.3 percent indicated that



they experienced sexual harassment, 15.2 percent indicated they experienced stalking or cyber harassment, and 2.4 percent defined their experience as “other.” (Response rate adds up to greater than 100 percent due to participants being able to select more than one type of harm experienced.)

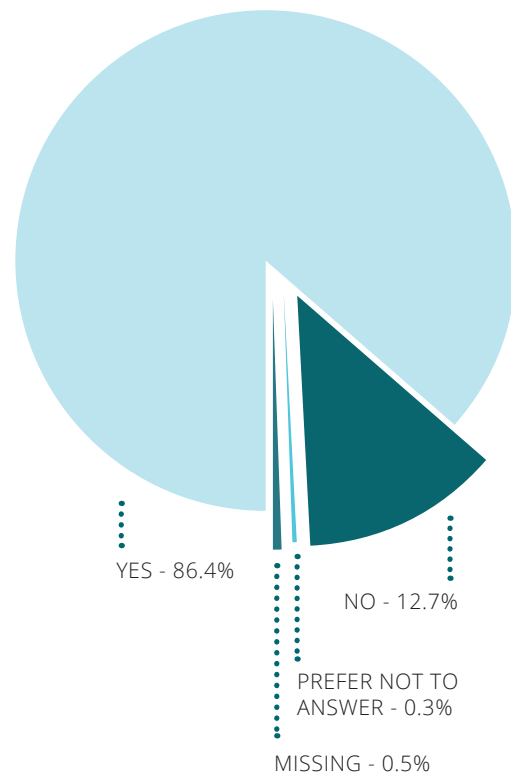
When the data is segmented by demographic information, some notable differences emerge. Respondents who identified as LGBTQ+ were slightly more likely to indicate experiencing sexual assault (77.8 percent) and unwanted sexual advances (44.4 percent) and were much more likely to indicate stalking or cyber harassment (21.2 percent) than the general pool of respondents.

While representation in the survey pool was lower, respondents who identified as people of color were much more likely to indicate experiencing unwanted sexual advances (51.0 percent, as compared to a general average of 41.7 percent), sexual abuse as a child (49.0 percent, as compared to 37.9 percent), sexual harassment (44.9 percent, as compared to 32.3 percent), and stalking or cyber harassment (30.6 percent, as compared to 15.2 percent – more than double). As stated earlier, this is in line with national data regarding increased experiences of sexual violence for people of color, particularly women of color.⁵

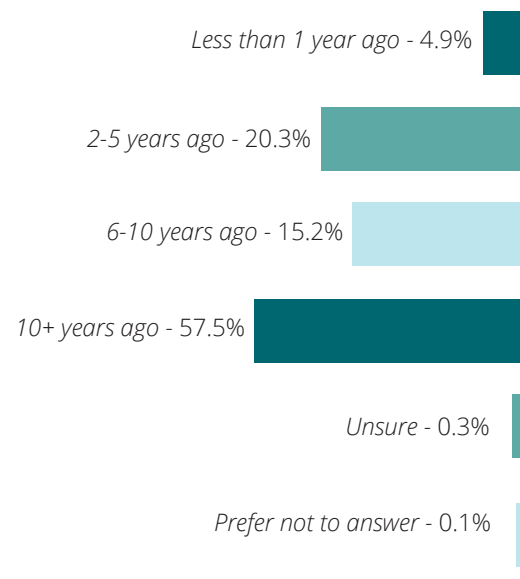
The vast majority of respondents (86.4 percent) indicated that they experienced more than one instance of sexual violence in their lifetime. When presenting this finding, we find it necessary to emphasize that **experiencing multiple instances of sexual violence is not a reflection of the actions or characteristics of the person who was harmed**, but rather speaks to the normalization and prevalence of harmful behavior.

This is also an important finding for service providers and healthcare providers in the Garden State. While a client may seek services to address one facet of their victimization, survey results show that it is more common than not for the individual to have experienced multiple traumas throughout their lifetime.

HAVE YOU EXPERIENCED MORE THAN ONE INCIDENT OF SEXUAL VIOLENCE IN YOUR LIFETIME?



HOW LONG AGO DID THE INCIDENT OF SEXUAL VIOLENCE TAKE PLACE?



* Due to an error, the survey was conducted with a typo that did not collect data from those who experienced a victimization between 1 – 2 years ago.

An understanding of post-traumatic stress disorder,⁶ complex trauma,⁷ and the outcomes from multiple adverse childhood experiences⁸ can help the practitioner better support the client along the path to healing and wellness.

A majority of respondents (57.5 percent) indicated that their victimization took place more than 10 years ago. The next most frequent response at 20.3 percent was two to five years ago, and 15.2 percent indicated they were victimized between six and 10 years ago. Via open-ended responses, some respondents underscored how the passage of time allowed them to come to terms with and better understand their victimization. As one respondent shared: *“It took me years (10+) to be comfortable speaking about what happened to me and even now I am afraid that people will not take my allegations serious.”*

INCIDENT-BASED REPORTING ON SEXUALLY VIOLENT EXPERIENCES

For the remainder of the survey, respondents were asked to offer feedback specific to a single incident of sexual violence, rather than information regarding victimization across the lifespan.

Most respondents (89.4 percent) indicated that they knew the person who caused them harm. This finding is higher than what is reported in national surveys of the same nature.⁹

These data should be viewed in conjunction with respondents' answers as to why they did or did not engage with certain systems. For example, 25 percent of respondents indicated that they “did not want the responsible party to get in trouble” when asked why they did not report the incident (*see p. 21*). Traditional punitive responses (such the criminal legal system, child protective services, or an institution-based disciplinary system) may not be the most appealing option for survivors seeking to address harm caused to them by a family member, friend, neighbor, faith leader, or classmate. Such findings provide a compelling case for the development of restorative justice modalities designed to address



NEARLY 90% OF RESPONDENTS INDICATED THAT THEY KNEW THE PERSON WHO CAUSED THEM HARM - A HIGHER PERCENTAGE THAN WHAT HAS BEEN FOUND IN OTHER NATIONAL SURVEYS.

sexual violence. These models offer alternatives to the criminal legal system, which too often fails to provide survivors with healing and justice. *For more on this, please see Recommendations, p. 39.*

Likewise, the fact that nearly 90 percent of respondents indicated that the individual who caused harm was known to them suggests the need for practitioners to address the specific trauma experienced in the context of existing relationships.

The decision to disclose an experience of sexual harm is based on an array of considerations unique to every individual. *There is no right or wrong option for survivors*, and this report does not seek to endorse any service or system as being the single “right choice” for victims-survivors broadly.

Survey respondents were asked to identify the support(s) and resources they chose to disclose to and engage with, and those with which they chose not to engage. Respondents were given an opportunity to share the considerations that informed these deeply personal choices.

When reviewing these data, we keep front of mind the demographic composition of the survey sample (*see pp. 15 - 16*). The nature of systemic oppression often makes formal resources inaccessible, undesirable, and unsafe to individuals from historically marginalized communities. Survivors of color, and specifically Black survivors, might be reluctant to engage with law enforcement due to the long history of racism in policing. For those who are transgender, accessing the healthcare system poses unique difficulties, especially if the person has faced discrimination in healthcare settings in the past. For survivors with limited English proficiency, finding counseling support in their native language might be entirely impossible. Each person has intersecting facets of their identity that will shape and inform how they move through the world, including how they react in the aftermath of an assault.

Of all respondents, 80.8 percent indicated that they told someone –



THE DECISION TO DISCLOSE AN EXPERIENCE OF SEXUAL HARM IS UNIQUE TO EACH INDIVIDUAL. THERE IS NO RIGHT OR WRONG OPTION FOR SURVIVORS.

which may have included a friend, family member, coworker, faith leader, or other - after experiencing an incident of sexual violence. This finding indicates the need for a greater investment in preparing the general public to respond to disclosures of sexual violence. Several studies have found that “negative social reactions [to disclosures] are linked to self-blame, problem drinking, and post-traumatic stress disorder (PTSD) symptoms”¹⁰ among survivors.

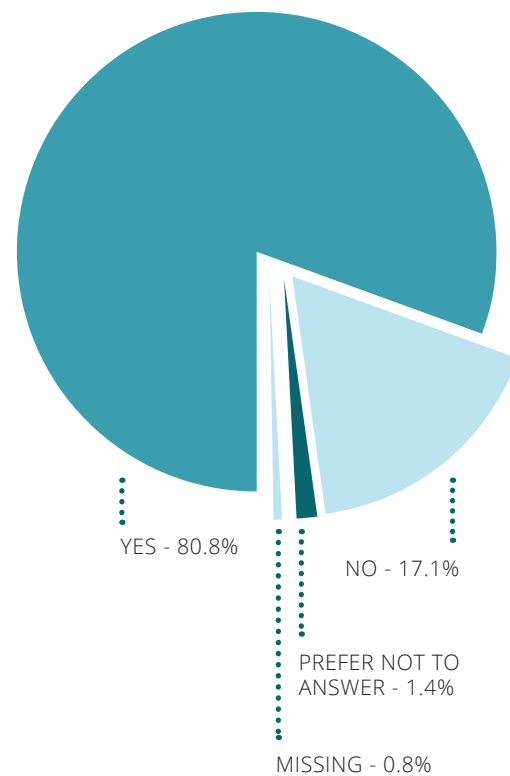
It is also critical to note that more than 17 percent of respondents did not tell anyone about the harm they experienced. This speaks to the need to, at the societal level, improve the ways in which survivors who come forward are treated in the public space. The societal messages of victim-blaming, second-guessing, and general disbelief continue to persist and prevent survivors from sharing their experiences with informal and formal support systems. As will be mentioned in sections below, many respondents reported that a fear of not being believed was a factor influencing their decisions to not report. While the need for broader education is clear, it is important also to note and respect as a valid option that some survivors never feel comfortable or interested in sharing about their victimization.

LAW ENFORCEMENT RESPONSE

Overwhelmingly, findings from this survey demonstrate respondents did not engage with law enforcement after experiencing a victimization. Just 18.2 percent of respondents indicated that they went to a police station or called the police in the aftermath of an assault. While the general public may still view law enforcement as the default option for survivors, data from this survey and national studies¹¹ reveal that the majority of survivors do not report to police.

Bearing in mind the level of privilege represented in the aggregate by the survey sample, this finding suggests that law enforcement is not seen as an option that will meet many survivors’ needs, even for respondents with significant amounts of privilege. We can reasonably assume that had the survey respondents more

DID YOU TELL ANYONE ABOUT YOUR EXPERIENCE OF SEXUAL VIOLENCE?



closely represented the population of N.J. in terms of race and ethnicity, we would see an even lower proportion of those who chose to engage law enforcement after victimization. Open-ended responses support this assumption, where some respondents made clear that their race / ethnicity made them more hesitant to report to law enforcement due to a fear of discrimination.

We can also observe some differences between those who chose not to engage with law enforcement as compared to the full survey population. Those who chose not to report to law enforcement were slightly more likely to have experienced an assault more than 10 years ago (59.1 percent, as compared to a general average of 57.5 percent). Respondents who did not report to law enforcement were also more likely to have known the person who caused them harm (93.8 percent, as compared to a general average of 89.4 percent). There were negligible differences between those who chose not to report to law enforcement and the general survey population in terms of race and type of victimization experienced, with the caveat that the lack of racial diversity within the respondent pool likely skewed this result.

Those who did not report to law enforcement were asked the reason(s) why. Of all respondents, the largest share (45.7 percent) indicated that they did not report to law enforcement because they did not identify what happened to them as sexual violence at the time. It is not unusual for survivors to question if their experience is sexual violence, or to need time to understand fully what happened to them. This can be due to many factors, including but not limited to: limited societal depictions of what sexual violence looks like, victimization that occurs during one's childhood, victimization that occurs in the context of an intimate partner and/or dating relationship, a lack of comprehensive sexual health education emphasizing what healthy relationships do and do not look like, coercive grooming behaviors on the part of those who cause harm, and more. Such scenarios can affect the ability of the survivor to define the experience as sexual violence.

The next most frequent response was "I was afraid" (43 percent). Through open-ended responses to this question, some respondents indicated that they were fearful of how law enforcement officers would respond to their disclosure. An assessment of law enforcement's response to sexual violence must include an examination of the dynamics between police and the individuals and communities they serve. Many historically marginalized communities have disproportionate exposure to policing and report higher levels of anxiety related to interactions with law enforcement.¹² Given the underrepresentation of survivors from historically marginalized communities in this sampling, it is notable that such a high percentage of respondents cited this reason.

It is also important to note that many respondents cited "fear" as a reason for choosing not to engage with medical systems and other formal supportive resources, so "fear" in the context of

this question may extend far beyond a fear of law enforcement. Many respondents shared in open-ended responses that they did not report to law enforcement due to fear of stigmatization. As one respondent stated, *“I think that people need to know that fear in reporting doesn’t mean it’s not true. That when looking at a person’s hesitance to report, it is because of fears for safety or being disbelieved. When making laws or policies regarding sexual assault, always know that it is the disbelief that is [a] scar, and can take time to get over. Don’t limit survivors and encourage law enforcement to recognize that these reactions are normal.”*

That said, “fear” was cited significantly more often as an inhibiting factor for engaging with law enforcement than for the other sectors covered in this survey, and therefore does suggest a dynamic unique to this sector.

The next highest return for not reporting to law enforcement, at 37.5 percent, was “I did not think anyone would believe me.” After this, 30.6 percent indicated “other,” elaborating on these responses in an open-response field. The most frequent responses here included: the respondent was a child at the time of the assault; the respondent did not understand what happened to them as sexual violence at the time; the respondent did not believe there was enough evidence to pursue criminal charges; the person harming the respondent was a member of law enforcement or had a close connection to someone who worked in law enforcement; and the respondent had concerns about the impact on one’s career and/or life.

Additionally, 23.7 percent of respondents indicated that they did not want the person who harmed them to get in trouble. As one survivor stated in their survey response, *“Law enforcement is not the end-all, be-all resolution to sexual violence. Most survivors won’t encounter law enforcement at all. What are other ways to keep public spaces safe and to achieve restorative/social justice to survivors?”* For more on re-examining the criminal legal system, see *Recommendations*, p. 39.

WHY DID YOU CHOOSE TO NOT REPORT TO LAW ENFORCEMENT?

.....
DID NOT REALIZE IT WAS SEXUAL VIOLENCE AT THE TIME - 46%



.....
I WAS AFRAID - 43%



.....
DIDN'T THINK ANYONE WOULD BELIEVE ME - 38%



.....
OTHER - 31%

DIDN'T WANT TO GET PERSON IN TROUBLE - 24%

DIDN'T THINK I WOULD BE TREATED RESPECTFULLY DUE TO MY RACE, SEXUAL ORIENTATION, GENDER IDENTITY OR IMMIGRATION STATUS - 10%

DIDN'T WANT TO - 10%

PREFER NOT TO ANSWER - 1%

.....
Results add up to greater than 100 percent due to respondents being able to choose more than one option.

Finally, 10.3 percent of all respondents indicated that they did not think they would be treated respectfully by law enforcement due to a facet of their identity, such as race, sexual orientation, gender identity, or citizenship status. As one respondent shared: *“The experiences for women of color are different, especially when our perpetrators are white. This [impacts] if we even feel safe contacting anyone.”*

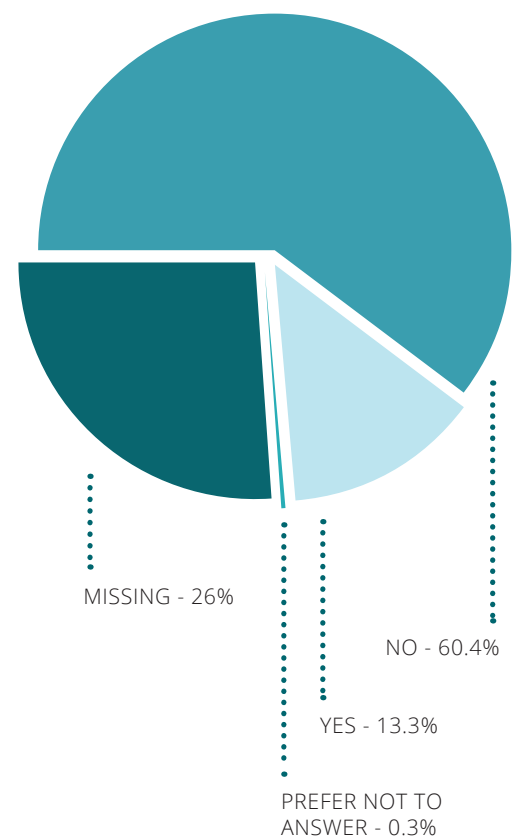
HEALTHCARE RESPONSE

Only 13.3 percent of respondents indicated that they sought medical care immediately following an assault. Fewer respondents reported seeking medical care than reported seeking recourse via law enforcement or accessing other support services.

Of the respondents who chose not to seek medical treatment, 100 percent responded that they experienced a sexual assault – a figure far higher than the general survey average of 75.3 percent. This is a significant finding, with implications on immediate medical treatment that may be necessary for victims (such as prophylaxis). It is also significant for those who may eventually want to report the assault to law enforcement. In N.J., survivors of sexual assault are eligible for a forensic exam within five days of the assault, a window defined by the likelihood of collecting viable physical evidence. This means that a very small number of incidents of sexual violence fit the parameters for this form of medical intervention.

The low rate of those seeking medical treatment could in part be explained by the fact that most respondents knew the person who caused them harm, meaning many may have felt that this type of evidence collection would be unnecessary. It is also worth noting that not all sexual assaults are penetrative in nature or leave any collectable DNA evidence behind (i.e., a penetrative sexual assault where a barrier method is used). This is illuminated via open-ended responses, where many survivors note that the sexual assault they experienced did not involve penetration and/or they did not believe they had physical injuries they needed treated or forensic evidence to be collected.

DID YOU SEEK MEDICAL TREATMENT AT A HOSPITAL / WITH A DOCTOR?



Those who chose not to seek medical treatment were also more likely to indicate experiencing unwanted sexual advances (48.9 percent, as compared to a general average of 41.7 percent). Those who experience this specific type of assault may not have physical injuries that need treatment, prompting victims to assess that they do not need medical care.

Respondents were asked to identify the reason(s) why they did not seek medical treatment. As seen with those who did not report to law enforcement, the highest share of respondents who did not seek medical treatment indicated that they did not recognize their experience as sexual violence at the time (27.8 percent). This further underscores the need for community-wide education regarding the dynamics of sexual assault and comes to an even sharper focus when examining sexual assault as a public health issue. There is a statistically significant link between sexual violence and a variety of disparate physical and mental health outcomes, including anxiety disorders, eating disorders, post-traumatic stress disorder (PTSD), sleep disorders, depression, and attempts at suicide.¹³

The next-highest selected response was “other,” at 25.1 percent. Respondents were given the opportunity to share specific information via an open field. The most common responses included: they did not feel they needed or did not have physical injuries that required medical treatment; they did not know it was an option to seek medical attention; the respondent was a minor at the time of the victimization and didn’t want to tell their parent(s)/guardian, or their parent(s)/guardian did not want to take them to a hospital; the respondent was a minor at the time and their parent(s)/guardian told them they were fine; the person causing the victimization was a doctor.

Similar to those who did not report to law enforcement, “I was afraid” rated high in the list of reasons why (22.4 percent). When viewed in conjunction with the open-ended responses, “fear” in the context of seeking medical interventions seems to be associated with loss of privacy and having to navigate the stigma of being a

WHY DID YOU DECIDE TO NOT SEEK MEDICAL TREATMENT?

DID NOT REALIZE IT WAS SEXUAL VIOLENCE AT THE TIME - 28%



OTHER - 25%

Responses included: Did not need treatment; Did not know it was an option; Was a minor and didn’t want to tell parents; Was a minor and parent told me it was fine; person who was harming me was a doctor.

I WAS AFRAID - 22%



DIDN'T THINK ANYONE WOULD BELIEVE ME - 15%

DIDN'T WANT TO - 13%

DIDN'T WANT TO GET PERSON IN TROUBLE - 7%

DIDN'T THINK I WOULD BE TREATED RESPECTFULLY DUE TO MY RACE, SEXUAL ORIENTATION, GENDER IDENTITY OR IMMIGRATION STATUS - 6%

PREFER NOT TO ANSWER - 2%

Results add up to greater than 100 percent due to respondents being able to choose more than one option.

survivor of sexual violence. Additionally, there can be the unique fear of having to engage with a sector where bodily autonomy is not always respected. One respondent emphasized the long-term effects of this, stating, *“I have a very hard time trusting people; I have an immense fear of going to the dentist and to the doctor and I can barely be touched by anyone. All of this and my assault was more than seven years ago.”*

Trauma-informed medical care would couple an understanding of the prevalence of sexual violence with an understanding of consent within the context of delivering medical care. At the time of this writing, it is still legal for teaching hospitals in N.J. to conduct invasive gynecological exams on patients without first obtaining their consent. This serves as a glaring example of the issues of consent in medical care captured in the respondent’s statement above. In order to better serve and build trust with survivors, the healthcare sector must shift its culture to one that prioritizes consent in all ways – from asking permission before taking someone’s temperature to addressing the disturbing practice of non-consensual exams.

A small share of respondents (5.8 percent) also indicated that they did not seek medical care because they did not believe they would be treated respectfully due to their identity. As with law enforcement, a reasonable assumption can be made that if this survey reached representative levels of people of color and people who are LGBTQ+, this share would have been higher. The healthcare sector has a legacy of patriarchal biases also influenced by systemic racism. These systemic forms of oppression drive health disparities for people of color, specifically Black women and other women of color.^{14 15} Often, reports of pain and other medical complaints by Black women are not viewed as being as credible as those of white patients. Individuals who are transgender also face significant discrimination and barriers to accessing healthcare. A national survey of transgender individuals found that 19 percent were refused care due to their identity, 28 percent were subjected to harassment in medical settings, and 50 percent had to educate their medical providers about transgender healthcare.¹⁶ An individual’s



“I have a very hard time trusting people; I have **an immense fear** of going to the dentist and to the doctor and I can barely be touched by anyone. All of this and my assault was more than seven years ago.”

- SURVEY RESPONDENT

sum of collective experiences with the healthcare sector over their lifespan can affect their willingness to seek services in the aftermath of a trauma, as is born out by data in this survey.

COUNSELING AND SUPPORT SERVICE RESPONSE

Less than half of respondents (43.6 percent) indicated that they sought support services - such as counseling, support groups, and hotlines - in the aftermath of an assault. As NJCASA is uniquely positioned to address the delivery of services at a sexual violence program, additional responses were collected for this section to provide greater insight into the effectiveness of these services.

The findings of this survey demonstrate that most survivors are choosing not to engage in these systems, and those who did engage did not find support services are uniformly helpful.

Given the range of options covered under the category of “support services,” respondents were asked to identify the specific resources they accessed. Of those who did indicate that they sought support services, by far the most frequently accessed was individual counseling (96.3 percent). General “emotional support” was the next with 40.4 percent, with group counseling (25.5 percent) and hotline (21.1 percent) rounding out the top selections.

While multiple respondents referenced challenges navigating the legal system in their open-ended responses, only 6.8 percent of respondents who indicated that they received services identified “help navigating the legal system” as a service they accessed. This is likely because legal advocacy services for sexual violence survivors are not widely available in N.J. As one respondent stated: *“Navigating the legal system is WAY too hard! Services are available but finding and accessing resource information feels like you need a full-time role to manage it.”* Another respondent reflected on *“[h]ow hard it is to go through the N.J. legal system, especially when you do not have the funds to hire a lawyer & the free services are booked out.”*

Only 3.8 percent of respondents indicated that they received “safety

WHAT SUPPORT SERVICES DID YOU ACCESS?

INDIVIDUAL COUNSELING - 96%



EMOTIONAL SUPPORT - 40%



GROUP COUNSELING - 26%



HOTLINE - 21%

MEDICAL CARE - 10%

HELP NAVIGATING THE LEGAL SYSTEM - 7%

SAFETY PLANNING AND/OR TEMPORARY SHELTER - 4%

OTHER - 7%

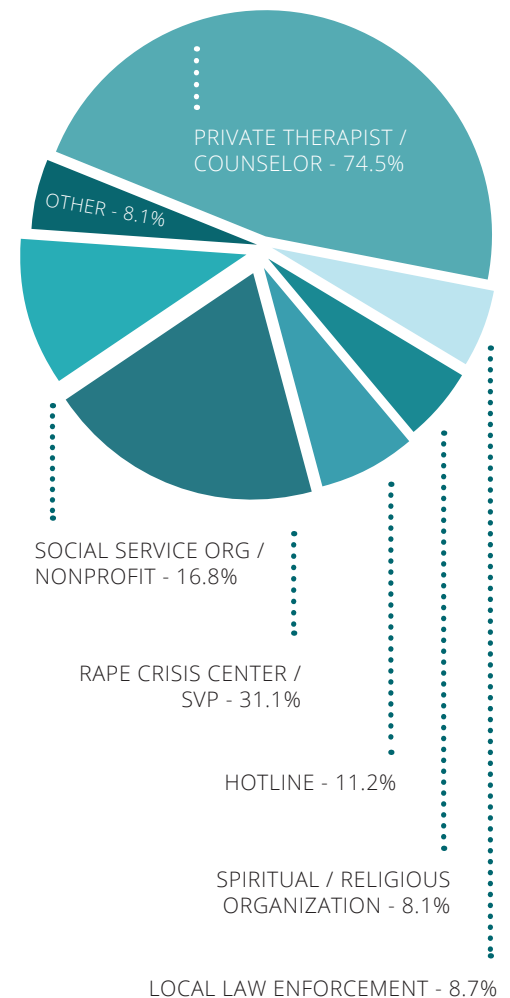
Results add up to greater than 100 percent due to respondents being able to choose more than one option.

planning and/or temporary shelter.” As articulated in *Introduction*, p. 8, N.J. has no standalone SVPs – and even dual programs who provide shelter services do so only for victims of domestic violence. However, respondents articulated a need for residential services in the open-ended responses, with one noting, *“I had no access to shelters and no support. Counselors were happy to skim the surface, but no one was interested in the deep work I had to do to escape. No one would help me connect to a shelter service. I was told there were no shelters available to me because of which county I lived in.”* Housing insecurity and violence, including sexual violence, are inextricably linked. One large-scale national study found that 92 percent of women experiencing homelessness had experienced “severe physical and/or sexual violence at some point in their lives.”¹⁷ A national survey primarily comprised of responses from sexual violence advocates found that “[o]ver one-third of respondents report that up to 20 percent of victims and survivors became homeless *as a result of* sexual violence.”¹⁸ Housing remains an under-provided resource to N.J.’s survivor community as evidenced by responses to this survey.

Respondents were also asked where they accessed support services in the aftermath of an assault. Overwhelmingly, most respondents indicated seeking help from a private therapist (74.5 percent), followed by a rape crisis center or sexual violence program (31.1 percent), a social service organization or nonprofit (16.8 percent), a hotline (11.2 percent), local law enforcement (8.7 percent), or a spiritual/religious organization (8.1 percent). Another 8.1 percent of respondents indicated ‘other,’ with response rate adding up to more than 100 percent due to respondents being able to select more than one type of supportive service. Once again, it is important to present this finding in the context of the respondent pool: overwhelmingly white, educated, and privileged, and therefore more likely to have the resources needed to access a private therapist.

Respondents were asked to share if the support services they accessed were helpful. Just over half of respondents (53.4 percent) who received support services stated without caveat that they found these services to be helpful, while 32.3 percent indicated that “some were helpful, some were not.” This speaks to the uniqueness of each survivor’s experience and needs, the range of quality in the provision of services, and the reality that one-size-fits-all approaches are insufficient.

WHERE DID YOU ACCESS SUPPORT SERVICES?



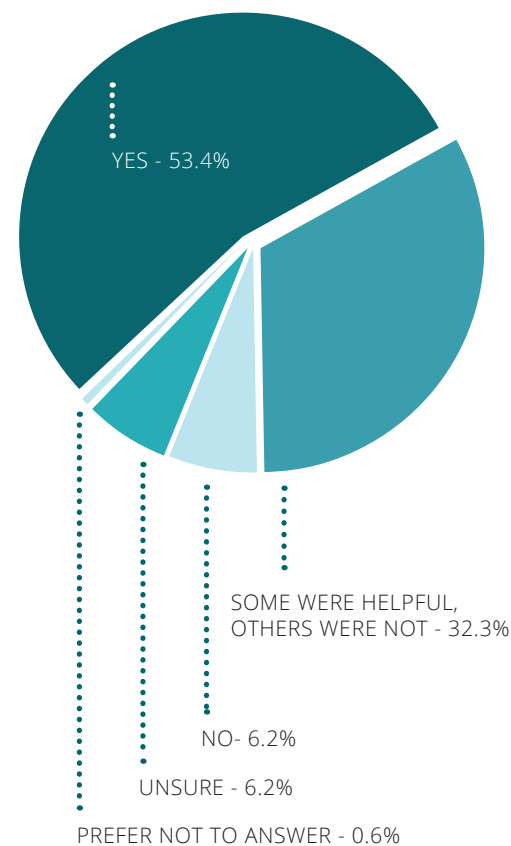
While it is encouraging that for those who accessed support services more than 85 percent indicated benefiting from at least some of them to some degree, results still suggest that too often even services specialized for survivors are falling short. Of respondents who accessed support services, 6.2 percent of respondents found their services “unhelpful” and another 6.2 percent also indicated being “unsure” if their services helped or not. Of those who indicated that their support services were “unhelpful,” many elaborated via open response that they felt the practitioners they encountered, including therapists, counselors, and staff at SVPs, were victim-blaming, did not believe them, and/or minimized the trauma they suffered.

The 54.8 percent of respondents who did not engage in support services were asked to share the factors that influenced their decision. Most respondents (44.9 percent) indicated that they did not know where to go to seek services. This speaks to the need to promote the availability of sexual violence services. Survivors are tasked with navigating resources after experiencing a severe trauma, and any ways in which this process can be simplified and made more accessible should be explored.

Following this, 38.4 percent of respondents indicated “other” as their reason for not accessing services. Among open-ended responses, most respondents indicated that they did not seek support services because they were a child at the time of the assault. Others shared that they did not identify their experience as sexual violence at the time; they did not know or understand what services were available; or they avoided seeking services at specific organizations in their community because they personally knew the staff members working there, but could not afford to pay for private services.

The next highest response was “did not want to” (29.3 percent), closely followed by “I was afraid” (27.3 percent). While “fear” was reported at a lower rate than in the law enforcement and healthcare sector questions, it belies the presumption that being

DID YOU FIND SUPPORTIVE SERVICES TO BE HELPFUL?



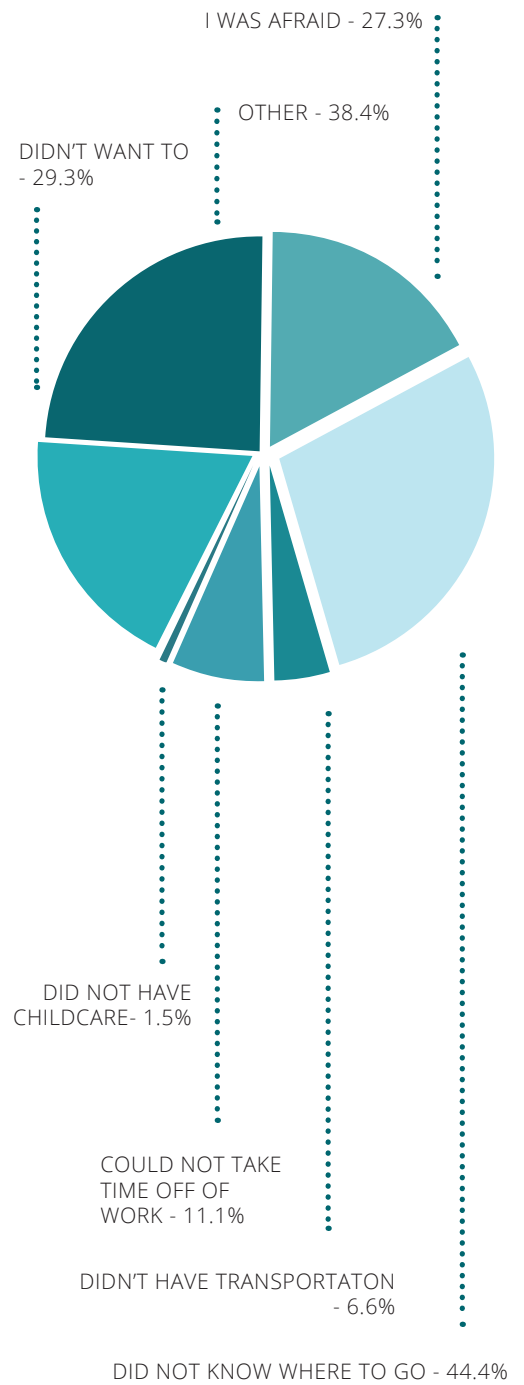
in the helping profession means that trust is present, especially in matters concerning sexual violence.

Of respondents who did not access services, 11.1 percent of respondents indicated that they could not take time off from work, 6.6 percent of respondents indicated that they did not have transportation to get to services, and 1.5 percent of respondents did not have adequate childcare. Though these polled at the lowest rates of the six options, it is important to underscore that even the best programmatic services are for naught if they are inaccessible to those who need them.

While no respondents indicated that “services were not available in my language” or “services were not culturally specific,” it is again important to highlight the limited respondent pool of the survey. Because the survey primarily reached non-Hispanic white people who spoke English as their first language, it is less likely that services would be inaccessible to respondents in these ways. The need to ensure multilingual and culturally responsive services should not be deprioritized.

Programs can proactively address accessibility by offering counseling and group therapy outside of normal working hours. While N.J. benefits from a relatively small geographic area, mobile services in some of the geographically larger counties may help more victims-survivors access services, especially if mobile sites are strategically situated to be accessible from bus or train lines. Additionally, since the initial survey research for this project was completed in 2019, the COVID-19 pandemic has necessitated that programs consider how to provide virtual and remote services. Many SVPs began offering virtual counseling services at the outset of the pandemic, easing the burden of transportation and/or childcare needs. While accessing confidential services in one’s own home presents additional challenges, particularly around confidentiality, it also helps address some accessibility concerns.

WHY DIDN'T YOU ENGAGE WITH SUPPORT SERVICES?



Rape crisis centers / Sexual Violence Program service provision

For respondents who noted that a rape crisis center or sexual violence program (SVP) was at least one of the services they accessed, 54 percent indicated that they found their services to be helpful. Most respondents who reported seeking services from an SVP also indicated that their victimization occurred more recently, within the past two to five years. Of those who sought services at an SVP, 94 percent experienced sexual assault, 38 percent experienced unwanted sexual advances, and 30 percent experienced sexual harassment.

Specific feedback related to SVPs was analyzed. Of respondents who identified positive outcomes, many comments reflected that advocates helped them access different systems – whether that meant connecting survivors to a longer-term therapist or accompanying the survivor to a police station and supporting them while they filed a report, even if the assault had occurred years earlier. This reflects national research: a 2016 report from the National Center for Injury Prevention and Control found that “[v]ictims who work with advocates had more positive experiences with both medical and legal systems, including increased reporting and receipt of medical care and decreased feelings of distress.”¹⁹

However, not all respondents had positive experiences when engaging with SVPs. Of those who indicated the services they received were not helpful (6 percent), most respondents explained that they felt the program provided insufficient services or that they had to prompt staff multiple times to receive answers; had concerns that the program worked too closely with their prosecutor’s office and/or local law enforcement and may have been biased towards these systems; or had experienced victim-blaming attitudes from service providers. This demonstrates a need for additional capacity-building for SVPs.



OF RESPONDENTS WHO IDENTIFIED POSITIVE OUTCOMES, MANY COMMENTED THAT ADVOCATES HELPED ACCESS DIFFERENT SYSTEMS - CONNECTING WITH LONG-TERM THERAPY, ACCOMPANYING THEM TO POLICE STATIONS, ETC.

FOR CONSIDERATION

Most respondents (81.4 percent) indicated that they told someone about their experience of sexual violence. This figure includes respondents who disclosed to people in their personal network (i.e., friends, family members, faith leaders, etc.). While national and statewide funding infrastructures invest vast amounts of resources into preparing formal systems to respond to sexual violence survivors, the findings of this Needs Assessment suggest that many survivors disclose their experiences to those with whom they have personal, rather than professional, relationships. Several studies have found that “negative social reactions [to disclosures] are linked to self-blame, problem drinking, and post-traumatic stress disorder (PTSD) symptoms.”²⁰ Identifying ways to educate the general public on how to respond to disclosures could ensure that survivors are met with affirming and supportive reactions from their informal support systems.

In this survey, respondents frequently cited fear of stigmatization as a reason why they did not disclose their experiences with sexual violence. Respondents reported having to navigate both external stigma (manifesting as victim-blaming, disbelief, judgment of their behavior, etc.) as well as internalized stigma (manifesting as shame, self-blame, etc.). Respondents noted that “[*Sexual violence happens far more often than you think it does and there’s a stigma to admitting it happened to you*]” and “*The stigma may not be as bad as it was 50+ years ago but it’s still there.*”

That said, not all survivors wish to disclose their experiences to friends and family members. As one respondent wrote, “[*In my situation, I didn’t want my friend to know, and she still doesn’t know to this day.*]” Thus, it remains critical that those working with survivors in formal systems know how best to respond to disclosures and support survivors through the healing process.

Additionally, barriers to accessing help from formal systems must be addressed and alleviated. When asked why they did not access legal, medical, or support services, many respondents cited unfamiliarity



FOR CONSIDERATION

Most respondents indicated that they **TOLD SOMEONE** about their experience - including friends / family

Respondents frequently cited **FEAR OF STIGMATIZATION** as a reason for not disclosing

Some victims will **NEVER WANT TO DISCLOSE** to anyone

Many respondents shared they were **UNFAMILIAR WITH SERVICES** and options available in their community



“The stigma may not be as bad as it was 50+ years ago, but **it’s still there.**”

- SURVEY RESPONDENT

with the options available in the community. For survivors who are navigating the aftermath of trauma, the additional challenge of not knowing what is available or where to turn for help can prove insurmountable. Even survivors who did access services reported feeling overwhelmed by subsequent challenges. As one respondent wrote, *“Going through the process of reporting is a nightmare, and it is not just the police officers, the nurses, the advocates that learn your story - it’s everyone you encounter going through the motions. Privacy for crime victims needs to come first and it doesn’t happen showing up to an ER to report. If there was an office or facility that I could have gone to do all of the reporting I may have been more inclined. We notice the eyes watching and hear the whispers of the curious.”* Increasing visibility and awareness of services is an important first step, and then continuing to foster trust with victims-survivors is critical.



“Privacy for crime victims needs to come first and it doesn't happen showing up to an ER to report. If there was an office or facility that I could have gone **to do all of the reporting** I may have been more inclined.”

- SURVEY RESPONDENT

FINDINGS: STAKEHOLDER SURVEY

The stakeholder survey was designed to ask direct questions to sexual violence program (SVP) staff, social workers, members of allied organizations, law enforcement officers, educators, and others to gauge their knowledge about sexual violence and learn more about observed needs in their community/ies. This survey also asked participants to share their perspectives and beliefs regarding service utilization, survivor response to victimization, and how their discipline could adapt their work based on the needs of the communities they serve.

The stakeholder survey was available online from September 2019 to December 2019 in English and Spanish. The survey received 98 valid responses and 50 partial responses. Data was analyzed in SPSS.

Advocates, counselors/social workers, and nonprofit professionals comprised most of the respondents. For some sectors, the relatively small sample size eliminated the ability to conduct cross-sector analysis.

Regarding the organizational composition of respondents, 32.7 percent of respondents indicated that they work for an SVP. Professionals working in education/higher education made up 15.3 percent of respondents, and another 15.3 percent responded that they worked in law enforcement/a prosecutor's office.

Most respondents (68.8 percent) indicated that they support survivors by providing referrals to other services, such as housing and employment benefits. Another 62.2 percent of respondents indicated that they provide emergency support directly following a victimization, while 53.1 percent indicated that they provide ongoing support (medical, emotional, and legal) for survivors who were victimized more than 30 days ago. *(Responses add up*

WHAT BEST DESCRIBES YOUR ROLE?

ADVOCATE - 22%



COUNSELOR / SOCIAL WORKER - 21%



NONPROFIT STAFF - 16%



LAW ENFORCEMENT - 9%

EDUCATOR - 8%

DOCTOR OR NURSE - 6%

PEER COUNSELOR - 4%

PHILANTHROPIC PROFESSIONAL - 2%

PROSECUTOR / ATTORNEY - 2%

OTHER - 8%

* Given the small sample size of certain sectors, it was not appropriate to use responses to represent the sector as a whole.

to greater than 100 percent due to respondents being able to choose multiple answers.)

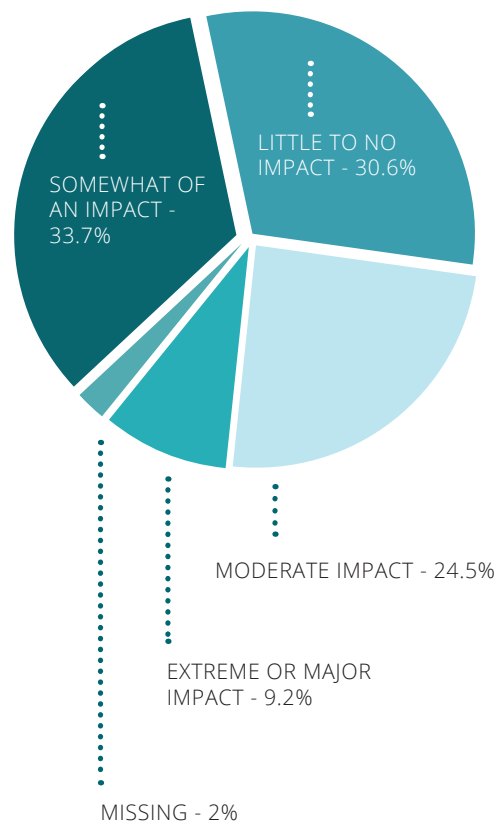
Most respondents assessed housing to be the top need in the community/ies that they serve. When asked specifically about top needs for their survivor-victim community, far and away the top need identified was counseling services.

The survey also sought to assess how these agencies collect feedback from community members. Most respondents indicated that their agencies capture feedback through a mix of anecdotal (60.2 percent) and formal (58.2 percent) responses. Conversely, 10 percent of respondents indicated that their agency seeks no feedback from community members.

The survey also asked about the ongoing training provided by respondents' respective agencies. Literature and best practices on serving survivors of sexual violence, particularly those from communities that have been historically underserved, continue to develop at a rapid pace. Almost half (44.9 percent) of all respondents indicated that their agencies hold more than two trainings per year. Nearly 13.3 percent of respondents indicated that they do not receive any regular training on serving victims, which could cause survivor-serving professionals to miss critical developing knowledge regarding best practices in service provision and the dynamics of survivorship.

Respondents were also asked to evaluate how staff attrition affects their work. Most respondents, 33.7 percent, said they are somewhat affected by staff attrition. The next most common response, at 30.6 percent, noted little to no effect on their work due to staff attrition. Only 9.2 percent of respondents said they saw extreme or major effects to their work due to staff attrition. However, of those who noted witnessing extreme or major effects to their work, 44.4 percent identified themselves as advocates. Turnover and attrition occur at high rates in sexual violence programs due to budgetary changes, a lack of infrastructure to support employees,

HOW MUCH IMPACT DOES STAFF ATTRITION HAVE?



and burnout, and they can cause major disruptions to work environments.

Most respondents, 66.6 percent, rated themselves as confident in their ability to respond to a disclosure of sexual violence. Following this self-assessment measurement, the survey then asked respondents a series of knowledge- and belief-based questions to further flesh out readiness to respond to survivors.

Of all respondents, 53.1 percent said they did not know how many survivors of contact sexual violence live in the Garden State. While this may seem like an obscure fact, it is critical to have a sense of the pervasiveness of sexual violence in N.J. Adequate baseline knowledge about sexual violence can help prevent victim-blaming attitudes and behaviors, particularly among allied professionals who do not directly serve survivors but likely encounter them in their work due to the sheer number of New Jerseyans who have experienced sexual violence.

The overwhelming majority of respondents (81.6 percent) correctly identified sexual assault as the second most violent crime, following murder. Most respondents (79.6 percent) also correctly identified the period of time that a Sexual Assault Response Team (SART) can be activated following an assault. In terms of other statute-bound protections, more than half of respondents (57.1 percent) correctly assessed that a victim does not need to report to law enforcement to access a protective order via the Sexual Assault Survivors Protection Act (SASPA). This suggests that community awareness of this relatively new legislative reform is rising, but could still be improved upon.

Rounding out the knowledge-based questions, respondents were asked to assess common reactions that a survivor may have post-victimization. The majority (94.7 percent) of respondents correctly identified a vast scope of behaviors, including laughter, numbness, rage, sadness, and cognitive difficulties as common responses. Additionally, 93.9 percent correctly identified common reactions for survivors to have during an assault, from a list including options such as fight back, try to get away, do nothing, and submit/comply. These are critical knowledge bases for those serving survivors, as misunderstandings of a victim's behavior following an assault is often used against them as they seek prosecution, healthcare, or other services in the aftermath of an assault.

Next, respondents were asked belief-based questions regarding sexual assault prevention and response. Nearly a quarter (23.5 percent) of respondents indicated that they did not believe sexual violence was preventable. However, when assessing the open-ended response following this question, most of those who responded "no" explained their answer by stating that they did not believe individuals could prevent a sexual assault, especially victims, but many emphasized that the person who caused harm, as well as communities and societies, could prevent violence. This

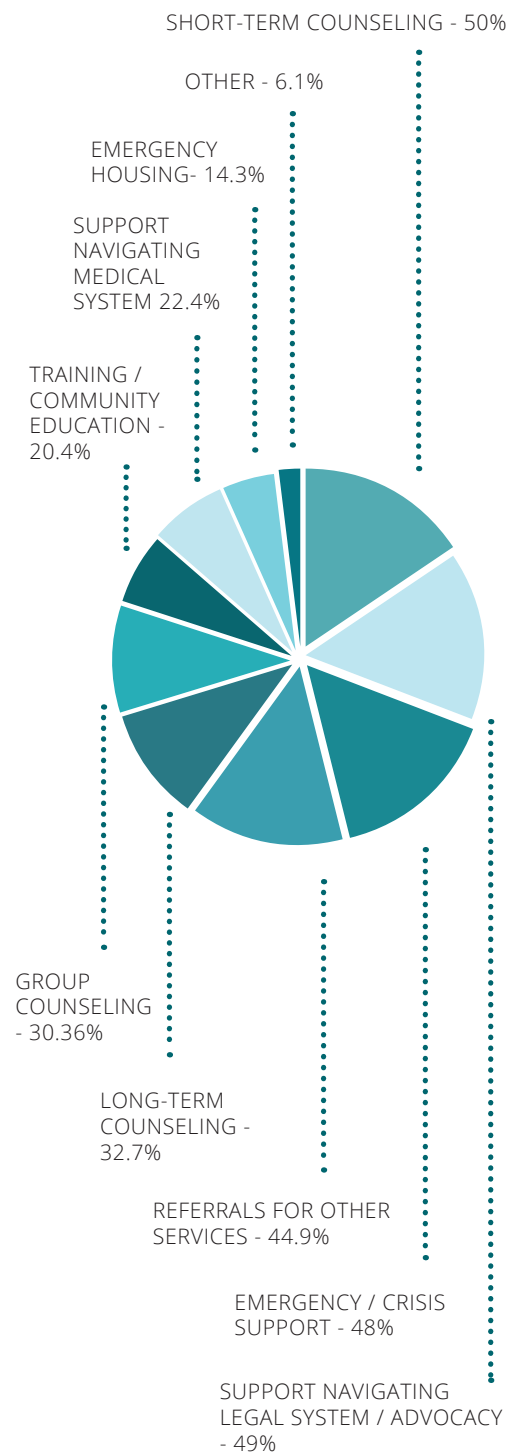
highlights two important findings: first, it underscores that the movement as a whole is effectively spreading awareness that sexual violence is not the fault of the person who was victimized, but rather the person(s) who caused harm. This is a critical shift away from prevention education that focuses on personal responsibility or risk reduction by emphasizing the clothing choices and substance use habits of survivors, as well as other victim-blaming tropes. Second, this emphasizes that the movement has much more work to do around community-wide education regarding the meaning of “prevention.” This aligns with national findings: a 2010 study from the FrameWorks Institute and the National Sexual Violence Resource Center found that, across the board, the general public does not have the same understanding of what “prevention” means as sexual violence experts do, focusing more on individual actions than societal change.²¹ This Needs Assessment suggests the same, even within the survivor-serving community. More education around primary, secondary, and tertiary sexual violence prevention strategies will create a shared lexicon – and set of ideals – for all those who serve survivors.

Respondents were asked to assess how many clients returned for further services at their program after initial contact. The largest share of answers was “no” (at 27.6 percent) or “unsure” (at 23.5 percent). This could reflect either that respondents to the survey tended to be employees who might not have direct knowledge of this type of data, or that programs are not effectively capturing data related to service retention.

Following this, 20.4 percent of respondents indicated that they retain 25 – 50 percent of clientele for additional services. Another 13.3 percent assessed their retention rate at 50 – 75 percent.

Respondents were then asked what services survivors are most seeking when they present at their agency. The largest share of respondents indicated short-term counseling (50 percent), closely followed by “support navigating the legal system and/or advocacy” (49 percent). This second point is especially interesting when

WHAT ARE SURVIVORS SEEKING FROM YOUR ORGANIZATION?



viewed in tandem with the Survivor Survey responses regarding legal advocacy (*p.* 27). Just 6.8 percent of respondents to the Survivor Survey indicated that they accessed “help navigating the legal system,” and open-ended responses underscored that many survivors found the legal system confusing and difficult to navigate. Assessed together, these findings highlight that legal advocacy is a highly requested service that remains inaccessible for many survivors.

Following legal advocacy, the next highest share of responses was “emergency/crisis support,” at 48 percent. Just 14.3 percent of stakeholder respondents assessed that survivors were seeking to access housing, which can also be viewed in conjunction with Survivor Survey data (*p.* 27). Just 3.8 percent of survivors surveyed indicated that they received “safety planning and/or temporary shelter,” but open-ended comments from survivors suggested this was a resource that was desired but largely inaccessible.

Next, respondents were asked about their use of virtual platforms to provide services. With the caveat that this data was collected in 2019, 56.1 percent of respondents indicated that their agency was not using virtual counseling or health services. That said, since the COVID-19 pandemic, internal data analysis from NJCASA shows that more SVPs are now using virtual platforms for counseling, group therapy, telehealth appointments, and more. This drastic change underscores the need for flexibility from funders to respond to challenges as they present themselves. Programs were able to, in a relatively short timespan, revamp programming to continue service delivery without compromising safety on the part of clients or staff. Allowing this type of pivoting in funding in the future will allow programs to continue making decisions that meet the moment and the needs of clientele.



DUE TO THE ONGOING COVID-19 PANDEMIC, MANY SVPs ARE NOW USING VIRTUAL PLATFORMS FOR COUNSELING, GROUP THERAPY, TELEHEALTH APPOINTMENTS, & MORE. THIS UNDERSCORES THE NEED FOR FLEXIBILITY FROM FUNDERS TO RESPOND TO CHALLENGES AS THEY PRESENT THEMSELVES.

RECOMMENDATIONS

Based on both qualitative and quantitative data analysis of survey results, the following recommendations are offered:

CRITICAL NEED FOR THE COALITION TO EXPAND ITS NETWORK AND PARTNERSHIPS

NJCASA's delivery and promotion of the Survivor Survey failed to achieve statistically significant racial, ethnic, or educational diversity in the respondent pool. This severely limits how the data can be interpreted and used to make concrete recommendations for change and progress. Because of the limited data from specific demographics of survivors and practitioners, the recommendations presented in this report should be used as a starting point, with the understanding that the realities of N.J.'s diverse survivor population are in no way fully represented.

The failure of this survey to reach a statistically significant pool of individuals who are not white, non-Hispanic, highly educated, cisgender women, and otherwise highly privileged individuals reflects gaps in NJCASA's network. This signals an urgent need for NJCASA to thoughtfully examine the composition of its network – who (organizations and individuals) placed trust in NJCASA to disseminate and/or complete the survey, and who did not? The noted lack of diversity in the respondent pool highlights the need to invest in building relationships, empowering those already serving these communities, and learning how to establish organizations like NJCASA and its partners as trusted allies.

Accountability needs to be established to ensure that the needs of all communities are being met. Such accountability should include opportunities for organizations who meaningfully serve historically marginalized survivors to share their experiences and make recommendations. While continuing to improve the cultural humility of both NJCASA and sexual violence programs (SVPs) is



KEY RECOMMENDATIONS

Critical need for NJCASA to **EXPAND ITS NETWORK** and partnerships, with a focus on racial, ethnic, and educational diversity

Reimagining what the **JUSTICE SYSTEM** looks like in N.J.

EXPANDING the public's understanding of sexual violence

critical, it is also important to note that for some victims-survivors, these organizations will never feel like a safe place to work towards healing and wellness. In a report to its membership, the Ohio Alliance to End Sexual Violence found “[a]dvocates report that survivors are more inclined to seek services from organizations that are familiar with their culture, language, and background.”²²

Meaningful collaboration must include thoughtful consideration of funding for services, both at the state- and federal-level and via private grant funding. Ruby White Starr, an expert in helping mainstream organizations do anti-oppression work and diversify their staffs,²³ describes the phenomenon of *trickle-down research and evaluation*, “where mainstream organizations and institutions receive funding to study populations and issues they share no frame of reference with or to generalize their values and assumptions to apply to all communities because they are ‘evidence-based,’ adapt mainstream measures and tools created for other purposes, and hope that people most affected, with relevant experience and information, will participate at little or no cost.”²⁴

For SVPs and NJCASA to partner with organizations who serve culturally specific, historically marginalized populations, there must be intentional efforts to establish equity. The inherent power imbalances must be acknowledged and appreciated. Leveling the playing field in terms of financial compensation is a first step to closing that gap. Dual strategies of using positionality, privilege, and historic relationships to leverage an increase in resources for culturally specific organizations and engaging in meaningful, funded collaboration are the first of many steps towards building greater cultural competency.

DIVESTMENT FROM ANY SINGLE MODE OF DELIVERING JUSTICE; REIMAGINING WHAT JUSTICE LOOKS LIKE; EXPANDING OPTIONS AND ACCESS TO JUSTICE FOR ALL SURVIVORS-VICTIMS

Both qualitative and quantitative data illustrate the same picture: the criminal legal system has failed to meet the various needs of

victims-survivors in the Garden State. More respondents indicated that they did not report to law enforcement (78.9 percent) than those who indicated that they did not seek immediate medical care (60.4 percent) and those who did not seek supportive services (56.4 percent). For more on why respondents chose not to report to law enforcement, *please see p. 21.*

In the open-ended section, many respondents further explained that they did not report a victimization to law enforcement because they did not understand that their experience was “something reportable.” This is notable and will be explored further in the following recommendation section, but also is included here as it is illustrative of another reason survivors are not accessing law enforcement.

Furthermore, open-ended responses illuminated that many believe the scales are tipped and the legal system is rigged against survivors. Respondents indicated that they feel the system is inadequate at every level: from law enforcement officers, to prosecutors, to judges. As one respondent put it, *“Prosecutors only want to deal with cases that they feel are ‘winners.’ They are more concerned with image or numbers than helping cure the ills of society.”* Others agreed, stating they felt their experiences were downplayed because their cases were deemed “unwinnable.” Many also noted that they observed what happened to other survivors – both in high-profile cases like Brock Turner and Katie Brennan or to friends/acquaintances – and made the calculation that reporting to law enforcement was “not worth it.”

When asked why they did not report to law enforcement, many survivors indicated not wanting the person who caused them harm to get in trouble. As attorney, restorative justice practitioner, and MacArthur Fellow sujatha baliga explains, the criminal system asks, *“What law was broken, who broke it, and how should they be punished?”*²⁵ While some survivors do wish to see those who caused them harm punished, the responses to this Needs Assessment, in line with national research on survivors’ justice



“Prosecutors only want to deal with cases that they feel are **‘winners.’** They are more concerned with image or numbers than helping cure the ills of society.”

- RESPONDENT QUOTE

needs, demonstrate that our criminal legal system only serves the needs of some.

The response to this problem needs to be as varied as the problem itself. Reimagining what “success” looks like in the criminal legal system is one part; reimagining and expanding pathways to justice is another. Providing a variety of options to survivors so that they may pursue the form of healing and justice that feels best to them is critical. Regardless of improvements that may be achieved within the criminal legal system, not all victims wish to go through such a formalized and punitive process. Additionally, the risks borne by survivors when they come forward are not equal and vary widely based on each survivors’ level of racial, ethnic, gender, and class privilege, among others. It is critical that we do not think of the criminal legal system as the “traditional” or “normal” path to justice. Rather, we must invest in a variety of equitable systems that each serve to meet victims’ unique interests.

To that end, we explore several solutions pursuant to this recommendation below:

Reimagining what “success” looks like in the criminal legal system

Dozens of respondents in the open-ended section shared that they felt law enforcement officers and prosecutors dissuaded them from pursuing a criminal complaint and preemptively classified their case as “unwinnable.” In particular, respondents stated that assaults involving alcohol or drug use or occurring in the context of a pre-existing intimate partner relationship were continually dismissed.

AEquitas, a nonprofit organization “focused on developing, evaluating, and refining prosecution practices related to gender-based violence,”²⁶ proposes additional measures that can be used by law enforcement and prosecutors’ offices to measure “success” in cases involving sexual violence, writing, “If the conviction rate is not by itself a satisfactory measure of justice and success, what is? A wide variety of meaningful outcomes can occur – those not



THE RESPONSE TO VICTIMS’-SURVIVORS’ DISTRUST OF THE JUSTICE SYSTEM MUST BE AS VARIED AS THE PROBLEM ITSELF. REIMAGINING WHAT ‘SUCCESS’ LOOKS LIKE IN THE CRIMINAL LEGAL SYSTEM IS ONE PART; EXPANDING PATHWAYS AND ACCESS TO JUSTICE IS ANOTHER.

directly related to the binary result of conviction or acquittal, but which nevertheless help ensure accountability for perpetrators and safety for victims and communities.”²⁷ AEquitas recommends a variety of other measures for success termed *performance management*, which look outside of the percentage of cases convicted. As they explain, “Performance management... requires prosecutors to look beyond conviction rates and to adopt a more expansive definition of successful prosecution.”²⁸

Among others, Aequitas’ recommended measures of success include:

- *Number/percentage of cases rated as: fully successful, partially successful, or fully unsuccessful, based on multiple measures of case success.* These measures of success include: case resolution and using trauma-informed best practices for prosecution.
- *Percentage of victims who felt that justice was served in the case.* This measure is responsive to the wide range of outcomes a survivor-victim might be satisfied with, and it emphasizes that victim perceptions of justice may differ from but are as important as that of the criminal legal system.
- *Percentage of victims who rated their overall experience with case handling as “good” or “excellent.”* This measure can be broken down to assess experiences with advocacy agencies, medical professionals, police officers, and the prosecutor’s office (depending on with which systems the victim chose to engage).
- *Average case processing time, from initial report to law enforcement to arrest to case resolution/disposition; and/or number and percentage of cases with delays.* Evaluation of the overall efficacy of case progression allows for a deeper understanding of where lapses occur in case progression, which can be felt as personal or undue for survivors.
- *Ratings by allied professionals of the overall performance of the prosecution of sexual violence cases as either “good” or “excellent.”* This measure can include evaluation from judges, law enforcement officers, and advocates in the form of annual surveys prompting respondents “to evaluate specific aspects of case processing, possibly specialized to expertise... as well as to provide suggestion for improving the handling of sexual violence cases.”

Expanding the lens of “success” from conviction rates to a wider range of measures aims to allow prosecutors’ offices to be more wide-ranging in the cases they accept versus dismiss.

Create additional pathways to justice

Expanding and creating additional pathways to justice is long overdue. In the Survivor Survey, 23.7 percent of respondents indicated that they did not report to law enforcement because they did not want the person who harmed them to get in trouble. Through open-ended responses, many respondents indicated that the violence they experienced occurred within the context of a pre-existing relationship – either familial or intimate partner. For some victims, this will increase

the desire to seek justice outside of the legal system and through process such as restorative justice. However, restorative justice can be difficult if not impossible for most survivors to attain; connecting with a trained practitioner and coordinating the process as an individual takes time and in some cases, financial investment. In N.J. specifically, there is currently no formal network of restorative justice practitioners for survivors to access.

A large-scale restorative justice program that operates on a statewide level could afford more victims-survivors the opportunity to engage with this process. In Arizona, a restorative justice pilot program called RESTORE was implemented in 2014. Referrals to the program were made by county and city prosecutors and included both cases of felony and misdemeanor sexually violent offenses. Only the survivor-victim could elect to opt into the program, not the person who caused harm. The study found consent rates among survivors as high as 63 percent for felony cases and 70 percent for misdemeanors, while those who caused harm – who were contacted only after survivors’ consent was obtained – consented at a rate of 100 percent for misdemeanors and 90 percent for felonies.²⁹ This initial finding shows a willingness on the part of both survivors and those who have caused harm to pursue justice outside of the legal system. A two-year evaluation of the program “found that more than 90 percent of participants were satisfied with the program, and most survivors-victims who participated reported feeling ‘justice was done.’”³⁰

While early returns are promising, it is notable that this pilot program only diverted from the criminal legal system and did not allow for those who were not already involved in the legal system to take part. A more expansive program, which both diverts from existing systems and allows those who would, for any number of reasons, never engage with law enforcement, would be more responsive to the need articulated in the Survivor Survey.



IN AN ARIZONA-BASED RESTORATIVE JUSTICE PILOT PROGRAM, OVER 90 PERCENT OF PARTICIPANTS FELT SATISFIED WITH THE PROGRAM, AND MOST SURVIVORS-VICTIMS WHO PARTICIPATED IN THE PROGRAM REPORTING FEELING THAT “JUSTICE WAS DONE.”

EDUCATION AND EXPANSION OF THE GENERAL PUBLIC'S UNDERSTANDING OF SEXUAL VIOLENCE

Both qualitative and quantitative data illustrated that there remains a limited scope of understanding about what constitutes sexual violence – both for survivors themselves and for the general public.

Victims-survivors understanding their own experience

When asked about accessing services related to victimization, many survivors revealed that they did not immediately identify their experiences as sexual violence. Of those who indicated they did not report to law enforcement, 45.7 percent said it was because they did not understand their experience was sexual violence at the time. Of those who did not immediately seek healthcare, 27.8 percent indicated they did not understand they had experienced sexual violence at the time. Given the frequent societal messages that normalize behaviors that lead to sexual harm, it is necessary to advance education and awareness about the spectrum of acts that constitute sexual violence, from sexual harassment and stalking to contact sexual violence.

Open-ended comments further reinforced this. Overwhelmingly, respondents shared that they did not immediately understand what happened to them as sexual violence. Many noted this in the context of having been abused as a child. Respondents also frequently cited that they did not understand sexual violence could occur within the context of a relationship, when the person who was victimized was under the influence, or when the assault did not include penetration. Some respondents also noted that they felt especially confused when violence was experienced by people who are LGBTQ+ and in the context of a relationship. Many indicated that they felt if their experience did not fit a stereotypical mold of sexual violence, their experience was minimized by others.

Overwhelmingly, respondents in the open-ended comments stated the need for more education on sexual violence in K-12 and higher education school settings and that they would have benefited from earlier education about sexual violence. It is important to note

here that repeated references to “more education in colleges/ universities” specifically once again reinforces a highly privileged respondent pool. Age-appropriate information on consent and understanding one’s body can be implemented with children as young as pre-kindergarten, with detail scaling up appropriately through the grades, and is a proven protective factor against sexual violence.³¹ New Jersey made recent progress on this front by mandating comprehensive sexual health education in K-12 public schools. The new curricula will “expand what students are taught about relationships, pregnancy and consent, but also include updates... on topics of abortion and gender identity.”³²

While NJCASA will continue to explore community-wide education as a strategy to combat the knowledge gap described above, it is also important to note that one aspect of responding to a traumatic experience *is* denial that the experience happened.³³ This is a common coping mechanism that is not the fault of the survivor. In open-ended remarks, many respondents emphasized the length of time it took them to come to terms with what they experienced and the negative way that was interpreted by others. This indicates that, even with increased understanding and awareness, many victims-survivors will still require a period of time to realize fully the harm that they experienced.

Community-wide education on sexual violence

The majority of Survivor Survey respondents (81 percent) indicated that they told someone about their experience – which may have included law enforcement officers, healthcare providers, or counselors, but also encompassed friends, family members, coworkers, faith leaders, coaches, or other informal support networks.

This demonstrates that individuals in their personal roles, not professional roles, are likely to receive a disclosure of sexual violence. As such, we must continually assess and improve community readiness for responding to disclosures about sexual violence. Many respondents shared that they felt common misconceptions



INDIVIDUALS IN THEIR PERSONAL ROLES, NOT PROFESSIONAL ROLES, ARE ALSO HIGHLY LIKELY TO RECEIVE A DISCLOSURE OF SEXUAL VIOLENCE. IMPROVING COMMUNITY READINESS FOR RESPONDING TO DISCLOSURES ABOUT SEXUAL VIOLENCE IS A CRITICAL STEP.

about sexual violence (i.e., how common delayed disclosures are, that sexual assault does not always involve penetration, etc.) resulted in their own experience being diminished or discounted when they disclosed to both formal and informal networks. Many respondents in the survey also cited both fear and stigma around survivorship as reasons for not disclosing an assault; if society has a better baseline level of knowledge and awareness around the dynamics of sexual violence, this stigma may be diminished.

Overall, open-ended responses overwhelmingly indicated that those who are not survivors fail to understand the lifelong impacts of sexual violence. Many respondents echoed sentiments such as, *“The effects are so long lasting, and people do not realize.”* Sexual violence can have lifelong emotional, physical, psychological, and financial effects on its victims. While education on the dynamics of sexual violence, consent, and other topics is absolutely critical, there must also be an emphasis on the lifelong impacts of sexual violence. Additionally, our current structures for service provision only reinforce this lack of understanding at a systemic level. As crisis services, some SVPs are required to set limits on the number of sessions and/or length of time that a survivor can access counseling services. This is an example of a systemic practice that fails to appreciate how long-lasting the effects of trauma can be. The experience can prove difficult even for survivors who are successfully referred to external, long-term counseling services - after building trust with an initial counselor, the process of starting from scratch with a new practitioner can prove overwhelming.

Partnered with knowledge-building on the dynamics and impacts of sexual violence, broader efforts around sexual violence prevention education would also be beneficial. While no data was collected in the Survivor Survey regarding sexual violence prevention messaging, responses to the Stakeholder Survey made evident that there still is a gap in understanding about what sexual violence prevention encompasses, even among those whose professional expertise is in sexual violence. Fortunately, this confusion seems to mostly center on respondents conflating “prevention” with “risk reduction,”

and refuting that responsibility should be placed on the victim to “prevent” sexual violence from occurring. This aligns with national messaging studies, which find that the general public also does not have an understanding of sexual violence prevention outside of risk reduction.³⁴

At the community and societal levels, prevention education focuses on interrupting the harmful social norms that allow sexual violence to occur. As such, we must involve all community members in confronting these harmful norms and promoting positive ones that support survivors and stop sexual violence from occurring in the first place. Expert research indicates that a mix of both community mobilization strategies and mass media campaigns together are more effective than either executed alone.³⁵

Messaging should be provided to a wide array of stakeholders and community members, including but not limited to those working in:

- Educational settings
- Religious organizations
- Athletic organizations (at recreational and professional levels)
- State politics and government
- General mass media
- Community organizations

Public awareness-raising messaging should encompass:

- Information about the wide range of behaviors that constitute sexual violence
- An emphasis on consent and empathy-building, two proven protective factors against sexual violence
- Specific information regarding the commonality of delayed disclosures
- Information about the prevalence of sexual violence
- Information on long-term consequences of sexual violence, including physical, emotional, and financial effects
- Contact information about where people can find help, such as statewide hotlines or, for more localized messaging, programs and resources in the area that provide services to survivors

CONCLUSION

While challenges to adequately, comprehensively, and compassionately serving every survivor in the way that will be most beneficial to their unique needs still exist, there are also great opportunities for growth and change in the Garden State. Reimagining what comprehensive, trauma-informed, victim-centered care looks like allows us to start drawing the the blueprint for the future of sexual violence services.

As with all studies, the data collected leave more room to learn, particularly regarding the unique needs of survivors of color and others from historically marginalized communities who were not reached by this survey.

The resulting recommendations from this needs assessment should be viewed as a jumping-off point, but not a final to-do list for those looking to make improvements to survivor services in N.J. Creative collaboration across disciplines will be necessary to help close gaps in service provision. Thoughtful considerations about funding practices will allow service-providers to be adaptive to meet the needs of victims. Increased awareness-raising will help both those who have experienced harm and their loved ones who are supporting them.

REFERENCES

- ¹ U.S. Census Bureau. (2014-2018). *American Community Survey (ACS) 5-Year Data* [Data set]. <https://www.census.gov/data/developers/data-sets/acs-5year.html>
- ² James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality
- ³ U.S. Census Bureau. (2014-2018). *American Community Survey (ACS) 5-Year Data* [Data set]. <https://www.census.gov/data/developers/data-sets/acs-5year.html>
- ⁴ Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization – National Intimate Partner and Sexual Violence Survey, United States, 2011. *Morbidity and Mortality Weekly Report*, 63(8), 1-18. <https://pubmed.ncbi.nlm.nih.gov/25188037/>
- ⁵ *Ibid.*
- ⁶ Torres, F. (2020). *What is posttraumatic stress disorder?* American Psychiatric Association. [psychiatry.org/patients-families/ptsd/what-is-ptsd](https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd)
- ⁷ Courtois, C. A. (2010). *Understanding complex trauma, complex reactions, and treatment approaches*. <https://www.giftfromwithin.org/html/cptsd-understanding-treatment.html>
- ⁸ Centers for Disease Control and Prevention. (2020). *Adverse childhood experiences*. <https://www.cdc.gov/violenceprevention/aces/index.html>
- ⁹ Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The national intimate partner and sexual violence survey (NISVS): 2010-2012 state report*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/nisvs-statereportbook.pdf>
- ¹⁰ DePrince, A. P., Dmitrieva, J., Gagnon, K. L., & Srinivas, T. (2017). Women's experiences of social reactions from informal and formal supports: Using a modified administration of the Social Reactions Questionnaire. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260517742149>
- ¹¹ Morgan, R. E., & Oudekerk, B.A. (2019). *Criminal victimization, 2018*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=6686>
- ¹² American Public Health Association. (2018). *New American Public Health Association policy statements address gun suicides, tuberculosis prevention, global food security and more*. <https://www.apha.org/news-and-media/news-releases/apha-news-releases/2018/2018-policy-statements>
- ¹³ Chen, L., Murad, M. H., Paras, M. L., Colbenson, K. M., Sattler, A. K., Goranson, E. N., Elamin, M. B., Seime, R. J., Shinozaki, G., Prokop, L. J., & Zirakzadeh, A. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings*, 85(7), 618–629. <https://doi.org/10.4065/mcp.2009.0583>

REFERENCES

- ¹⁴ Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4296–4301. <https://doi.org/10.1073/pnas.1516047113>
- ¹⁵ Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care, Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. National Academies Press (US).
- ¹⁶ Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality and National Gay and Lesbian Task Force. https://www.transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf
- ¹⁷ Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, *67*(2), 261-278. <https://doi.org/10.1037/h0080230>
- ¹⁸ National Sexual Violence Resource Center. (2010). *Housing and sexual violence: Overview of a national survey*. <https://www.nsvrc.org/publications/housing-and-sexual-violence-overview-national-survey>
- ¹⁹ Basile, K. C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S. G., & Raiford, J. L. (2016). *STOP SV: A technical package to prevent sexual violence*. Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/SV-Prevention-Technical-Package.pdf>
- ²⁰ DePrince, A. P., Dmitrieva, J., Gagnon, K. L., & Srinivas, T. (2017). Women's experiences of social reactions from informal and formal supports: Using a modified administration of the Social Reactions Questionnaire. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260517742149>
- ²¹ O'Neil, M., & Morgan, P. (2010). *American perceptions of sexual violence: A Frameworks research report*. National Sexual Violence Resource Center. <https://www.nsvrc.org/publications/frameworks-report-2010>
- ²² Ohio Alliance to End Sexual Violence. (n.d.). **Best practices for engaging survivors of sexual assault from culturally specific communities & limited English proficient speakers**. <https://www.oaesv.org/site/assets/files/1319/oaesv-engaging-survivors-of-sexual-assault-from-culturally-specific-communities-and-lep-speakers.pdf>
- ²³ <https://reachingvictims.org/team-member/ruby-white-starr/>
- ²⁴ Starr, R. W. (2018). Moving from the mainstream to the margins: Lessons in culture and power. *Journal of Family Violence*, *33*, 551-557. <https://doi.org/10.1007/s10896-018-9984-1>

REFERENCES

- ²⁵ baliga, s. (2018, October 10). A different path for confronting sexual assault. *Vox*. <https://www.vox.com/first-person/2018/10/10/17953016/what-is-restorative-justice-definition-questions-circle>
- ²⁶ <https://aequitasresource.org/>
- ²⁷ Long, J., Fuhrman, H., Hatry, H., Zweig, J., Borakove, E., & Cheatham Banks, Rey. (2020). *Model response to sexual violence for prosecutors (RSVP model): Measuring the impact, Volume II: Performance management*. Aequitas, et al. <https://aequitasresource.org/wp-content/uploads/2020/01/RSVP-Vol.-II-1.10.20.pdf>
- ²⁸ *Ibid.*
- ²⁹ Koss, M. P. (2013). The RESTORE program of restorative justice for sex crimes: vision, process, and outcomes. *Journal of Interpersonal Violence*, 29(9), 1623-1660. <https://doi.org/10.1177/0886260513511537>
- ³⁰ New Jersey Coalition Against Sexual Assault. (2019). *Expanding pathways to justice: Restorative justice as a means of addressing sexual violence*. https://njcasa.org/wp-content/uploads/2019/07/Restorative-Justice-Position-Paper_Final.pdf
- ³¹ Centers for Disease Control and Prevention. (2020). *Risk and protective factors*. <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>
- ³² Adely, H. (2020, June 9). Do New Jersey's new sex education standards go too far? Some say yes. *The Record*. <https://www.northjersey.com/story/news/education/2020/06/09/nj-adopts-new-sex-education-standards/5323037002/>
- ³³ Washington Coalition of Sexual Assault Programs. (n.d.). *The effects of sexual assault*. <https://www.wcsap.org/help/about-sexual-assault/effects-sexual-assault>
- ³⁴ O'Neil, M., & Morgan, P. (2010). *American perceptions of sexual violence: A Frameworks research report*. National Sexual Violence Resource Center. <https://www.nsvrc.org/publications/frameworks-report-2010>
- ³⁵ Randolph, W. & Viswanath, K. (2004). Lessons learned from public health mass media campaigns: Marketing health in a crowded media world. *Annual Review of Public Health*, 25, 419-37. <https://doi.org/10.1146/annurev.publhealth.25.101802.123046>