



A REPORT FROM THE NEW JERSEY COALITION AGAINST SEXUAL ASSAULT

WHO ARE WE SERVING?

A Statewide Review of Sexual Violence Services in 2019





acknowledgements

This report is a collaborative effort of the New Jersey Coalition Against Sexual Assault, the county-based sexual violence programs serving survivors in all 21 counties, and the Rutgers New Brunswick Violence Prevention and Victim Assistance program.

NJCASA is deeply grateful for the time, expertise, and passion of the advocates working and volunteering in the sexual violence programs across New Jersey.

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executive summary

In 2019, an estimated **8.9 million** people resided in New Jersey (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 also 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. Sexual violence programs in N.J. must be equipped, both technologically and culturally, to address all survivors who call the State home.

This report, which details the state of sexual violence service provision in N.J. in 2019, was undertaken to assess strengths and gaps in service provision, including the provision of services to underserved and marginalized communities and survivors. The findings reveal that, in 2019, our providers served close to **20,000 New Jerseyans** through 24-hour hotlines, coordinated community crisis response, counseling services, court accompaniments, and outreach and services to marginalized communities.

At the same time, the data reveals that **43 percent of N.J.'s rape crisis centers have a waiting list for services nine out of 12 months of the year**, with wait times ranging from 1-3 weeks (62 percent of providers) to 4-6 weeks (38 percent of providers), tight budgets meant a reliance on volunteers at a rate of three volunteers for one paid staffer, and gaps remain in the provision of services to marginalized communities.

Overall, the report shows that sexual violence programs in N.J. continue to fill a critical need with limited resources. To address this need, the report offers data on the state of service delivery in 2019 and recommendations for both programmatic and policy changes to ensure that every New Jerseyan will benefit from our trauma-informed, survivor-centered, holistic approach to reducing community trauma. The report recommends:

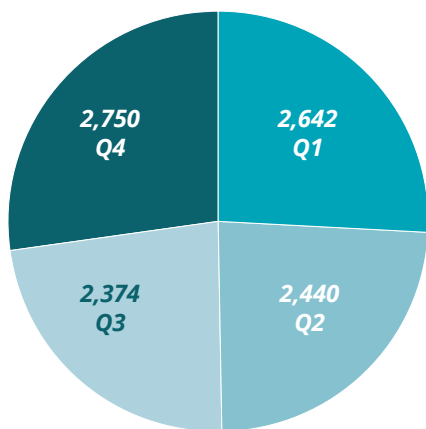
- **Building** capacity for programs to collect data effectively
- **Creating** state-level oversight of SART programs to ensure fidelity to standards
- **Developing** statewide language access plan to improve hotline accessibility
- **Establishing** practice to evaluate quality of services provided at local programs
- **Implementing** practices to recruit and retain staff representing the diverse communities of N.J.
- **Increasing** outreach to communities historically underserved by sexual violence programs
- **Partnering** with communities not represented in data collection methods employed
- **Training** program staff on the barrier oppression presents for survivors from marginalized communities



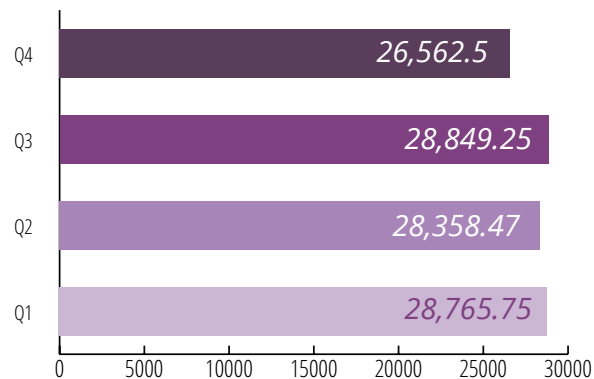
43% of N.J.'s rape crisis centers have a waiting list for services 9 months out of the year

2019 in review

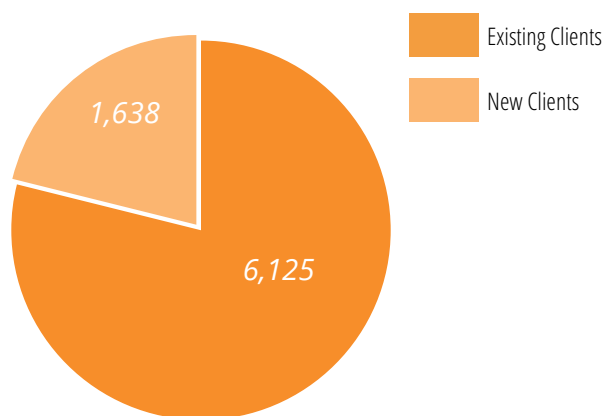
Member programs answered more than **10,000** hotline calls.



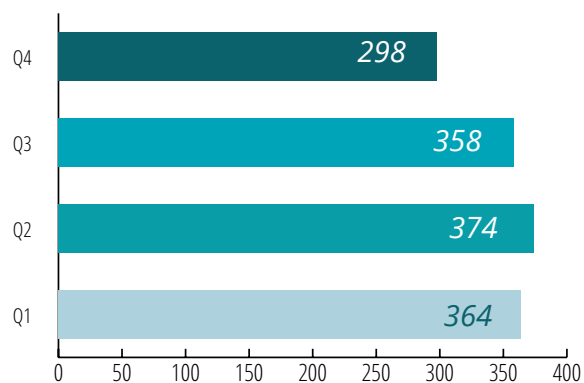
Confidential Sexual Violence Advocates logged more than **100,000** hours.



Programs provided counseling to more than **7,500** survivors and their loved ones, **1,638** of whom were new clients.

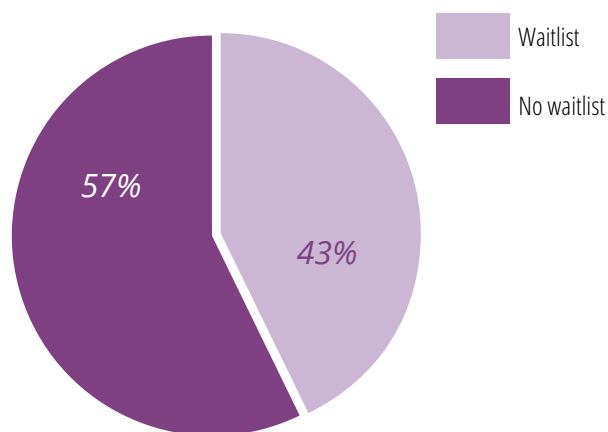


Advocates went out on **1,394** Sexual Assault Response Team activations to serve survivors of contact sexual assault.



Yet despite all that we have accomplished, we need a greater investment to reach capacity to serve the **1.8 million** survivors who call N.J. home.

This reality is underscored by the fact that in 2019, **43 percent** of sexual violence programs had a waitlist for counseling services.



introduction

The New Jersey Coalition Against Sexual Assault (NJCASA) is a non-profit, non-governmental organization representing the State's recognized county-based sexual violence service programs and the Office of Violence Prevention and Victim Assistance at Rutgers University, New Brunswick. NJCASA works to **elevate the voice** of sexual violence survivors and service providers by **advocating** for survivor-centered legislation, **training** allied professionals, and **supporting** statewide prevention strategies that can address and defy the socio-cultural norms that permit and promote rape culture.



Our mission is to promote the compassionate and just treatment of survivors and their loved ones; foster collaborative relationships between community systems; and affect attitudinal and behavioral changes in society as we work toward the elimination of sexual violence against all people.

This report, which details the state of sexual violence service provision in N.J. in 2019, is an analysis of the monthly data shared by member programs in 2019.

purpose & goals

NJCASA began collecting monthly statistics from our member programs in order to:

1 **Identify** strengths and gaps in the provision of services, including the request for Confidential Sexual Violence Advocates (CSVAs) for Sexual Assault Response Team (SART) activations, hotline responsiveness, individual and group counseling, community outreach, and program staffing.

2 **Develop and deliver** targeted technical assistance to our member programs to address identified gaps in service provision.

3 **Increase** the capacity of local service providers through data-informed advocacy for allocations of state and federal funds to support their critical mission of serving the 1.8 million survivors of contact sexual assault in N.J.

methodology

In 2018, NJCASA formed a working group on sexual violence service provision and program staffing data. The goal of the working group was to create a survey instrument by which NJCASA could collect monthly data from our member programs. In consultation with the working group, a survey was designed that covers both service delivery and staffing, and includes topics such as hotlines, counseling, outreach, SART activations, hours worked and total coverage provided by CSVAs, and waitlists for services.

In developing the survey instrument, the working group weighed the need to collect data that could provide a clear picture of sexual violence and sexual violence service provision in N.J. against the capacity of member programs to provide these monthly statistics. Recognizing that programs have various data collection and reporting responsibilities to various funders, and the need for NJCASA to capture this rich qualitative and quantitative data in one place to support statewide advocacy, we endeavored to ask only those questions which would be critical to show the volume of need for these services and the contours of the population served.

With regard to population served, it is important to note that N.J. is one of the most diverse states in the nation, with high numbers of foreign-born and Limited English Proficiency (LEP) residents.¹ It is imperative that sexual violence service providers serve all survivors, including survivors of color, LGBTQ survivors, incarcerated survivors, survivors with disabilities, deaf/hard of hearing (DHH) survivors, immigrant survivors, and survivors with limited English proficiency. Many of these survivors face unique barriers and challenges in accessing support in the aftermath of sexual violence, and program evaluation must provide us with data that indicates where we can make improvements so that all survivors of sexual violence who call N.J. home have access to culturally sensitive services.

In designing the survey, we asked questions about the race, gender, sexual orientation, and gender identity of clients served. We also asked about disability, requests for language access services, requests for American Sign Language interpretation, the number of clients who indicated they were incarcerated at the time they placed a call to a hotline or received counseling and the number of clients

identifying as undocumented. This report includes that demographic data in many categories, however, with regard to race, gender, gender identity, sexual orientation, and citizenship, data is not reported for hotline calls or SART activations, as collecting demographic data during a crisis runs counter to best practice.

NJCASA launched the survey online in January of 2019 and collected data on a monthly basis throughout the year. The survey is comprised of four sections reflecting 22 discrete variables. The survey contains mainly closed-ended questions, but respondents were also provided the opportunity to include write-in responses to four of the survey questions. Over 250 write-in responses were provided. In total, there was an opportunity for 22 programs to provide 12 months of data each, for a total of 264 discrete survey responses. NJCASA received 244 responses, a response rate of 93 percent. Due to inconsistencies in data, eight responses were removed, and our data reflects 236 discrete survey responses for a final response rate of 89 percent.

categories & findings



hotline calls



counseling



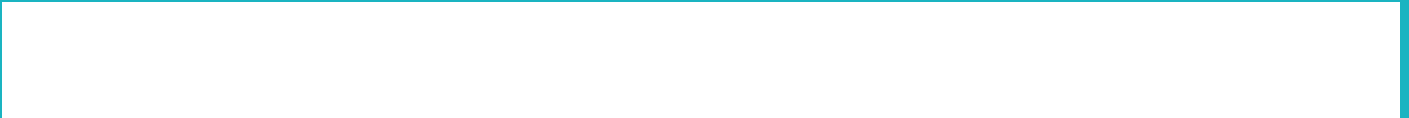
SART activations



community outreach

Sexual violence programs in N.J. provide a range of services, including answering 24-hour crisis hotline calls; offering counseling in both individual and group settings to survivors of sexual violence and their loved ones; working with outside partners, agencies, and stakeholders to create safer communities in our collective interest in preventing sexual violence; and sending out CSVAs on SART activations. This report covers the provision of hotline, counseling, and SART services in-depth. It also covers the raw number of community engagement activities that sexual violence programs undertook in 2019, the numbers of staff working in these programs, and the hours logged by CSVAs across the State.

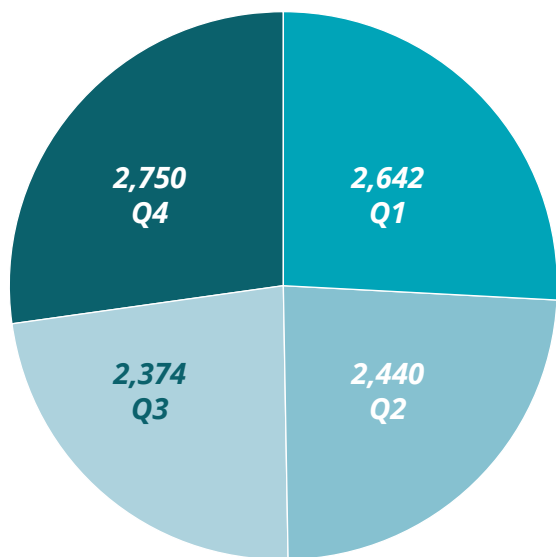
HOTLINES



hotline services

One of the core services sexual violence programs in N.J. provide is a confidential, anonymous, 24-hour crisis hotline. Survivors and their loved ones contact sexual violence hotlines for many reasons, including, but not limited to, information and referrals, a supportive and empathetic ear, assistance understanding their legal rights and options, and safety planning.

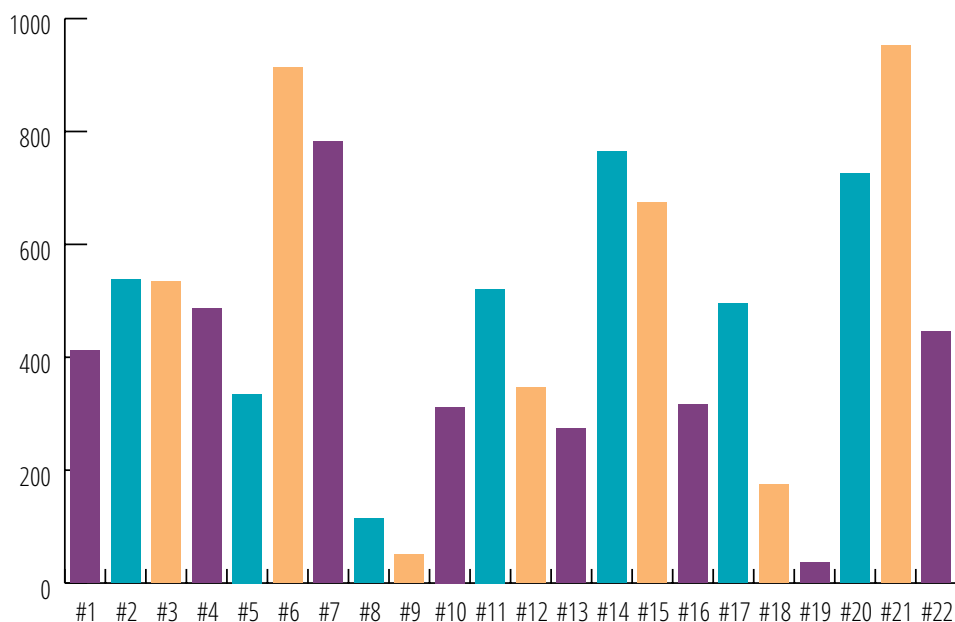
hotline calls in 2019, by quarter



- Over the course of 2019, member programs answered **10,206 hotline calls**.
- Statewide, the number of calls was consistent across quarters, with an average of **2,551 calls** per quarter.
- Q1 and Q4 saw a **slightly higher** call volume, while Q2 and Q3 saw a **slightly lower** volume.

hotline calls in 2019, by program

The volume of calls varied by program. The chart below shows variance in number of calls by program, with the programs randomized to maintain the anonymity of program-specific data.



language access

Providing services in languages other than English is imperative in a State with a high population of foreign-born residents and LEP residents. In N.J., 22.8 percent of residents are foreign born, meaning they were not U.S. citizens at birth, and 12.1 percent of residents are categorized as LEP.

All sexual violence programs in N.J. provide language interpretation via a language access line. Language Line, the same provider used by State agencies in N.J., provides this confidential and anonymous translation in more than 240 languages, including the 155 languages spoken in the State.³

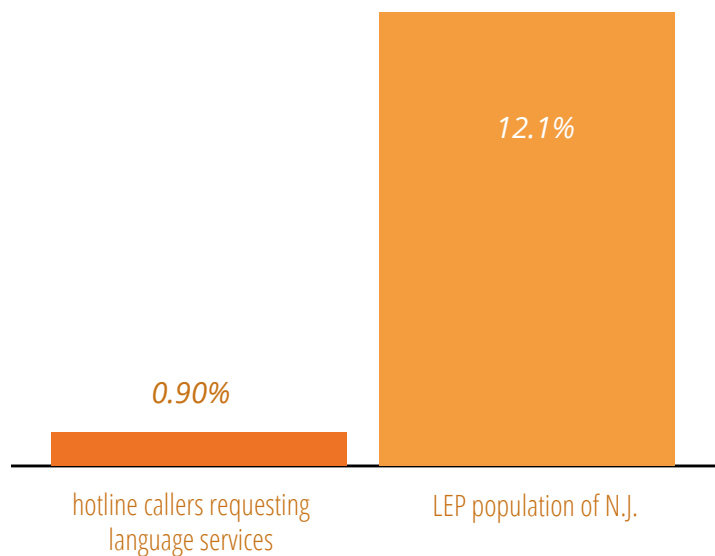
Across the State, **90 callers** asked for language interpretation services on a hotline call in 2019. This represents only a small fraction of the **10,206 callers**. Indeed, this amounts to less than 1 percent of callers in a state where 12.1 percent of the population meet the definition of LEP.⁴

Sexual violence programs in N.J. can better serve LEP survivors by increasing their capacity to understand the unique barriers and challenges faced by immigrant communities. Programs in N.J. have begun this work through cultural humility training for staff and volunteers, technical assistance and training from NJCASA centered in an anti-oppression framework, and outreach to immigrant advocates, communities, and community organizations.

In addition to language access for foreign-born and non-English speaking residents, sexual violence programs must be equipped to serve survivors who are Deaf/Hard-of-Hearing (DHH). In 2019, **just two callers identified as DHH**. This is a significant underrepresentation, as estimates of DHH population of N.J. range from 2.5 percent to 10.6 percent of the State's total population.⁵

Programs can better serve DHH survivors by engaging with the DHH community and with DHH advocates in order to learn where the barriers and needs are and to gain a better understanding of how to meet those needs. Additionally, funders need to aid programs in investing in technology, so that DHH survivors can communicate with hotline workers, and in cultural humility training from community organizations and advocates.

hotline callers requesting language services vs. LEP population of N.J., 2019



incarcerated survivors

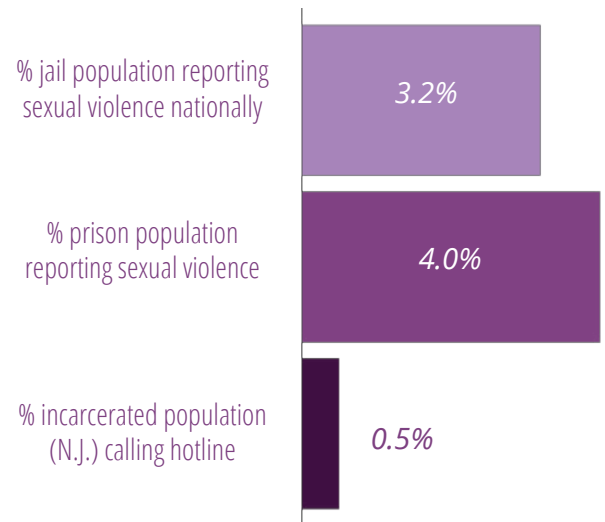
The Prison Rape Elimination Act (PREA) requires prisons and jails in the U.S. to “provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.”⁶ PREA mandates access to “outside victim advocates” including, but not limited to: “toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.”⁷

A total of **173 callers** were incarcerated at the time they placed a call to a hotline. This number represents just 0.5 percent of the incarcerated population of N.J., which does not come close to the 4 percent of those who are incarcerated who report experiencing one or more instances of sexual violence while in federal or state prison, or the 3.2 percent of those incarcerated who report one or more instances of sexual violence while in jail.^{8 9}

In N.J.'s juvenile and adult correctional facilities, PREA signage includes instructions on accessing the hotlines and advocacy services provided by the State's county-based sexual violence programs. Correctional facilities in N.J. should have MOUs with local county-based programs, and signage should indicate that the hotline is run by the relevant program. Recent PREA audits of the State's Juvenile

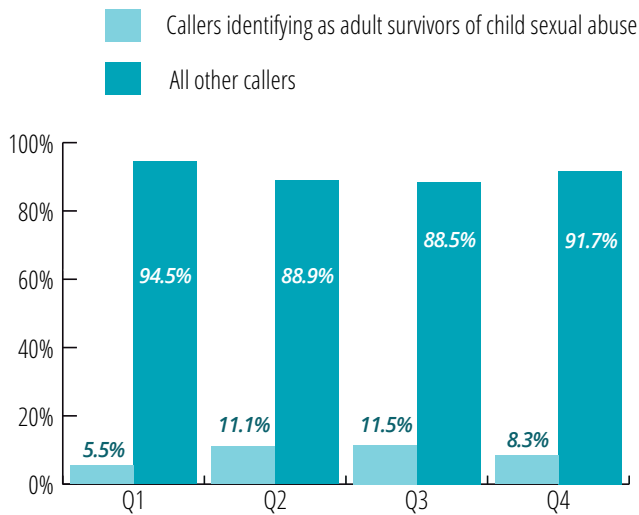
Justice facilities have found that "PREA signage was not displayed in all areas frequented by the residents," and while corrective action was taken, lack of signage may be one contributing factor to the low number of calls from youth and adults incarcerated in N.J.'s jails and prisons.¹⁰

incarcerated callers vs. national data on incarcerated people facing SV, 2019



adult survivors of childhood sexual abuse

adult survivors of childhood sexual abuse vs. all hotline callers, 2019

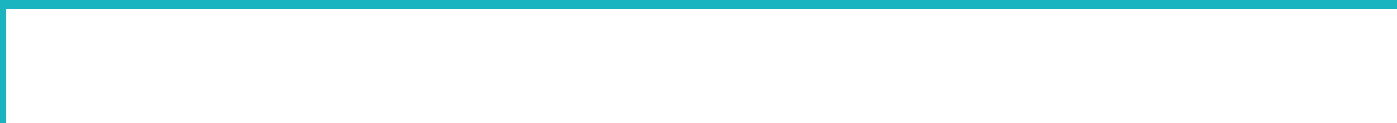


themselves as adult victims of childhood sexual assault would increase in the second and third quarters of 2019, just as legislation was advanced, and signed into law, expanding N.J.'s civil statute of limitations. The expanded civil statute of limitations extends the time for filing for civil damages from two years for all survivors, to seven years for adult survivors and age 55 for adult survivors of child sexual abuse. The legislation also created a one-time, two-year window during which any survivor previously denied an opportunity to bring forth such claims due to the previous statute, could do so. While the civil statute of limitations was increased for all survivors, advocacy efforts for this reform on behalf of adult survivors of childhood sexual abuse were highlighted in the media, particularly in connection with increased media attention to sexual abuse cover ups by the Catholic Church.

Across 2019, the number of hotline callers identifying as adult survivors of childhood sexual abuse **increased significantly**. The most substantial growth was seen in **Q2 and Q3**, which each saw, relative to the total number of calls that quarter, an increase of **more than 100 percent** over Q1.

As hotline trends have identified through the years, increased public conversation about sexual violence contributes to an elevated number of calls to hotlines. This was apparent during the Bill Cosby trial and the confirmation hearings for Chief Justice Brett Kavanaugh. Therefore, it is expected that calls to N.J.'s sexual violence hotlines by callers identifying

COUNSELING



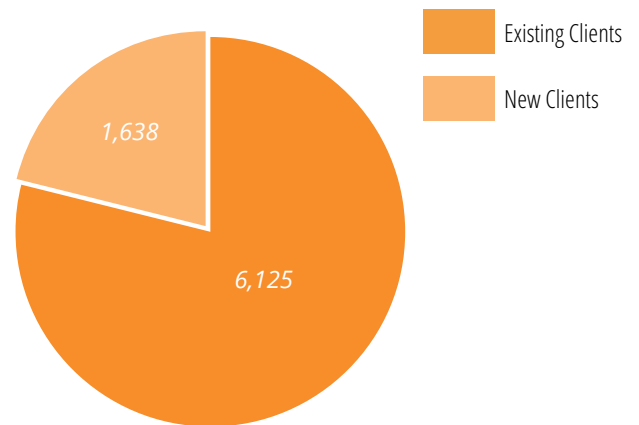
counseling services

Counseling is another core service provided by NJCASA’s member programs, each of which provides individual and group counseling and support groups.

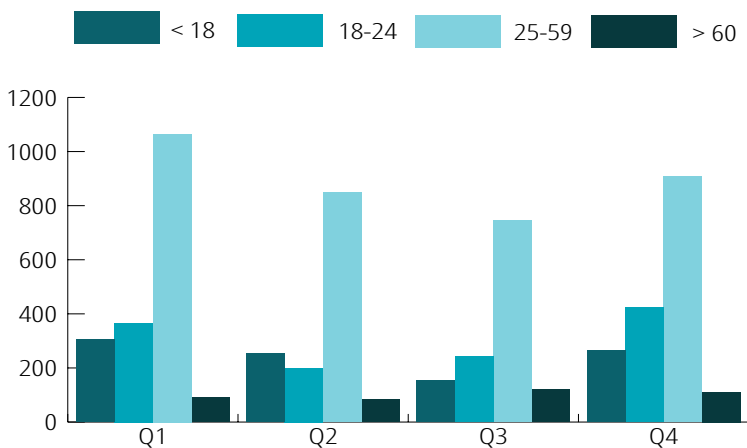
Over the course of 2019, member programs provided counseling services, including both individual and group counseling, to **7,763 clients**. Of these clients, **1,638** were new clients.

Member programs collected demographic data from counseling clients, including race and ethnicity, gender, age, and identification as a member of the LGBTQ community. All demographic data collected was reported to NJCASA without any additional data that could identify the client.

existing counseling clients vs. new counseling clients, 2019



counseling clients by age, 2019



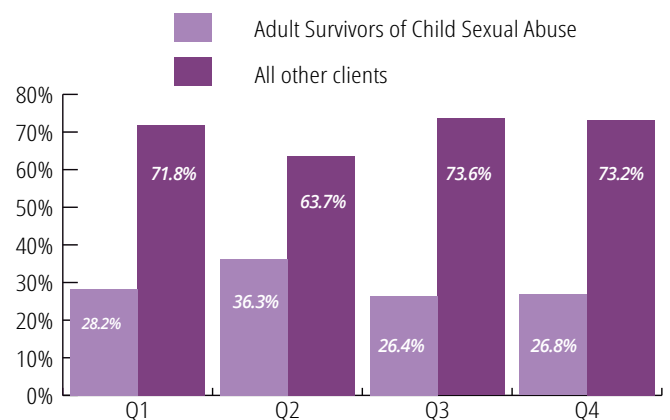
Counseling clients were asked their age, with the majority falling into the **25-59** age bracket.

Again, this age bracket is larger than the under 18 and “18-24” and “60 and over” (given average life expectancy in N.J.) life brackets.¹¹ This alone may account for the fact that the majority of counseling clients fell into this category.

The number of counseling clients who identified as adult survivors of childhood sexual assault **grew substantially in Q2**, though it was not as significant of a jump over Q1 data as was reflected in hotline data, and Q3 did not see growth over Q1.

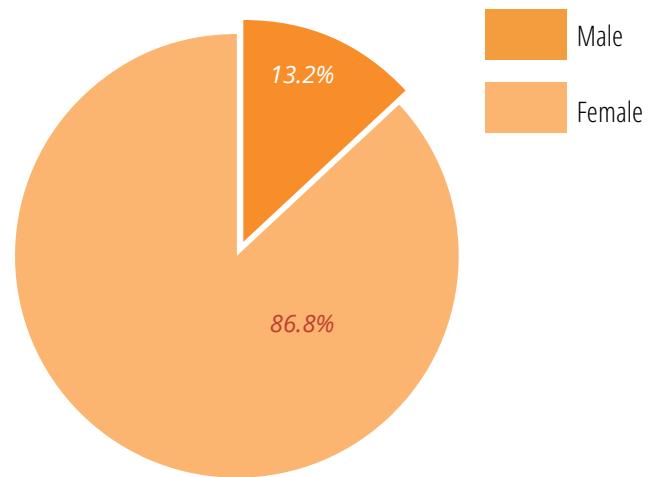
Again, the jump in data likely reflects the passage of legislation expanding the civil statute of limitations for survivors wishing to pursue justice through the courts, and the growing media attention to that legislation as well as to the sexual abuse cover up scandals facing the Catholic Church in the first half of 2019.

adult survivors of child sexual abuse vs. all counseling clients, 2019



In 2019, **92.8 percent** of counseling clients identified themselves by gender, with **86.8 percent** of those identifying by gender identifying as female, and the remaining **13.2 percent** of clients identifying by gender identifying as male.¹²

counseling clients by gender, 2019

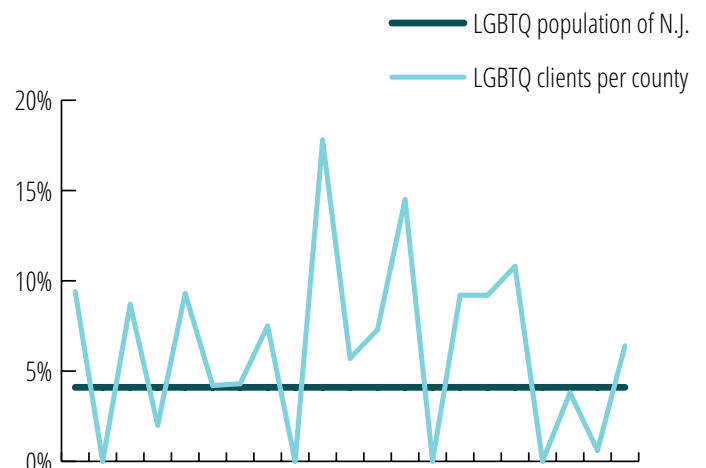


LGBTQ survivors

Annually, **5.3 percent** of clients across the State identified as a member of the LGBTQ community, with this number remaining consistent across quarters (Q1 = 5.3 percent, Q2 = 5.2 percent, Q3 = 5.6 percent, Q4 = 5.2 percent). This number is higher than the **4.1 percent** of New Jerseyans estimated to identify as LGBTQ, however, the number of clients identifying as LGBTQ varied greatly by county/program, ranging from 0 percent to **17.8 percent** of clients.¹³

Members of the LGBTQ community, particularly bisexual men and women, transgender people, and gay men, face higher rates of sexual violence than their heterosexual and cisgender peers. The 2010 National Intimate Partner Violence and Sexual Violence Survey (NISVS) found that 13 percent of lesbian women, 17 percent of straight women, and 46 percent of bisexual women have experienced rape in their lifetime. The survey also found that men experience sexual violence other than rape at rates of 21 percent for straight men, 40 percent for gay men, and 47 percent for bisexual men.¹⁴

LGBTQ counseling clients vs. LGBTQ population of N.J., 2019



Transgender people and individuals who identify outside the male/female binary face exceedingly high rates of sexual assault. The 2015 U.S. Transgender Survey (USTS), the largest scale survey of the transgender population ever conducted, found that 37 percent of transgender women, 51 percent of transgender men, and 55 percent of nonbinary people have experienced sexual assault. For transgender people of color those numbers are even higher, with 53 percent of Black, 58 percent of Middle Eastern, 59 percent of multiracial, and 65 percent of Native American transgender and nonbinary individuals having experienced sexual assault. We would therefore expect to see higher than 5.3 percent of clients across programs identifying as LGBTQ.¹⁵

Increasing access to services for LGBTQ New Jerseyans means increasing program capacity to serve these survivors in ways that are welcoming and reflect cultural humility. Several member programs have made great strides in this area and are seeing LGBTQ clients become a significant portion of their overall client base. Other programs see very few LGBTQ clients and/or may not be asking demographic questions around sexual orientation and gender identity (SOGI).

survivors of color

In recognition of the racial and ethnic diversity of N.J.; the need to serve survivors of all racial/ethnic backgrounds; and the historic and continuing inequality faced by survivors of color in both the larger society and in systems that respond to sexual violence (such as the criminal justice and healthcare systems), as well as within the feminist and anti-sexual violence movements, we asked programs to report on the racial and ethnic self-identities of their counseling clients. The racial/ethnic categories chosen for the survey were “American Indian/Alaska Native,” “Asian,” “Black/African American” “Hispanic/Latina,” “other racial identity,” and “White/Caucasian.”¹⁶

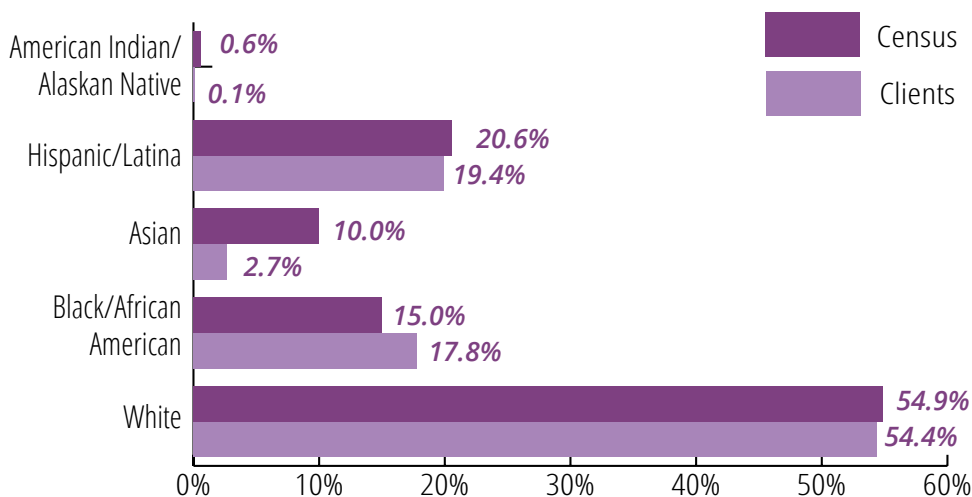
Across sexual violence programs, **87.3 percent** of counseling clients identified themselves or were identified by race. Of those who identified their race, **45.6 percent** identified with communities of color.

When matched against the U.S. Census Bureau’s 2017 American Community Survey (ACS) data, programs saw a slight underrepresentation of White/Caucasian clients (54.4 percent vs. 54.9 percent), a slight

underrepresentation of Hispanic/Latina clients (19.4 percent vs. 20.6 percent), a slight overrepresentation of Black/African American clients (17.8 percent vs. 15 percent), and significant underrepresentation of both American Indian/Alaskan Native (0.1 percent vs. 0.6 percent) and Asian (2.7 percent vs. 10 percent) identified clients. 5.6 percent of clients identified as “other racial identity.”

Program statistics on Hispanic/Latina, Black/African American, and white identified clients show these clients accessing services at rates very nearly matching their proportion of the State’s population. However, **when we account for the fact that women of color experience higher rates of sexual violence than white women, we can see that these populations continue to face barriers in accessing services.**

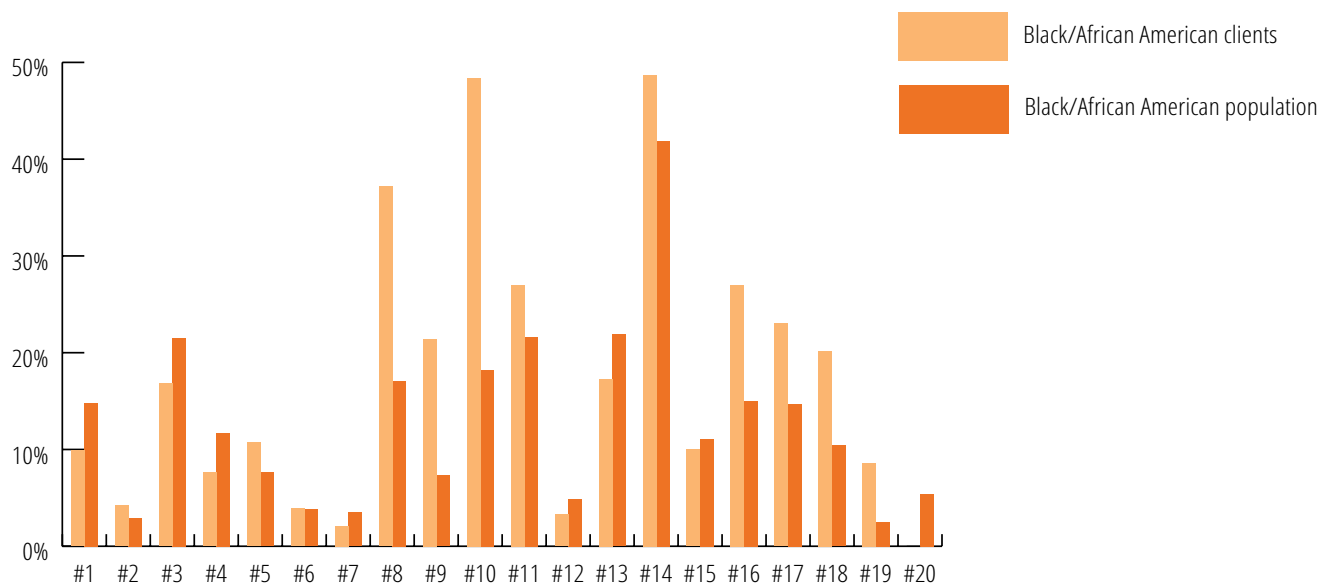
counseling clients by race vs. population of N.J. by race, 2019



Black survivors

In N.J., 15 percent of the population identifies as Black/African American, while **17.8 percent** of counseling clients at sexual violence programs identified as Black/African American. That data varied by county, with some counties seeing a significantly higher percentage of Black clients than Black residents, while other counties saw few or no Black clients, despite having Black residents. In the chart below, counties have been randomized to protect program-specific data, while the program that choose not to provide demographic data has been removed.

Black counseling clients vs. population per county, 2019



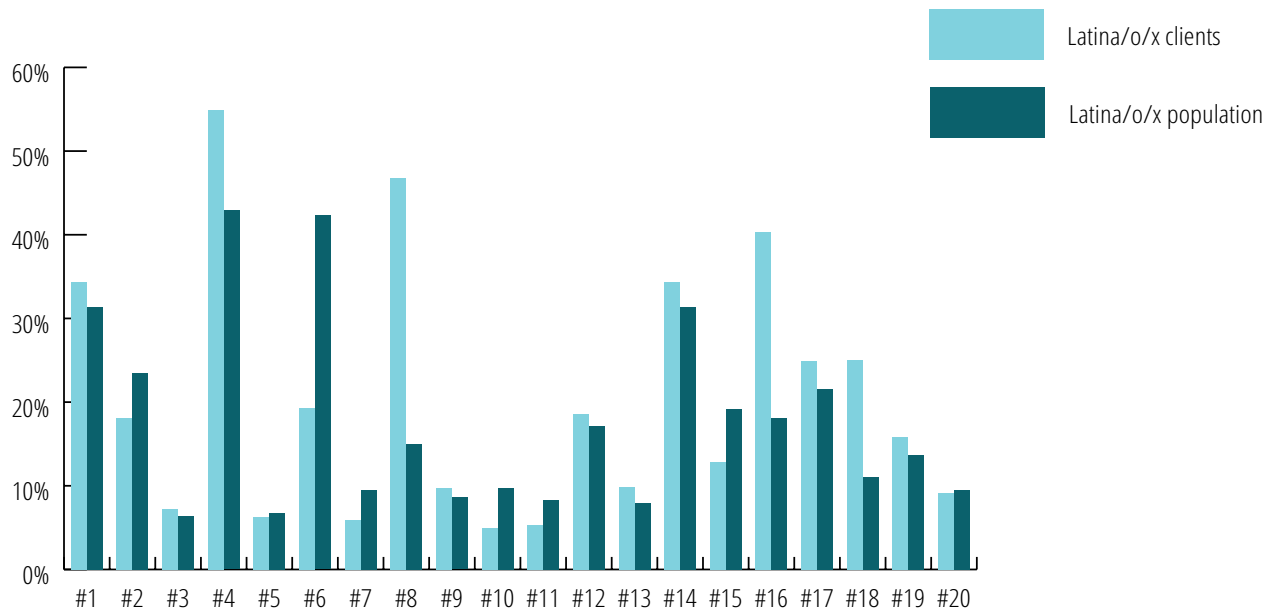
As noted above, it would be a mistake to assume that the slight overrepresentation of Black clients, relative to the Black population of N.J., means that Black survivors do not face barriers in accessing services. National data shows that between 40 to 60 percent of Black women report being subjected to coercive sexual contact by age 18; 40 percent of confirmed sex trafficking survivors in the U.S. are Black; 38 percent of U.S. Black women experience sexual violence other than rape in their lifetime; 20 percent of Black women are rape survivors; and Black girls and women 12 and older experience higher rates of rape than white, Latina, and Asian women and girls in the U.S.^{17 18 19} U.S. Bureau of Justice statistics reveal that for every Black woman who reports sexual violence, another 15 do not.²⁰

Programs seeking to help Black survivors address rape and sexual violence must reckon with the fact that sexual violence has been a tool of white supremacy, not only at the individual level, but most profoundly at the level of institutions and the State. In the U.S., the systemic rape of Black women and girls was, for hundreds of years, encouraged by law and policy and was foundational to the growth of an economy within which Black women, despite their labor, continue to be marginalized. Following emancipation, the rape and sexual abuse of Black women and girls was a tool of both State and extrajudicial terror in the U.S. After Jim Crow, not only do Black women and girls continue to face higher rates of sexual violence than white, Asian, and Latina women and girls, but they face both criminal justice and healthcare systems which have perpetuated racial disparities. Finally, the anti-sexual violence and feminist movements themselves are mired in histories of racism and have often “mainstreamed” at the expense of women of color and sexual and gender minorities.²¹

Latina/o/x survivors

Counseling clients who identified as Hispanic/Latina (**19.4 percent** of clients) were slightly underrepresented relative to the population of N.J. that identifies as Hispanic/Latino (20.6 percent of population).²² That data varied by county, with some counties seeing a significantly higher percentage of Latina/o/x clients than Latina/o/x residents, while other counties saw fewer Latina/o/x clients than the population of Latina/o/x residents would suggest. In the chart below, counties have been randomized to protect program-specific data, while the program that choose not to provide demographic data has been removed.

Latina/o/x counseling clients vs. population per county, 2019



As with other survivors of color, we should not assume that the near match between the percentage of counseling clients who are Latina/o/x and the percentage of the population of N.J. that is Latina/o/x means that Latina/o/x survivors are not facing barriers accessing services. Nationally, 13.6 percent of Latinas report experiencing rape while another 35.6 percent of Latinas report experienced sexual violence other than rape during their lifetimes.²³ At the same time, only 21 percent of Latina survivors seek formal support.²⁴

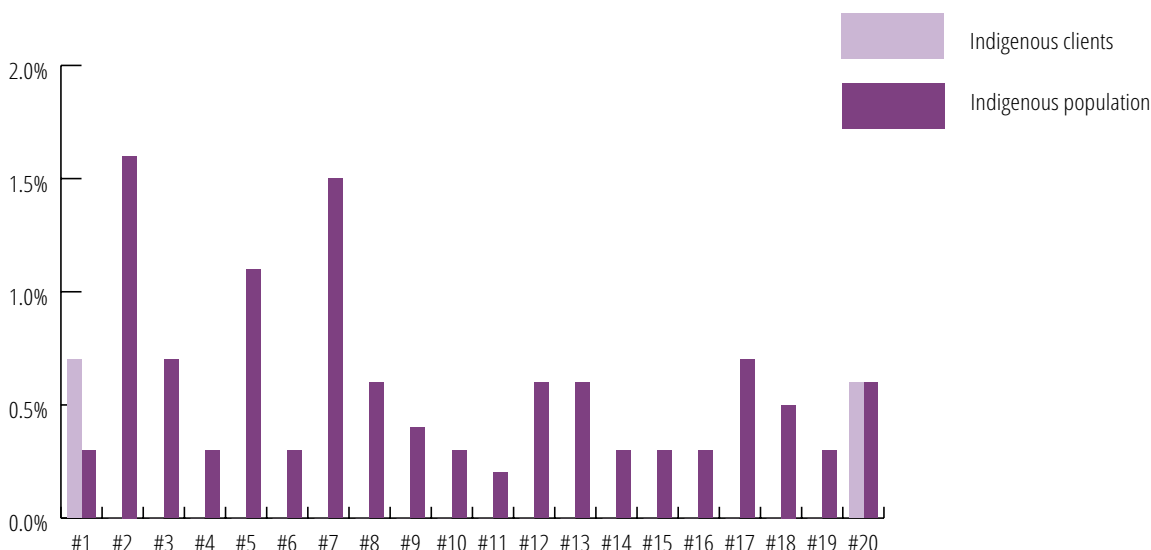
Sexual violence programs in N.J. are acutely aware of the need to serve all survivors, including Latina/o/x survivors, and have done much work to increase access to these survivors. Many programs have Latina/o/x staffers and volunteers, and many have sought out bilingual advocates. While these are welcome and necessary steps, a focus on language – while important in making sure that programs are able to serve all survivors, including those who are Latina/o/x – must not come at the expense of understanding that not all Latina/o/x survivors are bilingual, and many who are speak languages other than Spanish.

As with other survivors of color, service providers must understand how historic and continuing inequalities and discrimination have impacted Latina/o/x communities, how that history includes the feminist and anti-sexual violence movement, and how these realities can and do impact the decisions that survivors from marginalized communities make in where they will go, if they will go anywhere at all, to access services. Finally, it is important for sexual violence programs to continue building relationships with Latina/o/x advocates, organizations, and communities in order to learn from Latina/o/x survivors and their loved ones how to best meet their needs.

indigenous survivors

Programs saw a significant underrepresentation of clients identifying as American Indian/Alaska Native, relative to N.J.'s American Indian/Alaska Native population. U.S. Census Bureau data shows that American Indian/Alaska Native residents make up 0.6 percent of the total population of the State, yet in 2019, programs across the State saw only **0.1 percent** of their clients identifying as American/Indian or Alaska Native.²⁵ While the indigenous population of N.J. varies by county, ranging from 0.2 percent to 1.6 percent of a County's population, underrepresentation was fairly consistent across programs, as shown by the chart below, which has been randomized to protect program specific data. One program did not share demographic data, that county has been removed from the chart below.

indigenous counseling clients vs. population per county, 2019



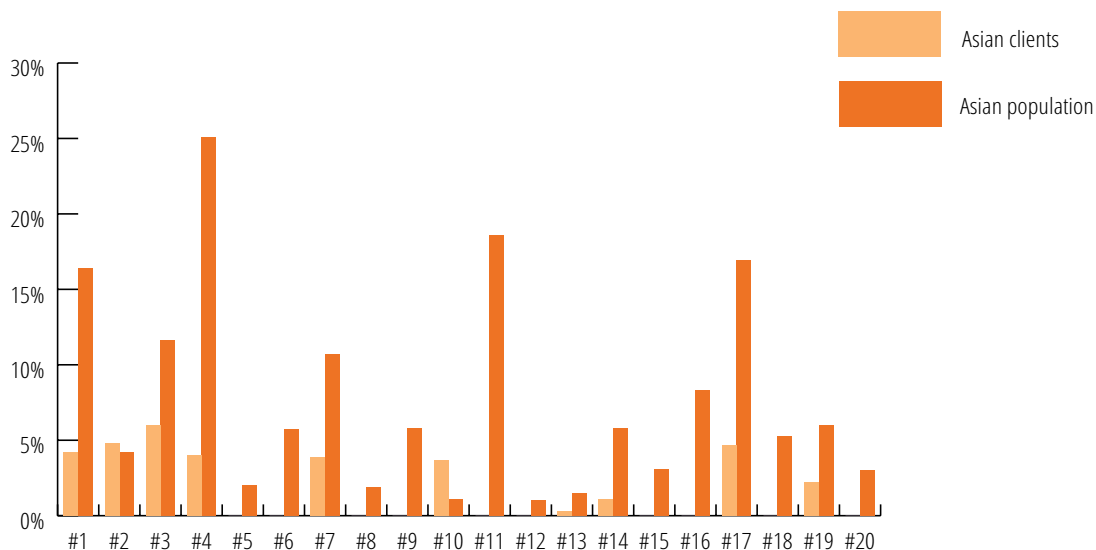
Across N.J.'s sexual violence programs, only four programs saw clients who identified as Native American or indigenous in 2019. Out of a total of 7,763 counseling clients, only nine identified as Native American or indigenous. At the same time, Native American women face the highest rates of sexual assault in the U.S. Native women experience rape at more than two times the rate of non-native women, and over 56 percent of native women and 27 percent of native men have experienced sexual violence in their lifetimes. In contrast with other racial/ethnic groups, most sexual violence against native women and men is interracial (by non-native perpetrators).²⁶

asian survivors

Programs saw a significant underrepresentation of clients identifying as Asian, relative to the Asian population of N.J. U.S. Census Bureau data shows that Asians make up 10 percent of the total population of the State, yet in 2019, programs across the State saw only **2.7 percent** of their clients identifying as Asian. While the population of Asians in N.J. varies by county, ranging from 1.1 percent to 25.1 percent of a County's population, underrepresentation was consistent across programs, as shown by the chart on the next page, which has been randomized to protect program specific data. One program did not share demographic data, that county has been removed from the chart on the next page.

The NISVS shows that Asian and Pacific Islander women and girls report lower levels of sexual violence than do white, Latina, Native American and Black women in the U.S.²⁷ However, it is important not to assume that there are fewer Asian survivors in N.J., relative to the Asian population of the State, but rather to recognize that the specific contours of the Asian population in N.J. account, in part, for significant underreporting of sexual violence.

Asian counseling clients vs. population per county, 2019



Asians are the fastest growing racial group in the State. More than two-thirds of Asians residing in N.J. are new immigrants, reflecting changes in immigration laws that were long punitive towards Asians and were, until the Immigration Act of 1965, focused on keeping Asians from immigrating the U.S. Given that the majority of Asians in N.J. are new immigrants, it is not surprising that a significant number (36 percent) have limited English proficiency. Additionally, there are an estimated 118,000 undocumented Asians in N.J., representing 22 percent of the undocumented population of the State.²⁸ It is well known that undocumented residents are reluctant to report to law enforcement and engaging formal systems. Barriers faced by undocumented survivors, as well as those faced by survivors with limited English proficiency may account, in part, for the underrepresentation of Asian clients at sexual violence programs in N.J.

It is also important to note that Manavi, a dual domestic violence/sexual violence agency dedicated to serving South Asian survivors, has been operating in the State since 1985. Manavi provides culturally specific support services to South Asian survivors in the State and provides many of the services (such as crisis hotline and counseling) that are provided by the county-based sexual violence programs. South Asians make up a significant portion of N.J.'s Asian population, with Indians being the largest Asian group in the State, representing over 40 percent of the State's total population of Asian residents. While Manavi's work may therefore account for some of the underrepresentation of Asian survivors that county-based program data is reflecting, it is nevertheless imperative that programs serve all survivors.²⁹

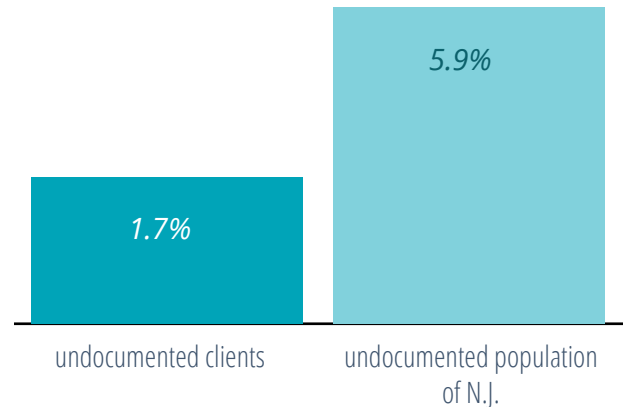
undocumented survivors

In 2019, **1.7 percent** of counseling clients identified themselves as being undocumented. While this is significantly less than the 5.9 percent of N.J. residents who are undocumented, the discrepancy may be attributable to undocumented clients fearing to share this information about themselves and/or their families.

While it is certainly possible, even likely, that many undocumented survivors seeking counseling services simply do not disclose their citizenship status, it is also likely that we are seeing undocumented survivors in lower numbers than their population and rates of victimization indicate. The chilling effect of draconian immigration policies and increased attention to immigration by both politicians and the media likely extend beyond fear of reporting to law enforcement and may mean that many undocumented survivors remain silent about sexual violence, seeking no formal supports.

Indeed, in May 2019, a national coalition of advocacy organizations surveyed a group of over 600 advocates and attorneys who work with immigrant survivors of domestic violence and sexual violence, and found that over 75 percent reported their clients fear going to the police and going to court, with one advocate noting “survivors are afraid that they will be reported to immigration and customs enforcement, and be removed from their children. This has happened on numerous occasions in our community and continues to happen.” While sexual violence programs are not law enforcement or the courts, it is important that we make clear in outreach to immigrant communities that we serve all survivors, and do so confidentially, regardless of citizenship status.

undocumented clients vs. undocumented population of N.J., 2019



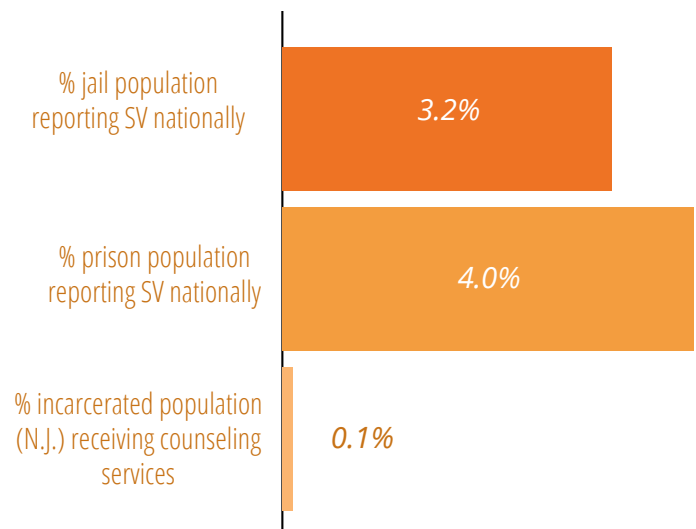
incarcerated survivors

In 2019, **44 counseling clients** were incarcerated at the time they received counseling services.

While this number represents **0.57 percent of the 7,763 clients** who received counseling services at sexual violence programs around the State in 2019, it represents only 0.13 percent of the incarcerated population of N.J.

National data shows that 3.2 percent of those in jails and 4 percent of those in prisons report experiencing sexual assault in those settings.^{30 31} This indicates that sexual violence programs across the state are underserving incarcerated survivors of sexual violence.

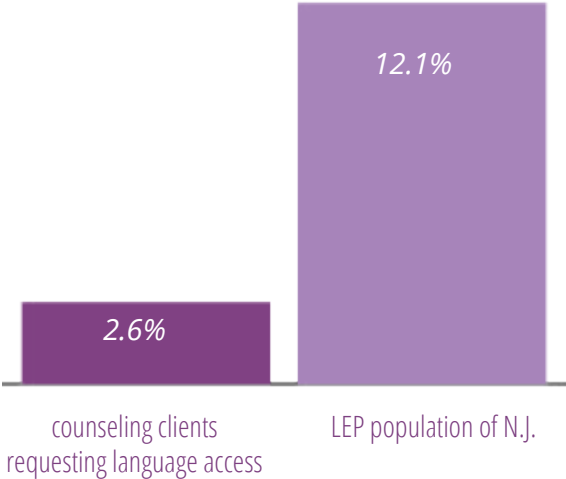
incarcerated counseling clients vs. national data on incarcerated people facing SV, 2019



language access

In 2019, **200 counseling clients** requested accommodations related to language access (such as having a counselor who speaks a language other than English). That number is low relative to the population of the State who are defined as having limited English proficiency, as shown in the chart below. As noted in other sections of this report, access to services in the many languages spoken in N.J. is necessary for providing service to all survivors, including new immigrants. It is important that programs in N.J. are funded to hire multilingual staff who represent immigrant communities and can provide outreach, counseling, and crisis response in languages other than English. At the same time, programs and their funders must be mindful that outreach to marginalized communities must be accompanied by services to those communities (i.e. counseling, crisis response, etc.) and that building relationships with historically marginalized communities requires an investment of time and resources and ultimately the development not just of one or two staff people, but of an entire staff that more organically reflects the diversity of the communities served.

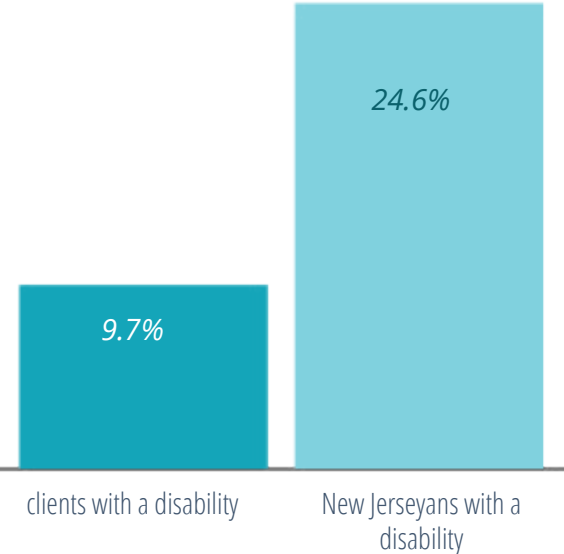
counseling clients requesting language access vs. LEP population of N.J., 2019



survivors with a disability

In 2019, a total of **754 counseling clients** shared that they had a disability. This represents **9.7 percent of the total counseling clients** for the year. According to the Centers for Disease Control and Prevention, 24.6 percent of the population of N.J. has some type of disability.³² Therefore, the percentage of counseling clients identifying as having a disability is significantly lower than the percentage of New Jerseyans who identify as having a disability. It is likely that many clients who are categorized as having a disability did not identify that in

counseling clients with a disability vs. N.J. population with a disability, 2019



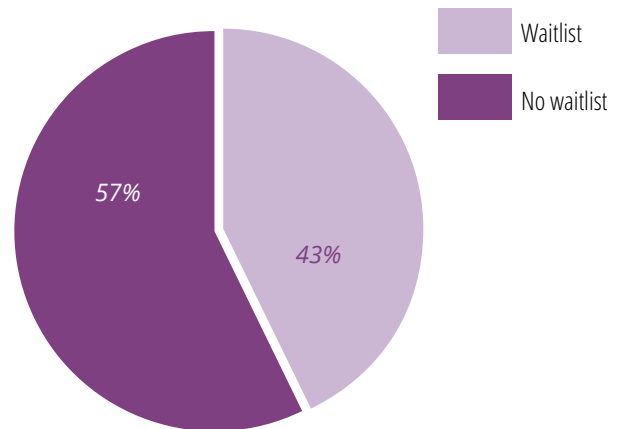
counseling, or in accessing counseling services. However, it is also true that certain disabilities, especially those that effect either cognitive functioning or mobility may make it harder to access services.

It is well known that people with disabilities face higher rates of sexual violence than the general public. Unpublished U.S. Department of Justice data obtained by NPR shows that people with intellectual disabilities are seven times more likely to be sexually assaulted than the general public.³³ According to the NISVS, which defines the term “disability” as “activity limitations an adult may have due to physical, mental, or emotional problems and health problems that require the use of special equipment such as a cane, wheelchair, special bed, or special telephone,” having any type of disability is associated with an increased risk of sexual violence.³⁴

waitlists

In 2019, **43 percent** of N.J.'s rape crisis centers had a waiting list for services nine out of 12 months of the year, with wait times ranging from 1-3 weeks (62 percent of providers) to 4-6 weeks (38 percent of providers). Waitlists for services are the result of tight budgets and reveal the need for a deeper investment in the State's sexual violence service providers who serve the 1.8 million survivors who call N.J. home.

counties with a waitlist for services, 2019



SEXUAL ASSAULT RESPONSE TEAM (SART) ACTIVATIONS

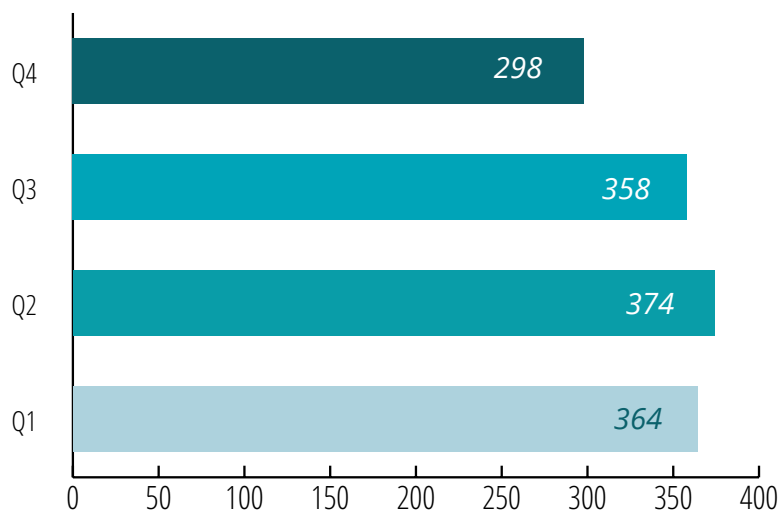


SART activations

In N.J., a victim of sexual assault is eligible for SART services when the assault occurred within the past five days and the victim consents to a SART activation. The SART provides a coordinated response to victims of sexual assault and is comprised of a law enforcement officer, a CSVA, and a forensic nurse examiner (FNE).

Survivors may choose to activate any of the three prongs, in any combination that works for them. For instance, a survivor may choose to engage with only law enforcement, only an FNE, only a CSVA, or some combination of the three. Indeed, while national research found that victims of sexual violence who work with CSVAs reported better outcomes, including more “positive experiences with medical and legal systems, increased reporting and receipt of medical care, and decreased feelings of distress,” it remains critical that the choice is in the hands of the survivor and that they can choose to work with a CSVA or to work solely with one or both of the other team members, or to not activate SART at all.³⁵

SART activations, 2019



In 2019, our data shows that CSVAs went out **1,394 SART activations**, meeting survivors in hospitals and police stations following victimization. Calls for CSVAs to assist in SART were consistent across quarters 2-4, with Q1 seeing fewer activations than the rest of the year.

While our program data shows how many calls our CSVAs went out on, it does not reveal the total number of SART activations in 2019. The total number of activations includes those activations where only an FNE, only a law enforcement officer, or an FNE and a law enforcement officer were activated, but

a CSVA was not. Without this data, we cannot assess the percentage of SART activations involving CSVAs and N.J.'s sexual violence programs.

COMMUNITY OUTREACH



community outreach

Sexual violence programs in N.J. also work in the communities they serve to provide education, training, and other programming aimed at increase awareness of sexual violence and promoting primary prevention by challenging the social norms that allow sexual violence to flourish.

Over the course of 2019, member programs engaged with their broader communities at more than **1,700 events**, including trainings, workshops, conferences, and more. The first two quarters of the year saw higher engagement numbers which is expected, as much of this work is done in K-12 schools and therefore opportunities wane in the summer (Q3) and holiday (Q4) months.



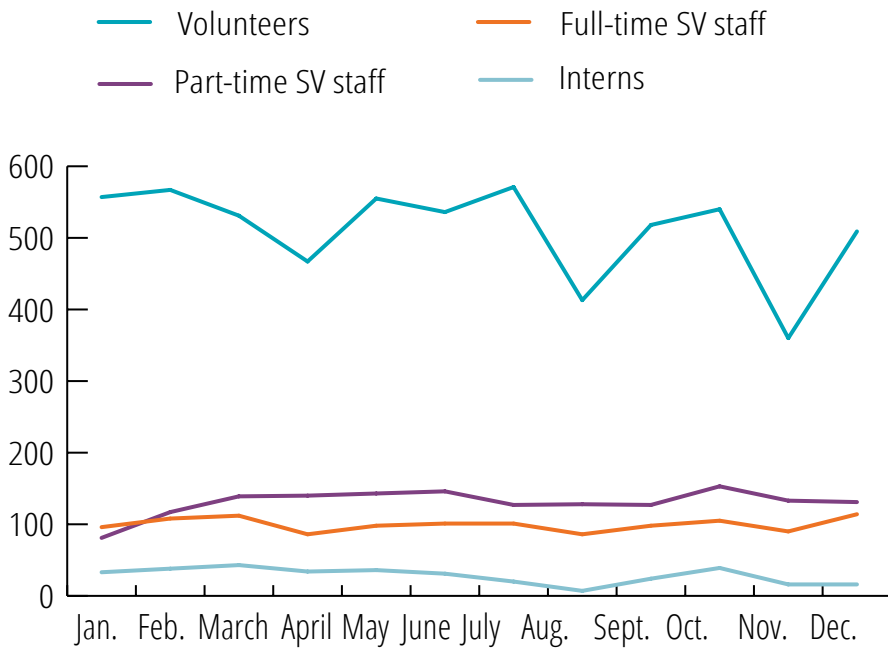
1,778 outreach events

STAFFING



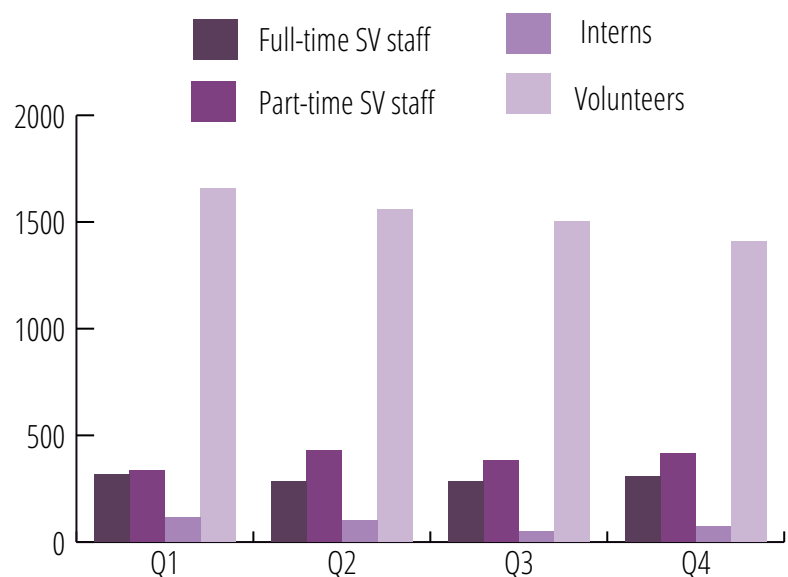
staffing

Across 2019, programs maintained consistent levels of paid staff (both full and part time), as indicated by the chart below. However, programs saw fluctuations in volunteer staff, with significant dips in April, August, and November. Additionally, data shows a much higher proportion of volunteers to paid staffers.



In 2019, paid staff made up just **under 30 percent** of the total workforce at sexual violence programs across N.J., with volunteers and interns making up the **remaining 70 percent**. Specifically, full-time staff made 12.9 percent of the total workforce, with part-time staff making up 17.1 percent, interns making up 3.6 percent, and volunteers making up 66.4 percent of total workforce.

It is important to note that the much larger number of volunteers to staff does not necessarily mean that volunteers are doing a greater proportion of the work, as the data set “total workers” does not reveal the hours worked by each worker. Nevertheless, volunteers contribute significantly to the work of sexual violence programs in N.J.



CONCLUSION & RECOMMENDATIONS



conclusion & recommendations

Based on the data collected from member programs in 2019, it is clear that sexual violence programs across the State continue to provide critical services to survivors while operating with limited resources. As the capacity building agency providing technical assistance to the programs providing these services, NJCASA is well aware that programs are working diligently to increase their readiness to serve all survivors that call N.J. home. At the same time, our findings indicate continued challenges to serving survivors at the margins. To address the challenges laid out in this report, NJCASA offers the following recommendations.

- An investment should be made in **building the capacity** of programs to effectively collect data. At this time, data collection is often performed by various program staff who, although skilled in their programming area, may not have expertise in data collection or analysis. Multiple people collecting data, or a change in the person tasked with data reporting, can cause inconsistency in practice and reduce the fidelity of the data being recorded. One specific area of need is strengthening the collection of SOGI data. Additional areas include standardizing practice within and across programs on the collection of data on race and ethnicity.
- NJCASA should **establish practice to evaluate** the quality of services being provided at local programs. The data collected to date is largely quantitative and does not capture adherence to the “Best Practice Standards” established by NJCASA’s membership. This information could be gathered through programs’ self-reports, survivors who received services providing feedback directly to NJCASA, and auditing services (similar to NJCASA’s 2018-19 hotline evaluation). These methods will give an outline of the survivors being provided services, but additional efforts will need to be made to gather feedback from survivors who could not access services or who chose not to engage.
- NJCASA should **work with local programs to develop** a comprehensive statewide language access plan to improve hotline accessibility for individuals with limited English proficiency. A statewide plan should have specific and customized actions to be implemented by local programs to assess the linguistic needs of their communities and effectively meet these needs.
- Programs should **implement training** on the barriers privilege and oppression present for survivors who are LGBTQ, have limited English proficiency, are Deaf/Hard of Hearing, are people of color, have disabilities, are immigrants, or are otherwise marginalized. These trainings should be provided by, or developed in consultation with, advocates and/or organizations that represent these communities, and should center discussions on intersectionality. Additionally, such content should be included in all training materials to ensure these considerations become central to provision of services.
- Programs should **increase outreach** to communities that have been, and these data suggest continue to be, underserved by sexual violence programs. This includes working with organizations and advocates, but also direct community outreach. Care must be taken to pair outreach with an intentional investment in building the capacity of the program to meet the needs of survivors from these communities. Conducting outreach without this step can cause harm to survivors who find their cultural needs are not being met.
- NJCASA should **establish mutual partnership** with communities to who may not be represented in the data collection methods employed to date to ensure visibility and an appreciation of what needs are not being met.

- Programs should **intentionally implement practices** to recruit and retain staff that represent the communities in N.J. This means prioritizing the hiring of personnel who are people of color, LGBTQ, multi-lingual, immigrants, differently abled, and otherwise marginalized. In concert with recruitment and hiring, programs must adopt policies and practice that lead to the retention of a diverse staff. This requires review of compensation, management styles, workloads, etc. while also identifying ways in which oppression and privilege contribute to overall workplace culture.
- There should be **consistent and uniform state-level oversight** of SART programs to ensure fidelity to standards. The existing SART Advisor Board is ideally situated to assess adherence to standards across the state and address practice that is divergent from one county to the next.

endnotes

- 1 As of 2017, N.J. had a foreign-born population of 2,037,286, representing 22.8 percent of the State's total population. Of those N.J. residents who were foreign born, 43 percent qualified as Limited English Proficiency. Source: Migration Policy Institute tabulations of the U.S. Census Bureau American Community Survey (ACS) and Decennial Census, retrieved from: <https://www.migrationpolicy.org/data/state-profiles/state/language/nj>
- 2 U.S. Census Bureau. (2018). *Selected language characteristics, 2018 American Community Survey estimates* [Data set]. <https://www.census.gov/acs/www/data/data-tables-and-tools/data-profiles/>
- 3 Many sexual violence programs in N.J. also have multi-lingual staff members. Those staff members may respond to hotline callers who do not speak English. While multi-lingual staff may reply to hotline callers or provide other services in languages other than English, programs have received technical assistance from NJCASA on the need for any staff members specifically providing translation services to be certified interpreters. This is recognized best practice in the field, as simply speaking a language does not mean that a person has the requisite skills to provide translation or transcreation services.
- 4 Migration Policy Institute tabulations of the U.S. Census Bureau American Community Survey (ACS) and Decennial Census, retrieved from: <https://www.migrationpolicy.org/data/state-profiles/state/language/nj>
- 5 Statistics on the DHH population of N.J. are expressed across a range, with the CDC's National Health Interview Survey for 2014-2016 finding that 10.6 percent of the State's population has some hearing loss, ranging from mild to profound, while the 2018 American Community Survey, which defines hearing difficulty as being "deaf or having serious difficulty hearing," found that 225,791 New Jerseyans, or 2.5 percent of the State's total population, had a hearing difficulty. Sources: Blackwell, D. L. (2017, December 22). QuickStats: Percentage of adults aged ≥18 years with any hearing loss, by state — National Health Interview Survey, 2014–2016. *Morbidity and Mortality Weekly Report*, 66(50), 1389. <http://dx.doi.org/10.15585/mmwr.mm6650a7>; U.S. Census Bureau. (2018). *Selected disability characteristics, 2018 American Community Survey estimates* [Data set]. <https://data.census.gov/cedsci/table?q=hard%20of%20hearing&g=0400000US34&tid=ACSDT1Y2018.B18102&hidePreview=true>
- 6 Prison Rape Elimination Act, 28 CFR § 115.51(a). <https://www.govinfo.gov/content/pkg/CFR-2014-title28-vol2/pdf/CFR-2014-title28-vol2-sec115-51.pdf>
- 7 Prison Rape Elimination Act, 28 CFR § 115.53. <https://www.govinfo.gov/content/pkg/CFR-2016-title28-vol2/pdf/CFR-2016-title28-vol2-sec115-53.pdf>
- 8 Kaeble, D., & Cowhig, M. (2018, April). *Correctional populations in the United States, 2016*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>
- 9 Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013, May). *Sexual victimization in prisons and jails reported by inmates, 2011-2012*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>
- 10 "Prison Rape Elimination Act (PREA) Audit Report: Juvenile Facilities" reports for the following institutions and dates found that signage was not posted in all locations frequented by residents: New Jersey Training School (April 26, 2019); Northern Region Independence & Re-Entry Success Center (March 21-22, 2019); Southern Secure Residential Community Home (March 25, 2019); Vineland Preparatory Academy (March 21-22, 2019). Retrieved from: <https://www.nj.gov/oag/jjc/prea.html>.
- 11 As of 2017, the average life expectancy in N.J. was 80.2 years. See: https://www-doh.state.nj.us/doh-shad/indicator/complete_profile/LifeExpectancy.html
- 12 It is important to note that programs were not asked by NJCASA, and in turn may not have asked

their clients, if they identified with a gender other than male or female. In 2019, N.J. began formally recognizing identities outside the gender binary with implementation of the Babs Siperstein Law, which mandated a third gender option on N.J. birth certificates. At the same time, the New Jersey Transgender Equality Task Force recommended the collection of data on sexual orientation and gender identity (SOGI data), including genders outside the male/female binary, wherever the State collects demographic data. It is important that surveys and other data collection tools include options that can accurately assess the size and needs of the non-binary population in order to target service delivery and ensure full and equal access to people of all genders. This is especially true for sexual violence service providers, as we know that transgender people, including those who identify outside the gender binary, face higher rates of violence, including sexual violence, than cisgender people (see, 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, pp. 205-210. <http://www.ustranssurvey.org/reports>). For 2020, NJCASA has revised the survey instrument by which we collect this data and has included non-binary gender options. We will also be working with our member programs to provide technical assistance in the collection of SOGI data, in the form of trainings, discussions, and a toolkit on SOGI data collection.

13 The federal government does not collect SOGI (sexual orientation gender identity) data in either the U.S. Census or the American Community Survey, and there is no state or county level count of the number of people in N.J. who identify as LGBTQ from either the Federal or State government. For this reason, while we were able to match the demographic data on race and ethnicity that we gathered from member programs with the U.S. Census Bureau's American Community Survey data, we matched the demographic data on sexual orientation and gender identity that we gathered from member programs with the Williams Institute at UCLA's data on the population of N.J. that identifies as LGBTQ. In the absence of SOGI data collection at the federal level, the Williams Institute at UCLA is considered the standard bearer in the field (see [https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LG BT&area=34#density](https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LG%20BT&area=34#density)). The Williams Institute data is not county specific, as is evident in chart on page 14 of this report.

14 Walters, M. L., Chen, J., & Breiding, M. J. (2013, January). *National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. U.S. Department of Health and Human Services. <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=263171>

15 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, pp. 205-210. <http://www.ustranssurvey.org/reports>

16 When choosing which terms to use for racial/ethnic categories, NJCASA decided to use those terms that most closely match the U.S. Census and the American Community Survey in order to match the data on sexual violence service provision in N.J. with population-specific data. In some instances, we used one term in collecting the data but use additional terms in this report. In those instances, a footnote was added to provide details and rationale.

17 Black Women's Blueprint. (2012). *The Black Women's Truth and Reconciliation Commission on Sexual Assault*. <https://www.blackwomensblueprint.org/truth-commission>.

18 Banks, D., & Kyckelhahn, T. (2011, April 3). *Characteristics of suspected human trafficking incidents, 2008-2010*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/cshti0810.pdf>

19 Planty, M., Langton, L., Krebs, C., Berzofsky, M., & Smiley-McDonald, H. (2013, March). *Female victims of sexual violence, 1994-2010*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/fvsv9410.pdf>

20 Hart, T. C., & Rennison, C. (2003, March). Reporting crime to the police, 1992-2000. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/rcp00.pdf>

21 See for instance, Staples, B. (2018, July 28). How the suffrage movement betrayed black women. *The New York Times*. <https://www.nytimes.com/2018/07/28/opinion/sunday/suffrage-movement-racism-black-women.html>; Collins, P. H. (1990). Black feminist thought: Knowledge, consciousness, and the politics of empowerment. Unwin Hyman; Crenshaw, K. (1991, July). Mapping the margins:

Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241-1299, 10.2307/1229039; McGuire, D. L. (2010). *At the dark end of the street: Black women, rape, and resistance - a new history of the Civil Rights Movement from Rosa Parks to the rise of Black Power*. Alfred A. Knopf.

22 In designing the survey instrument, NJCASA decided to use the term “Hispanic/Latina” which could easily map onto the U.S. Census Bureau term “Hispanic/Latino” for purposes of comparative analysis. We changed the “Latino” to “Latina,” as most survivors are female identified. In this report we use the more inclusive Latina/o/x where appropriate.

23 Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2014, September 5). 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(SS08), 1-18.

24 Cuevas, C. A., & Sabina, C. (2010, April). *Final report: Sexual Assault Among Latinas (SALAS) Study*. Office of Justice Programs. <https://www.ncjrs.gov/pdffiles1/nij/grants/230445.pdf>

25 In designing the survey instrument, NJCASA decided to use the term “American Indian/Alaskan Native” in order to match the data to U.S. Census Bureau data for purposes of comparative analysis. However, in this report we use the term indigenous where appropriate, as the terms “Native American” and “American Indian” have been cited by some indigenous leaders and activists as being too general to reflect the vast diversity of North American tribes as well as having fraught histories related to colonialism, racism, and genocide.

26 National Institute of Justice. (2016, May). *Five things about violence against American Indian and Alaska Native women and men*. <https://www.ncjrs.gov/pdffiles1/nij/249815.pdf>

27 Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief - updated release*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

28 Migration Policy Institute (MPI) analysis of U.S. Census Bureau data from the pooled 2012-16 American Community Survey (ACS) and the 2008 Survey of Income and Program Participation (SIPP), drawing on a methodology developed in consultation with James Bachmeier of Temple University and Jennifer Van Hook of The Pennsylvania State University, Population Research Institute. Retrieved from: <https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/NJ>

29 In addition to Manavi, there are several organizations in N.J. dedicated to serving survivors of color. While these organizations provide critical services and support for survivors, it is equally important that the State’s recognized county-based agencies are well-equipped to serve these survivors, as it is both their right as residents to access county-based services, and because we should be providing survivors with options and affirming their choices to access services at either the county-based program or at an allied organization.

30 Kaeble, D., & Cowhig, M. (2018, April). *Correctional populations in the United States, 2016*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/cpus16.pdf>

31 Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013, May). *Sexual victimization in prisons and jails reported by inmates, 2011-2012*. Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>

32 Centers of Disease Control and Prevention. (2019, September). *Disability & health U.S. state profile data for New Jersey (adults 18+ years of age)*. <https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/new-jersey.html>

33 Shapiro, J. (2018, January 8). *The sexual assault epidemic no one talks about*. NPR. <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>

34 Smith, S.G., Zhang, X., Basile, K.C., Merrick, M.T., Wang, J., Kresnow, M., Chen, J. (2018). *The National*

Intimate Partner and Sexual Violence Survey (NISVS): 2015 data brief - updated release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. See also: Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. *American Journal of Public Health, 106*(5), 928-933.

35 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*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>