# Key Components of Sexual Assault Crisis Intervention/Victim Service Resources*

Most colleges and universities seek to provide services or advocacy for victims of sexual assault. These services may be provided on campus or off campus via a memorandum of understanding with a local rape crisis center or victim advocacy program. These services are invaluable to survivors of sexual assault; they can help ensure future physical safety, as well as mitigate the mental and emotional harm caused by sexual assault.

This document discusses the existing research on sexual assault crisis intervention and victim services. It is important that campuses engage in practices that are effective so that survivors get the help they need, and campuses are not wasting vital resources on services which don't accomplish this goal. This document is meant to be the start of a conversation for schools as they work to ensure accessible support services for victims on their campuses.

## I. Confidentiality

### Survivors need a confidential space for disclosure, either in the form of a crisis center on campus whose staff members are protected by confidentiality statutes, or a representative from a community based center with such privileges who works part time on campus.

- Survivors typically do not disclose sexual assault to formal support providers (law enforcement, campus administrators, crisis centers). Campus estimates suggest 2-6% disclose to law enforcement and 4% to campus authorities.[1] There are many common reasons why survivors do not disclose to professionals, including fear of others knowing about the assault and wanting to keep it private.[2] This suggests that confidentiality is a requirement for many survivors to disclose. As a result, support services that are not confidential may not be used.[3]
- Survivors report shame, stigma and embarrassment after an assault.[4] Confidential spaces may be perceived as safer for initial reporting.
- Confidentiality is a cornerstone of mental health treatment.[5] There are many reasons for this, including that individuals seeking help often need to discuss very personal and private details of their lives and feel more comfortable doing so confidentially. Similarly, sexual assault survivors must also talk about intensely personal aspects of their lives that they may not have shared with anyone else. Confidentiality helps build trust that personal information can be shared safely.

## II. Campus Crisis Response

### Advocacy services must be provided 24 hours a day for immediate response.

- Several studies about what survivors found helpful about community crisis center services have found that: advocates are seen as helpful; medical, legal and crisis-related advocacy are

*Currently there are no "supported or well supported" evidence based practices for campus intervention services according to Centers for Disease Control and Prevention guidelines, because these services have not been specifically the focus of rigorous empirical evaluation. However, there is a body of research related to intervention services that provide guidelines for "promising practices" or "evidence informed" approaches. It is this research that we draw upon here. See Karjane, H.K., Fisher, B.S., & Cullen, F.T. (2002). Campus Sexual Assault: How America's Institutions of Higher Education Respond. Final Report, NIJ Grant # 1999-WA-VX-0008. Newton, MA: Education Development Center, Inc. for a study that describes the range of campus responses in 2002.

important; and survivors need someone who is supportive, respects their choices, and can provide information (particularly about what is happening with a legal case). Survivors are most willing to return to crisis centers where they have felt a sense of control.[6]

- A 2008 study found that when campus participants (faculty, staff and students) were given a list of ways to access sexual assault advocacy/support services, an anonymous hotline was ranked as a way campus members felt most comfortable getting information.[7]
- The field of mental health services, which includes crisis intervention, has established practices making some type of support accessible at all times for those in need.
- Research shows that sexual assault takes place at all times and on all days. On campuses it is particularly likely to occur at night.[8] Some services are always needed after business hours.

**Services need to be flexible, varied and provided by well-trained people to address the variability in what survivors want and need. Crisis center services make a difference.**

- Victims who worked with advocates got better treatment in the medical system and showed lower distress after medical exams. Having an advocate also improved experiences with the legal system.[9]
- Sexual assault survivors in a community sample generally reported contact with a rape crisis center as beneficial.[10] A statewide evaluation of crisis center services found that advocates provided support and increased victims' knowledge and understanding of options.[11]
- A study of one campus advocacy/crisis center found students and faculty gave the highest comfort rating to web-based information about sexual assault.[12] This suggests that a key component of intervention is clear information available online. However, research also shows great variability in the quality of online information.[13]
- A study of a community sample of rape victims found victim outcomes were better in communities that had a greater number of post-assault resources.[14]
- Research is clear that sexual assault is a traumatic event associated with a variety of negative consequences. These include mental and physical health impacts, negative academic outcomes, consequences for work and income, and substance use. Services need to be available that can help survivors cope with these different effects (e.g. medical services with trained personnel like SANE nurses, academic interventions, housing changes).[15]
- Guidelines for trauma-informed practices are based on decades of research about the effects of trauma and rigorous treatment outcome research about what works in promoting recovery from trauma. The National Sexual Violence Resource Center has a summary of trauma informed practices related to sexual assault response.[16]
- Secondary victimization refers to responses by legal, medical, or mental health professionals who are victim-blaming or unsupportive. Researchers have documented the profound negative effects that secondary victimization has on assault victims. This provides evidence of the need for well and carefully trained responders on campuses to work with sexual assault victims.[17]
- Depending on the nature of the assault and the consequences for the survivor, recovery may take time and require long-term resources. Substantial clinical psychology literature on treatment outcomes supports this point.[18] Campuses should provide access to ongoing assistance for survivors, not just short-term, acute mental health and support services. Evidence

comes from research on psychotherapy outcomes and practice recommendations for traumatic stress.[19]

**Use caution when recommending peer advocates as the only model for services and prevention.**

- There has been little research specifically on the use of peer advocates on campus. One study found that in a sample of 2,500 students and faculty, one in three expressed reservations about using a student peer advocate.[20]
- Students show better academic adjustment and retention in college if they took part in peer mentoring or counseling. Peer mentors are mostly researched in terms of academic and developmental outcomes and retention.[21] They can also be part of crisis/counseling contexts, but no real outcome research could be located.[22]
- Research on mental health symptoms describes the potential of looking outside traditionally trained mental health professionals for some aspects of support.[23] More recently, models of peer support have shown impact on reducing psychiatric hospitalizations among mental health seeking clients.[24] It should be noted that this literature usually defines "peers" as someone else who also has a mental health condition. This area has most rigorously documented the positive effects of peer work, though in a very different context from sexual assault.
- A meta-analysis of sexual violence prevention research found peer educators were less effective at creating attitude changes among prevention participants than professional trainers.[25]

## III. Community Response

**Build collaborative relationships between different campus offices and off campus community partners that respond to sexual violence.**

- A community study of rape victims found more coordinated responses in the community were related to better victim outcomes.[26]
- Coordinated community responses to domestic violence and Sexual Assault Response Teams (SART) show promise. Service flexibility is facilitated by collaborating between different offices on campus and ensuring that members of sexual assault service staff are part of campus teams that deal with assaults. The collaborative SART model shows promise in research.[27]
- Studies of professionals who work on sexual assault cases in the justice system show that professionals themselves are advocating for coordinated approaches.[28]

**Community norms must support the use of services and promote awareness of resources**.

- Research shows great variability in what students know about resources on campus. Most students do not know very much about what is available or how to access resources.[29]
- Research on disclosure of sexual assault, particularly on college campuses, shows that friends and roommates are the most likely people a survivor may tell. However, friends may not know how to respond.[30] Thus, knowledge of resources should be widespread so that friends can support victims who come forward.[31]

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