

Assessment for Services to Survivors of Sexual Assault



1. Agency Name:

Response
Count

32

answered question

32

skipped question

3

2. Crisis intervention services are available to survivors of sexual assault 24 hours a day/7 days a week.

Response
Percent Response
Count

Yes



90.0%

27

No



10.0%

3

Comments

8

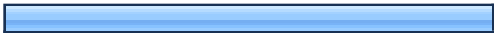

answered question

30

skipped question

5



3. A live-answer hotline and medical and legal accompaniment are all available 24 hours a day/7 days a week.

		Response Percent	Response Count
Yes		73.3%	22
No		26.7%	8

Comments 11

answered question	30
skipped question	5

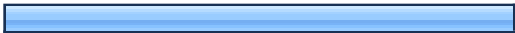

4. Information and referral services specific to sexual assault survivors are available.

		Response Percent	Response Count
Yes		96.7%	29
No		3.3%	1

Comments 6

answered question	30
skipped question	5

5. General advocacy services and in-person support for sexual assault survivors are available 24 hours a day/7 days a week.



		Response Percent	Response Count
Yes		76.7%	23
No		23.3%	7

Comments 6

answered question 30

skipped question 5

6. A range of support groups and therapy services are available for sexual assault survivors.

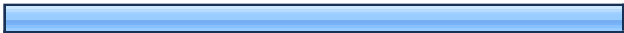

		Response Percent	Response Count
Yes		58.6%	17
No		41.4%	12

Comments 16

answered question 29

skipped question 6



7. Sexual assault survivors are appropriately screened and referred to support groups and therapy services appropriate to their needs.

		Response Percent	Response Count
Yes		93.1%	27
No		6.9%	2

Comments 10

answered question	29
skipped question	6



8. Services are promoted and advertised in multiple ways.

		Response Percent	Response Count
Yes		89.7%	26
No		10.3%	3


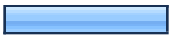
Comments 10

answered question	29
skipped question	6

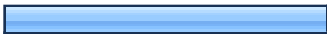

9. Outreach efforts are conducted in different cultural communities, and the people doing the outreach have training about appropriate outreach strategies in a range of community settings.

		Response Percent	Response Count
Yes		82.1%	23
No		17.9%	5
		Comments	11
		answered question	28
		skipped question	7



10. Sexual assault services are available and advertised to women, adolescents, children, and men.

		Response Percent	Response Count
Yes		75.9%	22
No		24.1%	7
		Comments	12
		answered question	29
		skipped question	6

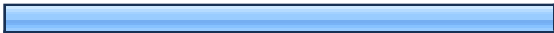

11. Services are available and marketed to significant others of sexual assault survivors.

		Response Percent	Response Count
Yes		48.3%	14
No		51.7%	15
		Comments	10
		answered question	29
		skipped question	6



12. Sexual assault services are widely available to anyone who has been assaulted or affected by sexual violence, regardless of whether or not they reported to law enforcement.

		Response Percent	Response Count
Yes		96.7%	29
No		3.3%	1
		Comments	6
		answered question	30
		skipped question	5

13. Are there updated legal and medical protocols and practices in place in your jurisdiction that support victim-centered services for sexual assault survivors?

		Response Percent	Response Count
Yes		82.8%	24
No		17.2%	5
	Comments		11
	answered question		29
	skipped question		6

14. If you are a multi-service agency, are there screening measures to help ensure that all survivors of sexual violence are referred to appropriate services?

		Response Percent	Response Count
Yes		92.3%	24
No		7.7%	2
	Comments		9
	answered question		26
	skipped question		9

15. Describe any prevention efforts addressing sexual violence that are taking place in your community.

	Response Count
	27
answered question	27
skipped question	8

16. What successes have taken place in your community to address sexual violence and what is going particularly well (training, collaboration, SART/SANE/MDT, other)?

**Response
Count**

27

answered question

27

skipped question

8

17. Please describe any gaps in services for primary and secondary survivors of sexual violence in your community (please be specific in your description and identify any high priority gaps).

**Response
Count**

25

answered question

25

skipped question

10

Page 1, Q1. Agency Name:

1	Confederated Tribes of the Umatilla Indian Reservation	Jan 30, 2014 12:23 PM
2	confederated tribes of the Coos, Lower Umpqua and Suislaw Indians	Jan 27, 2014 1:51 PM
3	Clatsop County Women's Resource Center	Dec 10, 2013 1:47 PM
4	Tillamook County Women's Resource Center	Dec 9, 2013 4:43 PM
5	HAVEN	Dec 9, 2013 4:38 PM
6	Sexual Assault Support Services	Dec 9, 2013 4:13 PM
7	Community Works	Dec 9, 2013 4:06 PM
8	Immigrant and Refugee Community Organization	Dec 9, 2013 2:29 PM
9	Community Works	Dec 9, 2013 12:51 PM
10	Sable House	Dec 5, 2013 12:10 PM
11	Canyon Crisis Center	Dec 5, 2013 11:23 AM
12	MayDay, Inc	Dec 5, 2013 11:16 AM
13	Safe Harbors	Dec 5, 2013 11:02 AM
14	Impact NW	Dec 5, 2013 11:00 AM
15	Lake County Crisis Center	Dec 5, 2013 10:41 AM
16	Heart of Grant County	Dec 5, 2013 10:33 AM
17	Mid-Valley Women's Crisis Service	Dec 2, 2013 5:26 PM
18	CARDV	Dec 2, 2013 3:03 PM
19	Women's Crisis Support Team	Nov 27, 2013 9:32 AM
20	Portland Women's Crisis Line	Nov 25, 2013 4:42 PM
21	Siuslaw Outreach Services	Nov 25, 2013 3:36 PM
22	Catholic Charities El Programa Hispano Proyecto UNICA	Nov 25, 2013 2:43 PM
23	Oasis Shelter Home, Inc.	Nov 25, 2013 2:02 PM
24	Shelter From the Storm	Nov 25, 2013 11:02 AM
25	VOA Home Free	Nov 25, 2013 10:09 AM
26	SAFE of Columbia County	Nov 25, 2013 8:52 AM
27	Women's Safety & Resource Center	Nov 25, 2013 8:46 AM

Page 1, Q1. Agency Name:

28	Clackamas Women's Services	Nov 22, 2013 6:29 PM
29	NAYA Family Center	Nov 22, 2013 5:50 PM
30	Sexual Assault Resource Center	Nov 22, 2013 5:03 PM
31	Battered Persons' Advocacy	Nov 22, 2013 4:48 PM
32	Henderson House	Nov 22, 2013 3:47 PM

Page 2, Q1. Crisis intervention services are available to survivors of sexual assault 24 hours a day/7 days a week.

1	we take the call from the tribal member then walk them through the referral and court sysytems	Jan 27, 2014 1:56 PM
2	Our D/SART advocates are trained to respond to sexual assault survivors 24 hours a day.	Dec 10, 2013 1:59 PM
3	Very challenging to make this happen but we do	Dec 9, 2013 4:44 PM
4	Capacity issues. We have a 24/7 crisis line with advocates always on-call.	Dec 9, 2013 4:38 PM
5	We partner with the Portland Women's Crisis Line and Gateway Children's Center to ensure clients have access to these services.	Dec 5, 2013 11:07 AM
6	We are able to be there from the beginning into the trial process due to this grant. We did it before, but we were understaffed with just 1 advocate and myself the coordinator so we often times would have to send a volunteer or someone from the DAs office for trials and follow ups. This is hard for SA victims as they feel the most trust for the person who was first with them during the SANE process.	Nov 27, 2013 9:44 AM
7	System based (DA's office) call out. Community based crisis line 24 hrs	Nov 22, 2013 6:30 PM
8	We have three tiers of response for both acute sexual assault survivors and children who have been commercially sexually exploited (csec).	Nov 22, 2013 5:20 PM

Page 2, Q2. A live-answer hotline and medical and legal accompaniment are all available 24 hours a day/7 days a week.

1	Yes via 24/7 Cell	Jan 30, 2014 12:27 PM
2	in the community not tribal specific	Jan 27, 2014 1:56 PM
3	We have a 24 hour crisis line answered by trained volunteers and staff. Our specially trained staff will accompany a survivor to a medical facility as needed. SA specific staff also accompany survivors to all legal court proceedings.	Dec 10, 2013 1:59 PM
4	Challenging	Dec 9, 2013 4:44 PM
5	Capacity issues, need more trained staff and volunteers. We have a legal advocate and other advocates can provide legal and medical accompaniment.	Dec 9, 2013 4:38 PM
6	We partner with the Portland Women's Crisis Line and Gateway Children's Center to ensure clients have access to these services.	Dec 5, 2013 11:07 AM
7	Not sure we can say legal accompaniment 7 days a week - where would this be used?	Dec 2, 2013 5:29 PM
8	We definitely have always provided this, but again, this grant provides us with an extra person who can primarily work on the realities of what the SA victims face on a daily basis. It has enhanced our services for SA victims.	Nov 27, 2013 9:44 AM
9	Our response advocates are available 24 hrs/ 7 days a week but our SANE nurses sometimes have not been available and clients have had to wait or come back. LE is available 24/7	Nov 25, 2013 8:50 AM
10	System based (DA's office) call out only	Nov 22, 2013 6:30 PM
11	Our line is first answered live via an Answering Service then immediately routed to the cell phone of the on-call advocate. Two other tiers are on standby to help with multiple calls or technical difficulties.	Nov 22, 2013 5:20 PM

Page 2, Q3. Information and referral services specific to sexual assault survivors are available.

1	the tribe refers and partnerships with community programs family services staff is also trained to advocate and support	Jan 27, 2014 1:56 PM
2	Information and referral are available through our Sexual Assault Peer Center, which is staffed 5 days a week 8 hours a day. D/SART advocates all provide information and referrals during after hours response.	Dec 10, 2013 1:59 PM
3	Capacity issues, need more trained staff and volunteers. We have a designated sexual assault advocate to provide resource and referrals for survivors of SV.	Dec 9, 2013 4:38 PM
4	We partner with the Portland Women's Crisis Line and Gateway to ensure clients have access to these services.	Dec 5, 2013 11:07 AM
5	With the extra advocate, we have her working on new services every day and availabilities of new services and new partnerships with other agencies.	Nov 27, 2013 9:44 AM
6	These can be greatly improved in our county. Law enforcement is only just beginning to learn that we are a referral service for survivors.	Nov 25, 2013 8:54 AM

Page 2, Q4. General advocacy services and in-person support for sexual assault survivors are available 24 hours a day/7 days a week.

1	both tribal and community or tribal police will contact family services staff if after hours	Jan 27, 2014 1:56 PM
2	Capacity issues, need more trained staff and volunteers. Survivors of sexual and domestic violence can access services for support from trained volunteers and staff through the 24/7 crisis line.	Dec 9, 2013 4:38 PM
3	General advocacy services and in-person support are available 24 hours a day/7 days a week in emergency situations only (e.g. accompaniment to ER, law enforcement, crisis interventions, etc...). To receive general advocacy services and in-person support, a survivor would have to access the drop-in center which is open 9AM - 4PM, Monday - Friday.	Dec 9, 2013 4:32 PM
4	General advocacy services are available throughout a typical 40-hour work week and we work with community partners to ensure client access to appropriate services.	Dec 5, 2013 11:07 AM
5	Our office hours are M-F but crisis line is available 24-7 and an advocate can always return a call at the earliest possible time.	Dec 5, 2013 11:04 AM
6	We have two case managers and interns to provide service planning and personal advocacy as well as one Latina case manager and her volunteers along with six case managers who specialize in csec.	Nov 22, 2013 5:20 PM

Page 2, Q5. A range of support groups and therapy services are available for sexual assault survivors.

1	We offer closed Trauma Recovery Empowerment Model support groups for survivors, one on one meetings using the Courage to Heal workbook and we have a volunteer led support group for clients with developmental disabilities. In addition, a local therapist provides two free slots (12 weeks) for clients ready to engage in therapy.	Dec 10, 2013 1:59 PM
2	We don't currently have something specific for SA survivors, but we do have a group where all survivors are welcome. We do have counselors available for support for survivors of sexual violence and have materials for a sexual assault survivor support group but are in process to create an official launch of day and time for the support group.	Dec 9, 2013 4:38 PM
3	SASS offers as many support groups as capacity allows, which is currently our Monday Night Drop In Group (for self identifying female survivors over the age of 18) and one closed group per season. The closed women's group just finished; the next closed groups will be offered in winter (for LGBTIQA) and spring (for male survivors). due to agency capacity we are not able to offer a wider range of support groups. We do not provide therapy services.	Dec 9, 2013 4:32 PM
4	We provide home-based therapeutic services for parents and children, trauma and parenting support groups for survivors of DV/IPV, and prevention workshops and presentations to school-aged children and the adults in their lives.	Dec 5, 2013 11:07 AM
5	We're a little too small for a range of support groups. We do have a good relationship with our mental health providers and make sure if a request is made it is fulfilled.	Dec 5, 2013 10:46 AM
6	We are very small and have very few survivors so we refer those out but do peer support	Dec 5, 2013 10:35 AM
7	We do not provide therapy services in house, but make referrals. We do provide peer support.	Dec 2, 2013 5:29 PM
8	We only offer support groups. We make referrals in the community for therapy.	Dec 2, 2013 3:04 PM
9	We didn't really have the staff to continue our SA Support Groups, now we have an on-going support group and internship counselors who also help with their needs. We have had these services all along, they were not just readily available everyday as they are now.	Nov 27, 2013 9:44 AM
10	Not sure that I'd state that a "range" exists. We offer one group for adult survivors, and I know that SARC provides counseling and groups.	Nov 25, 2013 4:43 PM
11	We have groups in house and send people to other therapy providers in the area.	Nov 25, 2013 3:38 PM
12	not a 'range' but several therapy options. No specific support groups.	Nov 25, 2013 2:03 PM
13	We would like to begin an SA specific support group.	Nov 25, 2013 8:54 AM
14	We have a sexual assault support group and will do peer support. We have two licence therapist that will see a few clients on pro-bono bases if they do not have insurance	Nov 25, 2013 8:50 AM

Page 2, Q5. A range of support groups and therapy services are available for sexual assault survivors.

- | | | |
|----|---|----------------------|
| 15 | We offer clinically run groups that run on an ongoing basis where survivors can enter at any time. There are two groups for adult women and one for adolescent girls. In addition we offer a ten-week group for adult women who are in their final stages of recovery who are working on reintegrating intimacy into their lives post assault. This group is offered two to three times a year. Finally our Latina program offers Write Around Portland, a trauma informed creative writing workshop, twice a year. To round things out this program also provides a peer to peer social group on a weekly basis allowing the women a time to build community and social support. Child care is provided for this particular group. | Nov 22, 2013 5:20 PM |
| 16 | We offer peer counseling and support, not therapeutic services. | Nov 22, 2013 4:51 PM |

Page 2, Q6. Sexual assault survivors are appropriately screened and referred to support groups and therapy services appropriate to their needs.

1	screened and assisted but no support group specific to just sexual assault. Therapy services are specifically for sexual assault professional staff is very limited and experience in sexual assault rare.	Jan 30, 2014 12:27 PM
2	there is not always transportation or specific services available in our smaller outreach areas	Jan 27, 2014 1:56 PM
3	Very limited services are available to refer people to	Dec 9, 2013 4:44 PM
4	Generally we respond to survivors who currently seek resources for domestic violence and though they have sexual violence in their history they ask more so for domestic violence support and response.	Dec 9, 2013 4:38 PM
5	SASS does intakes with each survivor interested in participating in support groups, however, we do not screen folks for therapy services as those services are outside the purview of SASS.	Dec 9, 2013 4:32 PM
6	Our services are not specific to SA survivors. Our services are specific to DV/IPV	Dec 5, 2013 11:07 AM
7	See #5	Dec 5, 2013 10:46 AM
8	Yes we have all the tools necessary	Nov 27, 2013 9:44 AM
9	We can handle most support group requests as we have a variety to pick from. SARC also runs a trauma informed mental health program that is staffed by four clinicians, two to three interns, and pro bono therapists who provide hours on site. We also have a comprehensive list of providers working in the Metro area who offer a wide variety of treatment modalities, take various insurance plans, and have been interview by a SARC staff member ensuring appropriateness.	Nov 22, 2013 5:20 PM
10	Clients that attend support groups met an advocate first to discuss their needs and goals, complete an assessment (including danger assessment and safety plan).	Nov 22, 2013 4:51 PM

Page 3, Q1. Services are promoted and advertised in multiple ways.

1	Posters, flyers, newspaper	Jan 30, 2014 12:38 PM
2	groups, prevention activates , newsletter and individual casework and therapy plans self sufficiency education	Jan 27, 2014 2:00 PM
3	Magnets and brochures are distributed throughout the county.	Dec 10, 2013 2:01 PM
4	In addition to tabling at events for the general public, we table at events specific to people within certain populations, such as people with disabilities. In addition, outreach efforts happen at agencies and organizations specific to populations in the grant. At these particular agencies and organizations the staff AND the people served are able to hear about the services provided. This includes formal presentations and information sessions for staff or the population served, and it includes informal time spent with staff and populations served.	Dec 9, 2013 5:10 PM
5	We have ads in the paper and will be working on creating and distributing more fliers with information on resources and the upcoming support group launch.	Dec 9, 2013 4:40 PM
6	We do not have adequate funding to do this.	Dec 9, 2013 2:40 PM
7	promotes services for primary survivors, but offers services for secondary survivors	Dec 2, 2013 3:06 PM
8	We are now able to provide specific brochures to specific cultures, trainings, outreach and so much more.	Nov 27, 2013 9:51 AM
9	we could do better though	Nov 25, 2013 2:04 PM
10	Website, FaceBook, other social media, brochures, community trainings and presentations, as well as community partnerships.	Nov 22, 2013 5:31 PM

Page 3, Q2. Outreach efforts are conducted in different cultural communities, and the people doing the outreach have training about appropriate outreach strategies in a range of community settings.

1	specific to our tribal communities	Jan 27, 2014 2:00 PM
2	We have a Spanish speaking advocate that helps us reach out to our largest minority population.	Dec 10, 2013 2:01 PM
3	We have provided outreach efforts in a variety of cultural communities, including, but not limited to, the Hispanic community, the Deaf community, at the Multicultural Fair, and agencies that specifically work with people who have disabilities.	Dec 9, 2013 5:10 PM
4	We have community partnerships with public health, DHS, and other agencies in the Gorge. We have conducted trainings on sexual assault dynamics in Wasco, Sherman, Wheeler nad Gilliam Counties as past of our involvement in SART. We will be continuously providing this education about sexual violence for specific populations and trauma informed care response at these quarterly meetings.	Dec 9, 2013 4:40 PM
5	SASS has not had community education or outreach specific funds for quite some time, and so our outreach efforts are limited due to agency capacity. We do have a rural outreach coordinator, a new position supported through the OVW LAV grant, but we don't have any other community specific outreach positions.	Dec 9, 2013 4:32 PM
6	Extremely rural so mostly white, frontier	Dec 5, 2013 10:36 AM
7	not extensively	Dec 2, 2013 3:06 PM
8	We always update our training and skills	Nov 27, 2013 9:51 AM
9	I know this does happen, but it can always be improved.	Nov 25, 2013 4:44 PM
10	we are a small community however	Nov 25, 2013 2:04 PM
11	We have a refined culturally specific program for the Latino Community and currently consulting with the Q Center to ensure we are as open as possible for the LGBTQQI community.	Nov 22, 2013 5:31 PM

Page 3, Q3. Sexual assault services are available and advertised to women, adolescents, children, and men.

1	women and adolescents	Jan 30, 2014 12:38 PM
2	not always men limited services available	Jan 27, 2014 2:00 PM
3	In addition to the aforementioned outreach efforts, in which it is always specifically mentioned who we provide services to, prevention efforts of sexual violence include local schools.	Dec 9, 2013 5:10 PM
4	We have outreach to kids at the schools, women and men in the communities through our community partnerships and other partnership referrals. 2) Yes/No - when asked, we will respond to anyone that is a survivor of SA, that said, we do not have funds or capacity to offer support group to men. We offer parent/child play therapy and SA counseling.	Dec 9, 2013 4:40 PM
5	We do not work directly with children below middle school age. Our services are available to women, adolescents and men. 2) SASS services are available and advertised to women, adolescents (over the age of 15) and men. In Lane County children 14 and under are predominantly served by Kids First, the child advocacy center.	Dec 9, 2013 4:32 PM
6	They are available but we do little advertisement or outreach. Our highest referrals are through word of mouth. This is a forbidden topic for Immigrant and Refugee communities.	Dec 9, 2013 2:40 PM
7	Our agency provides services to victims 15 plus.	Dec 5, 2013 11:05 AM
8	We don't include children.	Dec 5, 2013 10:48 AM
9	we do not necessarily serve child survivors. we make that referral to the child abuse assessment center.	Dec 2, 2013 3:06 PM
10	We have flyers, website, brochures, prevention groups in the schools, and so much more	Nov 27, 2013 9:51 AM
11	Same as above - I believe improvements could happen for male survivors.	Nov 25, 2013 4:44 PM
12	We currently only have SA support groups for women. The sa advocate has developed information for men on SA and will do peer support	Nov 25, 2013 8:52 AM

Page 3, Q4. Services are available and marketed to significant others of sexual assault survivors.

1	but not always accessible	Jan 27, 2014 2:00 PM
2	We are in the process of building up this side of program development and hope to be adding this in under the next funding cycle.	Dec 10, 2013 2:01 PM
3	We provide general outreach for survivors and for those who care about them, including significant others. Also, we have a book made specifically for survivors' supporters, allow support people to attend support groups as needed, and a brochure has been created for those who support survivors with disabilities. In addition, advocacy is provided to survivors' supporters if they choose to have it.	Dec 9, 2013 5:10 PM
4	We respond to the needs, concerns, and vicarious trauma experienced by partners and loved ones of survivors. 2) Limited, but yes.	Dec 9, 2013 4:40 PM
5	Other than prevention	Dec 5, 2013 11:05 AM
6	Available, yes. Marketed, no	Dec 5, 2013 10:48 AM
7	not marketed, but available	Dec 2, 2013 3:06 PM
8	We always include those who suffer along side the SA victims and we have literature and brochures for them as well.	Nov 27, 2013 9:51 AM
9	This is the one area where our capacity is limited. If the service is asked for we surely offer it but we don't advertise the service.	Nov 22, 2013 5:31 PM
10	When requested, however we could probably do a better job of promoting this	Nov 22, 2013 3:50 PM

Page 3, Q5. Sexual assault services are widely available to anyone who has been assaulted or affected by sexual violence, regardless of whether or not they reported to law enforcement.

1	the tribe does report incidents on tribal property and housing	Jan 27, 2014 2:00 PM
2	We believe in a model based on empowerment. In addition, our local police department, The Ashland Police Department, has created a website and campaign for survivors to report anonymously. This has been nationally recognized, and other local police departments will have the opportunity to create similar websites and campaigns. Furthermore, we have advocates stationed at two local police departments, therefore, we have a positive relationship with local law enforcement and, thus, are able to best meet the survivors' reporting wishes.	Dec 9, 2013 5:10 PM
3	All our advocates and volunteers acknowledge that reporting is not easy and not a necessary part of recovery. We provide advocacy and support in healing from sexual violence regardless of whether someone decides to report.	Dec 9, 2013 4:40 PM
4	We do not work with those who have perpetrated sexual violence or related forms of abuse against others. This is a slight qualifier on the word "anyone."	Dec 9, 2013 4:32 PM
5	We support their decision no matter what their decision may be. We stay with them until they no longer feel they need our services, but we have worked with SA clients for years and continue to keep close relationships. With the extra SA Advocate? She is able to take the time to cold call past SA clients to ask how they are doing and to let them know of any new services we now have that we may not have had at the time we helped them. Sometimes she just calls to follow up and make sure they are ok and ask them if they need anything.	Nov 27, 2013 9:51 AM
6	That is a primary value of SARC's. Justice, healing, closure, and reintegration are acquired in so many ways and our primary job is facilitate that path each individual survivor.	Nov 22, 2013 5:31 PM

Page 4, Q1. Are there updated legal and medical protocols and practices in place in your jurisdiction that support victim-centered services for sexual assault survivors?

1	not tribally but we do have a child advocacy center but that does not address adult incidents	Jan 27, 2014 2:01 PM
2	These changes are currently being development and should be underway in the next quarter.	Dec 10, 2013 2:03 PM
3	Our agency is part of our state-recognized SART team, and we play an active part in the Jackson County Council Against Domestic and Sexual Violence. SANE nurses, local law enforcement, parole and probation officers, and the district attorney's office are part these teams. Therefore, we are able to receive current information regarding legal and medical protocols, and those protocols that are survivor-centered.	Dec 9, 2013 5:14 PM
4	We work actively to update protocols and practices with networking partners through our County SART and our State Sexual Assault Task Force.	Dec 9, 2013 4:32 PM
5	We're getting there.	Dec 5, 2013 10:48 AM
6	I facilitate our SART here in Josephine County and in the 4 years I have been here I have developed protocols which are always being looked over and adjusted as needed, we are working on our SANE program at the hospital as of now and our Deputy DA continues to attend these meetings and he keeps of fully informed of updated legal matters. The hospital keeps us informed of all medical protocols as practices. We are always victim centered in everything that we do at our meetings.	Nov 27, 2013 9:59 AM
7	we are struggling with medical facilities	Nov 25, 2013 2:05 PM
8	There are updated medical protocols and LE have protocols in place	Nov 25, 2013 8:54 AM
9	It is now a felony to purchase sex from a minor.	Nov 22, 2013 5:32 PM
10	Law Enforcement and the local hospital staff serve on the Sexual Assault Response Team and attend quarterly meetings.	Nov 22, 2013 4:53 PM
11	The DA's CVA's office provides all responses to victims who have reported to law enforcement.	Nov 22, 2013 3:51 PM

Page 4, Q2. If you are a multi-service agency, are there screening measures to help ensure that all survivors of sexual violence are referred to appropriate services?

1	but their is a reluctance to report especially if it may disrupt or affect tribal benifits	Jan 27, 2014 2:01 PM
2	This screening occurs during the intake process and when D/SART responds to victims in the field.	Dec 10, 2013 2:03 PM
3	Not only are those employees within our department experts at making sure the survivors we work with are receiving the advocacy from the person who meets their needs, other departments in our agency are able to refer people to our services appropriately.	Dec 9, 2013 5:14 PM
4	not entirely sure.	Dec 9, 2013 4:42 PM
5	We have screening measures for offering civil legal resources and support groups. For other types of resources we offer information about options and train advocates to preserve and support survivors' options and choices. We don't recommend or decide for survivors.	Dec 9, 2013 4:32 PM
6	We take a lot of time and consideration when talking to any DV/SA victim. We make sure that they get the best possible customer service available. If they are not happy with their current advocate? We will get them another one. We continue to screen everyone for even the slightest possible need such as a bar of soap to counseling or medical needs. These are just examples. No problem is too small and if it is beyond our capabilities? We will find the right resource and make that call to get them the help they deserve.	Nov 27, 2013 9:59 AM
7	n/a	Nov 25, 2013 4:44 PM
8	Our intake form screens for needed services and verbal screening is done at time of intake	Nov 25, 2013 8:54 AM
9	SARC is one of only two stand-alone Rape Crisis Centers in Oregon.	Nov 22, 2013 5:32 PM

Page 5, Q1. Describe any prevention efforts addressing sexual violence that are taking place in your community.

1	Walk, awareness/training during SAAM, school	Jan 30, 2014 12:42 PM
2	We are working with partner agencies to increase understanding of perpetrator behaviors and what populations are most at risk for being sexually assaulted.	Dec 10, 2013 2:09 PM
3	We work with our local SART team to provide prevention efforts in schools. And now, we are developing a curriculum to specifically provide prevention to special education classrooms and students with disabilities. Also, specific classes are provided to those with developmental disabilities that address prevention efforts. And, the Jackson County Council Against Domestic and Sexual Violence, of which our agency is a part, includes a survivor-centered approach and intervention for perpetrators. Therefore, this council seeks to address perpetrators as well as survivors, and this is included in efforts, such as community awareness and tabling events.	Dec 9, 2013 5:21 PM
4	We offer sexual violence prevention curriculum to local students in two of our three districts; this is offered to middle and senior high school students. We also do community education and forums designed to better inform our community of the many ways they can challenge the norms that support sexual violence	Dec 9, 2013 4:44 PM
5	HAVEN's Prevention Team is helping to implement HTRA (Healthy Teen Relationship Act) in the middle and high schools of Wasco County as well as in Dufur, OR. Our prevention curriculum being presented in Dufur, OR is funded through RPE funding. HAVEN also has a Teen Theater Troupe at The Dalles Wahtonka High School. The Teen Theater Troupe conducts skits regarding issues around dating violence and sexual violence among teens and youth. By presenting skits to their peers, other youth are able to practice intervening and preventing sexual and dating violence. In February 2014, HAVEN will be hosting a Teen Healthy Relationships Summit at TDWHS involving students, community members, parents and allies and giving them a space to talk about the root causes of domestic, teen, and sexual violence. HAVEN provides trainings to community partners about domestic and sexual violence causes and impacts.	Dec 9, 2013 4:43 PM
6	Prevention at University of Oregon includes: Sexual Wellness Advocacy Team (an interactive theater group), the new Sex Positive "app" for cell phones available at the student bookstore, Men's Center initiatives and Women's Center projects. In the community itself, there are fewer efforts at prevention than even outreach or education. We used to have a Youth Education Program in the Middle Schools and High Schools, a Community Educator, Americorps Interns who did prevention, and a very popular Self Defense Program that was a great tool for outreach to youth, Spanish speakers, and the general community. All of those programs have lost funding. 2) To my knowledge, the only prevention efforts addressing sexual violence in our community takes place on the UO campus and are specifically for UO students. Sexual violence prevention continues to be an area that is unfunded/supported in any meaningful way.	Dec 9, 2013 4:32 PM
7	There are none for communities of color and other underserved communities.	Dec 9, 2013 2:46 PM
8	Sable House staff conducts training in some of the schools in the County.	Dec 5, 2013 12:17 PM
9	We are doing prevention and education addressing sexual violence in our schools and at community events. We send out pamphlets and newsletters to the community.	Dec 5, 2013 11:26 AM

Page 5, Q1. Describe any prevention efforts addressing sexual violence that are taking place in your community.

10	Bystander Intervention for Safer Bars Speaking with High Schools about healthy relationships. Media awareness campaigns.	Dec 5, 2013 11:08 AM
11	The ED does a 60-second radio spot on community awareness and prevention that runs for a month and then is reworded and runs again.	Dec 5, 2013 10:57 AM
12	SART, Light up the Night, various ads with media	Dec 5, 2013 10:38 AM
13	The Mid-Valley Men Against Violence group, middle and high school programming conducted by MVWCS, and prevention programming to youth correctional facilities (for males and females)	Dec 2, 2013 5:50 PM
14	we have a men's coalition that is specifically taking on the task of talking with young men about sexual violence in an effort to shift the culture.	Dec 2, 2013 3:18 PM
15	We have our annual Speak Up Speak Out event in April every year. We train at businesses about SA, SA Harassment and so forth. As I mentioned earlier? We are in the high schools and junior high schools. We have fundraisers throughout the year that raise awareness. We also talk to our local LE every 6 months on all shifts at 5am to 8am 2 days in a row. We also discuss SA at our DV/SA Council. We just put on a community event called the DV Summit. This year it was about human trafficking. These are just a few examples.	Nov 27, 2013 10:19 AM
16	Most programs I know about are not primary prevention and are instead focused on bystander intervention. I know that University of Portland and PCC Sylvania have programs..	Nov 25, 2013 4:46 PM
17	Community education services	Nov 25, 2013 3:41 PM
18	UNICA has a grant that focuses specifically on primary prevention of sexual violence with Latino youth. This includes educational outreach to youth, families and schools, 9 week educational sessions with youth and seminars for professionals seeking to provide prevention services to Latino youth.	Nov 25, 2013 2:51 PM
19	prevention classes in the high schools	Nov 25, 2013 2:06 PM
20	We have an active social media presence that has been effective in promoting prevention/awareness.	Nov 25, 2013 11:07 AM
21	We are planning our second Walk a Mile in Her Shoes awareness event. This is done at the college to target the young men. We just at a Summit on Gender Violence for the community which our advocates participated in. We are planning an elder sexual abuse training for Dec 5 of this year.	Nov 25, 2013 9:06 AM
22	We provide in-school healthy relationships curriculum that addresses consent and sexual violence. We provide materials and training for community artners specific to sexual violence.	Nov 25, 2013 8:58 AM
23	CWS is using the Washington County SARC prevention curriculum in schools. We can not respond to all of the demand from schools.	Nov 22, 2013 6:34 PM
24	We use a curriculum called Real Health, which was developed as a sexual assault prevention curriculum, and present it to students in our Early College Academy. We have also presented this curriculum at Chemawa Indian School in	Nov 22, 2013 5:55 PM

Page 5, Q1. Describe any prevention efforts addressing sexual violence that are taking place in your community.

the past.

25	SARC offers three distinct prevention curriculums. Two are designed for high school students and take place in the Health 101 and 102 classes over a nine week period for each one - focusing on general elements within society that promote sexual violence. The second is more advanced drilling down further into each topic with time spent on Bystander Intervention. The third curriculum is csec specific and designed for the middle school children with the emphasis on preventing boys from becoming future "Johns".	Nov 22, 2013 5:44 PM
26	Safe Dating classes at local high schools facilitated by BPA and the local Child Abuse Prevention Coalition.	Nov 22, 2013 5:02 PM
27	presentations in the schools	Nov 22, 2013 3:53 PM

Page 5, Q2. What successes have taken place in your community to address sexual violence and what is going particularly well (training, collaboration, SART/SANE/MDT, other)?

1	Awareness events, on and off again with county SART	Jan 30, 2014 12:42 PM
2	We have been implementing cross trainings with the local mental health provider and providers for developmental disabled individuals. These trainings have been focused solely on SA dynamics and what services the agency provides to survivors.	Dec 10, 2013 2:09 PM
3	The prevention efforts in schools have received positive feedback, created a forum for young people to discuss this issue, and it is expanding. These prevention efforts are in collaboration with our SART team.	Dec 9, 2013 5:21 PM
4	We have finally developed a SART and have received funding for a SA advocate and SART coordinator for the next two years. 2) The school based program.	Dec 9, 2013 4:44 PM
5	HAVEN's prevention education has been successful in accessing students and being able to provide information to youth who would otherwise be unable to reach our services. HAVEN's Prevention Specialist and Sexual Assault Advocate have a working relationship with counselors at the varying schools in Wasco County, providing referral options for students disclosing violence. HAVEN's Sexual Assault advocate is attending SART and MDT in Wasco, Sherman, Gilliam, and Wheeler counties and connecting with staff out in the Tri-Counties (Sherman, Gilliam, and Wheeler). 2) We have trainings available and have been looked to for leadership and expertise in responding to survivors of sexual violence. We are the lead in facilitating the SART meetings in Wasco and involved in training expertise in Sherman and Gilliam Counties. We attend the MDT meetings and have a great working relationship with the SANE in the area. We have outreach and awareness events that receive positive response in the community and great community involvement and are looking to establish more specifically around sexual violence awareness.	Dec 9, 2013 4:43 PM
6	The training of law enforcement in recent years seems to have made some notable improvements in how they conduct interviews and do investigations. Also partner agencies that serve at risk communities (people with disabilities, seniors, youth, those with mental illness diagnoses, homeless people, those with addictions) appear to be more interested in collaboration and education than in previous times as well. More people talk about sexual assault in general. The SART has begun to meet and there appears to be buy in from the DA, which is great. I have to say that SANEs rarely attend, probably due to understaffing, and neither does law enforcement from any of several agencies in the county.	Dec 9, 2013 4:32 PM
7	There are none for communities of color and other underserved communities.	Dec 9, 2013 2:46 PM
8	Sable House works well with law enforcement when requested.	Dec 5, 2013 12:17 PM
9	We have a strong SART/SANE/MDT team.	Dec 5, 2013 11:26 AM
10	SART-reigniting the fire and working on updating protocols.	Dec 5, 2013 11:08 AM
11	We have gotten law enforcement to the table with us and medical professionals. We have paid for national training (EVAWI) for our staff and one police officer and one sheriff's deputy. Our SART is a fledgling but alive.	Dec 5, 2013 10:57 AM

Page 5, Q2. What successes have taken place in your community to address sexual violence and what is going particularly well (training, collaboration, SART/SANE/MDT, other)?

12	SART/SANE/MDT	Dec 5, 2013 10:38 AM
13	Our program does a much better job of screening for sexual assault with every victim and providing supportive services. This is primarily due to the SASP grant providing a bilingual/bicultural staff member to focus on outreach to sexual assault victims in the rural areas and the Bilingual SA advocate training MVWCS staff to do a better job screening all victims regarding sexual assault. In addition, there is now a sexual assault support group in Spanish offered in the rural areas of Marion County. Our website is also a successful tool - the sexual assault pages are actually accessed more than the domestic violence pages.	Dec 2, 2013 5:50 PM
14	SART is the best collaboration in the community to specifically address SV.	Dec 2, 2013 3:18 PM
15	I feel that when I first started here a little over 4 years ago. We had a SART aka SATF. Started in 1993, but there were no protocols and no one really attended the meetings. These last 4 years we have GPPD, OSP,SO, SANE, DA, Crime Victims unit, advocates and so forth who attend every other month. We have come so far with a victim centered approach. Also, Thank you to the SASP grant? We now are working on an MOU with Cow Creek and have that almost completed. We have a lot of older enhanced and new relationships because of the extra person, the extra funding and it has just been a blessing to our community and the services we provide.	Nov 27, 2013 10:19 AM
16	My answer is biased because it has to do with my agency - I am proud that PWCL has created/increased services to survivors with developmental disabilities, and that it's increased collaboration with a new system.	Nov 25, 2013 4:46 PM
17	we work well with all partners in our area, SART staff, 3 police departments, hospital	Nov 25, 2013 3:41 PM
18	Our primary prevention program has been extremely successful. Collaboration with DV programs and with police and medical entities have been successful have well	Nov 25, 2013 2:51 PM
19	we are collaborating with the new hospital CEO but its going slowly	Nov 25, 2013 2:06 PM
20	Our SART is strong and works very well together.	Nov 25, 2013 11:07 AM
21	The cooaboration with SART/SANE is working. Training of organizations that serve Persons with disability have gone well. The SA advocate has done a training for a retirement home staff on how to screen for SA and wrote protocols for the organization on what to do if SA is suspected. Collaboration with the service club Zonta of the Coos Bay Area is going extremely well. The Gender Violence Summitt that was held Nov. 20, 2013 went very well with well over 70 community partners attending. The summit has sparked interest with some male leaders of our community to build on Bystander intervention training and possibly going into the schools as a team.	Nov 25, 2013 9:06 AM
22	Sexual violence is an issue which is not being adequately addressed in our community. Our SART has not met in over six months. We do not have a SANE nurse in our community and survivors have to travel over half an hour out of county to receive health care related to sexual violence.	Nov 25, 2013 8:58 AM

Page 5, Q2. What successes have taken place in your community to address sexual violence and what is going particularly well (training, collaboration, SART/SANE/MDT, other)?

23	SART was re-formed and created new protocols and has started to get training from Oregon SATF.	Nov 22, 2013 6:34 PM
24	I believe the prevention curriculum was a real success with students. There have also been several more trainings available in recent years to address the issue of sexual assault.	Nov 22, 2013 5:55 PM
25	The hub that was designed to respond to csec has been an outstanding project to participate in. SARC continues to excel in our partnerships with local law enforcement including Portland Police Bureau, Beaverton Police Dept. and Hillsboro Police Dept.	Nov 22, 2013 5:44 PM
26	Law enforcement have welcomed SA advocates to their shift change de-briefing (once a month) to develop a strong relationship and provide resources and opportunities to educate officers. Chief Nursing Officer for the Emergency Department is on the BPA board and ensures the hospital has enough SANE's available 24/7 and enforces protocols.	Nov 22, 2013 5:02 PM
27	Schools are becoming more and more open to our presence. Soon it will require more than one staff member to meet the demand for prevention activities	Nov 22, 2013 3:53 PM

Page 5, Q3. Please describe any gaps in services for primary and secondary survivors of sexual violence in your community (please be specific in your description and identify any high priority gaps).

1	Medical screening, Mental Health specifically for sexual assault victims and witnesses	Jan 30, 2014 12:42 PM
2	We are seeing multi generation families who are all survivors of SA. We are working on ways we can identify gaps in safety for these families so we can increase the likelihood that future generations will be safe. More men are reporting that they are also survivors and need services.	Dec 10, 2013 2:09 PM
3	Immediate affordable housing, and in particular housing for those who need assistance caring for themselves, is where a gap resides. Also, our sexual assault team is small, and we do provide long-term advocacy, meaning that our limited number of staff is where a gap exists to providing services. More staff to do more follow-up is needed.	Dec 9, 2013 5:21 PM
4	There are limited support and counseling services available for sexual assault survivors. Our SA response is available around the clock but we often struggle to have coverage with trained responders. 2) Many - including ongoing support services.	Dec 9, 2013 4:44 PM
5	When discussing Prevention Education, HAVEN has one FTE. Though this is common, we are looking to hire another .5FTE to join the prevention team. By having a Prevention Team, we are able to access more classroom, more students, provide more information and better care for those students who are impacted by our resources. HAVEN has also identified a need of having a 1 FTE Sexual Assault Advocate and a 1 FTE Rural Advocate. Currently, our SA Advocate is .5 FTE of each. By having a 1 FTE SA Advocate, that person will be able to hold more classes and respond directly to SA survivors. 2) Our sexual assault advocate is a .5 position so time and resources are limited. the region currently has one trained SANE nurse to respond to sexual assault survivors and our agency has one person trained in the address confidentiality program. We also frequently struggle with hospital response as a consistent process of referral to advocates possibly due to training protocol confusion and frequent ER staff turnover.	Dec 9, 2013 4:43 PM
6	There are not enough SANEs. The SANEs we have are not *all* well-trained or up to date. This is a barrier preventing survivors who want medical response and evidence collection from getting it in a timely manner that is decidedly worse than in the past. Not just SANEs, but other hospital staff need training about: offering the SAVE fund as an option for everyone regardless of their having insurance or not, not pressuring survivors to do what the staff think is advisable, not judging or lecturing survivors about their pre- or post- assault choices in a blaming manner, understanding cultural competency issues. Interpretation services for Spanish and other non-English speakers are not always provided when needed throughout health, legal, and social service systems. These truly basic direct services are missing for Spanish speakers, those with mental health and economic issues, but at times for everyone. Waiting for SANEs longer than for the police is a new phenomenon, and not a good one. The cuts to virtually all social, legal and health services seem to impact this issue in that they create under-staffing and under-training issues as well as increasing secondary trauma and compassion fatigue for everyone. The emergency housing crisis is so bad now that survivors have fewer safe and confidential places to go now when they need to relocate, putting them at greater risk again. No safe housing makes	Dec 9, 2013 4:32 PM

Page 5, Q3. Please describe any gaps in services for primary and secondary survivors of sexual violence in your community (please be specific in your description and identify any high priority gaps).

	safety planning very difficult. 2) To my knowledge, the widest gap in services is for children and adolescent survivors under the age of 14. For example, there aren't any age specific support groups or on-going advocacy for survivors, especially if their case does not proceed through the criminal justice system. In many situations younger survivors and their families are left without support or resources once their case has been cleared.	
7	1) Sexual Assault funding for culturally specific services to address the unique needs of communities of color and other underserved communities. A holistic model that addresses the cultural, linguistic and religious needs of the community. 2) Primary and secondary prevention model to address the needs of communities of color. First, we need to conduct a comprehensive community needs assessment. 2) Based on the results develop a plan for various ethnic communities. 3) Provide outreach and education about sexual assault. 4) Based on the assessment focus on some concrete objectives.	Dec 9, 2013 2:46 PM
8	The gaps are hospital response victims are sent to the Salem Hospital.	Dec 5, 2013 12:17 PM
9	I feel that even though there are support available I feel that there is a need for more community support groups for both the primary and secondary survivors.	Dec 5, 2013 11:26 AM
10	Disclosures are minimal at the time of assault. We see many victims long after the initial trauma. Working to build trust within our small community in which victims can be confident in their identity being protected at the upmost.	Dec 5, 2013 11:08 AM
11	Our SART could be a more "well-oiled machine," but our numbers are very low. The good news is that we have established great communication and a good working relationship with one another.	Dec 5, 2013 10:57 AM
12	Because we are so rural, everyone knows everyone and is difficult to get survivors to come forward	Dec 5, 2013 10:38 AM
13	There are no support groups for secondary survivors in our community, but we provide individual advocacy and support. We are working to build a stronger outreach and support network at the local colleges and universities, but there is more work to be done. The highest priority would be to do more preventative work - especially in middle and high schools, but our Youth Services Coordinator is at capacity and due to lack of resources, we cannot meet even the current requests from the schools for trainers.	Dec 2, 2013 5:50 PM
14	Low cost mental health services for survivors. Major disconnect between the SV crime/incident and reporting or seeking medical treatment. There is a lot of SV in our community and low numbers of reports to LE or Medical professionals. Doctor and nurses not trained to provide trauma informed care to survivors. Low number of SANES.	Dec 2, 2013 3:18 PM
15	We have lost the majority of our SO so it can take anywhere from 20 minutes to 3 days for law enforcement to make it to anyone who lives outside of the city limits. In addition to this, we have lost jail bed spaces. We have developed better safety planning techniques, but we still fear for the safety of clients. I feel getting our Sherriff's Officers back and the jail space, and Juvenile Detention Center would be a blessing.	Nov 27, 2013 10:19 AM

Page 5, Q3. Please describe any gaps in services for primary and secondary survivors of sexual violence in your community (please be specific in your description and identify any high priority gaps).

16	I've already mentioned that there aren't dedicated services (that I'm aware of) to male survivors.	Nov 25, 2013 4:46 PM
17	Due to our limited funds in this area, we are only able to employ a .6 Sexual Assault specialist and as such have to limit outreach and intakes though the population we work with continues to grow. We would like to increase our outreach to local hospitals and community health clinics and organizations as well as to be more present in the high schools but are very limited programmatically. We are aware that there are major gaps in services to the Latin@ community, particularly in East County. As the only culturally specific provider of SA services to the Latino community in the Tri-County area, we are currently limited in the programming we are able to provide despite high needs, particularly in coming from hospital and school settings.	Nov 25, 2013 2:51 PM
18	our hospital won't do rape kits. we often have to transport victims up to 1 1/2 hours away	Nov 25, 2013 2:06 PM
19	SANE/SAE and SART responder recruitment is challenging.	Nov 25, 2013 11:07 AM
20	There are no support groups for secondary survivors of child sexual abuse. I believe for our community that the underserved population is the mentally ill and the persons with physical disabilities. They are at high risk and I would like to see services expanded and brought to them.	Nov 25, 2013 9:06 AM
21	See aboce.	Nov 25, 2013 8:58 AM
22	Counseling services and 24-hr community based advocate response for victims who do not want to work in the criminal justice system/report, better training across the system, more SANE nurses, services for teen victims.	Nov 22, 2013 6:34 PM
23	There are major gaps for both secondary and primary survivors of SV. There is very little 24/7 response or advocacy available and there are not too many support groups for survivors either.	Nov 22, 2013 5:55 PM
24	SARC needs a case manager who specifically specializes in PREA. We need to offer a support group for friends and family. We need to increase the FTE in the mental health program as the wait list is too long to access services. We need another case manager who focuses predominantly on adolescent survivors of acute sexual assault as well as someone helping to increase access for the LGBTQQI community.	Nov 22, 2013 5:44 PM
25	BPA currently responds to minors after business hours. The local Child Advocacy Center is unable to provide these services; the hospital currently is sensitive to children's needs and provides visual exams but not internal exams - children have to wait for the CAC to open the following day. Our agency needs more resources to be able to recruit and train SA advocates which will prevent staff burn out and turn over.	Nov 22, 2013 5:02 PM