

Illinois Rape Victims Speak Out: A Statewide  
Evaluation of Illinois Rape Crisis Centers: A  
Replication Study

*A Report Submitted to the Illinois Coalition  
Against Sexual Assault*

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This survey was commissioned by the Illinois Coalition Against Sexual Assault (ICASA) and the Division of Health Policy and Social Science Research at the University of Illinois (UIC) Rockford. Opinions expressed herein are those of the authors and do not necessarily represent the official positions of ICASA or UIC.

## INTRODUCTION

In 2010, the Illinois Coalition Against Sexual Assault (ICASA) commissioned a statewide program evaluation, *Illinois Rape Victims Speak Out*, to give those receiving services at sexual assault crisis centers in Illinois an opportunity to evaluate the centers and services they receive. The evaluation included responses from victims receiving ICASA sexual assault crisis services and findings from the evaluation were released in February 2011 (go to <http://icasa.org/home> for a copy of the executive summary). The evaluation omitted assessment of sexual assault crisis services received by victims outside the centers (e.g., school-based services). The second evaluation presented in this report was conducted one year later and aimed to fill the gap from the previous evaluation by including telephone and in-person evaluation of ICASA sexual assault crisis services. Findings from the current evaluation are presented in this report. Comparisons between the 2010 and 2011 evaluation are also highlighted. Both evaluations were conducted by Drs. Sherry A. Falsetti and Alesia O. Hawkins in the Division of Health Policy and Social Science Research at the University of Illinois at Rockford.

Research from the last 20 years has demonstrated that approximately 15-30% of all adult women in the United States have experienced an attempted or completed sexual assault in adulthood.<sup>1</sup> According to data from the FBI Uniform Crime Reports, 88,097 cases of rape were reported in 2009.<sup>2</sup> In Illinois, 5,316 rapes were reported to the Illinois State Police.<sup>3</sup> Because only 10-16% of cases of rape are ever reported, the actual number of rapes each year in Illinois is likely much higher.<sup>4</sup> Recent revisions in the FBI's Uniform Crime Report definition of rape to include male victims is expected to improve identification of assault victims, and provide a more accurate picture of rape in the US.

Sexual assault is a traumatic experience that can lead to mental health problems such as posttraumatic stress disorder, depression and substance abuse. Left untreated, these disorders can also have other health consequences, such as increased risk of heart disease, as well as economic effects of increased medical utilization, increased missed work days and loss in daily functioning.<sup>5</sup> The total lifetime cost of injuries due to interpersonal violence occurring in 2000 was approximately \$37 billion. Approximately \$4 billion was for medical and mental health treatment, and \$33 billion was for lost productivity.<sup>6,7</sup> Nearly \$9 billion is estimated in loss productivity of paid work.<sup>8</sup>

Unfortunately, there are still many societal stereotypes about sexual assault and sexual assault victims that can result in blaming the victims. This fear of blame is often a reason victims do not report sexual assault to the police.<sup>9</sup> One study found that only 16% of women told police and only 26% told their doctors, but 60% sought mental health care related to the assault.<sup>10</sup> Child sexual abuse is similarly underreported, with only 7-12% of cases reported to police at the time of the abuse.<sup>11</sup>

Specialized services and centers for those who have experienced sexual assault are critical for recovery. Sexual assault crisis centers provide not only specialized individual and group counseling for women, children, and family members, but also 24-hour hotlines,

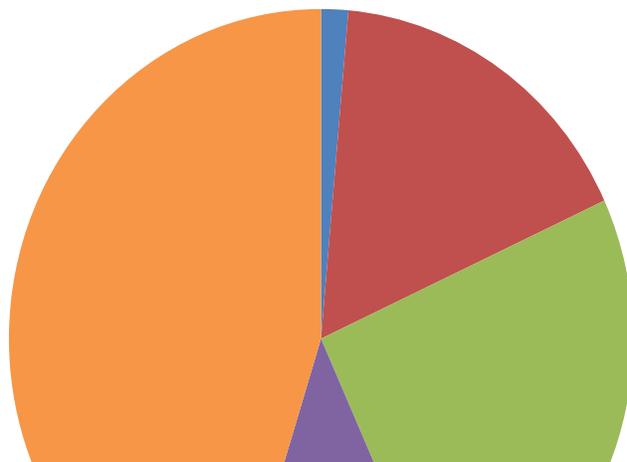
crisis counseling, medical advocacy, and legal advocacy. Sexual assault crisis centers also work in the schools with children, providing counseling and prevention services, such as groups that focus on anti-bullying and teen dating violence. Unlike some service providers, these centers do not require victims to report the assault to the police.

Nationally, sexual assault crisis centers have been rated most positively overall compared to other support sources in studies of victims.<sup>12,13</sup> In fiscal year 2010 alone, 18,349 adult, adolescent and child victims of sexual assault, child sexual abuse and sexual harassment were served by ICASA sexual assault crisis centers. This represents nearly double the number of victims receiving services compared to the previous year. Such findings highlight the need and demand for sexual assault crisis services.

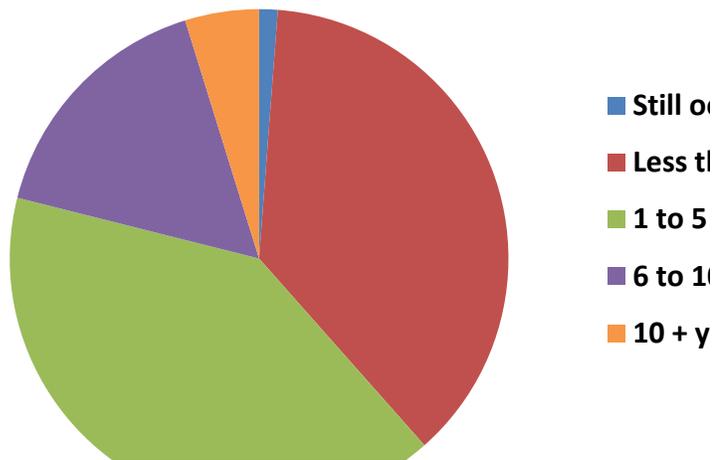
A total of 1214 clients receiving services in October 2011 at 33 sexual assault crisis centers were surveyed for this evaluation with data from 1169 clients included in the final analyses. Separate surveys were developed for adults, adolescents and the parents/guardians of children receiving services. Both English and Spanish versions of the survey were given. Clients who had in-person appointments were eligible to participate. In addition, clients who did not have an in-person appointment but received services at a different location (e.g., school) were contacted by phone to be surveyed for the evaluation. See Appendix A for a complete description of methodology. See Appendix B for the demographic characteristics of the sample.

***Time Since the Sexual Assault/Abuse Before Seeking Rape Crisis Services***

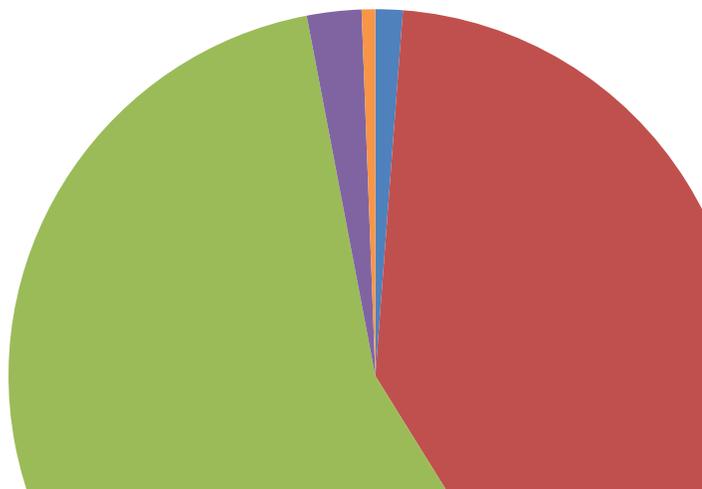
It is not unusual for victims of sexual assault to wait for many years after an incident of sexual assault to seek help. Results of this survey found that for adults, almost half (45%) of victims waited 10 years or more to seek services. In contrast, the majority of adolescents (41%) and parents/guardians of child victims (56%) reported 1-5 years since the time of abuse/assault. See Figure 1-3.



**Figure 1: Time Since Assault Reported by Adults**



**Figure 2: Time Since Assault Reported by Adolescents**



**Figure 3: Time Since Assault Reported by Parents/Guardians**

### ***Why Sexual Assault Victims Seek Services***

Adult sexual assault victims and parents/guardians of children receiving services were asked why they chose to seek out services at a rape crisis center. Among the 732 adults, most respondents reported more than one reason for choosing a rape crisis center. Approximately 83% said they chose a rape crisis center because the counselors have specialized training to work with sexual abuse victims. About 11% said there were no other specially trained counselors in their area, 23% reported they chose a rape crisis center because of the medical and legal advocates who have specialized training and over 50% were told by someone else that they would get the most help at a rape crisis center. Nearly

37% reported they had no private insurance to cover counseling services. Lastly, over half (57%) of clients reported choosing a rape crisis center because the services were free.

A total of 180 parents/guardians of children receiving services completed the survey. Similar to adults who completed the survey about their own services, the majority of parents/guardians (82%) chose a rape crisis center for their children because of the specialized training of counselors. About 9% said there were no other specialized counselors available in their area and about 25% reported they had no private insurance to cover counseling. Almost 27% said they chose a rape crisis center because of the medical and legal advocates who have special training to work with victims. Over 60% reported they were told that they would receive the most help at a rape crisis center. Nearly half of clients reported seeking services at a rape crisis center because the services are free.

### ***Types of Services Victims Receive and the Importance of having these Services at One Agency***

Adult respondents were asked what types of services they received. Most received more than one type of service, with 97% of all adults receiving counseling services. About 26% reported using the 24-hour crisis hotline, 9.6% reported assistance with medical care, 22% assistance with police, prosecutors and court, and another 12% reported receiving other services. Victims found it important to be able to receive all of these services at one agency, with overwhelmingly 95% endorsing this as very important and less than 1% endorsing this as slightly or not at all important.

Similar to adults seeking services, the majority of adolescents (96%) sought out counseling services. Around 11% had also utilized the 24-hour hotline, 8% reported receiving assistance with medical care, 21% reported receiving assistance with police, prosecutors or court, and 8% reported receiving other services. The majority of adolescents (83%) found it very important to have all services provided by one agency and another 15% found it to be somewhat important. Less than 2% of victims endorsed this as slightly or not at all important.

The majority of parents/guardians who sought services for their children reported receiving counseling services (96%). Many also utilized the 24-hour hotline (14%), assistance with medical care (11%), assistance with police, prosecutors and court (29%), or other services (4%). The majority of parents/guardians (92%) found it very important to have all services provided by one agency and another 5% found it to be somewhat important. Less than 3% endorsed this as slightly or not at all important.

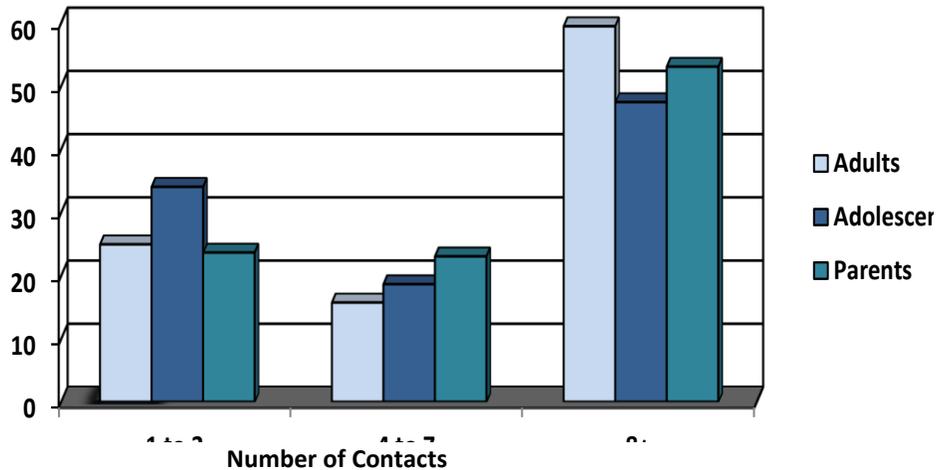
### ***Absolute Privilege***

A feature unique to rape crisis centers is *Absolute Privilege*. Illinois' "Confidentiality of Statements Made to Rape Crisis Personnel" statute provides significant protection to communications between a victim and a rape crisis worker. Creating an absolute privilege for rape victims provides victims with stronger protections and gives victims more control over information about their lives. Victims can confide in rape crisis

center counselors and advocates, knowing that they run little risk of having those communications disclosed publicly unless they consent to such disclosure. This protects the records of victims to keep them confidential and is an added layer of legal protection that goes above the confidentiality that is provided in traditional mental health settings, where records can be subpoenaed and court ordered to be used as evidence in legal cases. This added protection was very important to adults (95%), adolescents (85%), and parents/guardians seeking services for their children (94%).

**Contacts**

Clients were asked about the number of contacts that they had with the rape crisis center where they were surveyed. As can be seen in Figure 4, the majority of respondents had eight or more contacts.



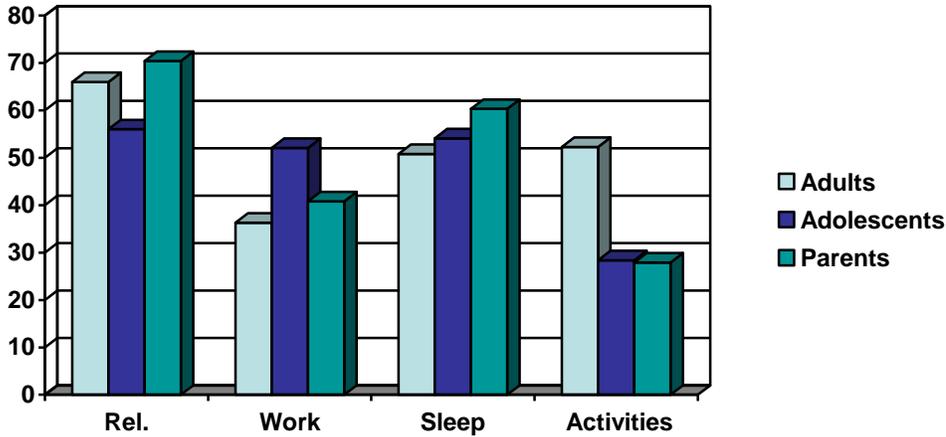
**Figure 4: Number of Contacts with Rape Crisis Center**

**Improvements in Functioning Since Receiving Rape Crisis Services**

Adults reported significant improvements in the following areas since receiving services: coping (75%), mood/less depressed/anxious (69%), significant relationships (66%), understanding of choices and available resources (66%), decrease in distressing thoughts (49%), sleep/decrease in nightmares (51%), awareness of legal/medical rights (49%), and work/school functioning (36%).

Similarly, adolescents reported the following improvements since receiving rape crisis center services: friend/classmate/coworker relationships (60%), managing feelings about the assault (64%), understanding of choices and available resources (58%), family relationships (56%), focus on class work/work duties (52%), school grades (47%), problem solving (46%), sleep/decrease in nightmares (54%), decrease in distressing thoughts (43%), school activities/extracurricular activities (28%), daily routines (34%), and getting in trouble at school/home (30%).

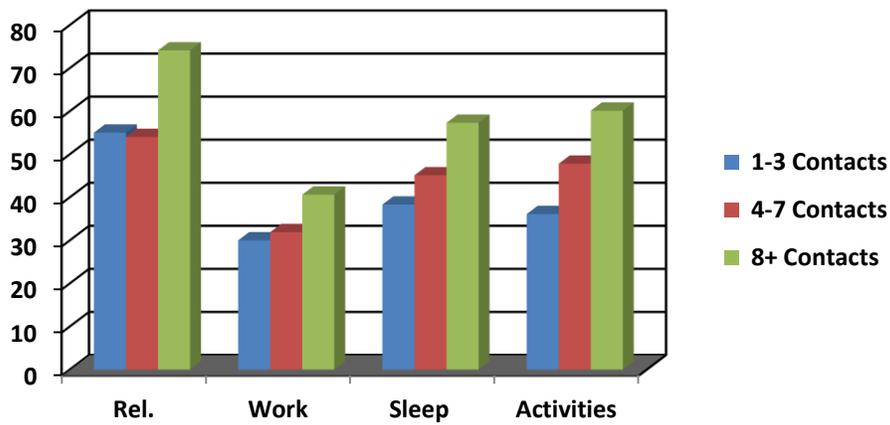
Parents/guardians also reported improvements in their children since they began receiving services at a rape crisis center. Reported improvements for children included: family relationships (70%), mood/less depressed/anxious (60%), sleep/decrease in nightmares (60%), friend/classmate relationships (57%), getting in trouble at school/home (41%), focus on class work (38%), school grades (35%), school activities/extracurricular activities (32%), distressing thoughts (33%), and daily routine (37%). For a comparison of adults, adolescents and parents/guardians on key variables (family relationships, work/school, sleep, and daily activities/routines) see Figure 5.



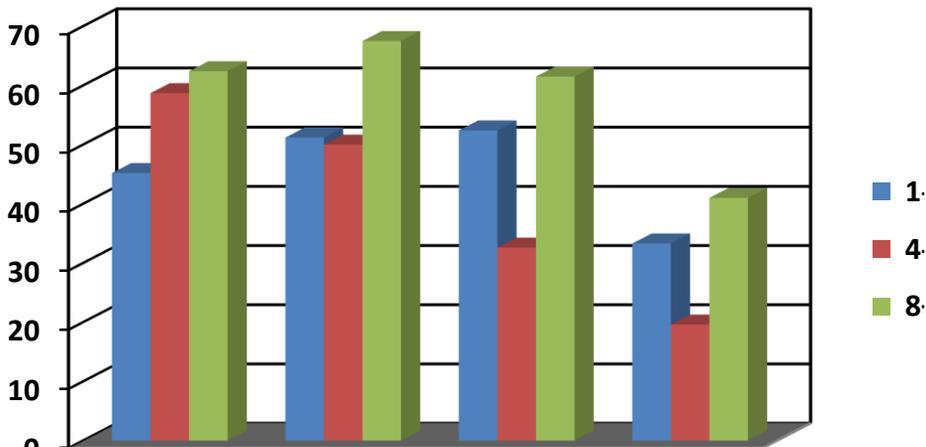
**Figure 5: Improvements in Functioning**

***Contacts X Improvements***

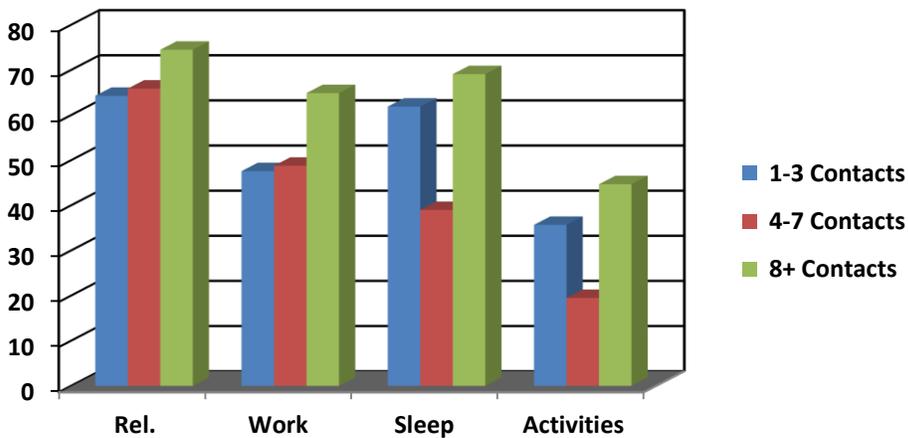
The number of contacts clients had with a rape crisis center impacted clients’ report of improvements in functioning. Findings showed that overall, the most improvements in functioning were shown for those who had the most contact with an ICASA center. For adolescents and children, findings suggest improvements in sleep and managing daily routines were less likely to be noted for those reporting 4-7 contacts. Similar to adults, however, improvements in these areas were shown with 8 or more contacts with a center. For a comparison of the number of contacts clients had with a rape crisis center on key variables (family relationships, work/school, sleep, and daily activities/routines) see Figures 6-8.



**Figure 6. Adults Report of Number of Contacts by Improvements in Functioning**



**Figure 7. Adolescents Report of Number of Contacts by Improvements in Functioning**



**Figure 8. Parent/Guardian Report of Number of Contacts by Child Improvements in Functioning**

### ***Knowing Assault/Abuse is Not My Fault***

Sexual assault victims often feel guilty for being the victim of a sexual assault and may blame themselves for the assault. Counselors and advocates at rape crisis centers educate clients about sexual assault and work to help victims understand the assault was not their fault and to place responsibility appropriately on the perpetrator. Approximately 58% of adults and 48% of adolescents strongly agreed with the statement, “I know the sexual assault/abuse was not my fault.” Over half (56%) of parents/guardians strongly agreed with the statement, “My child knows that the abuse was not his/her fault.”

### ***Overall Satisfaction with Services***

Survey respondents were asked about their overall satisfaction with services and if the respondent would use a sexual assault services center again. Across all respondents surveyed, the majority of respondents were very satisfied with services: adults (90%), adolescents (68%), and parents/guardians (79%). Results also revealed that the majority of respondents would use a sexual assault services center again: adults (99%), adolescents (98%), and parents/guardians (99%). See Appendix C, Tables 4-9, for summaries of the quantitative responses from survey respondents.

### ***What Sexual Assault Victims Said in Their Own Words about the Services They Received***

Survey participants were asked to share in their own words how receiving services at a rape crisis center has affected them. From these data, seven themes emerged: *support, improved quality of life, empowerment, learned skills, symptom and fear reduction, available services, and improved future outlook*. See Appendix D for additional examples of responses by theme.

#### ***Support***

Clients expressed positive feelings regarding their experiences with ICASA rape crisis counselors and advocates, and the overall ICASA center services. For example, a parent of a 5 year old sexual abuse survivor wrote: “*The moral and emotional support provided by our advocate was and is outstanding and is definitely commendable*”. Clients expressed the importance of having ICASA rape crisis center counselors and advocates as a support system in dealing with the assault/abuse. Most expressed how thankful they were for having a counselor or advocate that understood what they were going through. A 37-year-old survivor commented, “*I really depend on her when I am in a bad situation. She helps me to think things through so I can make better choices.*”

#### ***Improved Quality of Life***

Overall improvement of survivors’ quality of life was a common theme. Many clients expressed changes in multiple aspects of their lives. Many commented on being able to develop friendships and improvements in relationships with their family. A 17-year-old client wrote, “*Counseling has helped me with my personal life, friends, family relationships, everything.*” Most clients commented on feeling better about themselves.

### *Empowerment*

Empowerment emerged as a common theme by clients. Clients expressed that since receiving services they recognized the assault/abuse was not their fault. Some commented on increased ability to survive and live life again. For instance, one 45-year-old client stated: *“I have been suffering with this for 35 years. This facility has kept me from suicide and allowed me to think that I may have value in society.”* Many of the clients expressed feeling stronger since receiving services. Some clients wrote that receiving rape crisis services has contributed to them wanting to advocate for other victims of assault/abuse, while others expressed gaining the ability to advocate for themselves since receiving services. One parent commented, *“My little girl has learned how to advocate for herself.”*

### *Symptom and Fear Reduction*

Clients wrote about a decrease in psychological and emotional symptoms commonly experienced by assault/abuse victims. Some clients wrote about feeling less fearful of men and being able to trust others again. For instance, one adult client wrote: *“Well she is helping me overcome my fear, and talking to someone helps me a lot.”* Some clients reported improvement in their mood, less depressive and anxiety symptoms, including less panic attacks and other posttraumatic stress-related symptoms. For example, one adult client wrote: *“I am now able to live a life without reactions/anxiety or depression taking me over.”* Some clients commented on feeling less alone.

### *Learned Skills*

Many of the clients receiving services expressed receiving coping skills and other strategies to manage their emotions and increased awareness of maladaptive thoughts and behaviors. As a 26-year-old client wrote: *“It has helped me understand how to cope with my daily life.”* Many clients commented on how they had learned skills to help think through their problems and make better decisions and choices.

### *Improved Future Outlook*

A 15-year-old adolescent client commented, *“I can live my life knowing that just because I was sexually assaulted, it doesn’t have control over what I do in the future, and it doesn’t make me any less able to have the same bright future as anyone else.”* Many clients wrote about how their outlook on life has changed since receiving services. Many clients commented on how they had plans for the future such as going to school and other future endeavors. Many others wrote about how receiving services contributed to them moving forward in life. For instance, a parent commented, *“I feel more secure to see my daughter happy with the desire to move forward.”*

### *Available Services*

The last theme that emerged was the importance of having rape crisis center services available to them. As a 32-year-old women wrote: *“It’s always good to have a place to go to where you can talk to someone and not be judged, to have someone there to support you through the memories of ... less – than- pleasant experiences. I will forever be grateful for the services I have received here”.* Many clients wrote about how having rape crisis services have affected their lives in positive ways. Some clients commented on specific services such as legal assistance. For example, an adult client wrote: *“This center*

*helped give me my life back. First, I was able to successfully get a restraining order from my abuser in order to stop the abuse. (This was through the assistance w/ prosecution program) Then I was able to press charges by learning about the process.”* Many clients wrote about how having the rape crisis services have affected their lives in positive ways. Some commented that without the free services, they would not have been able to afford to get help due to limited financial resources.

### ***Comparison of 2010 and 2011 Evaluations***

Z-test comparisons were conducted to examine differences in reports of services by clients over time (i.e., comparing the 2010 and 2011 samples). Examination of the data revealed little changes from 2010 to 2011. Only a few changes over time were identified. Significantly more adult clients in 2011 chose a rape crisis center because the counselors have specialized training to work with sexual abuse victims compared to the previous year. Additionally, there was an increase from 2010 to 2011 in adult clients reporting that *Absolute Privilege* was very important. In comparison to 2010, more adolescent clients reported that sexual assault services provided by one agency were very important to them. There was also an increase from 2010 to 2011 in adolescent clients reporting they would use a sexual assault services center again. No differences were found when examining parent/guardian reports of client services over time. See Appendix E, Tables 10-11.

## ***RECOMMENDATIONS***

The results of this study indicate how important rape crisis centers and the unique services they provide are to adult, adolescent and child victims of sexual assault/abuse. In order to encourage immediate consideration of some of the critical issues relevant to *Illinois Rape Victims Speak Out: A Statewide Evaluation of Illinois Rape Crisis Centers-A Replication Study*, the Division of Health Policy and Social Science Research offer the following recommendations:

**RECOMMENDATION ONE:** *In order to assure that the rape victims of Illinois receive the services they need, continued and adequate funding of ICASA rape crisis centers is necessary.*

Rape crisis centers are unique from mental health centers and other social service agencies in several ways that are important to sexual assault survivors who are seeking services. First, their services are specialized for sexual assault survivors. Staff at rape crisis centers receive specialized training and carry *Absolute Privilege*. Many victims have reported receiving counseling at mental health facilities where therapists do not have specialized training and report not feeling the therapist understands their issues, or at worse blames them for what happened. Indeed, specialized training in providing victim-centered, trauma-focused counseling is necessary to work effectively with victims and aid them on the road to recovery. Overwhelmingly, ICASA center clients endorsed receiving services at an ICASA center because of the specialized training counselors have to work with sexual

assault/abuse victims. Another striking finding was clients' report of the importance of *Absolute Privilege*. Across all client populations, *Absolute Privilege* was very important to most respondents: adults (95%); adolescents (85%); and parents/guardians (94%). In fact, the current findings show that the importance of specialized training and *Absolute Privilege* has increased significantly over the past year.

Rape crisis centers are also different from mental health treatment facilities because they provide not only counseling but 24-hour crisis hotlines for sexual assault victims, 24-hour medical advocacy that includes coming to the hospital to be with the rape victim when she is being examined and bringing clothes for her to wear home, as often times victims clothes are taken for evidence. Rape crisis centers also provide legal advocacy for sexual assault survivors. Legal advocates can explain the court process, help with legal paperwork and even attend court with a victim. In essence, rape crisis centers provide the full spectrum of services needed by rape victims. The majority of clients ranging from 83-95% reported that having the multiple services provided by ICASA was very important to them. Not adequately funding such services could severely cost our state far more in lost wages increased participation in the criminal justice system, and costs associated with chronic mental and physical illness.

**RECOMMENDATION TWO:** *Adequate funding to support ICASA sexual assault education and prevention efforts within a variety of settings including the educational system are warranted.*

Recent news coming from Penn State has brought to society awareness that sexual assault is a public health concern and there is a crucial need to provide education about sexual assault on US college campuses. ICASA has been long recognized for providing multiple services including sexual assault response training, prevention, and intervention. Given adequate funding, agencies such as ICACA can increase its efforts to educate, respond and prevent sexual assault through partnerships with college campuses. ICASA's 33 rape crisis centers are located throughout Illinois. Additional funding support would allow ICASA to expand services provided on college campuses to increase college engagement to end sexual assault.

**RECOMMENDATION THREE:** *In order to assure that male rape victims of Illinois receive the services they need, adequate funding is needed to support specialized services unique to male victims.*

The FBI's Uniform Crime Report recently changed the definition of sexual assault. The law previously defined rape as the "carnal knowledge of a female, forcibly, and against her will." Previous statistics on rape reported to law officials likely represented a significant underreporting of sexual assault due to the narrow definition.

The new definition was revised to include male victims and sexual assaults that occur between same-sex couples. The change in reporting of sexual assault is expected to increase reporting of assault. ICASA serves a wide variety of sexual assault victims. With

additional support, ICASA can expand their programs to increase specialized services to meet the needs faced by such victims.

**RECOMMENDATION FOUR:** *Illinois must increase efforts to maintain the coalition that oversees rape crisis centers. It is only through an agency such as ICASA that services for victims can be effectively coordinated across the state.*

ICASA's oversight of Illinois rape crisis centers provides many advantages to both rape victims and rape crisis centers. For rape victims, ICASA ensures that anyone in the state of Illinois who is a rape victim can access services for free. Findings from this evaluation clearly reflect the importance of ICASA centers being available for all rape victims. The availability of ICASA rape crisis services appear particularly critical for victims with significantly limited resources, do not have private insurance or any other source of financial support to pay for services. Findings from the current evaluation revealed that across adult victims and parents of child victims, over 50% of respondents reported accessing an ICASA center because of the free services offered.

ICASA works with local rape crisis centers to establish and enforce comprehensive service standards. ICASA's capacity to convene and engage the centers in peer-based development of standards and peer review of grant applications and progress reports, creates a unique opportunity for the centers. Through ICASA, Illinois is able to successfully develop and assess a statewide sexual assault services network that is informed by the thirty years of direct experience in the field.

Additionally, ICASA maintains a website that provides information about all 33 rape crisis centers and how to contact each center. The website also provides other valuable information for sexual assault survivors about their rights as victims.

ICASA also brings Illinois rape crisis centers together and provides information for the centers on legislation affecting sexual assault victims, prevention, trainings and research. Without this coalition, agencies would work in isolation and in tough economic times, may not survive.

**RECOMMENDATION FIVE:** *Illinois' elected leaders, its criminal justice system, and its victim service agencies should carefully consider the findings and implications of this report.*

Results of this report provide overwhelming support for ICASA and rape crisis centers in Illinois. Sexual assault victims reported that they chose to receive services at a rape crisis center because of the specialized training of the staff. Those who received services reported significant improvement in many life areas that assisted them in being successful at school and work and in their relationships. Although determining the economic value of such improvements can be difficult, it can easily be assumed based on the present findings and existing sexual assault literature that the costs of funding rape crisis centers is far smaller than the societal costs of ongoing mental and physical health problems

that are be associated with victimization and the economic burden of lost wages, ongoing physical and mental health costs and other related costs.

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# APPENDIX A

## METHOD

### Participants

A total of 1214 clients currently receiving services at one of 33 ICASA sexual assault crisis centers were surveyed for this evaluation. Client data was removed from the final analyses if the client's age on the survey did not correspond to the appropriate survey type to be completed (e.g., if an adolescent completed an adult survey). As a result, 45 clients were removed from the final analyses. The final sample consisted of 1169 clients receiving services at an ICASA center including 732 adults, 180 parents/guardians, and 257 adolescents.

### Measures

Three set of surveys were developed for this evaluation. The surveys represented three populations served by ICASA: adults, adolescents, and children. Adults 18 years and older completed the adult services survey. Adolescents between the ages of 12-18 completed the survey for adolescent services, and parents or other adults responsible for a child receiving services completed the child services survey. The Spanish version of the surveys were developed using back-translation procedures. Similar methods were used to translate participants' Spanish written responses to English. A structured telephone script was developed by the evaluators for use with clients invited to complete the survey by phone. Use of a structured script provided the ICASA center staff member detailed instructions on surveying clients by phone.

### Procedure

We evaluated Illinois Coalition Against Sexual Assault's 33 statewide sexual assault crisis centers during the month of October 2011. ICASA center counselors and/or advocates invited all clients on their caseload to complete the survey before their meeting with them. Clients were provided with the survey and an envelope to seal when the survey was completed. Counselors and advocates left the room to provide privacy for the client completing the survey. For clients who did not receive services directly at a center, clients were contacted by phone and invited to participate and complete the survey. To ensure confidentiality of clients' responses, a staff member other than the client's counselor and/or advocate at the ICASA sexual assault crisis center provided the survey questions to the client.

### Data Analyses

Clients completed a self-report questionnaire including demographic information and closed-ended questions (i.e., for multiple choice items clients provided only one response, for some items clients were instructed to check all that apply) regarding services received at an ICASA center. For the quantitative analyses, descriptive statistics were

calculated to examine demographic information and closed-ended questions including frequency and descriptive analyses.

Qualitative data was also collected in order to provide information regarding clients' experiences with receiving sexual assault crisis services. After completion of the quantitative portion of the survey, clients provided a written response to the statement, "*Please share how receiving sexual assault/abuse services at this center has affected your life.*" Grounded theory was used as an analytic method<sup>11</sup> for content analysis to identify emerging patterns and synthesizing themes across ICASA centers. Six surveys from each center (two surveys from each survey type) were chosen randomly. In some cases, less than six surveys were obtained from a center due to the client not completing the qualitative section or not all three client populations were represented at that center. As a result, 143 surveys were transcribed and analyzed. Coding similar responses into categories allowed the evaluator to discover relationships among the data. Initially, all responses were systematically grouped. These categories were collections of similar statements and covered a wide range of variables relevant to ICASA service experiences. Next, a *double coding method*<sup>12</sup> was used for categorization verification, which took the form of inter-rater reliability. Specifically, one of the evaluators and an outside rater (i.e., fourth year medical student) independently classified the same client responses and then compared their coding. Disagreements between coders were resolved through discussion.

In order to make direct comparisons between findings from the 2010 and 2011 ICASA evaluations, prevalence for each equivalent variable regarding services across time were transformed into z-scores using Datastar, Inc. Statistical Testing Software (DataStar Inc., 2011). Significance level was set at a *p* value of .05.

## APPENDIX B

**Total Sample for Final Data Analyses (N= 1169)**

**Table 1. Demographic Characteristics of Respondents Receiving Adult Services (n=732)**

<b>Characteristics of Adult Surveys<sup>a</sup></b>	<b>n</b>	<b>%</b>
<b>Type</b>		
English version	654	89.3
Spanish version	78	10.7
<b>Where Completed Survey</b>		
Center	536	90.2
Phone	58	9.8
<b>Completed Survey</b>		
Self	732	100.0
Other	0	0
<b>Gender</b>		
Male	50	6.8
Female	678	92.9
Other	2	0.3
<b>Age (M*)</b>	732	37
<b>Ethnicity</b>		
Hispanic/Latino	142	21.4
Non Hispanic/Latino	494	74.4
Unknown	28	4.2
<b>Race</b>		
American Indian/Alaskan Native	10	1.5
Asian	11	1.6
Black/African American	73	10.6
Native Hawaiian or Pacific Islander	0	0
White	513	74.6
Multiracial	50	7.3
Unknown	31	4.5
<b>Time since assault/abuse</b>		
Still Occurring	10	1.4
Less than a year (now stopped)	117	16.7
1-5 years	176	25.1
6-10 years	81	11.6
10+ years	316	45.1
<b>Total contacts with center</b>		
1-3	180	24.9
4-7	113	15.7
8+	429	59.4

a. The number of participants may not equal the total *n* for the adult sample due to missing data for that item

\*Note. "M" represents the mean age of the sample.

**Table 2. Demographic Characteristics of Respondents Receiving Adolescent Services  
(n = 257)**

<b>Characteristics of Adolescent Surveys<sup>a</sup></b>	<b>n</b>	<b>%</b>
<b>Type</b>		
English version	248	96.5
Spanish version	9	3.5
<b>Where Completed Survey</b>		
Center	193	99.0
Phone	2	1.0
<b>Gender</b>		
Male	13	5.1
Female	240	94.9
<b>Age (M*)</b>	257	14.8
<b>Ethnicity</b>		
Hispanic/Latino	80	33.3
Non Hispanic/Latino	130	54.2
Unknown	30	12.5
<b>Race</b>		
American Indian/Alaskan Native	7	.3
Asian	0	0
Black/African American	27	11.4
Native Hawaiian or Pacific Islander	0	0
White	139	58.6
Multiracial	35	14.8
Unknown	29	12.2
<b>Time since assault/abuse</b>		
Still Occurring	3	1.2
Less than a year (now stopped)	94	37.3
1-5 years	102	40.5
6-10 years	41	16.3
10+ years	12	4.8
<b>Total contacts with center</b>		
1-3	84	34.0
4-7	46	18.6
8+	117	47.4

a. The number of participants may not equal the total *n* for the adolescent sample due to missing data for that item

\*Note. "M" represents the mean age of the sample.

**Table 3. Demographic Characteristics of Respondents Receiving Child Services (n= 180)**

<b>Child Services Reported by Adult Responsible for Child<sup>a</sup></b>	<b>n</b>	<b>%</b>
<b>Type</b>		
English version	148	82.2
Spanish version	32	17.8
<b>Where Completed Survey</b>		
Center	115	85.8
Phone	19	14.2
<b>Relationship to child</b>		
Parent/adoptive parent	152	86.9
Foster parent	11	6.3
Case worker	5	2.9
Other	7	4.0
<b>Gender</b>		
Male		29.1
Female	127	70.9
<b>Age of child (M*)</b>	--	7.5
<b>Ethnicity</b>		
Hispanic/Latino	50	29.4
Non Hispanic/Latino	111	65.3
Unknown	9	5.3
<b>Race</b>		
American Indian/Alaskan Native	4	2.5
Asian	2	1.2
Black/African American	21	12.9
Native Hawaiian or Pacific Islander	0	0
White	115	70.6
Multiracial	17	10.4
Unknown	4	2.5
<b>Time since assault/abuse</b>		
Still Occurring	2	1.2
Less than a year (now stopped)	68	40.0
1-5 years	95	55.9
6-10 years	4	2.4
10+ years	1	.6
<b>Total contacts with center</b>		
1-3	42	23.6
4-7	41	23.0
8+	95	53.0

a. The number of participants may not equal the total *n* for the parent/guardian sample due to missing data for that item

\*Note. "M" represents the mean age of children reported by the parents/guardians in the sample.

## Appendix C

**Table 4. Adult Report of Adult Services**

Item <sup>a</sup>	n	%
<b>Percentage of adults who endorsed the following reasons for receiving services at a sexual assault services center</b>		
Counselors specially trained to work with sexual abuse/assault victims	609	83.2
No specially trained counselors available in my area	82	11.2
Medical/legal advocates have special training to work with victims	168	23.0
No private insurance to cover counseling	267	36.5
I was told would get most help at center	411	56.1
Services are free	419	57.2
Other	164	22.4
<b>Percentage of adults who reported receiving the following services</b>		
24 hour hotline	189	25.8
Assistance with medical care	70	9.6
Assistance with police, prosecutors, court	163	22.4
Counseling	707	96.7
Other	90	12.3
<b>Importance of all service provided by one agency</b>		
very important	686	94.6
somewhat important	34	4.7
slightly important	5	0.7
not at all important	0	0
<b>Information is completely confidential and protected by law</b>		
very important	684	94.7
somewhat important	28	3.9
slightly important	10	1.4
not at all important	0	0
<b>Percentage of adults who reported the following improvements since receiving services</b>		
significant relationships	484	66.1
work/school	266	36.3
sleeping (decrease in nightmares)	372	50.8
problem/solving	417	57.0
daily activities	383	52.3
mood (less depressed or anxious)	505	69.3
aware of rights (legal//medical)	357	48.8
number/intensity of bad/distressing thoughts	357	48.8
better understanding my choices and available resources	483	66.0

coping	550	75.1
other	115	15.7
<b>Ability to manage my feelings about the assault</b>		
strongly agree	239	33.8
agree	369	52.1
neither	58	8.2
disagree	42	5.9
strongly disagree	--	--
<b>Know that abuse not my fault</b>		
strongly agree	404	58.2
agree	213	30.7
neither	48	6.9
disagree	27	3.9
strongly disagree	2	.3
<b>Would you use a sexual assault services center again?</b>		
yes	709	99.7
<b>Overall satisfaction with services</b>		
very satisfied	654	89.8
satisfied	67	9.2
neither	6	0.8
dissatisfied	0	0
very dissatisfied	1	0.1

a. The number of participants may not equal the total *n* for the adult sample due to missing data for that item

**Table 5. Adolescent Report of Adolescent Services**

<b>Item<sup>a</sup></b>	<b>n</b>	<b>%</b>
<b>Percentage of adolescents who endorsed the following reasons for receiving services at a sexual assault services center</b>		
Counselors specially trained to work with sexual abuse/assault victims	174	67.7
No specially trained counselors available in my area	16	6.2
Medical/legal advocates have special training to work with victims	36	14.0
No private insurance to cover counseling	25	9.7
I was told would get most help at center	151	58.8
Services are free	98	38.1
Other	51	19.8
<b>Percentage of adolescents who reported receiving the following services</b>		
24 hour hotline	28	10.9
assistance with medical care	22	8.6
assistance with police, prosecutors, court	53	20.8
counseling	246	95.7

other	13	5.1
<b>Importance of all service provided by one agency</b>		
very important	206	83.1
somewhat important	38	15.3
slightly important	4	1.6
not at all important	0	0
<b>Information is completely confidential and protected by law</b>		
very important	215	85.0
somewhat important	31	12.3
slightly important	7	2.8
not at all important	0	0
<b>Positive changes in behavior</b>		
strongly agree	87	34.1
agree	133	52.2
neither	29	11.4
disagree	5	2.0
strongly disagree	1	0.4
<b>Percentage of adolescents who reported the following improvements since receiving services</b>		
family relationship	144	56.0
friend/classmates/co-workers relationship	154	59.9
focus on class work/work duties	134	52.1
school grades	121	47.1
school activities/extracurricular activities	73	28.4
sleeping (decrease in nightmares)	139	54.1
mood (less depressed or anxious)	167	65.0
number/intensity of bad/distressing thoughts	109	42.6
daily routine	88	34.2
getting in trouble at home/school	77	30.0
understanding my choices and available resources	149	58.0
ability to manage my feelings about the assault	164	63.8
problem solving	118	45.9
other	28	10.9
<b>Feel better about self</b>		
strongly agree	66	26.0
agree	145	57.1
neither	34	13.4
disagree	8	3.1
strongly disagree	1	0.4
<b>Know that abuse not my fault</b>		
strongly agree	122	48.2
agree	88	34.8
neither	31	12.3
disagree	12	4.7
strongly disagree	0	0
<b>Would you use a sexual assault services center again?</b>		
yes	234	97.9

<b>Overall satisfaction with services</b>		
very satisfied	173	67.8
satisfied	74	29.0
neither	5	2.0
dissatisfied	1	0.4
very dissatisfied	2	0.8

a. The number of participants may not equal the total *n* for the adolescent sample due to missing data for that item

**Table 6. Child Services Reported by Adult Responsible for Child**

<b>Item<sup>a</sup></b>	<b>n</b>	<b>%</b>
<b>Percentage of respondents who reported the following reasons for receiving services at a sexual assault services center</b>		
counselors have special training working with sexual abuse/assault victims	148	82.2
no specially trained counselors available in my area	17	9.4
medical/legal advocates have special training to work with victims	49	27.2
no private insurance to cover counseling	46	25.6
I was told I would get most help at center	109	60.6
services are free	85	47.2
other	37	20.6
<b>Percentage of respondents who reported receiving the following services</b>		
24 hour hotline	26	14.4
assistance with medical care	19	10.6
assistance with police, prosecutors, court	53	29.4
counseling	172	95.6
other	8	4.4
<b>Importance of all services provided by one agency</b>		
very important	161	92.5
somewhat important	9	5.2
slightly important	4	2.3
not at all important	0	0
<b>Information is completely confidential and protected by law</b>		
very important	165	94.3
somewhat important	9	5.1
slightly important	1	.6
not at all important	0	0
<b>Positive changes in behavior</b>		
strongly agree	85	49.4
agree	67	39.0
neither	18	10.5
disagree	2	1.2
strongly disagree	0	0

<b>Percentage of respondents who reported the following child-related improvements since receiving services</b>		
relationship with family	126	70.4
relationship with friends/classmates	103	57.5
focusing on class work	73	40.8
school grades	58	32.4
school/extracurricular activities	50	27.9
sleeping (decrease in nightmares)	108	60.3
mood (less depressed or anxious)	108	60.3
number/intensity of bad/distressing thoughts	69	38.5
daily routine (hygiene, getting dressed)	67	37.4
getting into trouble at school or home	64	35.8
other	24	13.4
<b>Child feels better about himself/herself</b>		
strongly agree	72	41.9
agree	75	43.6
neither	24	14.0
disagree	1	.6
strongly disagree	0	0
<b>Child knows that abuse not his/her fault</b>		
strongly agree	97	56.4
agree	51	29.7
neither	22	12.8
disagree	2	1.2
strongly disagree	0	0
<b>Better understand choices/resources available to me and my child</b>		
strongly agree	110	62.5
agree	53	30.1
neither	12	6.8
disagree	1	.6
strongly disagree	0	0
<b>Would you use a sexual assault services center again?</b>		
yes	170	98.8
<b>Overall satisfaction with services</b>		
very satisfied	137	78.7
satisfied	33	19.0
neither	4	2.3
dissatisfied	0	0
very dissatisfied	0	0

a. The number of participants may not equal the total  $n$  for the parent/guardian sample due to missing data for that item

**Table 7. Improvement in Functioning by Number of Contacts with a Rape Crisis Center Reported by Adults**

Percentage of adults who reported the following improvements since receiving services	Contacts 1-3	Contacts 4-7	Contacts 8+
significant relationships	55	54	74.1
work/school	30	31.9	40.6
sleeping (decrease in nightmares)	38.3	45.1	57.3
problem solving	45.6	48.7	64.8
daily activities	36.1	47.8	60.1
mood (less depressed or anxious)	63.5	59.3	74.1
aware of rights (legal//medical)	36.7	46	54.5
number/intensity of bad/distressing thoughts	37.8	35.4	57.3
better understanding my choices and available resources	58.9	57.5	71.6
coping	63.3	71.7	81.6

**Table 8. Improvement in Functioning by Number of Contacts with a Rape Crisis Center Reported by Adolescents**

Percentage of adolescents who reported the following improvements since receiving services	Contacts 1-3	Contacts 4-7	Contacts 8+
family relationship	45.2	58.7	62.4
friend/classmates/co-workers relationship	51.2	50	67.5
focus on class work/work duties	45.2	50	55.6
school grades	39.3	43.5	52.1
school activities/extracurricular activities	22.6	26.1	32.5
sleeping (decrease in nightmares)	52.4	32.6	61.5
Mood (less depressed or anxious)	61.9	54.3	69.2
number/intensity of bad/distressing thoughts	28.6	26.1	56.9
daily routine (hygiene, getting dressed)	33.3	19.6	41
getting in trouble at home/school	23.8	19.6	38.5
understanding my choices and available resources	51.2	56.5	63.2
ability to manage my feelings about the assault	53.6	58.7	73.5
problem solving	41.7	37	50.4
other	13.1	6.5	11.1

**Table 9. *Child-related Improvements in Functioning by Number of Contacts with a Rape Crisis Center Reported by Parents/Guardians of Child Victims***

<b>Percentage of respondents who reported the following child-related improvements since receiving services</b>	<b>Contacts 1-3</b>	<b>Contacts 4-7</b>	<b>Contacts 8+</b>
relationship with family	64.3	65.9	74.5
relationship with friends/classmates	47.6	48.8	64.9
focusing on class work	31	26.8	50
school grades	31	22	37.2
school/extracurricular activities	28.6	19.5	31.9
sleeping (decrease in nightmares)	61.9	39	69.1
mood (less depressed or anxious)	54.8	46.3	68.1
number/intensity of bad/distressing thoughts	35.7	29.3	43.6
daily routine (hygiene, getting dressed)	35.7	19.5	44.7
behavioral problems at school/home	33.3	31.7	39.4
other	9.5	12.2	14.9

## APPENDIX D

**Table 10. Share Your Experience: Client Responses Representing Each Theme**

Support	Improved Quality of Life	Empowerment	Symptom and Fear Reduction	Learned Skills	Improved Outlook	Available Services
It's always good to have a place to go to where you can talk to someone and not be judged, to have someone there to support you through the memories of ... less – than- pleasant experiences. I will forever be grateful for the services I have received here.	I have developed self-love, self-worth, self-respect, an increase in self-esteem, acceptance of self, and the molestation. Been able to develop healthier relationships with men. I could go on and on.	Since coming here I found I am more than just an abused women. That my feelings and thoughts are valid. I have value.	It help me understand how to cope with my daily life without being scared again.	It has helped my son understand emotions, right and wrong, to know people he can turn to with trust, the right to say no if he does not want to do something, and that it's ok to open up and talk	I have come a long way from being suicidal to trying to live a better and healthier life.	It's nice to know there are places like this that care.
My counselor I had named Carrie McGill seems very patient and understand towards my needs and challenges I have had to face when coping with the abuse that has happened to me. She allows me to understand myself better and even some of the challenges that I'm not aware of be brought up to my attention.	It has affected me personally for the better because it has helped me in many aspects of my life, with my family, friends, etc.	With counseling I have more confidence in myself, know that I have choices, feel better and can give sympathy to others in need.	Now she talks openly about what happened to her, sleeps in her own bed, deals with problems more effectively, and talks to me frequently.	The center has helped me to develop better coping skills.	I know things are going to be alright.	Without the free services, I would have never been able to deal with the abuses I survived while growing up and during teenage years.
I had been through counseling before and had been able to handle things but then I was unable and they were here to help me. My counselor is understanding and I feel I can talk to her.	I feel a lot better about myself	Helped me understand it was not my fault.	She does not wear her belt too tight anymore. She does not argue as much with her siblings. She enjoys talking to her counselor and has a better attitude	The center gave me tips about helping my daughter cope with sexual abuse, by talking out her aggression and emotions.	I look forward to healing and moving forward with my life.	We have been given great lengths of support, knowledge, emotional, mental, and spiritual stability, and [help] with complicated paperwork.
It is nice to have someone else who may understand things that she [daughter] is going through and address the issues in a better way than I can.	It affected my life a lot because it has helped me a lot and now I feel better than before. Now life is much easier than before and I thank God I came here.	The counselor has helped me to become a stronger person and the tool and advice given is very helpful to me.	I don't have as much fear. Getting so I can trust again.	It has helped me understand what my child went through and how to support and better help them through their recovery.	It [abuse] is not something that has to bother me the rest of my life. I can move on and feel better about the situation.	Having these services available to me has affected my life in a positive way.
Very strong presence in my life. Enjoy the patience provided; support has been essential	I am back in school and making life plans. We are healing thanks to the [center]	Even though our problems are not over, my daughter and I know we are not alone.	I can sleep a lot better, I can be more active in school and with my friends.	Counselor has been wonderful in instilling self-esteem and awareness.	My counselor is getting me closer to the place I need to be.	I have found the services at this center invaluable. The process we have been through has been extremely stressful and it has been so comforting to have a safe place and well trained people to help you through this difficult experience.

## APPENDIX E

**Table 11. Z score differences comparing the 2010 and 2011 ICASA Evaluations for Adults**

Item	2010 (%)	2011 (%)	z score	p value
<b>Percentage of adults who endorsed the following reasons for receiving services at a sexual assault services center</b>				
Counselors specially trained to work with sexual abuse/assault victims	78.7	83.2	1.99	.04*
<b>Information is completely confidential and protected by law</b>				
Very important	88.3	94.7	4.26	.00*

\*Note. p values of less than .05 represent significant differences between responses from the two evaluations.

**Table 12. Z score differences comparing the 2010 and 2011 ICASA Evaluations for Adolescents**

Item	2010 (%)	2011 (%)	z score	p value
<b>Importance of all service provided by one agency</b>				
Very important	71.0	83.1	2.89	.00*
<b>Would you use a sexual assault services center again?</b>				
Yes	91.7	97.9	3.08	.00*

\*Note. p values of less than .05 represent significant differences between responses from the two evaluations.