

A Call to Action: Ending Sexual Assault in Ohio

A State Plan from the
Ohio Sexual Assault Task Force

December 2002

Second printing, May 2003

OHIO DEPARTMENT OF HEALTH

246 North High Street
Post Office Box 118
Columbus, Ohio 43216-0118

Telephone: (614) 466-3543
www.odh.state.oh.us



BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

December 20, 2002

The Ohio Department of Health is pleased to present "A Call To Action: Ending Sexual Assault in Ohio", a report from the Ohio Sexual Assault Task Force (OSATF). This report is the culmination of extensive work over the last year that included five regional public hearings, a focus group and many OSATF meetings focused on determining needs and priorities related to sexual assault in Ohio. It contains critical recommendations that will guide our efforts to reduce and eliminate sexual violence, ensure safe and healthy communities and improve people's lives.

This project was funded through a grant to the Sexual Assault and Domestic Violence Prevention Program, Bureau of Health Promotion and Risk Reduction, Division of Prevention at the Ohio Department of Health from the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). The Ohio grant is part of an effort by CDC to assess the status of sexual assault prevention programs and services across the country. The recommendations in the OSATF report will be included in a national plan being developed by CDC.

We wish to thank the OSATF members for their time and commitment to this project. OSATF members took their responsibilities very seriously, attended public hearings and meetings throughout the spring and summer and, most importantly, applied their expertise and demonstrated their dedication to improving sexual assault related programs and services in the development of the recommendations. We wish also to thank the OSATF Coordinator, Jo Simonsen who contributed significantly to the success of the public hearings and the writing and editing of the OSATF report. In addition, facilitators from the ARIA Group ably assisted OSATF with organization, goal setting and prioritizing testimony from the public hearings and are due recognition and thanks for their work.

Due to its prevalence and far reaching effect on society, sexual violence is a critical public health issue and as such it is important to have a comprehensive approach to prevention, services and justice that goes beyond the current system. A strength of public health is its ability to bring together diverse communities and professionals to address complex health and social conditions. However, we cannot do this alone. We need individuals from all disciplines and backgrounds to join with us and make a commitment to implement these recommendations. We look forward to our continued partnership with OSATF members and encourage others to join with us in this effort. Only by working together can we make the changes necessary to prevent sexual violence, improve public awareness, assist victims, hold sex offenders accountable and ensure effective justice.

Sincerely,

Handwritten signature of J. Nick Baird in black ink.

J. Nick Baird, M.D.
Director of Health

Handwritten signature of Jodi A. Govern in black ink.

Jodi A. Govern, General Counsel
OSATF Chair

Table of Contents

Preface	.1
Ohio Sexual Assault Task Force: Member Roster	.2
The Issue: Sexual Assault	.4
OSATF Goal Statement	.7
The Process	.7
Key Recommendations	.9
Subcommittee on Prevention and Education	.10
Subcommittee on Assisting Victims	.13
Assist Victims: Ensuring Comprehensive Services	.13
Assist Victims: Culturally Competent Services	.16
Assist Victims: Support Child Victims	.18
Assist Victims: Provider Training, Standards and Practices	.20
Assist Victims: Funding Recommendations	.21
Assist Victims: Legislative Recommendations	.22
Assist Victims: Data Collection	.23
Subcommittee on Ensuring Effective Justice	.25
Subcommittee to Hold Offenders Responsible	.29
Appendices	
Acknowledgements	.33
Acronyms	.34
Recommended Task Forces, Committees and Boards	.35
List of Related Documents	.35
Endnotes	.36

A Call to Action: Ending Sexual Assault in Ohio is the final report of a needs assessment project conducted by the Ohio Sexual Assault Task Force (OSATF). The task force, project and report were made possible through a grant from the National Center for Injury Prevention Control at the Centers for Disease Control and Prevention awarded to the Sexual Assault and Domestic Violence Prevention Program, within the Bureau of Health Promotion and Risk Reduction at the Ohio Department of Health (ODH).

The reader should note that a "Finding" reflects a summation of the testimony and conclusions formed by the respective OSATF subcommittee. Each finding is then followed by recommendations, which state the subcommittee's desired outcome, and an outline of specific strategies expected to help achieve the goal. Findings, recommendations and strategies are organized by the subcommittee responsible for drafting them and have been approved by consensus of the full OSATF membership.

Ohio Sexual Assault Task Force: Member Roster • March 2002

TASK FORCE CHAIR:

Jodi A. Govern,
General Counsel,
Ohio Department of Health

TASK FORCE MEMBERS:

Connie M. Allgire,
Executive Director,
Women and Family Services,
Defiance County

Elizabeth Benzinger,
Chief, DNA Lab,
Ohio Bureau of Criminal
Identification and
Investigation (BCI)

David Berenson,
Director, Sex Offender Services,
Ohio Department of
Rehabilitation and Correction

Detective Pamela Berg,
Sex Crimes, Child Abuse Unit,
Cleveland Division of Police

Sharon Boyer, Director,
Crime Victims
Assistance Programs, Ohio
Attorney General's
Office and Member - Ohio
Criminal Sentencing
Commission

Angela R. Canepa,
Assistant Prosecuting
Attorney and Director, Abuse
Unit, Representing Ohio
Prosecuting Attorneys Association

Brian Cook, Chief,
Crime Victims Services,
Ohio Attorney General's Office

Coletta Danneker,
Executive Director,
Child Protection Center
of Ross County

Juliet Dorris-Williams,
Program Director,
Ohio Commission on
Minority Health

Bridget Gargan,
Director for State Issues,
Ohio Hospital Association

Christine Gidycz,
Associate Professor,
Department of Psychology,
Ohio University

Carrie E. Glaeden,
Deputy Chief Legal Counsel,
Office of the Governor

Catherine Harper-Lee, Founder,
The Justice League

Phyllis M. Harris,
Director of Education and
Advocacy, Cleveland
Rape Crisis Center

Steve Harshman,
Sex Offender Unit Coordinator,
Adult Probation Department,
Franklin County
Court of Common Pleas,
Representing
Judge David Cain

Staci L. Kitchen,
Executive Director,
Ohio Coalition on
Sexual Assault (OCOSA)

Scott A. Longo,
Assistant Attorney General
and Principal Attorney,
Computer Crime
Task Force, Ohio Attorney
General's Office

Officer Rick Olexa, Investigator,
Sexual Assault and
Domestic Violence,
Athens City Police Dept.

Debbie Piercy, SANE Coordinator,
DOVE Program,
Summa Health System,
Akron, Representing the Ohio
Chapter of the International
Association of Forensic Nurses

Sharon L. Reichard, Director,
Family Violence Prevention Center
Office of Criminal Justice Services

William Rogers, President-Elect,
Representing the Ohio Chapter of
the American College of
Emergency Physicians

Douglas R. Stephens, Director,
Judicial and Court Services,
Supreme Court of Ohio

Mary Stewart, Metro Health
Medical Center, Cleveland,
Representing Ohio Chapter
of the American College of
Emergency Physicians

Detective Alan Strickler,
Sex Crimes, Child Abuse Unit,
Cleveland Division of Police

Patti Stuht, Director of Nursing,
MedCentral Health System,
Mansfield

Pam Van Camp, Director,
YWCA Rape Crisis Center, Toledo

Sheriff Dave Westrick,
Defiance County Sheriff's Office

W. Duncan Whitney,
County Prosecutor,
Delaware County

The Issue: Sexual Assault

Sexual Violence is...

a sex act completed or attempted against a victim's will or when a victim is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. It may involve actual or threatened physical force, use of guns or other weapons, coercion, intimidation or pressure. Sexual violence also includes intentional touching of the genitals, anus, groin or breast against a victim's will, or when a victim is unable to consent, as well as voyeurism, exposure to exhibitionism, or undesired exposure to pornography. The perpetrator of sexual violence may be a stranger, friend, family member, or intimate partner.

-from Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements, CDC 2000.

Sexual assault is a significant threat to public health and a fundamental human rights issue. Ohio, like most other states and nations, struggles to shake history's record of sexual violence as a powerful and successful weapon of oppression. Generations of societal tolerance, silence, and misplaced blame have permitted a wide spectrum of sexually violent acts to continue to be perpetrated against our citizens and communities.

FBI reports, which use a very limited definition of rape, show 4,466 rapes reported to law enforcement in Ohio in 2001.¹ Estimates are that sixty percent or more of all rapes are never reported.² To understand the true impact of sexual assault, one must consider what the statistics say, and what they cannot say, regarding prevalence. While sexual assault is one of the most commonly committed and repeated crimes, it is also the most underreported. The stigma associated with sexual assault makes it difficult for victims to disclose their experiences, leading to uncertainty about any statistics.

Using statistics from the U.S. Department of Justice's 2001 National Crime Victimization Survey, the Rape, Abuse and Incest National Network calculates that approximately every two minutes, somewhere in America, someone is sexually assaulted. Sexual assault is a broad category that the Justice Department uses to classify rape, attempted rape, and other violent felonies that fall short of rape, with rape being defined as "forced vaginal, anal, or oral penetration." Looking at completed rapes only, the same data show that every six minutes someone is raped. Males are the primary perpetrators and females are most often the victims.³ However, men are also victims of sexual assault. Current estimates are that one in six U.S. women and one in thirty-three U.S. men have been victims of a completed or attempted rape.⁴

Sexual assault also occurs within every age and demographic group. Young women and poor women are at increased risk for being raped. The National Women's Study found that 32% of rapes occurred between ages 11-17, while 22% of rapes occurred between ages 18-24, 7% of rapes occurred between ages 25-29, and only 6% of rapes occurred over the age of 29.⁵ There is also a risk associated with income level. Those in households earning less than \$25,000 are approximately three times more likely to be sexually assaulted than those living in

households making more than \$25,000.⁶ Issues of oppression related to race, ethnicity, and immigration status are barriers to reporting, participation in the criminal justice system, and accessing services for many victims.

“Sexual assault is not an urge, it is a choice.”

*-Heath Huber,
Transformation Project-
BGSU, Lima Regional
Public Hearing,
April 15, 2002.*

Unfortunately, children are also at increased risk for being sexually assaulted. About 70% of sexual assault cases reported to law enforcement involve victims under age 18.⁷ Estimates are that only twelve percent of childhood rape is reported to authorities.⁸ Sometimes referred to as a “conspiracy of silence,” child sexual abuse is often perpetrated by adults or family members entrusted with a child. Families, institutions, and social mores may inadvertently collude with the perpetrator leaving the burden to recognize and stop the abuse to the minor victim.

Sexual assault is not only—nor typically—an isolated incident between strangers. One recent study found that 66% of victims knew the offender as an acquaintance, friend, relative, or intimate.⁹ Ninety-three percent of juvenile sexual assault victims knew their attacker; 34.2% were family members and 58.7% were acquaintances.¹⁰ Between 10% and 14% of rapes occur within marriage or other cohabiting relationships. Furthermore, many of these victims endure multiple rapes during the course of the relationship.¹¹ By 1993, marital rape became a crime in all 50 states. However, Ohio is one of 33 states that still exempts a husband from prosecution for rape if he has sex with his wife while she is legally unable to consent (e.g. she is physically or mentally impaired, asleep, unconscious).¹²

*Nearly 70% of victims
knew the offender as an
acquaintance, friend,
relative or intimate.*

*-Bureau of Justice
Statistics,
August 2000*

The emotional and physical consequences of rape can be short- or long-term and include depression, post-traumatic stress disorder (PTSD), suicide, and substance abuse. Estimates are that 31% of all rape victims developed PTSD sometime during their lifetime, and 11% will continue to experience ongoing symptoms of PTSD.¹³

In addition to the physical and emotional trauma affecting its immediate victims, sexual assault also has a serious economic impact. According to data submitted to ODH, the average cost for conducting a sexual assault evidence collection examination in Ohio is \$711.¹⁴ This does not include law enforcement, health care, prosecution, or incarceration expenses. When intangible costs such as lost productivity,

family impact, and other residual effects are factored into the equation, the average cost of a rape can be as much as \$87,000 per victim.¹⁵ Excluding child sexual abuse, rape has the highest annual victim costs at \$127 billion per year, which is significantly higher than many other crimes.¹⁶ Knowing that at least 60% of sexual assaults go unreported to law enforcement, it can be expected that the criminal justice and corrections costs alone would be staggering if these cases were also investigated.¹⁷ As it is, of the rapes that are reported to police, only about half result in arrests and less than 20% result in the perpetrator serving time in prison. Factoring in unreported rapes, only about 6% of rapists will ever spend a day in jail. Fifteen out of sixteen will walk free.¹⁸

The survivors that shared their stories at the public hearings held by the OSATF did so because they want to see sexual abuse, “imposition,” and assault prevented, and when not prevented, they expect a safe, secure and sensitive network to respond to every victim. Those that testified want service providers to be well-trained and accountable. They expect offenders to be properly managed, treated, and held responsible. They demand justice to be swift and fair, with victims on equal footing with the accused. Testimony from survivors, their families, and professionals responding to sexual assault emphasized the urgency of these needs and the importance of increasing the resources allocated to address sexual assault. In light of the evidence presented at the hearings, it is the OSATF’s conclusion that sexual assault prevention and services must be given increased priority by our fellow citizens, government, and public institutions. Anything less amounts to negligence.

OSATF Goal Statement

“To issue recommendations on methods that will educate the public about sexual assault, and promote the establishment of a comprehensive system to prevent sexual assault, assist victims, hold offenders responsible and ensure effective justice in a way that is consistent, collaborative and accountable throughout the state of Ohio.”

The Process

In the fall of 2000, participants attending a summit of the Ohio Coalition on Sexual Assault, (OCOSA), ODH, Ohio Sexual Assault Nurse Examiners (SANE), and Ohio Sexual Assault Response Teams (SART) recognized the need for a special initiative to review and improve the status of sexual assault response in Ohio. Their vision was the catalyst for what became the Ohio Sexual Assault Task Force (OSATF).

By October 2001, the project received grant support from the National Center for Injury Prevention Control at the Centers for Disease Control and Prevention. The grant, awarded to the Sexual Assault and Domestic Violence Prevention Program within the Bureau of Health Promotion and Risk Reduction at ODH, provided some of the funds necessary to conduct the first phase of the project.

This first phase included the identification of a multi-disciplinary task force, coordination of a statewide needs assessment based upon public testimony, and the development of recommendations to address key findings of the task force. The timeline for completion of the needs assessment phase was October 31, 2002.

By January 2002, the project had received commitments from twenty-eight invited members. The first meeting of the OSATF convened March 7, 2002, with additional task force meetings held March 26, June 20, July 18, August 22, and September 19. The goal statement above, which subsequently guided the entire process, was developed at the earliest meetings of the OSATF.

During the spring of 2002, five regional public hearings were held around the state. Public notices and grassroots efforts were used to

encourage potential witnesses to comment on gaps in services, model programs, funding priorities, and other concerns. Ninety-three witnesses appeared before the OSATF to offer testimony. Seventeen other individuals provided written testimony for consideration. Even the most well-seasoned task force members were moved by the courageous and thoughtful testimony presented.

Many of the survivors' stories had common themes of trauma, scrutiny, and recovery. In other cases, advocates and allied professionals voiced longstanding frustrations that impede their daily work and limit their professional development. Some testimony shed light on unique issues that deserve special attention. The overall weight of the testimony was a significant and profound message of the impact of sexual assault across the state and the work that is required to adequately prevent it, respond to it, and hold offenders responsible.

"Ohio should be a state where everyone knows that sexual assault is an intolerable wrong, is extremely harmful, is credibly investigated and severely punished, and where we prioritize healing for victims while not neglecting to provide opportunities for restoration and monitored reintegration for offenders."

*-David Voth,
Executive Director, Crime
Victim Services, Lima
Regional Public Hearing,
April 15, 2002*

A written survey and a three-hour focus group were two other project methods used to collect information for use by the OSATF. The written survey sought input from crime victim service professionals on the five basic tenets of the OSATF goal statement. The three-hour focus group was a facilitated dialogue among representatives of Ohio's communities of color. Fourteen individuals attended including two men, four Latinos, two Asian Americans and eight African Americans. The group confirmed the need for culturally appropriate services. They assisted the OSATF by identifying barriers and by offering insight for overcoming such barriers.

An informal poll of all Ohio counties conducted during July and August of 2002 was the last device used in this phase to collect data for OSATF use. Requested by members during the subcommittee process, the poll was designed to determine the general level at which Ohio counties are currently implementing local sexual assault protocols.

Three subcommittees were formed to assess the needs and make recommendations for the five areas of focus: educating the public; preventing sexual assault; assisting victims; ensuring effective justice; and holding offenders responsible. Subcommittee members pored through hours of testimony and pages of supplemental materials, eventually reaching consensus on priority issues and areas requiring further study. Their findings and recommended strategies are reported in this document, so that the responsible parties within Ohio's systems have a specific plan for implementation.

Of the twenty-two recommendations developed by the OSATF subcommittees, the following ten were selected as key recommendations. The order of this list should not be interpreted as a designation of priority.

1. Ensure that prevention programs in Ohio have adequate funding, adequate access to identified populations and effective curriculum to provide the best available sexual assault prevention programs.
2. Develop a statewide plan to educate the public that sexual assault is a preventable public health and human rights problem.
3. Ensure that professionals are trained and have adequate resources to meet their responsibilities related to sexual assault prevention.
4. Ensure that every resident of Ohio has access to basic, quality sexual assault services including hotlines, crisis intervention, medical, legal, advocacy, SANE/SART programs, and follow-up.
5. Improve victim service provider, social service, medical, and criminal justice response to sexual assault survivors from communities and populations that have historically faced societal, institutional, and systemic barriers in receiving services.
6. Ensure that child victims of sexual assault have access to child-focused, comprehensive, and coordinated services throughout Ohio.
7. Ensure adequate funding for sustained and comprehensive sexual assault services in Ohio.
8. Mandate all Ohio counties to adopt a) quality local protocols, establishing appropriate response to victims and supporting the pursuit of justice, and b) sex offender management teams.
9. Enact new and amend current legislation to support effective justice, including enhancement statutes for sexually violent crimes and an “affirmative defense” that shifts the burden of proof to the defense to establish evidence of consent.
10. Establish an oversight board or organization to ensure that the constitutional and legislated rights of victims of sexual assault are applied consistently and fully protected throughout the State.

Subcommittee on Prevention and Education

Below are the findings, goals and strategies of the subcommittee to assess the needs required to a) educate the public about sexual assault and b) provide a comprehensive system for prevention.

Within each of the following recommendations the committee identified the necessity for a commitment to three inherent points:

1. Emphasize perpetrator responsibility, ensuring that no language or inference places blame for a sexual assault on the victim;
2. Involve men in prevention and services; and
3. Employ a consistent standard of competency that reflects issues related to age, physical ability, race, religion, ethnicity, sexual orientation, socioeconomic status, indigenous origin, nationality, and gender.

Finding I.

Most children, teens, and other vulnerable populations in Ohio do not receive education that will reduce their risk for sexual assault victimization, promote healthy relationship skills for both men and women, and provide information on prevention, intervention and referrals when victimization does occur.

Recommendation

Ensure that prevention programs in Ohio have adequate funding, access and curriculum to provide the best available sexual assault prevention programs.

Strategies

1. Secure stable consistent funding sources for all components of prevention education.
2. Identify and implement validated, developmentally, linguistically, and culturally appropriate curricula for prevention education programs in Ohio. The curricula should include information about sexual assault, prevention, risk reduction, consent, and legal issues as well as other key concerns. The responsible parties should

“Some people feel the subject of children’s sexual safety is a matter for the family to address. This attitude flies in the face of the fact that most child sexual assault happens with caregivers that the family trusts, or with family members themselves.”

*– Deborah Schipper,
Rape Education
Prevention Program,
OSU, Columbus
Regional Public Hearing,
April 22, 2002*

investigate ways to incorporate lessons within current educational standard and proficiency tests. An awareness plan for the curricula must be identified for schools, parents/parent teacher organizations (PTOs), and communities. An evaluation plan must also be developed to measure curricula objectives.

3. Identify ways to mobilize community support and mandates so that prevention education programming is available and consistently and appropriately applied where needed, including in Ohio's educational systems.

Action Plan

1. Convene a statewide Sexual Assault Prevention and Education Task Force to establish a plan for implementation of these strategies.

Finding II.

Inaccurate public perceptions about sexual assault continue to harm victims, support sexually violent behavior, hurt successful prosecution and treatment of offenders, and interrupt prevention efforts.

Recommendation

Develop a statewide plan to educate the public that sexual assault is a preventable public health and human rights problem.

Strategies

1. Implement on going multimedia campaigns to educate the public about sexual assault with separate campaigns on specific topics such as the aftermath of a sexual assault, child sexual abuse, age specific and population specific prevention information, and male responsibility and involvement with the issue.

Action Plan

1. OCOSA, ODH, and OSATF will develop these campaigns using social marketing techniques to educate the public. Consult representatives of the target audiences for planning of campaign messages and appropriate placement.
2. Identify stable consistent funding sources for the campaigns.

“How can we say rape is a terrible problem and we want to stop it, but not provide adequate resources to do so?”

– Emily Myers, Victim Advocate, Women Helping Women, Dayton Regional Public Hearing, April 29, 2002

Finding III.

Key community professionals are inadequately trained and do not have adequate resources to provide sexual assault prevention.

Recommendation

Ensure that professionals are trained and have adequate resources to provide sexual assault prevention.

Strategies

1. Provide training on sexual assault prevention education, detection, reporting, and referral for key community personnel such as clergy, teachers, daycare providers, medical professionals, counselors, and others serving high-risk and/or under-served populations.
2. Provide training and support for educators doing prevention education programming.

Action Plan

1. Convene a statewide Sexual Assault and Prevention Education Task Force to establish a plan for implementation of these strategies by October 2003. Work with school administrators and existing professional education programs to provide relevant training to school personnel.
2. Identify stable consistent funding sources for the training.

Subcommittee on Assisting Victims

13

The subcommittee assessing services and systems to assist victims organized their findings and recommendations into seven subsections of distinct focus. The subsections that follow are: Ensuring Comprehensive Services; Culturally Competent Services; Supporting Child Victims; Provider Training, Standards and Practices; Funding Recommendations; Legislative Recommendations; and Data Collection Needs.

Assist Victims: Ensuring Comprehensive Services

This subsection addresses concerns regarding availability, access and utilization of sexual assault services for victims/survivors in Ohio.

Finding IV.

Services for victim/survivors of sexual assault are neither equally accessible nor equally comprehensive for all Ohioans. Several underserved populations have been identified that require additional specialized services. Further assessment of programs and specific needs is required to ensure availability of quality services and increase utilization by sexual assault victims/survivors.

Recommendation

Ensure every resident of Ohio has access to basic, quality sexual assault services including hotlines, crisis intervention, medical, legal, advocacy, SANE/SART programs and follow-up.

Strategies

1. Assess the status of current services for survivors of sexual assault to identify underserved areas and populations.
2. Promote the establishment of services for underserved populations and areas.
3. Improve outreach to those not receiving services, including members of diverse populations.

Action Plan

1. The Interagency Victims Assistance Coordinating Committee (IVACC) will conduct an assessment addressing the needs of the diversity of populations residing within Ohio by December 2003.

2. Establish a multi-cultural, multi-disciplinary Cultural Competency Advisory Board to the OSATF that is representative of the populations to be served. This advisory board will provide input and review all work of the OSATF and its committees.
3. State funding agencies and current grantees should involve members of culturally, racially, and ethnically diverse communities in planning and implementing outreach activities.

Finding V.

Varying levels of advocacy services are found in Ohio communities. Appropriately trained volunteers can play a key role in ensuring that even areas with limited resources have a baseline level of advocacy which can be accessed.

Recommendation

Ensure sexual assault survivors and their families have access to a trained advocate for immediate intervention and ongoing guidance and support.

Strategies

1. Conduct a study of existing organizations/agencies that utilize volunteers in order to determine who volunteers, needs of volunteers and volunteer managers, and how to recruit, train, increase, and maintain volunteers from all populations and communities in Ohio.
2. Provide training to sexual assault program staff on the development of effective volunteer programs based on the results of the above study.

Action Plan

1. Establish a Volunteerism for Sexual Assault Programs Task Force, including OCOSA staff, staff from local rape crisis programs and representatives from diverse populations in Ohio, to conduct the study and plan training.
2. Encourage the reconvening of the Governor's Task Force on Volunteerism in Ohio in 2003.
3. Identify and promote effective volunteer program models from Ohio and other states. Conduct research on funding sources to support volunteer programs and on the impact of certifying or registering volunteers.
4. State agencies, OCOSA and other funding entities working with local programs should develop and implement this training.

Finding VI.

Both mental health professionals and the victims/survivors they counsel have expressed a need for increased specialized knowledge within the mental health field on the issue of sexual assault. Counselors and social workers have an extraordinary opportunity to positively impact the recovery of victims/survivors and provide them with information and resources to assist with recovery. These professionals would greatly benefit from opportunities for ongoing collaboration with the sexual assault and victims of crime community.

Recommendation

Ensure access to quality mental health counseling for survivors of sexual assault and make sure all survivors are informed about Crime Victims Compensation benefits.

Strategies

1. Implement training about sexual assault for mental health counselors throughout the state on an ongoing basis and work with social work/counseling licensing boards to explore the steps needed to require continuing education in the area of counseling for sexual assault.
2. Conduct a review of curricula for undergraduate and graduate schools for social workers, counselors, etc., and add information about sexual assault where lacking. Include cultural competency as part of any training or curriculum.
3. Promote awareness of the availability of the mental health counseling benefit in the Ohio Crime Victims Compensation Program. Sexual assault prevention/crisis intervention programs, SAFE Program at the Ohio Attorney General's Office, OCOSA, ODH and the Ohio Department of Mental Health (ODMH) should immediately begin to promote these benefits through meetings, newsletters and mailings.

Victims who qualify for assistance from the Crime Victims Compensation Fund (CVCF) may use up to the maximum benefit of \$50,000 toward expenses for mental health counseling, barring no other expenses were claimed.

Action Plan

1. Convene an Ad Hoc Committee on Sexual Assault Training for Mental Health Professionals that includes representatives of ODH, OCJS, AGO, ODMH, local ADAMH Boards and OCOSA to implement recommended strategies.
2. This committee should identify professional meetings attended by mental health counselors to ensure that information on sexual assault is provided.

Assist Victims: Culturally Competent Services

This subsection addresses concerns about the accessibility and availability of culturally appropriate services, providers, and responding systems.

“Survivors need access to community resources that will enable them to approach their healing process from a place of empowerment based on their own cultural experience.”

— Staci Kitchen,
Executive Director,
OCOSA, and
OSATF Member,
Columbus Regional
Public Hearing,
April 22, 2002

Finding VII.

The need to improve access to services that are culturally appropriate has been well established in Ohio. Several citizens appearing at public hearings spoke to poor accessibility, design, and representation within existing programs. They also pointed to disparities in public outcry as evident in cases where sexual assault impacted victims from communities of color. The action necessary to ensure culturally appropriate services requires additional program development, capacity building, financial resources, and advisory input.

Recommendation

Improve and ensure access to sexual assault services that are culturally appropriate for populations and groups that have historically faced societal, institutional, and systemic barriers to obtaining services.

Strategies

1. Identify barriers and solutions related to sexual assault based on culture, language and other specific needs; and provide recommendations to OSATF, state agencies and sexual assault service providers on methods of addressing the barriers and incorporating the solutions.
2. Establish resources for capacity building that are accessible and culturally appropriate.
3. Provide funding for demonstration projects that offer effective methods of eliminating barriers to services.
4. Establish set aside funds to focus on capacity building efforts for sexual assault services in diverse communities.

Action Plan

1. The Cultural Competency Advisory Board (as established in Finding IV) will work with state agencies to examine the experiences of other states and other social service disciplines (such as alcohol/drug addiction prevention/services) in implementing culturally competent/appropriate services.

2. IVACC will examine evaluation of demonstration projects for/from priority populations and make recommendations for funding and replicating successful programs that show promising long term impact on methods for eliminating barriers to services.

Finding VIII.

It is commonly agreed that delivering culturally competent services is fundamental to serving sexual assault victims/survivors in Ohio. The challenge seems to be moving from recognition of the need, toward action in providing the resources, standards, training, and evaluation that specifically support culturally competent services.

Recommendation

Improve victim service provider, social service, medical, and criminal justice response to sexual assault survivors from communities and populations that have historically faced societal, institutional, and systemic barriers in receiving services.

Strategies

1. Establish resources for training staff in sexual assault, social service, medical, criminal justice, and other responder programs for the delivery of culturally competent services including linguistic and other special needs.
2. Develop cultural competency standards that will be integrated into all sexual assault services and trainings.
3. Implement workshops and trainings on working effectively with survivors from diverse backgrounds to build awareness, knowledge and skill of responders.

Action Plan

1. The Cultural Competency Advisory Board (as established in Finding IV) will work with OSATF, OCOSA, and ODH to review, develop, and set the necessary cultural competency standards for services and trainings.
2. OCOSA, in conjunction with OSATF members and relevant state agencies, professional organizations, and local service providers, shall review and identify successful training approaches for building culturally appropriate skills.

3. Identify and pursue new and existing resources that support opportunities for conferences, professional meetings, continuing education workshops, and staff in-services for the above trainings.

Assist Victims: Support Child Victims

The following subsection addresses the specific concerns regarding the specialized services required to support child victims of sexual abuse.

In Ohio, there were 12,886 reported cases of child sexual abuse in 1999, (the most current statistics available).

— 5th Edition of
A Factbook from
Public Children Services
Association of Ohio

Finding IX.

The Children's Advocacy Centers (CACs) are rapidly being recognized as the best model to respond to child victims of sexual assault in Ohio. CACs stress coordination of investigation and intervention services by bringing together professionals and agencies as a multi-disciplinary team to create a child-focused approach to cases of child sexual assault. To date, only five CACs are fully operational in Ohio. Every available opportunity should be developed to its full potential so that each child victim is ensured the same level of care, regardless of his/her location within the state. Likewise, additional efforts and resources should be expended to see that other key stakeholders are trained and aware of victim services specific to child victims.

Recommendation

Ensure that child victims of sexual assault have access to child-focused, comprehensive and coordinated services throughout Ohio.

Strategies

1. Support the work of the Ohio Network of Children's Advocacy Centers (ONCAC) in their development and improvement of Children's Advocacy Centers and multi-disciplinary teams throughout the state.
2. Increase funding for the establishment and maintenance of Children's Advocacy Centers.
3. Promote the establishment of Victim Advocacy Programs for children so that all victims and their families have access to an advocate for support and court preparation. Educate health care providers about the specific needs of children to ensure quality medical care appropriate to the age and developmental stage of the child being examined in all counties in the state.

4. Improve education for investigators (Children's Services and law enforcement) and prosecutors of child sexual assault cases. This would include topics such as forensically sound interviewing techniques; establishing a child friendly environment; age, developmentally, and culturally appropriate questions; and current prosecution strategies for child sexual assault cases.
5. Implement training about child sexual assault to mental health providers throughout the state to assure affordable, accessible counseling by mental health specialists trained in child sexual assault. The training should include information about treating child victims who have also become sex offenders.
6. Promote the awareness of availability of mental health benefits under the Attorney General's Crime Victim Compensation Program. (See Finding VI, sidebar.)

Action Plan

1. Establish a multi-disciplinary Training Task Force to collect and disseminate best practices for training of health care providers, investigators, prosecutors, and mental health professionals working with children. This task force must be multi-cultural and reflect the diverse population of the state. The protocols which are created as a part of the action plan for Finding XIV must be incorporated into the work of this task force.
2. Utilize all available technologies and other adult learning methods to encourage participation, utilization, and completion of training programs. Include use of telemedicine, which can reach underserved areas to provide expert medical opinions in addition to education.
3. ONCAC should continue to work with key stakeholders to secure support for child focused, comprehensive, and coordinated services throughout the state. Key stakeholders include: CACs, victim advocates, pediatricians and pediatric nurses, pediatric SANE nurses, hospital emergency departments, the Public Children Services Association of Ohio (PCSAO), Children's Services Agencies, Court Appointed Special Advocates/Guardian Ad Litums (CASA/GAL), ODMH, mental health providers, the Ohio Attorney General's Office, the Ohio Prosecutors' Association, prosecutors, state law enforcement organizations, and investigators.
4. ONCAC and the listed key stakeholders should work with state legislators to establish a long-term steady source of funding for the above initiatives.

Assist Victims: Provider Training, Standards and Practices

This subsection addresses concerns regarding the preparation, training, and requirements for professionals working with victims of sexual assault and the quality of continuing education opportunities.

Finding X.

Existing collaboration on training standards for Ohio professionals responding to victims/survivors of sexual assault needs to be expanded to develop and mandate complementary approaches specific to their discipline.

Recommendation

Establish and mandate standardized, consistent protocols, policies, and training curriculum specific to law enforcement, advocacy, SANE's, medical personnel, prosecution, mental health, primary and secondary education, social services, and faith based organizations.

Strategies

1. Develop a training curriculum for each of the above disciplines that can be presented as a statewide guideline for educational purposes for those involved in caring for victims of sexual assault. The curriculum should include the key topics of policies, protocols, victim sensitivity, cultural competency, and the Health Insurance Portability and Accountability Act (HIPAA). The training task force will identify other topics.
2. Provide training to all the identified professional groups, working in conjunction with the relevant professional associations and state agencies.
3. Work with state agencies (Attorney General's Office, the Office of Criminal Justice Services, and ODH) to mandate guidelines/curriculum.

Action Plan

1. The multi-disciplinary Training Task Force (as established in Finding IX) will collect and disseminate best practices for each identified discipline. This task force must be multi-cultural and reflect the diverse population of the state. The protocols which are created as a part of the action plan for Finding XIV must be incorporated into the work of this task force.

2. Utilize all available technologies and other adult learning methods to encourage participation, utilization, and completion of training programs.
3. The training task force will present data to the relevant state agencies, boards, and legislators to promote the importance of mandated educational requirements for all involved service providers and to develop a plan to implement the educational requirements.

Assist Victims: Funding Recommendations

Comparison of funds designated for Rape Prevention Programs through State General Revenue Funds for FY2000.

<i>Pennsylvania</i>	<i>\$9,272,000</i>
<i>Illinois</i>	<i>5,542,000</i>
<i>Kentucky</i>	<i>2,000,000</i>
<i>Iowa</i>	<i>500,000</i>
<i>Ohio</i>	<i>100,000</i>

For FY2001, Ohio designated only \$50,000 for Rape Prevention Programs.

— OCOSA

Concerns regarding funding needs were presented more consistently than any other topic at the regional public hearings. This subsection addresses those concerns.

Finding XI.

Funding seems to be the primary factor limiting the accessibility, quality and awareness of sexual assault services in Ohio. Not only is sexual assault a fundamental human rights violation, but it is also a significant threat to the public health and safety. However, the fact remains that sexual assault services in Ohio are not publicly nor privately funded at levels comparable to similar public health and safety programs or comparable with the resources provided in other states.

Recommendation

Ensure adequate funding for sustained and comprehensive sexual assault services in Ohio.

Strategies

1. Ensure that every resident in Ohio has access to ongoing basic, comprehensive, quality sexual assault services including hotlines, crisis intervention, medical, legal, advocacy, and SANE/SART programs.

Action Plan

1. IVACC and OSATF will collect data to present to the legislature and state agencies on areas of need and necessary funding levels to ensure adequate services are available to all areas, populations, and diverse communities statewide.

2. Advocacy groups and professional organizations such as OCOSA, IAFN, and Ohio Chapter of the American College of Emergency Physicians (OACEP) should work with the Ohio legislature and state and local officials to increase funding to meet immediate and on-going needs for funding.
3. OCOSA, IAFN, and IVACC should identify additional sources of funding (federal and private) and disseminate that information to service providers in Ohio. This information should include websites and other resources. A priority need is information on funding sources specific to underserved and/or specific ethnic/cultural communities.

Assist Victims: Legislative Recommendations

I was totally devastated to learn the prosecution dropped the other three counts of rape and turned four counts into just one. My assailant brutally and violently raped me four different times, and yet he was only pleading guilty to one count of rape. I felt so betrayed by the system."

— Survivor, Columbus
Regional Public Hearing,
April 22, 2002.

The OSATF recognizes the need for vast legislative review and reform in order to properly assist victims of sexual assault in Ohio. The related findings and recommendations are reported in the following subsection.

Finding XII.

Carefully constructed legislative efforts have the potential to provide resources, assign accountability and improve statewide consistency for Ohio's sexual assault service systems. However, legislation can also create circumstances or allow interpretations which may cause additional harm to victims. Thorough review of current and proposed legislation is required to avoid re-victimization, and specific laws should be passed which directly address these concerns.

Recommendation

Ensure adequate services for survivors of sexual assault and prevent re-victimization of survivors by the Criminal Justice and Social Service Systems.

Strategies

1. Develop recommendations to the Ohio legislature for legislation to improve the treatment of victims by the criminal justice and civil law systems. Include community protocols, guidelines regarding use of lie detector tests, and professional training requirements that would benefit the victim/survivor.
2. Establish SANE/SART programs in all counties in Ohio.
3. Obtain adequate resources to prevent sexual assault and provide for services to assist victims of sexual assault.

Action Plan

1. OSATF and OCOSA should conduct a review of Ohio criminal and civil law as it relates to sexual assault offenses and compare the law to other states to determine changes needed.
2. OSATF should review results of the above stated legislative reviews and identify appropriate agencies/organizations to draft and take forward legislation, including working with the Ohio Chapter of the IAFN regarding legislation requiring SANE/SART programs.

Assist Victims: Data Collection

Data collection directly impacts the ability to assess and address every area of concern examined by the OSATF. This subsection reports specifically on those needs.

Rape is one of the most underreported crimes in the U.S. 60% or more of rapes and sexual assaults are not reported to police.

— Bureau of
Justice Statistics,
US Department
of Justice

Finding XIII.

Data collection on sexual assault in Ohio is inconsistent and often unreliable. Ohio and national statistics on the incidence of rape as listed in the Uniform Crime Report issued by the FBI are based on rapes reported to law enforcement agencies. However, many law enforcement agencies and most universities do not report through this system, and so the rates are estimated. In addition, rape statistics that are reflected in the Uniform Crime Report are based on the federal definition of rape, which is a narrow definition and does not include statutory rape or rape of men.

The Ohio Revised Code has a more comprehensive definition of rape that is used when law enforcement agencies report through a state system called OIBRS (Ohio Incident Based Reporting Systems). Currently, only 34% of Ohio's population is being represented by agencies submitting OIBRS data. It is anticipated that 48% of Ohio's population will be covered by the end of 2003. This leaves a significant gap in data collection.

The only other currently available sources of information on incidence of rape are through rape crisis hotlines and hospital emergency departments or other emergency medical facilities. This type of information has historically not been available from hospitals, and the reports of rape to rape crisis centers have not been correlated with reports to hospitals or law enforcement agencies.

Recommendation

Enhance the system in Ohio for collecting reliable and relevant data on the incidence and prevalence of sexual assault in Ohio. This system should complement the data collected by OIBRS.

Strategies

1. Develop a state plan for sexual assault data collection that includes identification of current data sources and potential new sources of data.

Action Plan

1. The SADVPP at ODH in conjunction with ODH epidemiologists, OCJS, and the Ohio Attorney General's Office should develop the state plan for data collection and obtain information from currently available data sources. Within two years, the above agencies should initiate implementation of data collection from new Ohio sources. Possible new sources which should be investigated are the Behavioral Risk Factors Surveillance System (BRFSS) and the Youth Behavioral Risk Factors Surveillance System (YBRFSS). The cost of a state victimization survey (random phone interviews or focus groups) should be explored, and examples of surveys from other states and the CDC should be reviewed. Information specific to diverse populations should be collected.
2. Encourage all law enforcement jurisdictions to report sexual assaults through OIBRS.

This subcommittee was charged with addressing a wide range of issues, such as investigation, prosecution, and offender rehabilitation. Members also considered the need for legislative efforts. To appropriately apply this subcommittee's recommendations there must be a fundamental commitment to emphasize prevention, prevent further victimization, enforce existing penal codes, and enhance public safety through the management of adult and juvenile offenders.

Finding XIV.

An effective justice system is required to prevent and deter sexual assaults. Local protocols are the key to providing the consistent quality response to victims that is essential in supporting the pursuit of justice. Currently, Ohio counties are at varying stages in developing and adopting local protocols.

Recommendation

Ensure use of a quality local protocol in all Ohio counties that establishes appropriate responses to victims and supports the pursuit of justice.

Strategies

1. Create a model sexual assault protocol that establishes appropriate responses to victims and supports the pursuit of justice.
2. Implement legislation requiring all 88 counties and Ohio post secondary schools to have a sexual assault protocol in place for all systems who come in contact with the survivor and their families (e.g., Prosecutor's Offices, Law Enforcement, Courts, Health Care Providers, Mental Health Care Providers, Children Services, Educators, and Victim Service Agencies).

Action Plan

1. Establish a Community Sexual Assault Protocols Task Force. (This task force assignment precedes the work of the multi-disciplinary Training Task Force and may include some of the same members.) The task force should conduct a review of state and national sexual assault protocols and standards, as well as post secondary schools' policies and procedures to determine changes needed to improve the treatment of survivors by all systems. Representatives from post secondary schools should be on this task force. The task force review should include recommendations related to campus security and campus police at public and private colleges.

"Victims needs and rights are often ignored. Implementation of victim response programs, based on varying practices of local criminal justice officials, is uneven and inconsistent. Greater consistency would serve victims well."

—International
Association of Chiefs of
Police Victims Summit
May, 2000

“Sadly today, victims’ rights largely remain “paper promises.” For too many victims and families, the criminal justice system remains more criminal than just when it comes to protecting their rights.”
 — Roberta Roper,
 Founder, Stephanie Roper Committee

Minimum elements of a local protocol are:

- a. SANE/SART model
- b. A coordinated community response
- c. Cultural competency standards
- d. Mandatory basic and annual continuing education requirements for all systems (mandatory sensitivity training, policies on confidentiality, and conflict of interest)
- e. Public education regarding the protocol with statewide website availability (OCOSA) and appropriate links
- f. Collection of local statistics
- g. A quality assurance plan to ensure the local protocol is effective in establishing and maintaining an appropriate response to victims and the pursuit of justice.
- h. Strong encouragement for use of vertical prosecution.

Finding XV.

The handling of sexual assault cases by local criminal justice officials is frequently uneven, inconsistent, and often times inadequate. Enactment of State laws and State constitutional amendments alone appears to be insufficient to guarantee the full provision of victims’ rights in practice. Victims are injured a second time when these important rights are not honored by members of the criminal justice system. It is, therefore, imperative to provide avenues for recourse when victims’ rights are violated. Additional steps may be necessary to better ensure that the laws have their intended effects.

Recommendation

Establish an oversight board or organization that is part of a coordinated system that ensures that the constitutional and legislated rights of victims of sexual assault are afforded, fully protected, applied consistently throughout the state, and enforced so that victims are not revictimized by the system.

Strategies

1. Create a statewide Victims Rights Oversight Board or Organization to monitor compliance of victim rights and assist criminal justice officials in meeting the legislated and constitutional rights of victims of sexual assault.

Most systems lack enforcement mechanisms, leaving crime victims without adequate legal remedies to enforce their rights when they are violated.
 — US Department of Justice, Office for Victims of Crime "New Directions from the Field: Victims' Rights and Services for the 21st Century."

Action Plan

1. The OSATF shall review other states' compliance initiatives including Maryland and Colorado (Gov. Office), Minnesota (Ombudsman-independent agency-reports to Gov.), Arizona, Wisconsin, and Wyoming (AG).
2. The OSATF will develop a plan for the Victim Rights Oversight Board or Organization within one year of issuing this report.

Finding XVI.

Jurors have a very powerful role in the pursuit for justice. However, the legacy of oppression through racism and sexism, generations of silence on the issue of sexual assault, and cycles of myths and stereotypes perpetuated between the media and its audiences have fostered deep erroneous public perceptions about sexual assault. Educating Ohioans with accurate information will improve their ability to serve as a juror. (See Finding I for related curriculum strategies and Finding II for additional public awareness strategies).

Recommendation

Change public perceptions to dispel myths and misinformation regarding sexual assault.

Strategies

1. Make available on a state web site identified materials for victim/survivor, parents, instructors (e.g., teachers, PTO, Communities of Faith), Youth Leaders (e.g., Girl Scouts, Boy Scouts, Faith Communities, 4-H).
2. Identify and implement a sexual assault prevention curriculum, (see Finding I, Strategy 2).

Action Plans

1. The Sexual Assault Prevention and Education Task Force (as established in Finding I) shall work with OCOSA to make information available via the OCOSA website for release during Sexual Assault Awareness Month in April 2004.

Minimum elements to be included are:

- a. Defining sexual assault
- b. Reporting and prosecuting
- c. Protocol information
- d. Legal terms and processes

- e. Explanations of SANE and Advocacy programs
- f. Rape crisis programs
- g. Crime Victim Compensation
- h. Information and materials for parents
- i. Links to local sheriff's sites for information on sexual predators (Sexual Offender and Registration and Notification).
- j. Local and state statistics where available

Finding XVII.

There are several needs for new and/or amended legislation regarding Ohio's response to sexual assault. Issues which need to be addressed include: inappropriate definitions and anatomically incorrect language, mandatory programs to assist evidence collection and victims, review of access to medical records, and review of parole board policies/procedures and its effect on victims.

Recommendation

Ensure effective justice regarding Ohio's response to sexual assault.

Strategies

1. Develop recommendations to the Ohio legislature for legislation to ensure effective justice. Recommendations may include topics such as state-to-state comparisons of parole board hearings/policies; definitions of rape, marital rape, date rape, incest, and child abuse; parental access to a minor's medical records in cases of incest; and possible alternative diversionary responses to reports of child sexual abuse.

Action Plan

1. OCOSA and OSATF will work together to create an Ad Hoc Committee to Review Ohio Law as it Pertains to Sexual Violence. The committee, made up of community advocates and other sexual assault service providers, shall conduct a review of Ohio Law as it relates to sexual assault.
2. Enact new and amend current legislation as needed based on the results of the reviews.

“A multidisciplinary, multi-sectored effort must be designed, developed and implemented to make sex offender management effective at the local level. Sexual abuse is a problem for all of us, not just law enforcement and corrections.”

*—D. Berenson
OSATF member*

To make appropriate recommendations that address the need to hold offenders responsible, it must first be recognized that a majority of sex offenders will go back into the community. When released, there is very little control over them.

With the enactment of S.B. 2, offenders appear to be doing shorter sentences, are being released at a higher rate than in the past five years, and, with the abolishment of parole under the same legislation, supervision of sex offenders released into the community has been seriously diminished.

The most significant recourse to this reality is that programs must be in place to minimize the risk of re-offending.

Finding XVIII.

Sex offender management teams exist in only a few of Ohio's 88 counties.

Recommendation

Require all 88 counties to have sex offender management teams.

Strategies

1. Develop recommendations to the Ohio legislature for mandating sex offender management teams in every county.

Action Plan

1. Establish a Sex Offender Management and Treatment Task Force that is comprised of community advocates, prosecutors, probation officers, Ohio Department of Rehabilitation and Corrections (ODRC) and other related service providers. This task force shall conduct a review of state and national sex offender management team models to identify key components. At minimum, proposed models should be victim-centered, collaborative, and culturally competent. Likewise, the models should mandate basic and continuing education requirements for all systems who come into contact with sex offenders and victims/survivors, include appropriate use of polygraph by licensed professionals to verify an offender's history, and support individualized management plans based on the offender's needs. Quality assurance should be administered at both state and county levels.

Finding XIX.

Only minimum opportunities for treatment are available to child and adolescent offenders in Ohio. In many cases, there are no consequences for not completing treatment. Oftentimes systems have conflicting priorities over treating offending behavior and the offender's own past victimization. Attention must be given to developing and evaluating models for successful sex offender behavior prevention and treatment as well as intervention with at-risk youth.

Recommendation

Ensure access to prevention education and treatment for child and adolescent sex offenders and at-risk youth.

Strategies

1. Identify model prevention and treatment programs for child and adolescent offenders and at-risk youth.
2. Implement programs that provide these services.

Action Plan

1. Establish a statewide Juvenile Sex Offender Task Force within eighteen months. This task force shall make recommendations on model programs that at minimum utilize multi-modalities; are family-centered with extensive coordination between involved agencies; include screening, intervention, and support for families of sex offenders; have been shown to be effective; and include ongoing quality assurance.

Finding XX.

Ohio statutes do not address the recidivism problems surrounding sex offenders upon their release into the community.

Recommendation

Protect victims and increase public safety by holding sex offenders responsible and reducing repeat offenses.

Strategies

1. Develop recommendations to the Ohio legislature that improve the State's ability to hold sex offenders responsible while protecting victims and the public safety.

Action Plan

1. The Sex Offender Management and Treatment Task Force, (established in Finding XVIII) will review the testimony submitted to the OSATF regarding sections of the Ohio Revised Code related to sex offender sentencing, imprisonment and release.
2. Enact or amend legislation based on the review. Changes should include legislation: to enhance penalties for repeat offenders (see DUI and DV for examples); to create an affirmative defense for consent to sexual relations that shifts the burden to prove consent to the defense instead of the current burden upon the prosecution to prove absence of consent; to mandate DNA collection on all felony convictions; and to address concerns raised regarding the Parole Board.
3. Work with the Ohio Department of Rehabilitation and Corrections (ODRC) regarding Parole Board administrative policies and procedures to address concerns of victims/survivors.

Finding XXI.

Ohio has not been able to fully uphold its duty to provide responsible treatment and effective management of sex offenders. Overwhelming caseloads, delays in initiating treatment upon incarceration, ineffective legislation that does not provide for appropriate monitoring upon sentence completion, limited budget resources, and competing priorities are key factors for significant breakdowns within these systems.

Recommendation

Ensure effective treatment and management of offenders.

Strategies

1. Provide an effective treatment model for sex offenders.

Action Plan

1. The Sex Offender Management and Treatment Task Force, (established in Finding XVIII) shall review within eighteen months state and national sex offender treatment programs for key elements in treatment and rehabilitation. (Review the Colorado model.)
2. The task force will write statewide standards and best practices based upon findings.

Minimum model elements should include:

- a. Victim-centered approach
- b. Collaboration between agencies (case management model)
- c. Individualized treatment plans
- d. Cultural competency
- e. Appropriate use of polygraph with offender
- f. Provisions for alternative housing and job programs for released sex offenders. (Review model from Pioneer Human Services, Seattle, Washington.)
- g. Ongoing quality assurance at both the county and state level.

Finding XXII.

Opportunities for the training of key personnel involved in sexual offender treatment and management are severely lacking in the state of Ohio. Overwhelming caseloads, limited resources, and competing priorities throughout the state diminish the ability of agencies to dedicate time and program staff to professional development. Viable consistent sources of funding are not available to expand and increase training opportunities and improve the competency of professionals responding to sexual assault.

Recommendation

Ensure that providers who treat or manage sex offenders have access to basic and annual training.

Strategies

1. Educate providers about model sex offender treatment and management programs.

Action Plan

1. The Sex Offender Management and Treatment Task Force (established in Finding XVIII) will identify and/or develop training curriculum.
2. Utilize all available technologies and other adult learning methods to encourage participation, utilization, and completion of training programs.

The OSATF wishes to extend their deepest gratitude to all individuals who offered written testimony or appeared at the regional public hearings, as well as to all participants attending the Communities of Color Focus Group.

Appendix A: Acknowledgements

The task force members would also like to acknowledge the following for their extensive support of the project.

Staff of the Sexual Assault and Domestic Violence Prevention Program, ODH

Judi Moseley, Program Administrator
Joyce Hersh, Women's Health Coordinator
Beth Malchus, Rape Prevention Coordinator
Debra Seltzer, Rape Prevention Coordinator
Susan Williard-Gibler, Program Secretary

Special Contributors

ARIA Group, Meeting Facilitators
Jo Simonsen, OSATF Coordinator
Nita Carter, The Women of Color Network
Staci Kitchen, Ohio Coalition on Sexual Assault

Hearing Sites

Lima Memorial Hospital
James A. Rhodes State Office Tower
University of Dayton—Kettering Center
Nelsonville Public Library
The Idabelle Firestone Center at SUMMA Health Systems

Meeting Sites

The State Library of Ohio
The Columbus Department of Health

Appendix B: Acronyms

ADAMH – Alcohol, Drug Addiction and Mental Health
AGO/AG-Ohio Attorney General’s Office
CAC-Child Advocacy Center
CASA/GAL-Court Appointed Special Advocates/Guardian Ad Litums
CDC-Centers for Disease Control and Prevention
HIPAA-Health Insurance Portability and Accountability Act
IAFN-International Association of Forensic Nurses
IVACC-Interagency Victims Assistance Coordinating Committee
LGBT-Lesbian, Gay, Bisexual, Transgendered
NCIPC-National Center for Injury Prevention Control
OACEP-Ohio Chapter of the College of Emergency Physicians
OCJS-Office of Criminal Justice Services
OCOSA-Ohio Coalition on Sexual Assault
ODE-Ohio Department of Education
ODH-Ohio Department of Health
ODRC – Ohio Department of Rehabilitation and Corrections
OHA-Ohio Hospital Association
ONCAC-Ohio Network of Children’s Advocacy Centers
OPOTA-Ohio Peace Officers Training Academy
ORC-Ohio Revised Code
OSATF-Ohio Sexual Assault Task Force
PCSAO-Public Children’s Services Association of Ohio
SADVPP-Sexual Assault and Domestic Violence Prevention Program
(at ODH)
SANE-Sexual Assault Nurse Examiners
SART-Sexual Assault Response Team
SORN-Sex Offender Registration and Notification

Appendix C: Task Forces, Committees and Boards to be created

The Ohio Sexual Assault Task Force recommends the establishment of the following advisory groups for implementation of the strategies within this report.

Task Forces

Community Sexual Assault Protocols Task Force (Finding XIV)

Juvenile Sex Offender Task Force (Finding XIX)

Sex Offender Management and Treatment Task Force
(Finding XVIII, XXI, XXII)

Sexual Assault Prevention and Education Task Force (Findings I, III, XVI)

Training Task Force (Finding IX and X)

Volunteerism for Sexual Assault Programs Task Force (Finding V)

Committees

Ad Hoc Committee on Sexual Assault Training for Mental Health
Professionals (Finding VI)

Ad Hoc Committee to Review Ohio Law as it Pertains to Sexual Violence
(Findings XII and XVII)

Boards/Organizations

Cultural Competency Advisory Board or Organization
(Findings IV, VII, VIII)

Victim Rights Oversight Board (Finding XV)

Appendix D: List of Related Documents

The following related documents are available upon request. To receive a copy, please phone 614-728-2707 or 614-466-2144 or email sgibler@gw.odh.state.oh.us.

- Summary of the Communities of Color Focus Group
- Summary of Survey for Victim Service/Probation Professionals
- Summary of County Protocol Inquiry
- Member List of the Ohio Network of Children's Advocacy Centers
- List of Sexual Assault Nurse Examiner (SANE) Programs in Ohio
- List of Rape Prevention/Crisis Intervention Programs in Ohio
- Table of Witness Comments from OSATF Regional Public Hearings

Appendix E: Endnotes

- ¹ Federal Bureau of Investigation statistics provided by the Ohio Office of Criminal Justice Services.
- ² Rennison, C.M., (2002, September) Criminal Victimization 2001, Changes 2000 – 01 with Trends 1993 – 2001, NCJ 194610, p. 10. Washington D.C: Bureau of Justice Statistics, U.S. Department of Justice.
- ³ Tjaden P., Thoennes N., (2000, November) Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey, NCJ 183781, pages 46 - 47. Washington D.C: National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.
- ⁴ Ibid, page 13
- ⁵ Kilpatrick, D.G., Edmunds, C., Seymour, A. (1992). Rape in America: A Report to the Nation, page 3. Charleston, SC: National Victim Center and the Crime Victims Research and Treatment Center, Medical University of South Carolina.
- ⁶ Analysis by the Rape, Abuse and Incest National Network (RAINN) of Rennison, C.M., (2000, August) Criminal Victimization 1999, Changes 1998 – 99 with trends 1993 – 99, NCJ 182734, page 3, Table 3. Washington D.C., Bureau of Justice Statistics, U.S. Department of Justice. Analysis by RAINN available at [http://www.rainn.org/test/stat\(71\).html](http://www.rainn.org/test/stat(71).html)
- ⁷ Snyder, H.N., (2000, July) Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics, NCJ 182990, page 2, Table 1. Washington, D.C: Bureau of Justice Statistics, US Department of Justice.
- ⁸ Hanson, R.F., Resnick, H.S., Saunders, B.E., Kilpatrick, D.G., & Best, C.L., (1999) "Factors Related to the Reporting of Childhood Rape," Child Abuse and Neglect, Volume 23:6, pages 559 – 569.
- ⁹ Rennison, page 8, Table 4.
- ¹⁰ Snyder, page 10, Table 6.

- 11 Mahoney P., Williams L. (1998). "Sexual Assault in marriage: Prevalence, consequences, and treatment of wife rape." In Jasinski J. and Williams L. (Eds.), Partner Violence: A Comprehensive Review of 20 Years of Research, pages 116 - 133. Thousand Oaks, CA: Sage.
- 12 Bergen, R. K. (1996) Wife rape: Understanding the response of survivors and service providers, Thousand Oaks, CA: Sage. Available at <http://www.vaw.umn.edu/Vawnet/mrape.htm>
- 13 Kilpatrick, D.G., Edmunds, C., Seymour, A. page 7.
- 14 Sanders, A., (2002) "Evaluation of the Protocol for Sexual Assault Medical and Forensic Examination," Columbus, Ohio: Ohio Department of Health, Sexual Assault and Domestic Violence Prevention Program.
- 15 Miller T., Cohen M. and Wiersema B., (1996, January) Victims Costs and Consequences: A New Look, NCJ 155282, page 1. National Institute of Justice, Office of Justice Programs, US Department of Justice.
- 16 Ibid, page 9, Table 2.
- 17 Rennison, C.M., page 10.
- 18 Analysis by the Rape, Abuse and Incest National Network (RAINN) of probability statistics compiled by the National Center for Policy Analysis, using data from the US Department of Justice Statistics, published in "Crime and Punishment in America: 1999, NCPA Policy Report No. 229, Executive Summary." Analysis by RAINN available at <http://www.rainn.org/statistics/html>



Ohio Department of Health
Sexual Assault and Domestic Violence
Prevention Program
246 North High Street
Columbus, Ohio

An Equal Opportunity Employer

Bob Taft, Governor
J.Nick Baird, M.D., Director of Health