



# *The Michigan* **DVOCATE**

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*A publication of the*

## **MICHIGAN CRIME VICTIM SERVICES COMMISSION**

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**THE MICHIGAN ADVOCATE** was created in 2000 to provide information and resources to VOCA Grantee-agencies, other programs serving crime victims, and advocates in Michigan and throughout the country. This publication strives to help professionals maintain comprehensive and quality services to victims of crime and to inform advocates of broader issues affecting crime victim services.

**THE MICHIGAN ADVOCATE** is published twice yearly and has evolved into an electronic format allowing for broader distribution of news relevant to crime victim services.

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**VOLUME 11 ISSUE II  
WINTER 2012**

# Shelter, Inc. Awarded \$450,000 by the Sexual Assault Demonstration Initiative

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■ By Danielle Lepar

## Shelter, Inc.

Shelter, Inc. (Shelter) has provided housing and support to victims of domestic violence and sexual assault in Northeastern Michigan since 1978. Their services range from providing individual counseling, to offering legal and personal advocacy, to working towards systems change and social reform. With minimal financial resources in recent years, Shelter has focused its efforts on building strong partnerships and mobilizing existing community assets. The agency recently hosted a ribbon cutting and open house for a new sexual assault response center. In addition to a sexual assault nurse examiner (SANE) exam room, the new center also includes a welcome center. By collaborating with the St. Joseph Health Care System, these facilities were able to be housed within their Oscoda Health Park facility. Notably, the center was also opened absent of any formal funding. As indicated above, Shelter has more than demonstrated their ability to coordinate community response related to an unmet local need. This, however, is not stopping them from celebrating their recent award of \$450,000 from the Sexual Assault Demonstration Initiative (SADI).

## The Sexual Assault Demonstration Initiative

The Sexual Assault Demonstration Initiative (SADI) is a large scale project recently launched by the Department of Justice's Office on Violence Against Women (OVW). It is the first of its kind to support dual and multi-service agencies by providing technical assistance and

helping them build capacity and develop replicable tools to meet the specific needs of their programs and clients. Through these activities, the SADI aims to increase outreach efforts to those experiencing sexual assault in addition to increasing the number and types of survivors who access services. Further, the outreach activities and services related to this initiative will focus on cultural specificity and competence, particularly for those provided within rural and tribal communities.

## How will Shelter use its SADI funds?

In a recent interview, Shelter's executive director, Sandra Pilgrim-Lewis, shared some of the agency's plans for how they intend to use the SADI funds over the next three years. A large part of these plans focus on developing resources that can be shared with other agencies and built upon in the future. To do so, Shelter has started meeting with OVW and technical assistance partners on a monthly basis. Technical assistance is provided both on-site at Shelter in addition to at OVW's office in Washington, D.C. Shelter will also collaborate with five other sites chosen to participate in the SADI via phone twice a year. Through these efforts, Shelter hopes to develop toolkits that will help better serve the local community in addition to other populations within a similar context.

In particular, Shelter aims to tailor these resources to the specific needs of sexual

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assault victims in rural communities. Ms. Pilgrim-Lewis highlighted a few areas in which the current model of service delivery could be strengthened and made more sustainable to support this population long-term. She commented that, while considerable research has indicated that sexual assault rates are higher in rural communities, cultural norms make it more difficult for victims in these areas to report crimes. Because rural communities are often times small and tight-knit, sexual assault aggressors can be extremely embedded within the local social structure. Victims may fear that, by reporting that they were assaulted, others in the community might find out and/or judge them for it. They may also fear that community members, especially those close to the aggressor, might not actually assist them. These fears are compounded by other feelings sexual assault victims have, including a sense of guilt about what happened to them or fear of retaliation by their aggressor. Through the SADI and creation of the toolkits mentioned above, Shelter aims to help dissolve the stigma surrounding sexual assault and encourage victims to report crimes. More generally, Shelter aims to raise communities' awareness of sexual assault so that people can better understand how widespread it truly is.

As noted, SADI funds will also focus largely on improving the self-sufficiency of sexual assault services offered through Shelter. Ms. Pilgrim-Lewis described how they plan on directing some of the initiative money toward hiring a SANE. Unlike the other nurse examiners who already work with Shelter, the new SANE will have the ability to train other nurses regarding sexual assault examination. This will allow Shelter to train nurses in-house. In addition to ensuring high quality training, Shelter will not have to search as extensively for highly qualified SANEs and will be better able to maximize resources.

Certainly, the SADI funds hold great promise for supporting the development and sustainability of sexual assault programs. And while this will involve the incorporation of new knowledge and approaches to service provision, Ms. Pilgrim-Lewis concluded the interview by sharing a few of Shelter's biggest lessons learned in the past that the agency will continue to embrace. These lessons emphasize the importance of building strong relationships with individuals and other community agencies. Similarly, Shelter is committed to working with their funders as partners. With these perspectives, Shelter has had the freedom to think outside the box and foster new approaches for providing support to sexual assault victims.

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# U.S. Department of Education- Office for Civil Rights Issues 'Dear Colleague' Letter

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■ By Katie Parker

To provide clarification on Title IX of the Education Amendments of 1972, the U.S. Department of Education- Office for Civil Rights issued the 'Dear Colleague' Letter in April of 2011. Title IX prohibits discrimination on the basis of sex and also requires that schools take action when sexual violence is reported or suspected within the context of federally funded education programs or activities. According to the letter, sexual violence "refers to physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent due to the victim's use of drugs or alcohol" (2011, p. 1). Other instances that may make a victim incapable of providing consent include intellectual or other disabilities. Title IX covers acts of sexual harassment, such as, but not limited to, rape, sexual assault, sexual battery, and sexual coercion.

Among other things, the 'Dear Colleague' letter reminds schools that they must develop and make known grievance procedures as well as a policy against sex discrimination. Schools must also appoint a Title IX coordinator and promptly follow-up on reported or suspected cases of sex discrimination. If a criminal investigation has already begun, schools are still obligated to fulfill their duties as outlined by Title IX.

Title IX provides protection to students not only on school property, but also at school-sponsored trips, athletic events, and in other locations where activities sanctioned by the school take place. Schools are also responsible for investigating the off-campus sexual

harassment of one student by another student as these acts may create a hostile environment in the school setting.

The 'Dear Colleague' letter outlines the obligations of schools under Title IX in further detail and provides contact information to technical assistance providers (2011, p. 19).

## Additional Information & Resources

The 'Dear Colleague' Letter issued by the U.S. Department of Education- Office for Civil Rights can be accessed at: [http://www.oeosh.ucsb.edu/Policies/2011\\_04.DearColleague.pdf](http://www.oeosh.ucsb.edu/Policies/2011_04.DearColleague.pdf). Other available resources include a brief summary of the April 2011 'Dear Colleague' letter and background information on sexual assault ([http://www.whitehouse.gov/sites/default/files/fact\\_sheet\\_sexual\\_violence.pdf](http://www.whitehouse.gov/sites/default/files/fact_sheet_sexual_violence.pdf)) as well as information on Title IX (<http://www2.ed.gov/about/offices/list/ocr/docs/title-ix-rights-201104.pdf>).

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# Bullying

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■ By Kristin Ward

Matt Epling of Lansing, Michigan was a bright and creative person who loved the outdoors and spending hours practicing on his bike on the ramp he built in his front yard. While Matt was in the eighth grade, however, he was assaulted by upperclassmen as part of a “Welcome to High School” hazing prank. At the time of the assault, there was not much done to those who participated in the crime.

Almost forty days later, it was the night before Matt and his family were going to file a formal complaint with the police, but Matt had already ended his life. His parents are still unsure as to why he ended his life that night. They feel it could have been that he was afraid of retaliation from those who assaulted him, but this is something they will never have the answer to.

## Aspects of Bullying

While not everyone has witnessed cases as extreme as Matt’s, most have seen bullying in some form or another. Bullying involves a wide range of destructive behaviors that illustrate an inequality of power or strength. These destructive behaviors can be acted out as either physical or verbal abuse. Physical abuse includes acts such as punching or shoving, whereas verbal abuse can involve threatening, teasing, or name-calling.

The number of bullying cases reported in the last year was the highest it’s ever been and highlights the need for greater prevention efforts. In particular, efforts are needed to address cyber bullying, the type of bullying most frequently reported.

Cyber bullying is carried out by individuals using the Internet, mobile phones and/or

social media sites such as Facebook. It can include sending malicious text messages, e-mails, and instant messages or posting unfavorable pictures or messages on blogs or other networking sites (Hinduja and Patchin, 2010). Although many distressing stories related to bullying have been highlighted by the media recently, bullying represents a longstanding problem. Recent interest in the subject, however, has created a sense of urgency in devising methods for bullying prevention. In order to better prevent bullying, it is important to understand who is likely to be doing it. According to HRSA ([Health Resources and Health Administration](#)), bullying often involves a group of adolescents who pick on other adolescents; although anyone at any age is capable or at risk. Within these groups is usually a “ring leader” who is likely to be impulsive, hot headed, lacking empathy and who has difficulty conforming to rules and a positive attitude toward violence.

Adolescents, however, are not the only ones who bully. Adults are just as prone to teasing, name calling and physically abusing others. Most incidents reported by adults occur at the workplace and tend to be reoccurring acts that are intended to intimidate, degrade, humiliate or undermine an individual or group of employees ([Washington State Department of Labor & Industries SHARP Program, 2011](#)). Victims of bullying often feel defenselessness, discriminated against, and a weakened sense of self-esteem.

Research has also found that boys and girls bully differently. Boys tend to be

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bullied physically and by other boys, whereas girls state that they are bullied by both boys and other girls. Girls are more likely to say that they were the target of rumors, sexual remarks and social isolation. It has also been found that both boys and girls will exclude others from a social group or threaten to not be someone's friend unless he or she does what they say. These may seem like "normal experiences" of growing up, but these types of situations can be taken to an extreme and create major depression or other psychological struggles. These may particularly limit the youth and adolescents in a time when developmental behavioral skills are crucial in learning in preparation for adulthood.

An area particularly in need of further research relates to [bullying among adolescents with disabilities](#) and special needs. Existing research suggests that these adolescents could be at a higher risk of being bullied by their peers. Examples of vulnerable populations may include individuals with learning disabilities, adolescents with attention deficit hyperactivity disorder, adolescents with medical conditions that affect their looks, and overweight and obese youth and adolescents.

One study found that 83 percent of adults who had problems with stammering as a child said they had been teased or bullied during their childhood. Out of that 83 percent, 71 percent stated the bullying had occurred at least once a week (United States Department of Health and Human Services, Health Resources and Services Administration).

When bullying behaviors cross a certain line, they turn into disability harassment. Disability Harassment is illegal under Section 504 of the [Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990](#). The U.S. Department of Education (2000) describes disability harassment as "intimidation or

abusive behavior toward a student based on disability that creates a hostile environment by interfering with or denying a student's participation in or receipt of benefits, services, or opportunities in the institution's program."

### **Training and learning opportunities**

Although bullying is a problem for many adolescents and adults, opportunities do exist to support bullying prevention and reduction. One association in Michigan that provides training and education on bullying is the [Strategic Alternatives in Prevention Education Association](#) (SAPE, 2011). This association has a network of consultants that are dedicated to working with youth, educators, parents, and community members in creating a ring of support for positive youth development and learning. SAPE trains and provides technical assistance to adult learners and youth leaders. SAPE focuses on the "tone at the top" of the school community and promotes grassroots youth interactions that positively impact the structural supports for youth within the school community.

SAPE [training and learning support](#) addresses a full range of peer-to-peer aggression and encourages change on both the individual and system levels. This includes students learning pro-social alternatives (behaviors intended to benefit others) to their destructive/bullying behaviors so that the culture of the school becomes one that actively promotes a safe and inclusive environment. Strategies that this training provides to schools are evidence-based and will 1) develop a system of clear limits and effective consequences for bullying, 2) develop a positive school climate that promotes and reinforces pro-social behavior, 3) help "bullies" change aggressive behavior, 4)

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support "targets" of bullies, 5) impact group norms and mobilize the "bystanders" and 6) develop a working partnership with the parents of bullies and targets (SAPE, 2011).

### Michigan's Law on Bullying

After the death of Matt Epling, his parents, Kevin and Tammy Epling, worked to ensure that other children are safe from bullying, harassment and hazing in Michigan's schools by taking the lead to establish a community based awareness program called Safe Schools/ Safe Communities. In 2006, the Epling's worked with the [State of Michigan, State Board of Education](#) to redraft the current policy on safe schools and to add procedures related to bullying.

This was adapted in September 2006 and has given schools that do not have a policy a great starting point. The Epling Family has been on a mission for many years to convert the safe schools policy into [Matt's Law](#) and their mission has finally come to a happy ending. On December 6, 2011 Michigan became the 48<sup>th</sup> state to pass an anti-bullying law. After many years, Matt's Law has finally been passed by the senate and schools across Michigan will now have a policy in place to help support and prevent the act of bullying.

### References

- Epling, K. and Epling, T. (2006). Retrieved August 22, 2011, from <http://www.freewebs.com/mattepling/>.
- Hinduja, S. and Patchin, J. (2010). Cyberbullying and Self-Esteem. *J Sch. Health*, 80: 614-621.
- Michigan Department of Education. (November 9, 2010). *State of Michigan Board of Education Policies on Bullying*. Retrieved August 25, 2011, from [http://www.michigan.gov/documents/mde/Policies\\_on\\_Bullying\\_369935\\_7.pdf](http://www.michigan.gov/documents/mde/Policies_on_Bullying_369935_7.pdf).
- Strategic Alternatives in Prevention Education Association. (2011). Retrieved August 23, 2011, from <http://www.sape.us/about%20us/>.
- United States Department of Education. (March 27, 2009). *Disability Discrimination*. Retrieved on August 25, 2011, from <http://www2.ed.gov/policy/rights/guid/ocr/disability.html>.
- United States Department of Health and Human Services, Health Resources and Services Administration. *Bullying Among Children and Youth*. (n.d.). Retrieved on August 23, 2011, from [http://www.stopbullying.gov/community/tip\\_sheets/sample\\_newsletter.pdf](http://www.stopbullying.gov/community/tip_sheets/sample_newsletter.pdf).
- United States Department of Health and Human Services, Health Resources and Services Administration. *Bullying Among Children and Youth with Disabilities and Special Needs*. (n.d.). Retrieved on August 23, 2011, from [http://www.stopbullying.gov/community/tip\\_sheets/bullying\\_children\\_with\\_disabilities.pdf](http://www.stopbullying.gov/community/tip_sheets/bullying_children_with_disabilities.pdf).
- Washington State Department of Labor and Industries; Safety and Health Assessment and Research for Prevention Program. (April 2011). *Workplace Bullying and Disruptive Behavior: What Everyone Needs to Know*. Retrieved August 25, 2011, from <http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf>.

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# Sexual Assault Response Teams

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▪ By Katie Parker

Sexual assault is unfortunately quite common within the United States. National studies suggest lifetime prevalence rates for adult women of around 18 percent (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). Despite this statistic, “rape commonly is perceived as a rare event” (Koss, 1996, p. 56). Several factors may have led to this misconception, including the fact that rape is often underreported. According to the National Crime Victimization Survey (1994), only “53% of rapes disclosed by survey participants had been reported to criminal justice” (Koss, 1996, p. 59). Survivors of sexual assault may choose not to report the attack to law enforcement for a variety of reasons, including feelings of responsibility or guilt, fear of retaliation, or disbelief in the ability of their community to provide assistance (Pennsylvania Coalition Against Rape, 2002). Survivors who do not report the assault are less likely to “receive treatment to prevent pregnancy and sexually transmitted disease or assistance to treat rape trauma syndrome and post-traumatic stress disorder” and as a result “may experience long-term health related problems” (Pennsylvania Coalition Against Rape, 2002, p. 3). In response, communities have developed coordinated systems for survivors of sexual assault, similar to domestic violence coordinating councils or community prevention coalitions. The purpose is to “ensure an effective, consistent, comprehensive, and collaborative, response to sexual assault that prioritizes the needs of sexual assault victims and brings responsible persons to justice” (Oregon Attorney General’s Sexual Assault Task Force, 2009, p. 17). This type of coordinated response is called a Sexual Assault Response Team (SART).

## What is a Sexual Assault Response Team (SART)?

A SART is a collaborative, multidisciplinary team that provides “interagency, coordinated responses that make victims’ needs a priority, hold offenders accountable, and promote public safety” (Office for Victims of Crime, 2011). SARTs have “the potential to provide a greater continuum of care for sexual assault survivors, increased quality of care for survivors, and a reduction of the secondary trauma survivors often experience as they move through the medical and judicial/ law enforcement systems” (Michigan Sexual Assault Response Systems Task Force, 2001, p. 27). Specifically, SARTs work to overcome the barriers to accessing and providing services that sexual assault survivors and responders have traditionally faced. These barriers include, but are not limited to, issues with the initial law enforcement reporting process, limited training for primary responders (law enforcement, medical personnel, and rape crisis center staff), lack of support from the various systems involved, and lack of standardized policies and procedures. In overcoming these barriers, these teams seek to find a balance between providing a victim-centered response and holding offenders accountable (Oregon Attorney General’s Sexual Assault Task Force, 2009). According to the Oregon Attorney General’s Sexual Assault Task Force (2009), a victim-centered response “recognizes that the one person to whom all responders are responsible in the event of a reported sexual assault is the victim”

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(p. 14). Victim-centered responses do not engage in victim blaming, which holds “victims accountable, even in part, for being sexually assaulted” (Oregon Attorney General’s Sexual Assault Task Force, 2009, p. 14). SARTs may also strive to increase the safety of both survivors and the community and to prevent future sexual assaults, among other things.

### Who belongs to a SART?

Often described as multi-disciplinary teams, SARTs should include primary responders such as advocates, law enforcement, medical forensic examiners, and prosecutors (The National Sexual Violence Resource Center). In addition, members may come from a variety of other professions that survivors and offenders come in contact with, such as culturally-specific organizations, probation and parole officers, emergency medical technicians, policymakers, the faith community, and members from local colleges or universities (Oregon Attorney General’s Sexual Assault Task Force, 2009; Office for Victims of Crime, 2011). The Oregon Attorney General’s Sexual Assault Task Force (2009) encourages teams to include “anyone with a stake in the issue” as this “will provide a well-rounded, diverse group” that creates “the most effective SART possible” (pp. 18-19). Membership should also include people representing various positions within the hierarchy of their individual organizations, such as front-line staff, department heads, and executives. Leaders within the organization may eventually delegate SART tasks back to front-line staff, but it is important to elicit the buy-in of those with decision-making power (Oregon Attorney General’s Sexual Assault Task Force, 2009). This involvement is essential because it communicates to front-line staff that SART activities are important and supported by the broader organization.

### Why a SART?

SARTs can be instrumental in both the prevention and intervention aspects of sexual assault. According to the Office for Victims of Crime (2011), SARTs can create “better informed decisions through an understanding of cross-agency roles,” “seamless service referrals,” and “more efficient use of limited resources.” They can also participate in all three types of sexual assault prevention: primary prevention (stopped sexual assault before it occurs), secondary prevention (decreasing the harm that occurs as a result of sexual assault), and tertiary prevention (providing treatment to survivors after sexual assault). In addition, SARTs can help to provide “consistent responses through the civil and criminal justice systems” and “address sexual violence as a major public health and criminal justice concern” (Office for Victims of Crime, 2011). Despite these benefits, developing a SART is not something that happens over night and maintaining a SART within a community takes dedication and support from the community. Resources are available for those looking to form a SART, or those hoping to learn from the experiences of other established teams.

### Additional Information & Resources

The Office for Victims of Crime maintains a online toolkit that provides valuable information about SARTs as well as guidance for those interesting in developing a SART within their community (<http://ovc.ncjrs.gov/sartkit/index.html>). In addition, there is a section on innovative practices that links to resources developed by SARTs across the country. Information on SARTs can also be found through the National Sexual Violence Resource Center (NCVRS) website (<http://www.nsvrc.org/projects/sart>).

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NCVRS also maintains a National SART Listserv that both community members and professionals can subscribe to. Information specific to providing services in rural communities is also discussed.

### References

- Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug-facilitated, incapacitated, and forcible rape: A national study*. Washington, DC: National Institute of Justice.
- Koss, M. P. (1996). The Measurement of Rape Victimization in Crime Surveys. *Criminal Justice and Behavior*, 23(1), 55-69.
- Oregon Attorney General's Sexual Assault Task Force. (2009). *Sexual Assault Response Team: SART Handbook*, 1-82.
- Pennsylvania Coalition Against Rape. (2002). *Sexual Assault Response Team (SART) Guidelines*, 1-35.
- SART Toolkit: Resources for Sexual Assault Response Teams. (2011). *Office for Victims of Crime*. Retrieved November 2, 2011, from <http://ovc.ncjrs.gov/sartkit/index.html>.
- Sexual Assault Response Systems Task Force. (2001). *The response to sexual assault: Removing barriers to services and justice*, 1-73.
- (n.d.) Sexual Assault Response Teams (SART). *The National Sexual Violence Resource Center*. Retrieved October 17, 2011, from <http://www.nsvrc.org/projects/sexual-assault-response-teams-sart>.

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# Medical Providers and Forensics Experts Applaud Changes to the Michigan Sexual Assault Kit (SAK)

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■ By Jessica Shaw and Julie Hagstrom, SARA Project

In late spring 2011, a new Michigan sexual assault kit, or SAK, was released for use in a statewide pilot test. The results of the testing indicate that both the medical providers and forensic lab scientists involved had positive experiences with the new kit in conducting medical forensic exams and in analyzing the evidence collected.

As a result of this study, further revisions to the kit will be made as it becomes possible to incorporate them. All of the medical and laboratory sites involved in the pilot testing identified specific modifications to the SAK that improves the quality of evidence collection, and equally importantly enables medical providers to deliver even better, patient-centered care.

Meanwhile, the SAK used in the study will be distributed statewide as the store of old kits is depleted. State leaders and stakeholders have already begun meeting to make decisions about further changes to the SAKs.

## Background – Kit Development

The kits are being updated under the purview of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) of the Michigan Department of Human Services\* and the Forensic Division of the Michigan State Police.

In collaboration with those State agencies, the Crime Victim Services Commission of the Michigan Department of Community Health (MDCH) authorized the Sexual

Assault Resource Analysis (SARA) Project at Michigan State University to conduct a pilot testing of the SAK. The SARA Project is supported with funds from MDCH\*\*.

A multi-disciplinary work group worked an entire year leading up to the pilot testing to develop the new kit. The group was convened by the MDVPTB and consisted of medical providers (SANEs and non-SANEs), advocates, law enforcement representatives, prosecutors, forensic scientists, sexual assault researchers and others.

Ultimately, the new SAK reflects recent changes in Michigan Law and improves evidence collection and services to survivors of sexual assault.

## Pilot Testing the Kit

A multi-level statewide evaluation plan, which was developed and implemented by the SARA Project in 2010/2011 included participants from 5 sites who were Sexual Assault Nurse Examiners (SANEs) and other medical providers (e.g., RNs, physicians). Correspondingly, forensic scientists from 5 laboratories participated as well.

Medical pilot sites were located in hospital emergency departments and other clinical settings within urban, rural and mixed locations across the state, including the Upper Peninsula. After using the pilot SAK for 2 -3 months, each medical site

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provided their feedback via individual focus groups. The forensic scientists all participated in one combined focus group following a period of time when a suitable number of kits from the medical test sites could be analyzed.

Although too detailed to include here, most feedback included positive comments about and suggestions for further improving the kit's instructions, which underwent extensive revisions. Unanimously, participants favored the new approach in the instructions as being helpful, especially for those less familiar or inexperienced in conducting exams and collecting evidence.

Changes to the kit also addressed improved evidence collection, including new swab drying boxes, targeted slides and improved instructions for the collection process, to name a few.

A new patient brochure linking patients to advocacy organizations and information about the SAFE Response program were added to the kit. SAFE Response is the mechanism for ensuring that sexual assault patients are not charged for their exams. SAFE Response is a program of the Crime Victim Services Commission.

Another goal of the pilot testing was to use information gathered to inform revisions to a new medical protocol for the treatment of survivors of sexual assault in Michigan. The SARA Project has already drafted the protocol and will be conducting review activities with statewide stakeholders in 2012.

See the SARA website for free downloads of the new sexual assault patient brochure and other resources available at: <http://psychology.msu.edu/vaw/SARA>

For additional information, please contact Julie Hagstrom, SARA Project Director, at

[jhagstro@msu.edu](mailto:jhagstro@msu.edu) or by phone at 517-353-5980.

*\*This project was supported by a grant from the United States Department of Justice, Office on Violence Against Women, with funds from the American Recovery and Reinvestment Act of 2009 to the Michigan Domestic Violence Prevention and Treatment Board.*

*\*\*This project, the Sexual Assault Resource Analysis project, was supported by Crime Victim Assistance Grant Award CVA# 21012-5V12 awarded to the Psychology Department, Michigan State University by the Michigan Crime Victim Services Commission, Michigan Department of Community Health. The grant award of \$149,986 comes from the Federal Crime Victims Fund, established by the Victims of Crime Act of 1984. The opinions, findings, and conclusions or recommendations expressed in this publication/program exhibition are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Justice or the Michigan Department of Community Health.*

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*The SARA Project is a multidisciplinary team funded by the Michigan Department of Community Health Crime Victim Services Commission to provide resource and policy analysis on services for sexual assault victims throughout the state of Michigan.*

## 2012 Program Evaluation Trainings

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▪ By Kristin Ward

The Crime Victim Services Commission (CVSC) and the Michigan Public Health Institute (MPHI) coordinate several one-day workshops on program evaluation each year. These workshops are designed and presented by Dr. Cris Sullivan from the Ecological-Community Psychology Program at Michigan State University. The workshops guide agencies serving victims of crime through the process of designing an evaluation that meets their unique needs.

Workshops in 2011 were held in Okemos, Dearborn, and Traverse City. In response to participant requests, two advanced sessions of the program evaluation trainings were held for those who had previously attended the general training at least twice. One general training session was offered for all other participants. As in past years, participants indicated that the training sessions provided information that is useful when conducting program evaluations within their own agencies. Participants expressed their continued appreciation for Dr. Cris Sullivan's knowledgeable and engaging presentation style. Based on these positive remarks, the workshops will be offered again in 2012.

This year, the general training session will be held on Monday, February 6, 2012 in Lansing. In addition, two advanced training sessions will be offered. The first session will be held Friday, August 10, 2012 in Lansing and the second advanced training session will be offered on Thursday, August 23, 2012 in Roscommon. More detailed information about these workshops was e-mailed to crime victim services agency directors and project contacts at VOCA grantee

agencies. This information can also be accessed online at *The Michigan Advocate* website on the "CVSC Events" page at: [www.michiganadvocate.org](http://www.michiganadvocate.org). To register for these training sessions, please contact Laura Geist at [GeistL1@michigan.gov](mailto:GeistL1@michigan.gov).

Participants were offered the opportunity to earn continuing education credits in the fields of social work, licensed professional counseling, and nursing for both the advanced and general training sessions in 2011. Training participants in 2012 will have the opportunity to earn continuing education credits in the fields of social work and professional counselors. For additional details about the availability of continuing education credits, please contact Katie Parker from the Michigan Public Health Institute through e-mail at [kparker@mphi.org](mailto:kparker@mphi.org).

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## U.S. Department of Justice Revises Uniform Crime Report's Definition of Rape

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■ By Katie Parker

In January 2012, the United States Department of Justice and Attorney General Eric Holder announced the revision of the definition of rape used for Uniform Crime Reporting purposes. The new definition states that rape is “the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim” (U.S. Department of Justice, 2012). The previous version of the definition was first written in 1927 and stated that forcible rape was “the carnal knowledge of a female, forcibly and against her will” (U.S. Department of Justice, 1927).

The 1927 description limited the definition of rape for Uniform Crime Reporting purposes to “forcible male penile penetration of a female vagina” (U.S. Department of Justice, 2012). According to the U.S. Department of Justice press release, this definition excluded many other acts, such as “oral and anal penetration; rape of males; penetration of the vagina and anus with an object or body part other than the penis; rape of females by females; and, non-forcible rape.”

It is the hope of the U.S. Department of Justice that this new definition of rape will lead to more accurate and comprehensive statistical reporting in the Uniform Crime Report. According to the press release, police departments across the country use the Uniform Crime Report to “submit data on reported crimes and arrests” to the FBI, which is then “used to measure and understand crime trends.” This new

information may help authorities understand the full extent of this crime against women and men in the United States.

For more information, the entire press release issued by the U.S. Department of Justice can be accessed at: <http://www.justice.gov/opa/pr/2012/January/12-ag-018.html>.

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