



Department of Justice

STATEMENT OF
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BEFORE THE
SUBCOMMITTEE ON CRIME AND DRUGS
COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ENTITLED
"RAPE IN THE UNITED STATES: THE CHRONIC FAILURE TO REPORT
AND INVESTIGATE RAPE CASES"

PRESENTED
SEPTEMBER 14, 2010

**Testimony of Susan B. Carbon, Director
Office on Violence Against Women**

**Subcommittee on Crime and Drugs
Committee on the Judiciary
United States Senate**

**“Rape in the United States: The Chronic Failure to Report and Investigate Rape Cases”
September 14, 2010**

Thank you, Senator Specter and members of the Committee, for holding this hearing to draw attention to how the crime of rape is treated in our country. Rape is a crime that our nation must confront today with invigorated purpose. We know that sexual violence has devastating and long-lasting effects throughout many communities. We also know that many courageous individuals have devoted their life’s work to highlighting this issue, and much progress has been made. Unfortunately, we also know that due to myriad reasons rape is a crime that our society avoids confronting. In order to bring justice for victims and accountability for their perpetrators and to prevent the crime in the first instance, we must produce a shift in the conscience of our nation. I am pleased that the United States Congress exercise leadership toward this moral imperative.

In the 1970s, a groundswell of grassroots activism began to transform the way that sexual violence was viewed and addressed in our society. The anti-rape movement shone a light on widespread misconceptions about rape and glaring deficits in the criminal justice response. As a result, a number of states passed rape reform laws that included provisions ensuring that a victim no longer had to reveal prior sexual history or prove evidence of physical resistance to the assault for the event to be defined as a crime. Although lamentably overdue, in the late 1970s, states began to remove marital rape exemptions from their laws. Additionally, the field of forensic medicine expanded to meet the need for specialized medical and evidence collection services. When the Violence Against Women Act (VAWA) was passed in 1994, it built upon these advances and included a number of provisions aimed at addressing sexual violence.

The Department of Justice recently completed a year of events commemorating the 15th anniversary of the passage of VAWA. Over the course of the year we have had the opportunity to meet with communities across the country to hear about the positive impact of VAWA on women’s lives. We have also heard about the persisting and emerging needs that communities face. One of the clear messages we have received is that, despite the many advances made during recent decades, sexual violence remains a pervasive, costly, and misunderstood crime. Victims encounter many barriers to accessing the specialized services they need, and the criminal justice system too often fails to hold offenders accountable. Many victims do not report sexual assault, and cultural attitudes and norms continue to implicitly condone sexual violence or blame victims when such violence occurs.

I commend the Committee for taking up such an important issue and I am honored to join you today to discuss how we can work together to better serve victims of sexual violence, hold offenders accountable, and ultimately help to end sexual violence in our communities. In my testimony today I will cover four main topics: 1) what we know about sexual violence; 2) the criminal justice response to these crimes; 3) the important role that a coordinated community response and training for all responders play in improving the criminal justice response to sexual violence; and 4) how the Office on Violence Against Women is working to encourage the adoption of best practices in the criminal justice system across the country.

What we know about sexual violence¹

Unfortunately, sexual violence affects every part of our society—from the workplace to high school and college campuses, rural and urban America, in our homes and on our streets. Sexual violence touches people of every age, class, race, gender, and sexual orientation. Sexual violence may be committed by a stranger, an acquaintance, a friend, a family member, or an intimate partner. For many people, the word “rape” still evokes an image of a knife-wielding stranger in a dark alley. In reality, we know that most victims know their perpetrators, and many are targeted either because they are vulnerable (such as young children or the elderly, immigrants, persons with disabilities, prisoners, or members of tribal communities) or they are rendered vulnerable, often through the use of alcohol or other drugs.

Although it is difficult to precisely quantify the incidence of sexual violence, the available statistics are sobering.² Researchers estimate that about 18% of women in the United States report having been raped at some point in their lifetimes, when rape is defined to include forcible rape, incapacitated rape, and drug-facilitated rape.³ For some populations, rates of sexual violence are even higher: nearly one in three American Indian and Alaska Native women will be sexually assaulted in her lifetime.⁴ Children and college students, persons with disabilities, and incarcerated individuals are all at a higher risk for sexual assault. Many men are also victims of sexual violence: 1 in 33 men will be victimized in his lifetime.⁵

¹ “Sexual violence” can be defined as any type of sexual contact or behavior that occurs without consent. Included in this definition are forced sexual intercourse, sodomy, child sexual abuse or assault, fondling, attempted rape, drug-facilitated rape, and forcible rape. State sexual assault laws also reflect that children under a certain age and some persons with disabilities are legally incapable of consenting to sexual activity.

² As described above, the term “sexual assault” covers a wide range of unwanted behaviors that are attempted or completed against a victim's will or when a victim cannot consent because of age, disability, or the influence of alcohol or drugs. Rape definitions vary by State, however. As a result, rates of rape and sexual assault vary widely depending on how the crime is defined in a particular study, what population is studied, and the methodology that is used. The statistics cited here come from recent, methodologically rigorous studies.

³ Kilpatrick, et al., *Drug-facilitated, Incapacitated, and Forcible Rape: A National Study*, final report submitted to the National Institute of Justice, Washington, DC: Medical University of South Carolina, July 2007.

⁴ Violence Against Women and Department of Justice Reauthorization Act of 2005, Pub. L. No. 109-162, § 901.

⁵ Tjaden, P & Thoennes, *Extent, nature and consequences of rape victimization: Findings from the National Violence Against Women Survey*, NIJ Special Report, 7-12, Washington, DC: U.S. Department

Despite high incidence rates and severe personal and societal consequences, sexual assault is one of the most underreported crimes in America. The Bureau of Justice Statistics reports that the majority of rapes and sexual assaults perpetrated against women and girls in the United States between 1992 and 2000 were not reported to the police. Only 36% of rapes, 34% of attempted rapes, and 26% of sexual assaults were reported.⁶ The Department of Defense reports that only 20% of unwanted sexual contacts in the military are reported to a military authority.⁷ Reasons for not reporting include fear of not being believed, lack of trust in the criminal justice system, shame and embarrassment, and self-blame and guilt.⁸ Historically, victims who know their perpetrators have been less likely to report an assault than victims who are assaulted by strangers. Recent studies suggest, however, that this gap may be closing.⁹ Further research is needed to understand what impact various circumstances, policies, and practices have on the willingness or ability of victims to report.

The consequences of sexual assault for victims and society are profound. Many rape victims suffer severe long-term physical and emotional difficulties. Women who have been raped are twice as likely to use mental health services as other women, and have high rates of post-traumatic stress disorder (PTSD), depression and anxiety.¹⁰ Rape victims are 4.1 times more likely than non-crime victims to contemplate suicide, and 13% of all rape victims actually attempt suicide.¹¹ Sexual assault victims often turn to alcohol and drugs as a means of coping with the trauma, and untreated PTSD is linked to high rates of relapse in recovery from alcohol and drugs.¹²

Criminal justice response to sexual assault

Criminal justice responses to sexual violence vary widely from jurisdiction to jurisdiction. In some communities, victims encounter a highly-trained, coordinated team of primary and

of Justice, Office of Justice Programs, January 2006, NCJ 210346 (using data from NVAS conducted from November 1995 to May 1996).

⁶ Rennison, C.M. *Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992–2000*, Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, August 2002, NCJ 194530.

⁷ U.S. Department of Defense, Sexual Assault and Response Office, FY 2009 Report on Sexual Assault in the Military, March 2009.

⁸ Du Mont, J., K.L. Miller, and T.L. Myhr, “The Role of ‘Real Rape’ and ‘Real Victim’ Stereotypes in the Police Reporting Practices of Sexually Assaulted Women.” *Violence Against Women* 9(4)(April 2003): 466–486.

⁹ Baumer, E., *Temporal Variation in the Likelihood of Police Notification by Victims of Rapes, 1973–2000*, final report submitted to the National Institute of Justice, Washington, DC: University of Missouri-St. Louis, April 2004, NCJ 207497.

¹⁰ Centers for Disease Control. (2008). Adverse health conditions and health risk behaviors associated with intimate partner violence--United States, 2005. *MMWR Morbidity and Mortality Weekly Report*, 57(5): 113-7.

¹¹ National Center for Victims of Crime & Crime Victims Research and Treatment Center. (1992). *Rape in American: A Report to the Nation*. Arlington, VA: National Center for Victims of Crime.

¹² Kendler, K.S., et. al. (2000). Childhood sexual abuse and adult psychiatric and substance use disorders in women: An epidemiological and co-twin control analysis. *Archives of General Psychiatry*, 57(10): 953-959.

secondary responders from the health, law enforcement, legal, and victim services sectors. These victims are supported from their first contact with health or law enforcement personnel through the ultimate disposition of the case, and have access to counseling, housing, and financial assistance, if needed. Their cases are handled by nurses, investigators, and prosecutors who are uniquely equipped to work with victims of sexual violence.

In other places, however, victims are subjected to humiliating interrogations and examinations and are treated with suspicion by law enforcement. Recently, some large cities have received attention for the high number of sexual assault cases improperly declared “unfounded” by law enforcement officers.¹³ Collected evidence may sit for months or even years without being analyzed. Victims may be offered limited, if any, support or services, and are provided with insufficient information regarding the progress of their case. A victim may even be accused of lying and threatened with arrest for false reporting. And for some victims in rural areas, law enforcement, forensic medical services, counseling and other services simply are not available. Indeed, in remote villages in Alaska, where transportation is accomplished mostly by plane or boat, our grantees report that it may take law enforcement one to two days to respond to a sexual assault; and victims who want a forensic exam must travel by plane to the nearest hospital. Much needs to be done to ensure that all victims are met with an appropriate, supportive response when they choose to report sexual assault. And, as if the numerous obstacles facing victims on their course to recovery and justice were not enough, we also know few convictions result when rapes are reported.

How we can improve the criminal justice response to sexual violence

Let me be clear from the outset: We cannot simply focus on one segment of the justice system—whether it be law enforcement, prosecutors, judges, or juries—and expect to fix the problem. Over the past 16 years, we have learned that any truly effective response to sexual violence must be informed by the experiences of survivors and must be broad enough to include a diverse group of community partners to effect safety for survivors and accountability of perpetrators. When I had the opportunity to testify before the full Senate Judiciary Committee earlier this year, I talked about the sea-change that has occurred in many communities across the country as a result of the coordinated community response encouraged by the Violence Against Women Act.

The importance of training

All who play a role in a community’s response to sexual violence must be trained to understand the dynamics of sexual violence. Unfortunately an attitude that implicitly condones violence and blames victims continues to pervade our society. This mentality does not stop at the doors of

¹³ Justin Fenton, “City Rape Statistics, Investigations Draw Concern,” *Baltimore Sun*, June 27, 2010 (questioning “unfounded” rape rates in Baltimore and noting problems and subsequent reforms in St. Louis, Philadelphia, and Pittsburgh); Mark Fazlollah, “Hidden Rapes: The Stories Behind the Numbers,” *Justice Research and Statistics Association Forum*, January 2001, available at <http://www.jrsa.org/pubs/forum/archives/Jan01.html> (describing *Philadelphia Inquirer* reporting on unfounded rapes and subsequent reforms and questioning reliability of police rape statistics in Phoenix, New York City, Houston, San Antonio, Kansas City, Oklahoma City, and St. Paul).

police departments, district attorney's offices, courts or even rape crisis centers. One of the most important aspects of this training, particularly for criminal justice personnel, is overcoming the still commonly held belief that many reports of sexual assault are false and that the typical "real" rape case is perpetrated by a stranger with a weapon. As noted above, the majority of sexual assault victims know their attackers, no weapon was used in the attack, and alcohol or drugs may have been involved. These circumstances will yield different evidence and require a different kind of investigation.

Many police and sheriff departments have developed specialized sex crime units staffed by officers, detectives, and other victim support personnel specifically trained to respond to and investigate reports of sexual violence. These specialized units are more common in large urban areas, but some smaller agencies have also identified experts within their agency or in nearby jurisdictions to provide specialized expertise. VAWA and Victims of Crime Act funding, for example, have supported multi-agency, multi-disciplinary teams to investigate and prosecute sexual assault and abuse cases in the State of Vermont for many years, and the State has now committed to providing all citizens with access to these special investigation units.

The most common model for a coordinated community response to sexual violence is a Sexual Assault Response Team, or SART. A SART is a community-based team that coordinates the responses of sexual assault victim advocates, Sexual Assault Nurse Examiners (SANEs), law enforcement, prosecutors, and others who may encounter a victim immediately after an assault.

Upon the request of a sexual assault victim, the SANE (or other forensic examiner) conducts a forensic exam and collects evidence in a rape kit while providing the victim with medical care. Because most sexual violence happens between acquaintances, the presence of DNA evidence is not necessary to identify the perpetrator and may not be sufficient for a conviction if the alleged perpetrator confirms the sexual activity but claims it was consensual. SANEs are trained to document bruises, tears, other physical injuries, and the emotional response of victims, all of which can help prosecutors overcome the so-called "consent defense." A rape crisis advocate is with the sexual assault victim before, during, and after the exam to provide support and information about available resources. After the initial evidence collection, the remaining members of the SART work with the sexual assault victim through the investigation and any subsequent prosecution.

Research has demonstrated that where a SART is involved, cases have more evidence available and greater victim participation.¹⁴ In addition, SARTs have been found to greatly enhance the quality of healthcare for victims and improve the quality of forensic evidence collected.¹⁵ SART cases are 1.7 times more likely to result in an arrest and 3.3 times more likely to result in the filing of

¹⁴ Nugent-Borakove, M. *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?*, final report submitted to the National Institute of Justice, Washington, DC, May 2006.

¹⁵ Campbell, R., Patterson, D., and Lichy, L. 2005. The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A Review of Psychological, Medical, Legal, and Community Outcomes. *Trauma, Violence, and Abuse* 6 (4): 313-329. Crandall, C., and Helitzer, D. 2003. *Impact Evaluation of a Sexual Assault Nurse Examiner (SANE) Program*. Albuquerque, NM: Albuquerque SANE Collaborative.

charges than cases in which there was no SART intervention. One study found that a SANE-SART program is the strongest predictor that charges will be filed in a sexual assault case and increases the likelihood of conviction.¹⁶

An OVW-funded project in West Virginia has found that changes following the establishment of SARTs include greater communication and collaboration, on-call programs at local hospitals, monthly SART meetings, and intensive training for SART members, nurses, law enforcement, and other professionals. In one county, where law enforcement officers previously refused to work with the rape crisis center advocates, the officers now call an advocate when a victim is at the hospital and permit her to be present during the victim interview. In another, when an officer suggested polygraphing victims to prove their credibility (a practice that demeans rape victims by treating their allegations as inherently untrustworthy and violates a VAWA formula funding requirement), a prosecutor who participated in the SART was able to intervene.

DOJ's efforts to improve the response to sexual violence

As discussed above, an effective response to sexual violence that holds offenders accountable and meets the needs of victims requires a coordinated, informed response from the health care system, the criminal justice system, and victim services providers. Understanding this, OVW has focused resources toward increasing the capacity in each of these areas.

Increasing Services for Sexual Violence Victims

The vast majority of sexual assault victims will never come into contact with the criminal justice system. Thus, victims must have access to supportive services outside the criminal justice system, including health care providers who are able to meet their unique needs. At the same time, victim services providers also play an important role in the coordinated community response and can help ensure that offenders are held accountable by supporting the victim throughout the criminal justice process.

The bulk of supportive services available to victims of sexual violence are currently offered through agencies that are not exclusively dedicated to serving sexual violence victims, but are co-located or merged in agencies that are also providing services to domestic violence victims. These agencies have been funded under the Family Violence Prevention and Services Act since the mid 1980s to provide domestic violence services, yet until very recently there was no similar funding stream for sexual assault services. Because of this disparity, researchers have found that these agencies, also known as "dual agencies," are often weighted heavily toward domestic violence crisis programming, with sexual violence receiving limited attention in terms of agency mission, budget, or dedicated staff with specific expertise in serving sexual violence victims.¹⁷ The Department is attempting to address this deficiency in two ways.

¹⁶ Nugent-Borakove, M. *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?*, final report submitted to the National Institute of Justice, Washington, DC, May 2006.

¹⁷ Zweig, J.M. & Burt, M.R. (2003). *Attention to sexual violence for women seeking help from victim service programs: The situation in programs with both sexual assault and domestic violence components.*

First, the President has requested substantial funding increases for OVW's Sexual Assault Services Program (SASP). SASP is the only federal funding stream dedicated to providing services specifically for sexual assault victims and was created in VAWA 2005 as a result of this committee's work on the legislation. Overall, the purpose of SASP is to provide intervention, advocacy, accompaniment, support services, and related assistance for adult, youth, and child victims of sexual assault, family and household members of victims, and those collaterally affected by sexual assault. In Fiscal Year 2009, each state and territory received formula funds through the SASP. These states and territories are currently in the process of making subgrant awards to local programs to provide direct services to victims.

Second, OVW has designed a Sexual Assault Demonstration Initiative (SADI) to address the challenges that dual agencies face in reaching sexual violence victims within their communities. SADI Project sites will receive customized technical assistance in an effort to assess the agencies' current strengths and weaknesses in reaching victims of sexual violence within the community, the services currently provided to this population by the agency, and any specific technical assistance needs to underserved populations. SADI Project sites will receive guidance on developing and implementing models of service provision that prioritize the needs of sexual violence victims and the resources to implement those service models. Additionally, President Obama signed the Tribal Law and Order Act in July. The Act requires a standardized set of practices be put in place for victims of sexual assault in Indian health facilities.

Training Law Enforcement, Prosecutors, Judges, and Other Professionals

Many of OVW's grantees provide sexual assault training to their member agencies and communities. For many years, OVW has supported their efforts by promoting targeted training for law enforcement officers, prosecutors, and judges, and many other professionals to improve their handling of sexual violence cases. We often partner with national professional associations so that our grantees can benefit from their expertise and we can better reach their members, who are generally more receptive to peer-to-peer training. OVW-funded, national sexual assault training projects include:

- **International Association of Chiefs of Police (IACP):** IACP has developed tools and policies to assist law enforcement in responding effectively to sexual assault and other crimes. IACP is currently developing a training video on investigating non-stranger sexual assaults, which will be disseminated across the country.
- **AEquitas: The Prosecutors; Resource on Violence Against Women:** This new prosecution project develops, evaluates, and refines prosecution practices, with a primary focus on sexual assault, including intimate partner sexual assault. Between July 2009 and June 2010, AEquitas' staff of experienced former prosecutors has served at over 73 different training events, training over 6,100 prosecutors and allied professionals.

- **National District Attorney's Association (NDAA):** NDAA conducts trainings on sexual assault prosecutions. Their upcoming sexual assault conference in November will cover topics including SANE-SART programs, strategies for overcoming the consent defense, and specialized sexual assault courts.
- **National Judicial Education Program (NJEP):** Since 1997, OVW has funded NJEP, a project of Legal Momentum in cooperation with the National Association of Women Judges, to provide direct and distance training for thousands of judges through in-person programs, DVDs and a web course. This work has included trainings on the judicial response to stranger and non-stranger rape, elder sexual abuse, court interpreters in sexual assault cases, and jury selection and decision making in adult victim sexual assault cases.

Since 2001, the Department's Office for Victims of Crime, working closely with OVW, has highlighted model programs and practices and provided state-of-the-art training to thousands of multi-disciplinary practitioners, including SANEs, victim advocates, law enforcement officers and prosecutors through its biennial National SART Training Conference. Recognizing the high rate of sexual assault in Indian Country, including the sexual abuse of children, OVC's May 2011 conference in Austin, Texas will feature a specialized track of training on sexual assault in Indian Country. In December 2010, OVC will disseminate a comprehensive on-line SART Tool-Kit developed by the National Sexual Violence Resource Center to share best practices and information resources to communities throughout the Nation that wish to implement a SART, or enhance the operation of an existing SART. OVC has also entered into an innovative five-year partnership with the FBI and the Indian Health Service to work with tribes, tribal organizations, U.S. Attorneys' Offices and other entities to advance the use of SANEs and SARTs in responding to child and adult victims of sexual assault in Indian Country.

Promoting and Improving Sexual Assault Forensic Examinations

The Department recognizes that access to forensic medical examinations is critical to both the successful prosecution of sex offenders and the recovery of victims. Health care personnel specially trained in sexual assault can validate and address victims' health concerns, minimize victims' exposure to further trauma, promote healing, and maximize the detection, collection, preservation, and documentation of physical evidence for potential use by the legal system.

To promote effective practices and access to forensic medical examinations, in September, 2004, the Department released *A National Protocol for Sexual Assault Forensic Examinations (Adults/Adolescents)* (the SAFE Protocol), which provides detailed guidelines for responding to the immediate needs of sexual assault victims. Companion training standards were released in 2006 to offer a framework for training health care providers who wish to provide forensic medical services.

In the years since issuing the SAFE Protocol, the Department has made a series of technical assistance awards to promote its effective use and improve training for sexual assault forensic examiners. OVW funded the International Association of Forensic Nurses to disseminate and promote the Protocol and Training Standards and, with the National Institute of Justice, jointly funded the Dartmouth Medical School to develop an advanced distance learning program, known

as the SAFE Virtual Practicum, for health care practitioners who perform or may perform sexual assault forensic medical examinations. Current technical assistance projects include training lay advocates and paraprofessionals to collect basic forensic evidence in American Indian and Alaska Native communities that lack forensic examiners, adapting the SAFE Protocol to specifically address the needs of tribal communities, and modifying the Protocol for use by corrections agencies.

Not only must we improve victim access to forensic examinations, we also must ensure that no victim is made to bear the expense of these exams. Historically, because these exams are conducted in medical facilities by medical personnel, victims were billed for the exam as if they had received a health care service – despite the fact that the purpose of a forensic rape exam is to collect evidence for law enforcement and prosecution. Congress recognized the injustice of such a practice and, VAWA, enacted in 1994, mandated that states ensure that victims not bear the cost of rape exams as a condition for receiving VAWA formula funding. In the Violence Against Women Act of 2005, Congress further required that States provide victims with access to free exams regardless of whether a victim chooses to cooperate with law enforcement. OVW has funded two technical assistance projects to help states and local jurisdictions comply by developing systems that permit victims, who often are traumatized in the immediate aftermath of an assault, time to decide whether to pursue charges while preserving evidence for future prosecutions.

Addressing the Rape Kit Backlog

As reported in the media, thousands of rape kits are untested and DNA backlogs in crime labs are causing delays in the criminal justice system. As set forth in the Department's December 15, 2009 Statement for the Record before this Committee on "Ensuring the Effective Use of DNA Evidence to Solve Rape Cases Nationwide," the Department's Office of Justice Programs and OVW have made addressing untested forensic evidence a key priority. Since that statement, the Department has convened an internal working group to build on our past efforts in this arena. In May of this year, OVW held a roundtable to hear from local, state, and national organizations and experts. This discussion provided a forum for participants from a variety of disciplines to discuss the challenges involved with addressing the backlog as well as broader issues regarding processing sexual assault cases. Some of the lessons learned from that meeting include:

- The term "rape kit backlog" may not adequately describe the problem we are discussing, given that the term "sexual assault" covers a wider range of criminal behavior and that much evidence collected from a crime scene (e.g., bedding, carpet fibers) is not housed in the rape kit.
- Some hospitals are storing untested rape kits that have not been provided to either law enforcement or a crime laboratory for analysis.
- There is a need for better tracking of sexual assault evidence at all stages and locations.
- We must improve communication to ensure that crime labs focus on testing items most needed by police or prosecutors.
- We must help law enforcement officers understand the use of DNA testing and new technologies in the investigation and prosecution of sexual assault cases.

- We must determine whether evidence collected in certain types of cases, such as non-stranger cases or cases where the victim has been using drugs or alcohol, is more likely to remain untested.

A summary of the proceedings from this Roundtable will be released in October and will inform the recommendations of the Department's working group.

Responding to Sexual Assault on College Campuses

Recognizing that women on college campuses face both a high risk for sexual victimization and additional challenges created by a "closed" campus environment, OVW has also worked to ensure that the unique needs of college women are addressed in our programs. One study of college women found that 13.7% of undergraduate women had been victims of at least one completed sexual assault since entering college.¹⁸ Campus victims may continue to live in danger if the perpetrator resides in the same dormitory or attends the same classes. To address these unique challenges, OVW's Grants to Combat Domestic Violence, Dating Violence, Sexual Assault, and Stalking on Campus Program is designed to improve campus responses to these crimes through services, enhanced offender accountability, and education of both faculty and students.

One innovative prevention program that has shown promise on college campuses is bystander intervention training. Although sexual assault is often viewed as a crime usually involving only the victim and the assailant(s), a 2002 study using data from the National Crime Victimization Survey revealed that sexual assaults are often witnessed by at least one person in the bystander role. Bystander intervention training builds on research about community members' expressed willingness to get involved in these issues, and helps to minimize negative long-term consequences for survivors by strengthening informal safety nets in their social and community networks. Research indicates that participants in these programs show improvements across measures of attitudes, knowledge, and behavior.¹⁹

I was privileged to learn first-hand about one of the most innovative campus programs located at the University of New Hampshire in my home state, when I visited the university as part of a month-long campus tour to raise awareness about sexual violence on campuses by Justice Department officials last March. Funded by a grant from OVW, the UNH program aims to reduce domestic violence, dating violence, sexual assault and stalking on campus by placing specific emphasis on athletic teams, orientation leaders, fraternities, resident hall monitors, first-year students, Student Center and elementary writing courses staffs. Central to the program's effectiveness is a social marketing campaign based on the message that *everyone has a role to play in stopping sexual crimes on campus*.

¹⁸ Krebs, Lindquist, Warner, Fisher, & Martin, *Campus Sexual Assault Study*, final report submitted to the National Institute of Justice, Washington, DC, December 2007, NCJ 221153.

¹⁹ Banyard, V.L., Plante, E.G., & Moynihan, M.M., *Rape Prevention Through Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention*, final report submitted to the National Institute of Justice, Washington, DC, February 2005.

We must also address the fact that rape is not something that starts in college. 10.5% of high school girls and 4.5% of high school boys report having been physically forced to have sexual intercourse²⁰. We need to do a better job of working with K-12 schools to train educators to identify victims of sexual assault, to establish referral networks so they can get vital legal and health services, and to do prevention education with young people.

Conclusion: Looking Ahead

As I urged earlier in my testimony, our efforts to secure justice for victims cannot single out one facet of the criminal justice system to the exclusion of others, and we must ensure that victims and survivors of sexual violence continue to have a voice in our decision making. Looking ahead, we should build on our past and current efforts by enhancing community collaborations so that responses to sexual violence are streamlined and victim-centered. To do so, we must identify successful models, including SARTs, that enhance investigations, increase the number of successful prosecutions, and respect the dignity of victims. We must identify and disseminate promising practices for each of the relevant disciplines responding to sexual assault, such as prosecutors, law enforcement, and health care providers. We must explore new and innovative ways to serve victims, particularly in underserved and rural areas. We must move beyond old preconceptions about rape and sexual assault.

We all know the pain and suffering that sexual violence inflicts on the individual, the family unit, and our communities, and we agree that much work remains to be done to enhance the criminal justice response to these crimes. Ending sexual violence is a priority for OVW and the Department of Justice. We are committed to creating a culture where victims are safe to report the crime, where they will be treated with respect by all those with whom they must come into contact (including the medical profession, law enforcement, the courts), and where judges and juries will understand the breadth and scope of sexual assault crimes in their communities.

²⁰ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2009, MMWR 2010:59.