



Ohio Alliance to End Sexual Violence

Raising Voices for Change

Summary of Survivor Discussion Groups

Sexual violence poses a significant public health concern for survivors, family members, and communities. As Ohio's statewide coalition, the Ohio Alliance to End Sexual Violence (OAESV) advocates for comprehensive responses and rape crisis services for survivors, and empowers communities to prevent sexual violence. To fulfill its mission, OAESV is committed to including the voices of survivors of sexual violence to guide its work.

Overview

In 2012, OAESV held its first set of discussion groups for individuals who have been victims of sexual violence. The discussion groups were an opportunity to learn from men and women about their experiences and document their recommendations for improving community and system responses to survivors of sexual violence. This report is a summary of the information shared by survivors.

Discussion Group Design

Since its inception three years ago, OAESV has created mechanisms for outreach to and communication with survivors of sexual violence and with the rape crisis community. For example, OAESV conducts surveys, holds regional and statewide meetings, operates

"I wanted to participate because there are no services available for men in this area and I wanted to help resolve that."

Male Survivor

an information and referral line, offers free trainings, and disseminates information through newsletters, fact sheets, and its website. In order to expand these efforts and stay informed about

survivors' current needs and emerging trends, OAESV decided to convene discussion groups where survivors would be able to share their thoughts and opinions in a confidential manner.

Between August and the end of October 2012, discussion groups were convened in the metro areas of Dayton, Athens, Youngstown, Toledo and Cleveland.ⁱ Two discussion groups were scheduled for each location, one for men and one for women.ⁱⁱ Information about the discussion groups was disseminated by agencies that provided

rape crisis services in those geographical areas and through social media and OAESV publications.

OAESV established the following criteria for participation in the discussion groups: individuals had to be a survivor of sexual violence, be 18 years of age or older, and have interacted within the past five years with an agency, system, or professional related to their rape regardless of how much time had elapsed since the rape occurred.ⁱⁱⁱ

A skilled facilitator contracted by OAESV led the discussion

groups. To maintain the confidentiality of survivors, the facilitator served as the point of contact for all interested individuals. The facilitator conducted the initial screening, provided the location of the discussion group to confirmed individuals and was the only person aware of who ultimately participated.^{iv} Additionally, survivors only shared their first names with each other.

The discussion groups were held in central locations with access to public transportation where feasible. Each discussion was scheduled for 90 minutes. Survivors were asked the same set of questions in each group. The questions were aimed at acquiring information about their experiences with rape crisis services and the criminal justice system, including what they found beneficial and what challenges or barriers they faced. Participants were also asked to share their ideas about how to enhance intervention for survivors and prevent sexual violence.

"He is still out there roaming free. I still live in fear. I want to share my story."

Female Survivor

OHIO ALLIANCE TO
END SEXUAL
VIOLENCE

Demographics

Twenty-four survivors participated in the discussion groups.^v More than half the female survivors reported being raped by someone they were dating or to whom they were married.^{vi} A significant number of survivors reported being raped before the age of 18. Most survivors wanted to join the discussion groups to meet other survivors, share their stories, be a voice for change, and contribute to something positive that can assist others. A snapshot of the participant demographics appears in the chart below.

Demographic Breakdown	Women	Men
Number of Participants	17	7
Age Range	21 to 63	19 to 52
Caucasian	53% (9)	71% (5)
African American	41% (7)	14% (1)
Latino	0%	14% (1)
Asian	0%	0%
Other/Mixed Race	6% (1)	0%
Experienced more than one rape in their lifetime (by different individuals)	59% (10)	29% (2)
Raped as a child (under the age of 18)	76% (13)	100%
Raped by someone they were dating or married to	53% (9)	0%
Experienced a gang rape	12% (2)	14% (1)
Raped by a stranger (defined as an individual unknown to survivor)	12% (2)	14% (1)
Had at least one contact with law enforcement about their rape	53% (9)	14% (1)
Underwent a forensic medical exam	24% (4)	0%
Received assistance from a rape crisis center/advocate	53% (9)	43% (3)
Contacted a hotline dedicated to rape and sexual assault	29% (5)	14% (1)

Key Findings

While the overall number of participants was small, they individually relayed similar sentiments creating a strong collective voice. Themes emerged across all discussion groups and are shared below.^{vii}

The Effects of Rape Are Acute and Long-Term

The participants shared the lasting effect of their rapes, emphasizing that their rape was not an event that simply passes. Instead, they continue to struggle every day to build what they view as a stable, normal life for themselves. Many tried to bury the pain and trauma but the denial led to self-destructive behaviors. People lost their jobs, families, friends, homes, and the distress took its toll on their mental and physical health. Most survivors expressed

anger and resentment about their ongoing struggle. For example, one participant said, “why do I have to do all this work when my perpetrator skates free? It doesn’t seem fair.” Another explained, “I am a reminder of what happened and I can’t push that aside.” The following ongoing effects of the sexual violence were identified, often being compounded and interrelated:

Health Problems. Both women and men reported having a multitude of health issues, including: agoraphobia, depression, eating disorders, post-traumatic stress, seizure disorders, insomnia, chronic pain, migraines, and brain trauma. All survivors talked about carrying around guilt, shame, and anger. Many described ongoing feelings of inadequacy. One man shared, “I can be on top of the world and it is still not good enough. I feel unworthy.” Most indicated that at one point in their life they were suicidal, with many sharing stories of actual suicide attempts. Survivors also experienced nightmares and flashbacks, which still can be triggered by human contact, television, or situations where they feel unsafe. Some participants said they remain afraid all the time and it is exhausting to live that way.

Addiction. More than half the participants indicated that they were recovering addicts. Several had entered one or more rehab programs. One woman said, “I was a drug addict for a long time, which was like he was raping me over and over again as an adult.” Two male survivors disclosed that they were only able to get sober after they finally talked to someone about their sexual abuse.

Influence on sexuality. All survivors talked about being affected in this area of their life. Many went through periods of hypersexuality, engaging in sex with many partners or participating in risky sexual activity. Others said they had no sex drive, which destroyed their intimate partner relationships or caused them to refrain from seeking relationships. Many stated that they had been on both sides of the continuum. One participant explained that her genitalia was mutilated during her rape and others shared that they contracted a sexually transmitted disease. Additionally, several participants talked about questioning their gender identity and sexual orientation. Men in particular talked about the latter and using hypersexuality to prove their “manhood” or if they were gay trying to figure out whether their rape was linked to their sexual orientation.

Difficulty with interpersonal relationships. Every participant said that his/her rape compromised relationships with family, friends, and intimate partners. In this area, the impact of the sexual violence was far reaching.

Both men and women carried a lot of shame that led to isolation. All female participants talked about their lack of trust in men. Most survivors described a history of poor decision-making when it came to selecting partners. The women who were in relationships when they were raped said that their partners also carried guilt because they were not there to “protect them” or “stop the rape.” These issues led to intimacy and sexual problems, contributing to the demise of many of their relationships.

Relationships with family members and friends were often severed because of their reaction or response to the survivor’s disclosure about the rape. Many family members or friends blamed the survivor, sought to keep a web of silence, or wanted to protect the

Male Survivor

“I have no idea what to do with the fact that this happened to me.”

perpetrator of the crime. Both male and female survivors also described being hypervigilant about their children. For example, many did not trust men to be around their children, censored what their children read or

watched on television, and prohibited sleepovers. Most participants said they recognized this behavior was a direct result of their own rapes but they did not know how to stop being overprotective despite its effects on their kids.

Homelessness and financial hardship. Many participants talked about losing their jobs, moving from job to job, or being underemployed (taking part-time work or jobs that they are overqualified for so that it is less stressful). One survivor stated that depression and stress have kept her from working or attending school for three years and, “I don’t know how to explain the gaps in my life.” Survivors also experienced homelessness as a direct result from their rape. Some fled their homes while others were kicked out. Financial hardship and drug addiction contributed to people living in shelters, on the streets, or on the floors/couches of people they knew. For a few, their housing situation made them susceptible to additional sexual assaults or prostitution.

“At 63 I still need to deal with it. I was on a treadmill with kids, jobs, and husbands. I can’t run away from my feelings anymore.”

Female Survivor

System involvement.

Participants stated that they were exposed to multiple systems as a result of their victimization. Some were involved in the child welfare system (as children and parents), in the juvenile justice and criminal justice systems

(as victims of crime and for their own delinquent/criminal behavior), and in the civil justice system (for protection orders or financial issues). When it came to their own illegal behavior, they described it as acting out, a cry for help, or as self-destructive.

Multiple victimizations. As highlighted in the demographics chart, more than half of female participants and nearly 30% of male participants experienced more than one rape by different individuals at different points in their life.^{viii} One person reported being raped by 12 different perpetrators over the course of her life. Several others experienced 3-6 different incidents of rape. One participant said, “I feel like there is an invisible X on my forehead that offenders can see.” Another shared, “when you are abused as a child it makes you more susceptible as an adult.” Many of the participants felt that their first rape made them vulnerable to future rapes and therefore saw it as a long-term effect of their victimization.

Additionally, most survivors experienced multiple forms of victimization. Those that were sexually abused as children shared that they were subjected to other forms of abuse at home. The female survivors that were in violent intimate partner relationships indicated that they realized the violence was domestic violence, but did not identify the sexual violence that was occurring in the relationships as rape. The survivors that experienced both sexual and physical violence in their dating or marital relationships stated that the trauma that resulted from the sexual violence was different than the physical assaults or other forms of control.

Male Survivor

“It goes to every question about your sexuality, especially if you turn out to be gay later on in life. Did it cause it? Were you born this way?”

Survivors Turn First to Family and Friends

OAESV wanted to hear from survivors about their help-seeking, including who they turned to for assistance and support after their rape, why they chose to use or not use certain systems or services, and what made them feel respected or disrespected with the interactions they did have.

Of the 24 participants, almost all first told a relative or a friend about their rape, with two turning first to a member of the clergy. More than two-thirds did not have a positive experience when they initially told someone about their

rape, especially the female participants. Survivors reported that they were either told to remain quiet about their rape for a variety of reasons, were blamed for their own victimization, or were removed or isolated from the family. For example, one woman was told by

Female Survivor

"It gets better, but it never goes away. The rapist kills a part of you."

her mother, "you put yourself out there... you wore makeup." Other survivors received such responses as, "maybe you'll stop placing yourself in these bad situations" and "hopefully you'll learn from your mistakes." For those who had a positive experience, they indicated it

was positive because the person they confided in said they believed them, listened to their story without question or judgment, and provided information about legal and medical options/resources. Interestingly, the next person that many of the survivors typically spoke to about their rape was a mental health professional who they went to see for other problems they were experiencing.^{ix} Survivors indicated that often this was the first person who heard the entire story.

More than half of the discussion group participants did not have any contact with law enforcement about their rapes, but had heard

Female Survivor

"The most helpful thing was when someone said, 'I believe you.' Women need to be believed."

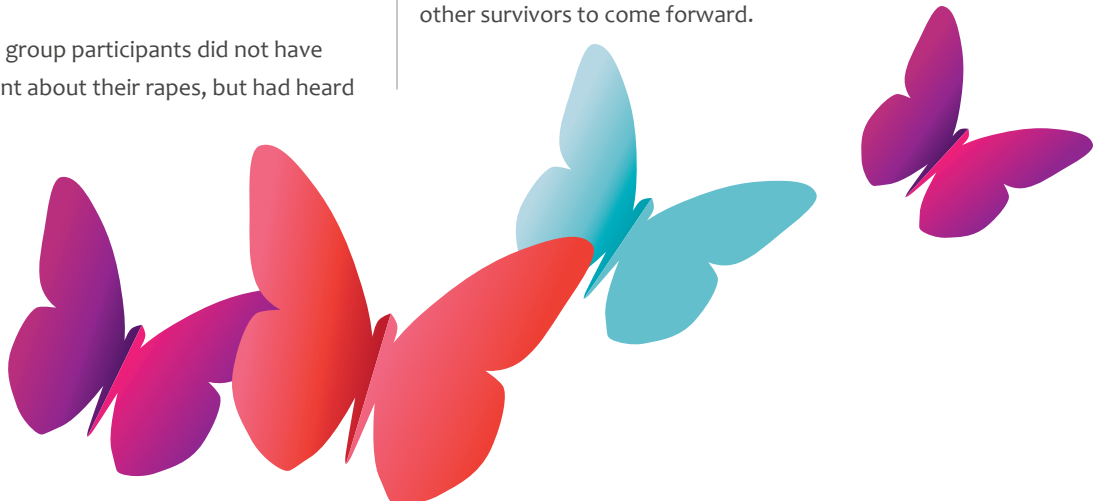
many horror stories about how survivors were treated within the legal system. They provided similar reasons for not reaching out for assistance from services they perceived linked to the criminal justice system,^x including:

- Fear of not being believed or being blamed.
- Concern about bringing more harm or shame to their families, including anxiety of further retribution by their family members.
- Believing the police will say the crime is impossible to prove, so it is not worth reporting in the first place.
- Apprehension of being prosecuted or turned into child protection because they were engaging in illegal behavior, such as drug use, when the rape occurred.
- Humiliation and not wanting people to know that they were raped.
- Worries about being called "gay" or fear that people would now view them as potential child molesters. One male participant said, "if I told someone I was afraid that I would be stereotyped as an abuser and people would not let me around their kids. This type of thinking prevents people from seeking help."
- Concern that their mental health, medical, and other legal records would become public.

Those who had an adverse experience when they first told a friend or family member about their sexual violence said they were hesitant to reach out to anyone else, even about subsequent rapes. One participant explained, "I was scared into silence." Some of the participants who did not report their rape to law enforcement stated that they have guilt about that decision, because they want to protect future victims. They hoped that participating in the discussion groups will make it easier for other survivors to come forward.

Male Survivor

"I was told by my sister we need to keep this in the house, keep this secret in the family. Otherwise, it will destroy his life."



The Criminal Justice System Response Needs Improvement

From the initial response with law enforcement through the prosecution stages, survivors said they needed more understanding, more information, and more time from those working in the criminal justice system. The aspects of the criminal justice system they found most challenging were police attitudes, the length of time it took to investigate and prosecute sex crimes, access to information about investigations, and lack of coordination with other community responders and services. They also wanted the criminal justice system to take sexual violence more seriously (see discussion later in this summary). For example, some participants felt discouraged by criminal justice system professionals to pursue criminal charges, being told how difficult it was to prove rape and how their lives would be put under a microscope. Others shared stories of having to do their own investigations, officers refusing to take reports, and receiving little to no information about the status of the investigation or case.

Female Survivor

"The police would just blame me; I do."

Survivors acknowledged that law enforcement has a tough job, but all participants believed that police need more training on how to be respectful to victims, especially given as one participant said, "they are often first responders and set the tone for everything to come." Some survivors encountered criminal justice system professionals who seemed distrusting of, disinterested in, and even expressed disdain for them. Participants explained that it was difficult to find the courage to tell someone about the rape without having to be re-traumatized by an officer who appears "pained" to take a report or who outright refuses to do so.

The participants who had positive experiences with law enforcement said they knew the officers took the situation seriously because of the type of questions they asked, there was an absence of sarcasm, and the interest they showed in the details of the crime. Even when survivors were told that the case might not look good for prosecution, they felt better about the outcome when they knew the police and prosecutors believed them and were doing everything they could. One woman said the detective assigned to her rape said, "I believe he did it even if we can't prove it." And that made all the difference in the world to her.

Female survivors also expressed the need for at least one female officer to respond to the scene of a sex crime. Participants said they did not feel comfortable speaking to male officers about their rape, recommending that female/male teams be dispatched in incidents of sexual violence. One participant explained that, "being alone with a man after being raped was too much to handle." Male participants did not have an opinion about the gender of police officers, however

they do believe there is a different response from the criminal justice system to women who have been raped versus men. As one man said, "there is still a belief that men cannot be raped and until that changes, very few of us will come forward."

Almost all participants knew about nurses who specialized in forensic exams for rape victims. Participants viewed sexual assault nurse examiners (SANEs) and the hospitals as part of the criminal justice response. For those who underwent a forensic exam, most said that it was as positive an experience as it could have been given the circumstances. It was at the hospital that some individuals first received information about the crime of rape and were introduced to an advocate. A few mentioned gratitude for free transportation from the hospital. Conversely, a few participants said that body language of the SANE nurse was non-supportive, or that they did not receive all the information they should have about their medical options. One participant said that she thought the forensic exam was conducted well until she later became ill. In that case, she went to see a doctor a few weeks after her rape because she was not feeling well and the doctor found a cigarette filter had been inserted in her vagina during her rape that was not discovered during her forensic exam. It was also at that time she learned that the nurse did not swab her entire body for DNA as was the protocol given the description of her rape. A few others mentioned hospitals having expired rape kits or a hospital's reluctance to use a rape kit due to its cost.

Participants offered some recommendations for SANE nurses. First, during exams SANE nurses should be in constant communication with the victim about what is happening and why. Second, nurses should follow-up with survivors when possible to make sure there are no subsequent medical issues or to see if there are questions about medical treatment options. Third, survivors should be given accurate information about sexually transmitted diseases and pregnancy and should have all treatment options/medications explained and offered immediately and as a matter of routine, regardless of where the exam occurs.

Participants urged that innovative ways to investigate and prosecute rape cases be pursued. Many had never heard of sexual assault response teams (SARTs)^{xi} but thought they sounded like a good idea and were needed in every county. They recommended that SARTs include community members and survivors. Finally, survivors want updated criminal justice protocols or adherence to the ones that are already in place.

"The detective told me it was a "he said/ she said" situation."

Female Survivor



Every Survivor Should Have Access to High-Quality and Supportive Services

Survivors urged that information about where to access help and what to expect from first responders be readily available. Participants provided a list of barriers that currently keep survivors from seeking help and services. Some barriers are financial limitations on the part of survivors such as lack of transportation, lack of child care, and exorbitant cost of services. Some barriers are based on fear of mistreatment by first responders or fear of stigmatization. However, participants cited the absence of resources and limited information about what resources do exist, as the greatest barriers.

Many said they searched online but still found it difficult to find information about reputable resources in their own community. Instead, most felt lucky that they stumbled upon it themselves. In

Female Survivor

“I would call the hotline when I was alone at night, scared, and unable to sleep. It was a great resource.”

some counties the mental health and counseling system was a great connector of resources, but if you are outside of that system, you may not be aware of services or cannot gain access to them because of eligibility or cost. Those who eventually

accessed rape crisis centers and community-based advocates learned about those resources in the following ways: information hanging in a bathroom, an article that appeared in the newspaper, internet research, services accessed at a dual domestic violence/sexual assault agency, assistance from a mental health professional, and information provided by a SANE nurse.

Participants stated they want assistance from individuals who have expertise in sexual violence and are well-informed about resources, so that survivors receive credible, quality, and supportive services. Most survivors knew about hotlines and support groups dedicated to sexual assault issues, but they did not know about national resources centers, the statewide coalition or rape crisis advocates or counselors. For those that were able to access advocates and counselors through a rape crisis service, they indicated that it was the training and expertise that made these experiences constructive.

Participants unanimously advocated for every county to have rape crisis services and that the provider of those services be held to a set of state standards. “Hanging a shingle as a rape crisis service is not enough,” was a consistent message. Survivors wanted mandatory standards in place so responders have specialized training and offer meaningful services. One participant explained that she accessed two different programs. They both called themselves rape crisis centers

but the first program was under-resourced, connected to a mental health agency, and the advocates were not trained. She said “what I dealt with at first and the services I received were unacceptable.” It was not until she accessed services from a rape crisis center in another county, that she realized how poorly the first program was operated.

The participants who met with a community-based advocate said that they felt supported by their advocates. When asked what made them feel supported and believed, they said the advocates listened and did not question or lessen the incident, push for details about the rape, or blame the survivor. The advocates helped survivors navigate through the criminal justice system and connected them to counseling and other supportive services. One survivor said her advocate called her daily for a month, “just to check in.” Similarly, hotlines offered the same type of support for those who used them. Two participants in particular spoke about how they used the hotline as a lifeline. The hotline workers helped survivors with safety planning and offered a friendly voice any time of the day or night. Another participant said she talked to someone on the hotline for two hours a day for six months.

Participants accessed mental health counseling more than any other service. Their experiences were mixed. Those who eventually identified knowledgeable therapists felt extremely fortunate especially after first seeing counselors who were not trained to deal with rape or its trauma. Some participants talked about counselors encouraging them not to report the rape and stay quiet, or telling them to forgive. Others said their counselor shared their own stories of rape and it became about them. Survivors stated that mental health counseling services are imperative but that there needs to be more options for types of therapy

offered.^{xii} Survivors wanted counselors that are trained in treating those who have been sexually abused/raped and who are informed about community resources. They suggested that a database be established where survivors can research therapists in order to better determine their expertise, philosophy, and treatment methodology. As with all other services, participants said support was time-limited and the trauma of sexual violence does not necessarily fit into that time frame. Instead, it would be helpful if counseling were offered at a reduced rate or for free and provided over a long-term basis.

Participants who attended support groups found them helpful and

“We need a clearinghouse of information and resources for all survivors, but there needs to be information and services that are specific for male victims.”

Male Survivor



believed that they need to be included on the menu of options available in every county. They offered suggestions to make support groups more beneficial. First, support groups ought to be facilitated by trained professionals. Second, support groups need to be available beyond a survivor's crisis period. Some participants reported that they maxed out their allotted time allowed to attend the group, or they no longer received any benefit from attending as it was the same thing week after week. Most wanted support groups they could attend over the course of their lifetime that would allow them to go deeper into the issues they faced following their rape. Some suggested using a format similar to book clubs where members could discuss readings and have presentations

"There is so much information out there about domestic violence but there is still an effort to 'cover up' sexual violence."

Female Survivor

about new resources and issues related to sexual violence. Third, support groups would be more helpful if offered apart and separate from other services, in known locations, and on a regular basis. Participants acknowledged that support groups are often difficult to sustain because people cannot attend regularly, but they did not feel that criteria should be used for their existence. After the standard counseling and support groups have been utilized by survivors, many felt like they were left without support and want a way to connect with each other. They liked knowing that there was a group to "drop in" and see people from time to time. Finally, participants urged that support groups be created for friends and family (similar to an Al-Anon concept), especially for partners of those that have been raped.

Survivors also agreed that the following additional resources were needed:

- Attorneys who can assist survivors with the collateral legal issues that may arise from the rape, such as housing, financial, immigration, etc.
- Culturally-specific and linguistically relevant services and in general, more racial and ethnic diversity among first responders, mental health professionals and rape crisis service providers. However, there was a caution that the first priority is to have professionals who understand sexual violence. As one participant said, "that understanding is more important than having someone who reflects your ethnicity across from you."
- A website that integrates information about both the laws and services. The information should include: what is rape and sexual assault, what is the statute of limitations, how should survivors collect evidence, where can people go for help (specific to city/county/township), what are victim's rights, and what are legal options as time passes. Participants also suggested that this information be offered through regularly scheduled information sessions in communities.



The Public Needs More Accurate and Poignant Information

Every participant articulated that information about rape, its effects, and rape-specific services needed to be more visible. Survivors wanted the public to understand how detrimental sexual violence is to the individual and to the community. One participant explained, “Rape can be a killer, like cancer. Many of us have wanted to die and tried. Some have died while being raped.” Another stated, “People don’t see how deep the scar is.”

Survivors said basic messaging is still imperative. The messaging should include these statements:

- Rape is not the victim’s fault.
- No one deserves to be raped.
- Rape can happen to anyone.
- Survivors would have stopped the rape if they could have.
- Rape has an effect on one’s entire life, regardless of the age it happened.
- Boys and men can be raped too.
- Survivors need support, not condemnation.
- Being sexually molested as a child does not mean a person will become an abuser.
- Rape and sexual orientation are not connected.

Participants would like to see survivor-led public awareness campaigns. They believed that this would raise understanding about the issue and, equally as important, inspire other survivors to come forward, receive assistance and begin to heal. Many talked about the critical need to see both male and female survivors share their stories and offer hope. The public must see their faces and hear from male survivors. Participants consistently indicated people do not know what constitutes rape, what the statute of limitations are, how to report the crime, and what to do when you are raped, including how to collect evidence and what are the legal options.

Participants suggested having information available in places where people frequent like religious institutions, public bathrooms, hospitals, grocery stores, 12-step meetings, doctors’ offices, and schools. With a wide dissemination and ongoing messaging, even children might be more comfortable coming forward about their abuse.

Discussion group participants also wanted the public to be cognizant:

- That all forms of violence are linked.

- That child sexual abuse can be intergenerational and grandparents can be part of ongoing abuse.
- That a rapist or pedophile does not have a certain “look.” Just because you can’t picture that person raped someone doesn’t mean they didn’t do it.

“I was unable to stop it. You have this feeling as a man you should have been able to even if it happened to you as a child. I now know it is not my fault.”

Male Survivor

Survivors advocated for more concentrated education for communities of color about child sexual abuse. Homophobia contributes to beliefs that if a boy or man was raped that means he is

gay or a prostitute, preventing many from seeking help. Participants also thought the public should be more aware about the signs that indicate a person may have tendencies to commit sexual violence as early identification can lead to prevention. Finally, they thought that more awareness was needed about the relationship between sexual violence and sexual health. For example, pelvic inflammatory disease or a sexually transmitted disease could be a sign that someone has been victimized.

Education in Schools Should Be Mandatory

Participants were asked to share their ideas for ending sexual violence. Many were not sure if it was possible to prevent rape, but many thought it could be reduced through education about sexual violence and healthy relationships, enforcing stricter penalties, and through early identification of victimization.

Participants agreed that comprehensive education should be offered in all schools and start early, suggesting that it begin in kindergarten and be required through graduation from high school. The curricula should be developmentally appropriate and focus on what is rape/sexual abuse, where to get help, what are healthy relationships, and basic sex education. Additionally, survivors recommended that:

- Young men receive education about the trauma that rape causes.
- Education about rape needs to be rooted in the understanding that this is about violence and power and control. Survivors said the myths still exist about sexual violence leading to victim blaming (e.g. how someone dresses, if someone drank alcohol, etc.).
- Parents and teachers learn how to recognize signs and symptoms of sexual abuse. Many survivors talked about how they were acting out as teenagers as a result of their abuse and wanted someone actually to ask them what was going on.
- Safe spaces in schools need to be established where kids can tell someone they have been sexually abused, without fear of reaction or retaliation.
- Men need to be encouraged to come forward as survivors and assist with prevention activities.

Male Survivor

“We have stricter sentencing for drug dealers than sexual predators.”



Rape Must be Taken More Seriously

All discussion group participants stated that we live in a culture that accepts rape. There is rarely justice for victims. And that must change. As one survivor said, “I am insulted when I hear we know more today about child sexual abuse and rape than we did years ago, because we still have the same response to rape. Women are human beings. We should be treated better than this. This eats at us. When will it stop?” In discussing public policy, most participants focused on the criminal justice response. While many indicated they did not know specificity about current laws, all agreed that there needs to be both more enforcement of what already exists and the enactment of stricter laws and penalties.

Every participant wanted more prosecution of sexual violence. The perception is that rape charges are only filed when there seems to be a “slam dunk.”

Even when there is DNA evidence, survivors indicated it was all treated as a two-sided story, where the victim’s credibility was continually assessed. Survivors said that prosecutors seem to have a defeatist attitude and seem hesitant to litigate. Specific public policy recommendations put forth by survivors include more protection for victims’ privacy, removing a statute of limitations on rape, creating stricter mandatory penalties, requiring better training of law enforcement on evidence collection, limiting prosecutorial discretion to make deals, and encouraging more prosecution without using victims as witnesses.

In addressing what is to be done with sex offenders, participants wanted offenders to be monitored more stringently. They also requested that there are timely and accurate updates to the sex offender registry, mandatory sentences be imposed, and that better treatment options be created. Survivors want perpetrators of this crime, if not locked up forever, to be able to come forward and seek help before anyone else is victimized. One participant said “offenders need programs where they can go before they reoffend and get real help.” Others echoed this sentiment.

Additionally, survivors suggested that the corrections system offer rape crisis services. Many individuals who are locked up are likely to be victims of sexual violence while incarcerated and therefore at an increased risk for continuing a life of criminal behavior if they are not able to deal with their own victimization. Participants also recommended more rigorous screening and checking of foster

“When I talked to someone who was an expert, I was finally able to deal with my abuse. I am not ashamed anymore and want to let other men know they should come forward too and begin to heal.”

Male Survivor

families, group homes, and correctional facilities. Survivors said that it is also critical for public policy to address the widespread homophobia in our society and to educate the medical and insurance field about what is needed for survivors and what should be covered.

Survivors Should Be More Visible

Overwhelmingly, participants voiced the desire to see other survivors leading public service campaigns, to have more opportunities to meet each other, and to come together to be part of something larger than their own victimization. They want to see that other people had truly “survived” their rapes. They want to be the voice of inspiration and change.

As previously discussed, participants want more information out in the community. Public service announcements or similar efforts are one way to do this. Having the faces of men and women who are not afraid or ashamed to say they are survivors would help reduce the stigma attached to being a rape victim.^{xiii} Both male and female participants emphasized the need for male survivors to be more visible and that gender-specific outreach and assistance be developed.

Participants also suggested that communities find a way to have survivors serve as mentors to other survivors. This is not to replace advocates but to be used as an additional system of support that a survivor can call, comparable to having a sponsor in a 12-step program. Support groups were again mentioned as a forum for survivors to meet each other and stay connected as long as they were led by a professional, occurred on a regular basis, and tailored to ongoing needs of survivors as they move past the immediate intervention of their victimization.

Every person who participated in the discussion groups indicated that they believed having more discussion groups across the state was essential and hoped that they would even be repeated in the same geographical areas. Survivors indicated that what has been most helpful in their healing is when they feel they are a part of something larger. It is empowering.

“When you are a man and this happens to you, you are really “attacked” as a man at every level. A man should or is expected to be able to fend off an attack.”

Male Survivor

Conclusion

Survivors expressed deep gratitude for the opportunity to share their experiences and were excited at the prospect of being part of a larger change effort. While most did not know about OAESV prior to the discussion group, they indicated that the fact that the discussion groups were occurring demonstrated OAESV's commitment to including the voices of survivors and encouraged the coalition to continue to hold them across the state.

The participants had a unified voice on most issues and articulated a need for more public awareness about rape and its effects, including a campaign led by the voices of female and male survivors. Participants also prioritized the need for training for first responders so that all survivors are treated with respect and dignity. They wanted the entire community to understand the devastating impact of the crime and that the criminal justice system response be strengthened. Survivors advocated for the establishment of specialized rape crisis services in every county that are held to standards of operation. Participants also recommended that resources for survivors become easier to identify and access and that education and assistance is offered in schools as a means of prevention and early intervention. In the end, participants indicated they want to be able to disclose their victimization without fear of retribution or judgment. As “survivors” they have done everything they could to do that very thing.



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Endnotes

¹OAESV intends to host several discussion groups annually throughout different parts of the state.

²No men participated in Dayton or Toledo and therefore those discussion groups did not take place.

³Survivors received a \$25 gas card for their participation to assist with transportation. Some individuals traveled several hours to attend a discussion group.

⁴Confidentiality was an important element to helping survivors feel comfortable. Some individuals were currently utilizing services (and they did not want to jeopardize that relationship) and others did not want to be “identified” as victims of rape in their communities.

⁵More than 24 people contacted the facilitator about participating. However, some people did not show or cancelled, and others were screened out because of the fact they did not meet eligibility criteria. For example, one person was younger than 18, and a few did not have any contact within the past five years with a service provider or the criminal justice system related to their rape. Anyone who met the criteria and could not attend was offered the

opportunity to respond to the questions via phone and one person opted to do so.

⁶This data is similar to national data. See Michele C. Black et al., Nat'l Cent. for Injury Prevention & Control, The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report – Executive Summary 1 (Nov. 2011), available at http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf (finding that 51.1% of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance).

⁷For something to be included as a key finding or theme means that it was consistently raised by a majority of the participants. It does not mean that all participants agreed with or made that statement.

⁸This is in no way not to discount the fact that some participants had been raped repeatedly for years by the same person.

⁹Many survivors said that when they went to counseling they did not realize that the issues they were experiencing were related to their sexual violence and not until they revealed that they were raped was a connection made.

¹⁰Many participants viewed medical providers and forensic nurses as part of criminal justice response.

¹¹Sexual Assault Response Teams (SARTs) are multidisciplinary teams that serve victims of sexual violence and often include victim advocates, law enforcement officers, forensic medical examiners, forensic scientists, and prosecutors. For more information on SARTs, go to the National Sexual Violence Resource Center website at <http://www.nsivrc.org/projects/sart>.

¹²Participants from one discussion group talked about the helpfulness of eye movement desensitization and reprocessing (EMDR) therapy. This was offered only at the local rape crisis center in that community. Participants from the other discussion groups did not mention this therapy.

¹³Many participants suggested a series, something similar to “We Are Survivors.” In the series survivors share their stories. The individuals highlighted should be from diverse backgrounds, representative of all ethnicities, races, sexual orientations and age groups.

