Together, we are
The Network.

The South Dakota Network Against Family Violence & Sexual Assault's

Efforts to Address Sexual Assault Prevention & Response

UNIVERSITY OF
SOUTH DAKOTA
SANFORD SCHOOL OF MEDICINE

Prepared and Submitted by Bridget Diamond-Welch, PhD
Center for Rural Health Improvement
University of South Dakota Sanford School of Medicine
October 2021

Table of Contents

Background & Purpose

In 1999, the South Dakota Network Against Family Violence and Sexual Assault (The Network) began operation to meet its mission: "Working together to promote victims' rights for a safer South Dakota." The Network is a state-level non-profit agency focused on addressing violence through the life course, with an emphasis on domestic violence and sexual assault. This document focuses specifically on The Network's efforts to address sexual violence across South Dakota.

Report Process

The Network contracted with the Center for Rural Health Improvement (CRHI) in the Department of Family Medicine at the University of South Dakota Sanford School of Medicine (USD) for this report. This report was completed by Bridget Diamond-Welch, Ph.D. Diamond-Welch is an Associate Professor of Family Medicine and Associate Director of CRHI overseeing the team's research & evaluation portfolio. Diamond-Welch has over a decade of experience with research, data management, and analysis. Her research specialization is in interpersonal violence with a focus on sexualized victimization. Diamond-Welch's efforts were assisted by Network staff and interns. The staff and interns provided overviews of The Network's program operations.

Report Purpose

For the past few decades, The Network has responded to the needs of the state in relation to sexual assault. Through this work, The Network is either spearheading, or is closely connected to, most efforts to respond and prevent sexual violence across the state. In this time, the majority of the efforts created have been in response to issues that have arisen, rather than as a planned and systematic response. The Network is taking this opportunity to reflect on the work currently being done, identify gaps, and utilize this information to systematically plan a statewide response to sexual violence. This report is the first step in this direction.

"advancing prevention endeavors, improving response efforts and advocacy by diligently working within our communities, across our State and in our Tribal Nations."

-THE NETWORK'S VISION

Before continuing, it is important to note the state's definitions of sexual assault. In South Dakota, sexual assault (battery) is defined as "oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object. This term does not include an act done for a bona fide medical purpose" (SDCL §22-24A-2). This crime is considered rape (SDCL §22-22-1) if this act of sexual penetration meets any following circumstances:

(1) If the victim is less than thirteen years of age;
(2) Through the use of force, coercion, or threats of immediate and great bodily harm against the victim or other persons within the victim's presence, accompanied by apparent power of execution;
(3) If the victim is incapable, because of physical or mental incapacity, of giving consent to such act;
(4) If the victim is incapable of giving consent because of any intoxicating, narcotic, or anesthetic agent or hypnosis;
(5) If the victim is thirteen years of age, but less than sixteen years of age, and the perpetrator is at least three years older than the victim.

Organization of Report

Although the scope of The Network's work is wider, this report will focus on their work related to sexual violence. Specifically, this report examines the extent to which The Network meets its mission in relation to sexual assault through its application of The Network's vision of "advancing prevention endeavors, improving response efforts and advocacy by diligently working within our communities, across our State and in our Tribal Nations." Implicit in this vision is that this work will be provided to all individuals across race, class, gender, ability, economics, and other stratifications.

This assessment will occur in five major sections. The first are four sections specifically drawn from the mission of the organization. Each of these sections will include a discussion of implications for future efforts. The final section will be a summary. The order of these sections, and an overview of content, is listed below.

- **Across Our State and in our Tribal Nations:** This section will highlight the work that The Network is currently doing and its geographic and special population reach. This will occur in two subsections:
  - **Program Operation:** This subsection will explore how The Network operates to address sexual violence through discussing:
    - Grants & Projects: This is a discussion of funding sources and projects The Network directors or with which The Network is otherwise involved.
    - Partnerships & Memberships: This is a discussion of the reach of The Network across South Dakota.
  - **Vulnerable Populations:** This is an exploration of vulnerability to sexual victimization that discusses:
    - Assessing the Need through Prevalence: The paper identifies groups that are more vulnerable to sexual violence. This is done through utilizing available South Dakota data and extrapolating from National data.
    - Assessing The Network Response: This section matches the identified vulnerabilities with current Network response efforts to identify gaps in services.
- **Advancing Prevention Endeavors:** This section will highlight efforts in relation to prevention. It will specifically address:
  - **Primary Prevention:** Prevention efforts aimed at ensuring a sexual assault doesn't occur is located under this section. Primary prevention mainly occurs through offering education curriculum through the educational system.
  - **Secondary Prevention:** These prevention efforts include those that occur immediately after a sexual assault. For this report, the discussion of efforts related to secondary prevention are located in the Improving Response Efforts section.
  - **Tertiary Prevention:** These are efforts to deal with long-term consequences including offender treatment.
- **Improving Response Efforts:** This section is organized in terms of understanding how The Network works to improve the response of others when they learn about a sexual assault victimization. The focus is on formal responders (a type of secondary prevention), but will shortly reflect on all potential disclosure partners. As such, this section includes reflection on The Network's efforts seek to improve the responses from:
  - **Informal Responders:** This includes family and friends. This section mainly refers to the work discussed under primary prevention.

- o **Advocates:** Advocates are important responders. As such, they are noted in this section. However, the majority of the work The Network does with advocates will be discussed in the next section on Improving Advocacy.
- o **Health Care Providers:** Medical providers are important responders that effect outcomes for survivors. Discussion on work to improve health care professional's response is discussed here.
- o **Criminal Justice System:** There are many roles in the system that interact with sexual assault victims. This includes:
  - ▪ <u>Law enforcement</u>: The paper identifies the work The Network does with law enforcement across the state and in particular identified jurisdictions.
  - ▪ <u>Prosecutors</u>: The paper identifies how The Network and its projects and partnerships work to improve prosecution.
  - ▪ <u>Judges</u>: To improve criminal justice outcomes for survivors, judges are a vital group to discuss. The paper will discuss what limited work is currently being done to improve judge's responses to sexual assault cases.
- o **Multidisciplinary Efforts:** These different responder groups frequently all need to interact with the same victim. Multidisciplinary teams, such as SARTs, are an effort to streamline these interactions and make them trauma-informed and victim centered. This section will discuss The Network's efforts in this area.
- • **Improving Advocacy**: Advocacy here refers to both advocacy within the system (e.g. access to community and legal advocates) and improving the system itself (e.g. policy).
  - o **Community Advocates:** The Network works to improve advocacy across South Dakota by supporting the hiring of advocates, providing additional funding and programmatic for the clients that advocates serve, and by training advocates. All of this will be discussed here.
  - o **Legal Advocacy:** This section discusses The Network's provisioning of legal aid to survivors.
  - o **Policy Advocacy:** This section includes a discussion of how The Network's efforts inform policy changes and the adoption of best practices in South Dakota.
- • **Summary**: This section will revisit the most important points and provide suggestions for future work.

Across our States and in our Tribal Nations

South Dakota (SD) as a state is highly rural – receiving a rural state designation[1] – with a total density of only 11.46 people per square mile.[2] It shares geography with nine sovereign nations. Research examining the rates of interpersonal violence (IPV) in rural and urban settings has found little difference between the rates of IPV. However, IPV in rural areas tends to be more chronic, severe, and more likely to end in homicide (Edwards, 2015). Further, given lack of access to resources, rural victims may have worse psychological, social, and health outcomes (Peek-Asa, et al., 2011). With services being so remote, and the extensive demand for existing services, rural victims may not be able to access services at all (Dawson,

---

[1] According to 34 U.S.C. § 12291(a)(27), a "rural state" is any state with 57 or fewer persons per square mile.
[2] U.S. Department of Commerce. (2019, July). U.S. Census Bureau Quick Facts: South Dakota. Available online: https://www.census.gov/quickfacts/SD

2017). These issues can be further exacerbated on Tribal Lands as a design of colonized processes (Deer, 2015).

As a largely rural state, South Dakota struggles with these issues. Victims may be hundreds of miles away from the nearest shelter or medical forensic exam. Law enforcement may take a long time to respond to calls. More than the sheer distance, the low population density frequently means a lack of resources to provision services in areas far from population centers. To deal with this reality, The Network operates by tying organizations together through projects, formal and informal partnerships, and memberships. This allows organizations to share information and resources to the greatest extent possible.

These relationships serve as the cornerstone of The Network's ability to meet its mission and activate its vision. For example, a shelter may need help providing translation services for d/Deaf individuals. The Network can connect them to these services through the Disability grant that provides liaisons across the state. Less formal relationships can also be utilized this way – e.g. relationships created through over twenty years of operation – but are difficult to evaluate here. Further, The Network obtains funding from a variety of sources that supplement the resources of the local agencies. This is all accomplished through the program operation of The Network – including its grants & projects and partnerships & memberships – discussed below.

The ability for The Network to meet the needs across the state and in our Tribal Nations may be limited by the target population of its grants and projects. Following the discussion of The Network's program operation, we will turn to an analysis of which individuals in South Dakota are most vulnerable to sexual violence and the extent to which The Network is able to serve those individuals.

Program Operation

As discussed above, The Network's name is apt. Through both its formal partnerships (e.g. have a grant or other type of understanding) and its memberships (organizations pay a $200 annual fee to receive benefits from The Network – e.g. resource support, training and technical services, legislative updates), they are connected with most groups and organizations across the state working on issues that are directly related to, or overlapping, with sexual violence. The next two sections will explore the current grants & projects The Network currently has and will then discuss its geographic reach through its partnerships & memberships.

Grants & Projects

The Network specifically addresses prevention, response, and advocacy in relation to domestic violence and sexual assault victimization through managing a multi-million-dollar budget from state, foundation, and grant funds. They do this through either directly managing projects and grant funds (listed in Table 1) or through filling roles on other organization's projects (listed in Table 2). It is important to note that The Network is increasingly participating in research projects that advance knowledge on interpersonal violence. These research projects are also included in Table 2.

Table 1 highlights the grant funds obtained by The Network where The Network is the grantee of record. This means they are fiscally responsible and responsible for accomplishing the deliverables promised as part of the grant operations. Table 1 lists the name of the grant (including a short name that will be used throughout this paper to refer to the project and the grant funder). The majority of the grants are from the Department of Justice, Office of Violence Against Women (OVW). The description provides a short overview of the grant's aims. Finally, partners include a list of other agencies and organizations that participate in the work of the project.

Table 1. Projects Funded through The Network

Name	Description	Partners
CTAS – OVW Coordinated Tribal Assistance	With the Flandreau Santee Sioux Tribe, this project provides a tribal victim advocate, provide transitional housing and housing assistance, and educate on sex trafficking issues.	Flandreau Santee Sioux Tribe, The Wholeness Center
Disabilities – OVW Training and Services to End Violence Against Women with Disabilities	Addresses sexual violence against people with disabilities by training professionals and individuals with disabilities. Provides technical assistance to providers to provider access for these survivors. Provides disability liaisons to provide services.	Communication Service for the Deaf, Disability Rights of South Dakota, and Compass Center
Emergency Funds – Larson Fund	This fund provides emergency dollars to serve victims of interpersonal violence. This could cover housing, clothing, transport, and other emergent needs.	Supplies funds to member agency to support their clients.
FAST – OVW Sexual Assault Forensic-Medical and Advocacy Services for Tribes	Provide access to advocacy and quality medical forensic exams for sexual assault survivors in underserved areas with a focus on Tribal partnerships. Provide training on human trafficking for rural advocates.	Artemis House, Avera eCare, Center for the Prevention of Child Maltreatment, Native Women's Health Care, White Buffalo Calf Women's Society, University of South Dakota
ICJR – OVW Improving the Criminal Justice Response	With partners in the largest city in the state, this project provides specific efforts to improve law enforcement operations around domestic violence and sexual assault, including training new officers. It connects victims to services. The grant also addresses prosecutorial improvement through providing technical assistance. Finally, the project enhances multidisciplinary work through SART development.	Children's Inn, Division of Criminal Investigation (agent and victim-witness coordinator), Hospital representative, Lincoln County Sheriff's Office, Minnehaha County Sheriff's Office, Resource prosecutor, Sioux Falls Police Department
OVW Justice for Families	This grant provides supervised visits and safe exchanges, free civil legal assistant to the non-offending parent of a child who has been a victim of sexual assault/abuse if the child was under 11, and lethality assessments for sentencing combined with a Batterer's Intervention Program.	Mitchell Area Safehouse, Van Beek Law Firm, Lutheran Social Services, 2nd Circuit Unified Judicial System
Legal – OVW Legal Assistance for Families	Provides holistic legal services to victims of IPV. There is one attorney East River, one West River, and one that provides services for immigrants.	Compass Center, State Bar Association, Voices for Peace, WAVI
Rural – OVW Rural Sexual Assault, Domestic Violence, Dating Violence and Stalking Assistance	This project provides services to 42 rural communities across South Dakota by funding advocates, supporting SART development, and increasing awareness for prevention efforts.	Call to Freedom and 11 domestic violence shelters and outreach centers (See Map 2)
SDCF – South Dakota Community Foundation	This project supports meetings of the Sexual Assault Task Force referred to under ICJR above.	See ICJR
Transitional Housing – OVW Transitional Housing Assistance Grants	Provide rental assistance through scattered site units for victims of domestic violence, dating violence, sexual assault, stalking, and/or trafficking. Provide occupational therapy and job skill training for trafficking victims. Support discussion of transitional housing at community response team meetings.	Children's Inn, Call to Freedom, Missouri Shores DV Center, South Dakota Housing Development Authority, WAVI. All member agencies qualify for funds.

Table 2 lists the major projects The Network is a partner on. A key difference between Table 1 and Table 2 is that the projects in Table 2 are ones where The Network is not responsible for managing the budget and meeting the grant workplan. Instead, they serve a particular role and/or are responsible for specific deliverables. The extent of The Network involvement varies based on partnership. For example, on one extreme, The Network primarily operates the SAKI grant on behalf of the Beadle County State's Attorney Office (SAO). The SAO still maintains responsibility for the budget and for final decisions on the project. On the other extreme, The Network provides technical assistance and on-site advocacy for the Native LGBTQQ-2S program. The Network's participation is mainly limited to an advisory role.

Table 2. Partnered Projects

Name	Description	Partners
eSANE – OVW & OVC eSane Telehealth	Avera has two grants that provides telehealth sexual assault medical forensic exams. Part of the project works to connect hospitals to advocates. The Network serves in an advisory capacity.	Avera, Compass Center, University of South Dakota
Native LGBTQQ-2S Curriculum – UNL Layman Grant	Researchers at the University of Nebraska-Lincoln, University of South Dakota, Native Connections, Urban Indian Health, and Tate Topa Consulting will collect data on what is needed to develop a prevention program for Native American gender and sexual minority youth on Pine Ridge. The Network is providing expertise and onsite advocacy for the Native youth.	University of Nebraska-Lincoln, University of South Dakota, Native Connections, Urban Indian Health, Tate Topa Consulting
RPE – CDC Rape Prevention Education	The Network project manages this grant on behalf of the Department of Health. The program provides prevention education for middle through college students. It also hosts a Tribal Advisory group.	Department of Health, South Dakota State University
SAKI – BJA Sexual Assault Kit Initiative	The Network project manages this grant for the Beadle County State's Attorney Office. This project provides a statewide inventory of all kits, reviews current tracking system, will provide prosecutorial technical assistance on sexual assault, and support a research project to understand how sexual assault cases move through our justice system.	Beadle County State's Attorney Office, South Dakota Crime Lab, Avera eCARE SANE, University of South Dakota
SANE Training – OVW Rural Grant	The Center for Child Maltreatment works closely with the Department of Health and the University of South Dakota Nursing Program to provide training for nurses on sexual assault medical forensic exams. The Network aids with several pieces of this project.	Center for Child Maltreatment, Child's Voice, Department of Health, USD Nursing Program
STOP – VAWA Formula Grant	This is a state formula grant program to the Department of Public Safety. The Network is awarded to provide training to law enforcement. While the focus of the training is domestic violence, sexual assault is also covered.	Department of Public Safety, Trains all law enforcement officers across the state
Survivor/Takini – OVW Research & Evaluation Grant	Researchers at the University of South Dakota & University of Nebraska-Lincoln examining what rural & Native female-identified individuals need to heal from domestic violence. Evaluates in relation to OVW grants and what The Network offers. The Network sits on the advisory board.	University of South Dakota, University of Nebraska-Lincoln, and Mitchell Area Safehouse
VOCA State Victim Assistance Academy	The granting agency for this is the Attorney General's Office under the Division of Criminal Investigation. Under this project, The Network provides a basic and advanced academy for advocates.	Advisory group, Attorney General's Office, Department of Public Safety
YVIP – CDC Youth Voices in	A University of Nebraska-Lincoln project, YVIP is a youth led sexual violence prevention program working	University of Nebraska-Lincoln, WAVI

Prevention in Rapid City	to create youth leadership, social emotional learning, social norming, bystander intervention, and diffusion. The Network provided insight into design and helped run the program.

The programs and projects in Table 1 and 2 will be discussed throughout the report as they apply to a particular section.

It is worth noting here that of the ten programs funded through The Network, 30% of them are specific to addressing sexual assault. For example, the South Dakota Community Foundation support is specifically designate to support the Statewide Sexual Assault Task Force. This is a multidisciplinary team that works to examine statewide issues related to sexual assault (e.g. law enforcement training, policies, sexual assault kit payment). The other 70% of programs all would serve victims of sexual assault – e.g. the Legal grant provides civil services to victims of sexual assault if they need it. All of the non-research partnerships (eSANE, RPE, SAKI, SANE training) are specific to sexual assault services. This approach suggests that The Network's strategy to deal with the overlapping issues of interpersonal violence (specifically domestic/dating violence, sexual assault, stalking, and human trafficking) is to treat them as intertwined. In doing so, they are able to address the shared underlying mechanisms of these types of violence in a state with limited resources and response capacity.

Partnerships & Memberships

The Network serves as a hub of services in two primary ways. First, it has formal partnerships with organizations that supply services for the Network's programs. For example, under the Rural grant, Call to Freedom provides training and technical assistance for the 42 rural communities served under the grant. This hints at the second strategy through which The Network provisions services and resources across the state – through membership. For a small fee, members can access technical assistance, training, and support for their clients.

Formal partnerships play an important role for The Network. Given the importance of multidisciplinary teams to successful provision of services (discussed in Improving Response Efforts), the connections between different organizations is vital and is the third strategy utilized by The Network to provision services. The Network has official grant partnerships with most state entities involved with elements of sexual violence – such as Department of Health, Division of Criminal Investigations, Department of Public Safety, and the South Dakota Criminal Forensic Lab. Looking at the final columns of Table 1 & 2, we can see the expansiveness of The Network's connections. Listed connections include: Tribes, law enforcement, state's attorneys, health care systems, advocacy organizations, universities, and other victim support services. Those named in the "Partners" are only those with direct subawards and do not include many of the informal connections that occur as a result of program operation.

Further, formal partnerships shift and grow with the need of a particular program. For example, the FAST grant was originally written in response to the Keystone XL pipeline. When President Biden shutdown the pipeline, the project was able to shift to meet needs while still providing sexual assault services in remote areas. A new relationship with Native Women's Health Care in Rapid City was formed, and the FAST grant was able to provide funds for an advocate at their center.

Membership is also continually growing. As mid-summer of 2021, The Network has 73 members which spans advocacy organizations, educational institutions, health care, legal services, other victim services, and other support systems (see Table 3). Given the overlap between sexual assault and other types of

interpersonal violence (see Vulnerable Populations), the fact that over one-third (38.36%) of members serve other types of victims enables The Network to address the intersection of violence.

Table 3. Types of Organizations with Official Membership in The Network (as of July 2021)

	Number	Percent	Examples
Advocacy organizations	28	4.11	Shelters
Educational institutions	3	5.48	Universities
Health care	4	21.92	Hospitals
Legal services	16	21.92	State's Attorney, law enforcement
Other victim services	9	38.36	Child advocacy center, human trafficking orgs
Support services	13	17.81	Counseling, family visitation, and disability services

A few member organizations represent special subpopulations (as will be discussed in Vulnerable Populations). The Network has several members, and formal partnerships, with groups for individuals with disabilities. Their memberships, and formal partnerships, with Indigenous organizations are growing. The Network also has a member that provides services specifically for the Latino community in South Dakota.

Map 1. Map of South Dakota Showing Member Locations & Shelters

- 🟡 Member Location
- 🔴 Shelter
- 🟦 Tribal Land
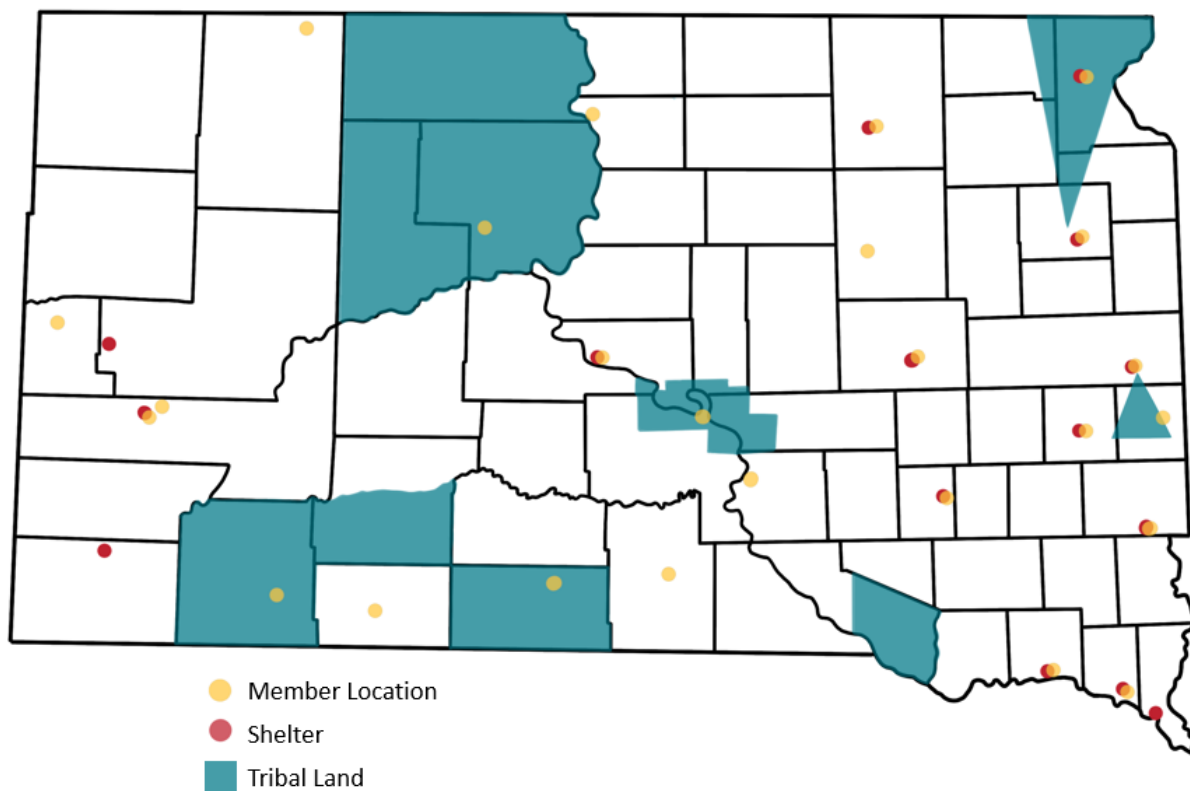
All of South Dakota's shelters are members of The Network and provide dual domestic violence and sexual assault services. There is one dedicated Rape Crisis Center in South Dakota, and it is also a member. Each shelter serves as a hub to provision services in its surrounding counties. As a result, all 66 counties in South Dakota have some coverage of services that have access to The Network's resources. Some areas only

have services as a result of receiving funding from The Network through partnership under the Rural grant or FAST grant (see Map 2 below).

Further, The Network programs provide finite resources. For example, the immigrant attorney (under the Legal grant) consistently runs out of available funds for services and translators. The Rural grant primarily provides shelters with only .5 FTE for a rural advocate, and demand may be greater. While services are in all counties, there can still be a large distance between a victim of sexual assault and services — especially in western South Dakota. The FAST grant is working to address this issue by adding an Avera eSANE telehealth site, provide funds for transportation, and place sexual assault advocates in strained areas. Provisioning the needed resources across this vast state will be an ongoing issue that The Network will need to continually address.

Vulnerable Populations

There are two main reasons to discuss the prevalence of sexual assault in South Dakota for this report. The first is that prevalence estimates provide a foundation for funding requests. All grant applications begin with a discussion of the scope of the problem. Second, statistics provide insight into which groups in what locations are disproportionately harmed. This information can provide guidance for how the finite resources available to The Network could be best deployed to address the groups most in need. Therefore, while the purpose of this report is not to provide exact estimates of prevalence — this need is already met by the South Dakota Department of Health (McMahon, Walstrom, & Kerkvilet, 2021) — it does need to explore which groups and geographies are disproportionately impacted and evaluate the extent to which The Network currently addresses their needs. To do this, the next section will discuss what we know about prevalence in South Dakota and, where specific data for South Dakota is not available, what patterns of victimization national data would suggest.

Before continuing, it should be noted that estimating sexual assault accurately is highly problematic. Most of our statistics rely on information reported by law enforcement agencies. However, for a large variety of reasons (Planty, Langton, Krebs, Berzofsky, & Smiley, 2013), many sexual assaults go unreported and thus would not be represented in these statistics. Indeed, the US Department of Justice estimates that only about one-third (33.9% in 2019) are reported to the police (Morgan & Truman, 2020).

Prevalence estimates in South Dakota are further problematized as a result of the jurisdictional maze that is activated when the crime of sexual assault occurs on tribal land or with Native American victims or perpetrators. These realities not only have a chilling effect on reporting and prosecution, which is discussed amply by scholars (e.g. Deer 2009, 2015), but also complicates creating an accurate estimate of sexual assault that occurs within state boundaries. The sexual assaults that are federal and tribal jurisdiction are not counted in state official statistics. The result is disjointed estimates of prevalence of sexual assault in South Dakota that further masks the reality.

South Dakota Prevalence

According to report by McMahon, Walstrom, and Kerkvilet (2021), South Dakota had a rape rate of 72.6 per 100,000 in 2019 which is much higher than the national rate at 42.6 per 100,000. This is a rate of rape second only to Arkansas (at 77.2). Given the data analyzed, there are a few important patterns that emerge. Women, youth, people of color, and tribal lands are disproportionately represented in the sexual assault statistics for the state.

When delving into the demographics of sexual assault, McMahon and colleagues (2021) found that the vast majority of sexual assaults are perpetrated on women (90%-98% based on data source). This is

consistent with national statistics that indicate 21.3% women experience completed or attempted rape in their lifetime, compared to 2.6% of men (Smith, et al., 2018). McMahon's report also included that South Dakota youth had the highest rate of sexual assault. The data from the state Attorney General's Office indicated that over 40% of all victims were under 18. Again, this is consistent with national statistics (Smith, et al., 2018). The majority of females reporting completed or attempted rape (81.3%) indicate it occurred prior to 25 years of age. This pattern holds for their male counterparts (70.8%).

Native American are disproportionately victimized in South Dakota (McMahon, Walstrom, & Kerkvilet, 2021). Native American individuals make up 9% of South Dakota's population but 33% of rape victims. Using a five-year average of sexual assault rate (per 100,000), McMahon and colleagues reported that four of the nine tribal areas had rates higher than South Dakota's state rate of 72.6. These include: Cheyenne River Sioux Tribe, Crow Creek Sioux Tribe, Lower Brule Sioux Tribe, and Standing Rock Sioux Tribe. There was data missing from three other tribes (Flandreau Santee, Oglala Sioux, and Yankton Sioux). The other two had lower rates of reported sexual assault: Rosebud Sioux at 56.3 and Sisseton Wahpeton Oyate at 23.4.

African American/Black individuals in South Dakota are also disproportionately victims of sexual assault. They make up only 2% of the population but 4% of the rape victims. It is important to realize that South Dakota has a small, but growing, immigrant population that may either still be too small to register in these statistics or may not be reporting to law enforcement.

National Prevalence

These patterns are supported by national statistics. National data finds a vast overrepresentation of Native Americans in sexualized victimization (Rosay, 2016). Similarly, African American/Black women are overrepresented in sexual assaults and sex trafficking (ujimacommunity, 2018). Important to note is that the South Dakota statistics does not provide an understanding of how rates vary based on the intersection of social characteristics. For example, we cannot compare the rates of White men in South Dakota to Native men. National trends clearly indicate that the intersections of social characteristics impact vulnerability. Black, Indigenous, people of color (BIPOC) men are at greater risk for sexual assault than are White males (Rosay, 2016). Further Native American and Black girls are disproportionately victimized compared to White girls (Rosay, 2016). Immigrants, another group we do not have South Dakota data on, can also be at increase vulnerability to sexual assault and face greater barriers to obtaining help form systems, particularly the judicial system (Mindlin, Orloff, Pochiraju, Baran, & Echavarria, 2013).

South Dakota statistics also do not include rates of sexual assault for sexual and gender minorities. In 2019, the National Crime Victim Survey (NCVS) out of the Bureau of Justice Statistics released the first national data on rates of sexual violence of sexual minority individuals. This data revealed that lesbian, gay, bisexual, and/or transgender (LGBT) individuals 16 and older were four times more likely to be victims of violent crime than non-LGBT individuals (Flores, Langton, Meyer, & Romero, 2020). Transgender individuals experience extremely high rates of sexual violence (Langenderfer-Magruder, Whitfiled, Walls, Kattari, & Ramos, 2016). The NCVS data shows that they suffer 86.2 victimizations per 1,000 compared to 21.7 per 1,000 for cisgender individuals. Further, GBT men experience about twice the rate of violence as non-GBT men. While there is an overall lack of information on victimization of Two Spirit individuals, all indications are that they are disproportionately victimized (Lehavot, Walters, & Simoni, 2009).

National data indicates another group of individuals that are higher vulnerability to sexual assault are individuals with disabilities. Approximately 30% experiencing violent victimization in general compared to persons without disabilities (Harrell, 2017). Studies indicate that adults with disabilities may have four

times the likelihood to suffer sexual assault than those without disabilities (Martin, et al., 2006). Breaking this down further, certain types of disabilities may make one even more vulnerable, such as intellectual disabilities (two to seven times higher) and disabilities that severely limit in activities of daily living (four times higher) (Casteel, Martin, Smith, Gurka, & Kupper, 2008).

Being in particular situations or contexts can also increase vulnerability to sexual assault. Here we will discuss two – the military and abusive relationships. First, in terms of the military, a review of research studies (Wilson, 2018) found that 15.7% of military personnel and veterans reported a military sexual assault or harassment. The majority were women (38.4%) with a much smaller percent of men (3.9%). Specific to sexual assault, 13.9% was the total number with 23.6% of women and 1.9% of men reporting. While we do not have access to sexual assault of veterans or military in South Dakota, the American Community Survey indicates there are 57,500 veterans living in the state – or 8.8% of the population (Housing Assisstance Council, 2021). South Dakota is also home to the Ellsworth Air Force Base.

Figure 1. Duluth Power & Control Wheel

Sexual assault overlaps with other types of interpersonal violence. Underlying sexual assault, domestic violence, and human trafficking are relationships of power and control. One of the most common methods of explaining how domestic violence occurs is through the Duluth Power & Control Wheel (see Figure 1). The center of the wheel is power and control. The outside, physical and sexual violence, are types of threats utilized to maintain that power and control. Thus, it is not surprising when reports find that 51% of female victims of sexual assault report their perpetrators being their intimate partner (Black, et al., 2011). Further two-thirds of women who have been physically assaulted have also been sexually assaulted – with 80% being sexually assaulted more than once. Stalking also frequently interacts with domestic violence and sexual assault, with 1 in 6 women and 1 in 19 men reporting victimization. The same report went on to find that two-thirds (or 66.2%) of women that were stalked were stalked by an intimate partner (ibid). The interrelationship between domestic violence and human trafficking is still being researched and recently more attention is being paid to familial trafficking. However, sex trafficking is the sexual exploitation of a person through force, fraud, or coercion or of a minor. In other words, sex trafficking includes sexual assault. These findings point to the intersection of sexual assault with domestic violence and human trafficking.

Assessing The Network Response

A robust response to sexual assault in South Dakota would take these trends into account. This suggests that The Network should support grants and programs that specifically target prevention and response to sexual assault for the following groups:

- **Gender & sexuality-based response**: There should be a focus on women, gender minorities, and sexual minorities.
- **Racial & ethnic culturally competent responses**: Specific programs should address challenges faced by BIPOC. This should include, but not be limited to, Native American, African American/Black, and immigrant groups.
- **Youth-focused response**: There should be specific interventions for children, adolescent, and college-aged (under 25).
- **Services for people with disabilities**: Programs should be accessible to individuals with disabilities and specific interventions should be designed for this group.
- **Services for those in the military:** Given that the military is a context with greater vulnerability, programs should be accessible to current service members and veterans.
- **Services for intersecting forms of interpersonal violence**: Programs should address the overlap of sexual assault with domestic violence and human trafficking.

To be clear, this does not mean that other populations (e.g. White males) should not also be of a concern to The Network. Instead, what is suggested is that specific groups are at higher levels of vulnerability to victimization and thus special attention to these groups is warranted. The following sections will explore the extent to which The Network is contributing to efforts to reduce victimization for each of these groups and geographies.

Table 4 lists all of the programs that are funded through The Network and whether this programs passively, actively, or do not cover different types of violence and different vulnerable populations. Table 5 does the same thing for partnered projects. In these tables, teal indicates that a program specifically covers the topic or population. Tan indicates a passive coverage. For example, the Disability grant specifically was written and designed to address sexual assault and people with disabilities – which is why both squares are marked as teal. Passive indicates that the program will serve a particular topic or vulnerable population, but was not designed to do so. For example, if a person with disabilities was a gender or sexual minority (GSM; e.g. was gay or transgender), the disability project would provide them services. However, the program does not specifically address gender and/or sexual minorities and does not specifically require any unique services for these groups. Black indicates that the program does not address a particular topic or population. For example, the disability project is written for adult victims of sexual assault and not for youth. Indeed, the majority of programs will not address youth victims as this is a statutory designation of OVW.

Table 4. Topic & Population Coverage of The Network's Funded Projects

	CTAS	Disabilities	Emergency Funds	FAST	ICJR	Justice for Families	Legal	Rural	SDCF	Transitional Housing
GSM	tan	tan	tan	tan	tan	tan	tan	tan	tan	tan
Native American	teal	tan	tan	teal	tan	tan	tan	tan	tan	tan
Other BIPOC	tan	tan	tan	tan	tan	tan	teal	tan	tan	tan
Youth-focused	black	black	tan	black	black	teal	teal	teal	tan	black
People with Disabilities	tan	teal	tan	tan	tan	tan	tan	tan	tan	tan
Military	tan	tan	tan	tan	tan	tan	tan	tan	tan	tan

Sexual Assault	Cyan	Cyan	Cyan	Cyan	Cyan	Cyan	Cyan	Cyan
Domestic Violence	Cyan	Gold	Cyan	Gold	Cyan	Cyan	Cyan	Gold
Human Trafficking	Cyan	Gold	Cyan	Cyan	Black	Black	Gold	Cyan
Stalking	Cyan	Gold	Cyan	Gold	Cyan	Gold	Cyan	Gold

Table 5. Population Coverage of The Network's Partnered Projects

	eSANE	Native LGBT2S	RPE	SAKI	SANE Training	STOP	Survivor/ Takini	YVIP
GSM	Gold	Cyan	Gold	Gold	Gold	Gold	Gold	Gold
Native American	Gold	Cyan	Gold	Gold	Gold	Gold	Cyan	Cyan
Other BIPOC	Gold	Cyan	Gold	Gold	Gold	Gold	Gold	Gold
Youth-focused	Gold	Cyan	Cyan	Gold	Cyan	Gold	Gold	Cyan
People with Disabilities	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Military	Gold	Black	Black	Gold	Gold	Gold	Gold	Gold
Sexual Assault	Cyan	Black	Cyan	Cyan	Cyan	Cyan	Cyan	Cyan
Domestic Violence	Gold	Black	Cyan	Black	Gold	Cyan	Cyan	Cyan
Human Trafficking	Gold	Black	Gold	Gold	Gold	Gold	Gold	Gold
Stalking	Gold	Black	Cyan	Black	Gold	Gold	Gold	Cyan

Gender & Sexuality Minority (GSM) Responses

As discussed previously, women, gender minorities (such as transgender individuals) and sexual minorities (such as gay, lesbians, and bisexual individuals) are disproportionately impacted by sexual assault. The limited research that exists suggest that Two-Spirit individuals are even more at risk. When considering The Network's programs and its partnerships, all programs (besides those specifically addressed to children, see below) address violence against women. As such, the category of woman was not even included in Tables 4 & 5. As a result, it would be possible to indicate that a gap in services is not related to the coverage of women, but the lack of programs specific to men. All programs would be allowed to serve men (again, accept those that are focused solely on youth), but there are programs that specifically address the men who are victimized. While a small population (about 2-10% according to South Dakota official statistics), they do exist (McMahon, Walstrom, & Kerkvilet, 2021).

Of all programs only the eSANE telehealth program has components specifically addressed to serving male victims of sexual assault (as sexual assault nurse examiners are trained for all types of victims). The only other project The Network operates that has a component specifically for men is *Justice for Families*. As one of its three components, this project provides batterer intervention classes for individuals adjudicated on charges related to domestic abuse (again, which can overlap with sexual assault). The majority of individuals in this program are male. However, this program is for perpetrators and not survivors of sexual assault.

As Tables 4 & 5 indicate, most programs passively provide services for gender and sexual minorities. Only one project (the research project for developing a curriculum to prevent violence against lesbian, gay, bisexual, transgender, queer, questioning, and two-spirit (LGBTQQ-2S) Native youth) is specifically designed to work with this population (discussed further in the section on Prevention Efforts). It is important

to point out that The Network is involved with this research project. This involvement highlights their importance as a resource in the state. At the same time, these projects are not directly operated by The Network and do not have immediate or direct impact their other programs. The Network does have plans to expand current prevention offerings (see below) to include curriculum for LGBTQ youth and young adults. Overall, it is clear that services to gender and sexual minorities is a major gap in current offerings.

Racial & Ethnic Culturally Competent Responses
In terms of racial and ethnic response, all of The Network's programs at least passively covers all racial and ethnic groups. In other words, not program will turn away any survivor of sexual assault. The Network is involved with several programs that specifically address the needs of Native American survivors of sexual assault. This includes efforts under three projects (FAST, CTAS, and RPE) and three research projects (LGBTQQ-2S Native Youth Violence Prevention, Survivor/Takini, and YVIP). One program provides specific services for immigrant victims (the Legal grant). Each of these will be discussed in turn.

The FAST grant is the only program in operation under The Network that is specifically addressing the needs of Native American clients. Initially written as an effort to respond to the Keystone XL pipeline slated to be built through Western South Dakota, this program has pivoted after President Biden signed an executive order to revoke the permit for the development of the pipeline (The White House Briefing Room, 2021). The group is now considering including human trafficking intervention, but these discussions are ongoing. Regardless of the shift, the program still funds advocates to provide services to clients in underserved areas – including safe transport to sexual assault nurse examinations. New advocates have been funded at White Buffalo Calf Woman's Society (on Rosebud), Native Women's Health (in Pine Ridge), and Artemis House (in Spearfish). The grant will also expand telehealth services in western South Dakota. The membership of this project continually grows.

There are two Native-client specific programs The Network is a partner on. This includes CTAS and RPE. For CTAS, the purpose of the program is to assist the Flandreau Santee Sioux Tribe in their response to all forms of interpersonal violence. The project specifically provides advocacy, transitional housing, and education and prevention campaigns through The Wholeness Center. This project has been extended into 2021. Efforts under the RPE grant through the Department of Health are relatively new. This project is taking a community-led approach, bringing in Native American stakeholders on issues related to interpersonal violence to determine the direction of programming. The group has had meetings to discuss male victimization and jurisdictional concerns. Given its community-approach, it is not appropriate for this review to predict where the project will lead.

The involvement of The Network in Survivor/Takini, a research project working to examine what rural and Native victims of domestic violence, could have implications for future projects and services for Native American survivors of sexual assault. Results from the study will provide insight on how current Network projects are utilized (or not) by Native American survivors and what gaps in services exist. While the focus is specifically domestic violence, the overlap between the two types of interpersonal violence should result in some important findings in relation to sexual assault services.

There is one program dedicated to serving immigrant victims – the Legal grant. This program provides funds for an immigration lawyer with funds for interpreters. However, this project continually runs out of funds, indicating a greater need than currently is being met. The one listed partnership that does not include other BIPOC individuals (see Table 5) is a research project specifically dedicated to developing a prevention program for Native youth. As a result, all racial and ethnic groups are passively served in all

other projects. Given that immigrants and different racial and ethnic groups have different needs for services, this is a definite area for growth.

Youth-Focused Responses

The majority of The Network's grant efforts are geared towards adult victims of interpersonal violence. Children often receive support as secondary victims – e.g. the child of a victim. In this way, children receive support (e.g. are housed under Transitional Housing) because of their relationship with a victim. Support services are not geared specifically towards children's needs.

There are a few programs that specifically address child victims – even if the support is provided to the guardian of that child. For example, Justice for Families provides civil legal assistance to the parents of child victims of sexual assault. Rural provides support for youth training on awareness and dating violence. The RPE programs (discussed under prevention) specifically provide training to youth through providing education in the school system. Only one program, the eSANE program, specifically provides victim services to clients through supporting pediatric SANE services across the state.

There are two research programs (YVIP & Native LGBTQ2S) that focus on children. Only the first is specific to victimization and is prevention in orientation. The second does not have a focus on interpersonal violence.

Services for People with Disabilities

The Network provides support for individuals with disabilities through the Disability program. While no other program specifically provides support for these individuals, the Disability program operates as a mechanism to provide access to all other programs to survivors with disabilities. As such, the extent to which this population is served is a function of: (1) how well the program operates; (2) the extent to which the program is utilized through Network members or in the application of other programs. It is beyond this white paper to provide this evaluation.

Services for the Military

While no programs specifically target members of the military, none of The Network's programs would exclude military personal or veterans. Further, the victim services program at the National Guard and Ellsworth can take advantage of The Network services and trainings. As one example, the took advantage of prevention programming (Green Dot). This represents a passive coverage of military.

Services for Intersecting forms of Interpersonal Violence

By reviewing Tables 4 & 5, all of The Network's programs specifically address sexual assault. Frequently, the purpose of the grant is to provide services to victims of interpersonal violence in general. For example, ICJR provides funds for law enforcement efforts to address domestic violence, sexual assault, and stalking. A few projects are starting to include services for victims of human trafficking – e.g. FAST, Rural, and Transitional Housing. The Network is able to address multiple forms of violence across programs because it views interpersonal violence as having the same origins (power and control). For example, while STOP law enforcement training is primarily covering domestic violence, sexual assault is also discussed.

Implications

This section reviewed the programs, projects, partners, and memberships of The Network. It also reviewed the coverage of services by special populations. There are few conclusions that should be drawn from this information.

First, The Network's success hinges upon its continued relationships to the agencies and organizations involved in this work across the state. As detailed above, this is a clear strength of The Network. One area for growth will be for The Network to continue connecting to our Native populations and Nations. Important work has begun through the CTAS grant, new efforts under RPE, and the FAST grant. Once the CTAS and FAST programs end, there will be fewer projects in place. The Network should explore more growth in this area.

Second, The Network needs to address the lack of program offerings specific to other people of color, gender and sexual minorities, immigrant groups, and the military. An area that is currently completely unaddressed are jails and prisons. No jails or prisons are members of The Network. Given the unique needs of the population, The Network may want to explore the need of this group and work on developing relationship with the Department of Corrections – one state agency they are not currently working with.

Finally, it is unclear that the programs that do exist to provide specific services for vulnerable groups should be accessed for efficacy. For example, the strategy for providing services for sexual assault survivors with disabilities services complete depends upon the operation of the Disability program. If this program is not providing the needed services, not meeting all needs, or is falling short in some other way – people with disabilities are not receiving adequate care.

Advancing Prevention Efforts

Part of the vision of The Network is to advance prevention efforts. The Center for Disease Control separates prevention into three categories that vary based on the timing of the prevention (Brome, et al., 2004). These include:

- **Primary Prevention:** Efforts that occur prior to a sexual assault with the purpose of preventing the sexual violence from ever occurring.
- **Secondary Prevention:** Efforts that occur immediately after the victimization to handle short-term consequences of the assault.
- **Tertiary Prevention:** Efforts that occur after the assault for an extended period to deal with the lasting consequences of the assault. The CDC includes sex offender treatment interventions in this category.

This section will provide an overview of all three types of prevention with some discussion of The Network's efforts in each area.

Primary Prevention

Primary prevention is the purpose of the RPE program. Provided by the Center for Disease Control and Prevention to the South Dakota Department of Health, the work of this program is overseen by the Sexual Assault Prevention/Planning Committee (operated by The Network). It supports the tribal advisory group (discussed above), prevention programs (such as Shifting Boundaries, Green Dot, and One Love), and other elements that will be discussed in the response section.

As part of RPE, The Network has provided train-the-trainer models and prevention programming for students at all levels across the state. Offerings have shifted over time and include:
- Can I Kiss You – high school target population
- Green Dot – college target population
- One Love – high school and college target population
- Safe Dates – high school target population

- Shifting Boundaries – middle school and high school target populations
- The Hook Up – college target population

In 2021, The Network will be introducing the "Start By Believing" campaign statewide.

Through these efforts, The Network has trained advocates, educators, and students across the state. These efforts are evaluated as part of the CDC grant program – so this work is beyond the scope of this paper (see https://doh.sd.gov/documents/Prevention/RPE_SD_EvaluationPlan.pdf). However, a review of recent evaluation indicates there may be some concern for the breadth of training coverage (e.g. are all areas of the state covered?) and the adaption of prevention materials for special populations. For example, needs of gender and sexual minorities and Native students may indicate different types of curriculum. It is unclear the extent to which these prevention programs are geared towards different populations. The Rural project can help address some of these concerns through supporting advocates across the state providing youth outreach.

The Network is making strides to address this concern. One example of this is the CTAS program which originally provided development of prevention materials for the Flandreau Santee Sioux Tribe, specifically on sex trafficking. Funds from this effort were reallocated to support other work, but the program still has supported community educational events and tabling. Another example is The Network's involvement in the Native LGBTQ2S curriculum development project.

Secondary Prevention

Immediate response to a sexual assault is covered more completely under "Improving Response Efforts" below. The Network is very actively involved in the effectiveness of formal response networks.

Tertiary Prevention

This type of prevention includes the long-term response to sexual assault. The purpose of these programs is to reduce revictimization through increasing protective factors (such as behavioral strategies by survivors and counseling) (Ullman, Lorenz, & O'Callaghan, 2018) and through reducing repeated perpetration. Prior victimization is common, with one study finding 30% of victims of adolescent or adult sexual assault experiencing new assaults (Littleton, Axsom, & Grills-Taquecehl, 2019). Repeated assaults have been associated with higher rates of PTSD and maladaptive coping (Messman-Moore, 2008) and maladaptive coping.

The only long-term prevention program The Network is currently involved with is an offender treatment program through the Justice for Families Project. This project partners with Lutheran Social Services located in Minnehaha and Lincoln counties to provide batterer intervention classes for domestic violence abusers. While this is not sexual assault specific, recall the large overlap between sexual violence and domestic violence discussed above. It is important to note that there is mixed evidence about the effectiveness of batterer intervention programs (Cheng, Davis, Jonson-Reid, & Yaeger, 2021). LSS has recently signed on to a grant to participate in an evaluation of the effectiveness of their program. This program should be viewed as a potential pilot that LSS may expand across the state. Likely this expansion will depend upon findings related to the effectiveness of the program and potential funding mechanisms in other areas.

Implications

Overall, it is fair to state that The Network's efforts in primary and tertiary prevention is their weakest area of coverage. Primary prevention efforts are largely a function of the Department of Health and is under their control. Further, specific efforts should be undertaken to assure widespread coverage of primary prevention programs as well as inclusion of curriculum that addresses special populations. Tertiary prevention is even weaker than primary prevention, with only one program operating in two counties across the state. It is possible that The Network is less concerned with tertiary prevention efforts. Given the

amount of energy The Network expends on secondary prevention efforts (discussed below), it seems possible The Network has made the choice to specialize. However, care should be taken that this choice is made purposefully and not based on inertia.

Together, this suggests a few potential lines of action:

- Perform a geographic analysis of what geographies are currently trained in primary prevention methods, which methods, and if/how often they implement those efforts for their student populations;
- Pursue additional projects across the state for primary prevention;
- Pursue additional projects providing primary prevention programs for special populations; and
- Explore The Network's desired role in providing tertiary prevention programs across South Dakota.

Improving Response Efforts

The short-term and long-term sequelae of sexual assault victimization is well-documented across victimization groups (Campbell, Dworkin, & Cabral, 2009; Elliot, Mok, & Briere, 2004) (Peterson, Voller, Poluspy, & Murdoch, 2011). There are consequences to physical and sexual health (e.g. risk of sexual transmitted infections, food issues, somatic problems), adverse psychological effects (e.g. fear, anxiety, post-traumatic stress disorder), and social affects (e.g. isolation, loss of trust, fear of intimacy). While many factors can affect the length of severity of sequelae for victims, one of the most powerful predictors is the type of response the victim experiences when they report their sexual assault to others (e.g. level of victim blame or social support) (Ullman, 2010).

Secondary prevention efforts are geared towards the immediate handling of sexual assault victimization and becomes relevant when someone besides the victim and perpetrator becomes aware that a sexually violent crime has occurred. Survivors of sexual assault vary greatly in terms of who they disclose their sexual assault to. Many may only tell friends of family members (informal responders). Some may seek help through advocacy, with no attempt for judicial action. Others may only seek medical care. Still others may decide to pursue criminal action. At each step of disclosure, the responder has a great deal of potential impact on the well-being outcome of the survivor. Following Figure 2, this section will explore each of the potential disclosures, their potential impacts, and how The Network's projects and partnerships work to improve outcomes. Next, and not shown in Figure 2, an important element of response is how these different organizations work together when dealing with a sexual assault case. As such, this section will also include a discussion of how The Network supports multidisciplinary efforts to combat sexual violence. Finally, implications will be discussed.

Figure 2. Potential Responders to Sexual Assault

- Informal Responders
- Advocates
- Health Care Providers
- Law Enforcement
- State's Attorney Office
- Judicial System

Informal Responders

Research indicates that one of the largest predictors of long-term sequela related to sexual assault trauma has to do with social support. Numerous studies have tied the response of others, particularly negative responses, to a variety of mental and physical

health outcomes (Ullman, 2010), including likelihood to be revictimized (Mason, Ullman, Long, & Starynski, 2008). A recent meta-analysis of the literature supports this finding, and also indicates that positive social reactions may lower negative outcomes (Dworkin, Brill, & Ullman, 2019).

The Network is involved in the response of informal responders (i.e. friends and family) insofar as primary prevention programs also operate to reduce acceptance of rape myths, or the false beliefs about rape that shift the blame for sexual violence from the perpetrator to the survivor (Burt, 1980). The majority of these programs do address rape myth acceptance, and thus should improve disclosure outcomes. How effective they are in doing so is a question for the RPE evaluators, though it is not certain if they are examining that particular outcome.

Advocates

The Network places a strong emphasis on working with advocates – so much so that advocacy is mentioned specifically, and separately, within The Network's vision. As such, efforts to improve advocacy will be discussed below under "Improving Advocacy."

Heath Care Providers

Some victims of sexual assault may opt to receive medical care with or without a sexual assault medical forensic exam (SAMFE). A SAMFE straddles healthcare and the criminal justice system as an examination that both treats injuries and gathers evidence of a crime. The exam is completed by a healthcare professional. According to the Department of Justice (2013), a SAMFE includes:

> gathering information from the patient for the medical forensic history; an examination; coordinating treatment of injuries, documentation of biological and physical findings, and collection of evidence from the patient; documentation of findings; information, treatment, and referrals for STIs, pregnancy, suicidal ideation, alcohol and substance abuse, and other nonacute medical concerns; and follow-up as needed to provide additional healing, treatment, or collection of evidence.

Given the technical skills required for accurate evidence collection and the unique nature of sexual assault, best practices outlined by the National Institute of Justice (2017) include specialized training for the healthcare professionals that provide these exams. Research supports this as best practice with findings that SAMFEs performed by SANEs provides more accurate evidence then those completed by non-SANE trained clinicians (Sievers, Murpy, & Miller, 2003).

Figure 3. eSANE Program

Research into the effect of SANE programs has found that trauma-informed approach of these clinicians has a positive impact on the psychological well-being of sexual assault patients (see Campbell, Patterson, & Lichty, 2005 for a review). Conversely, negative reactions from medical professionals during a SAMFE, can heighten these negative impacts (Ullman, 2010). When a survivor experiences their clinician as unhelpful, blaming, or doubting, a chilling-effect on help-seeking behavior has been observed (Campbell & Raja, 2005; Campbell, Patterson, & Bybee, 2012) and posttraumatic stress is worse than those who did not obtain medical services at all (Campbell et al. 1999). There is some evidence that a positive experience during a sexual assault exam
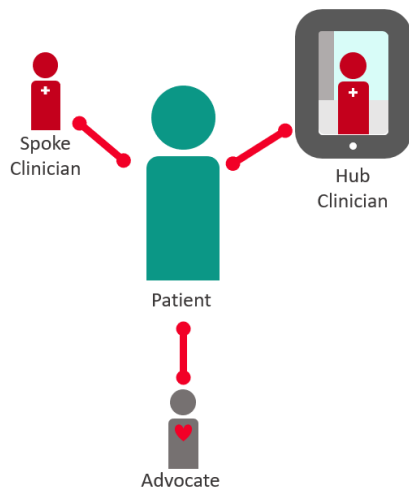
can increase the likelihood the survivor reports their sexual assault to law enforcement (Crandall & Helitzer, 2003).

The Network is involved with several projects that have affects on SAMFEs. The first, Avera eSANE, provides telehealth SAMFEs across rural areas (see Figure 3). This project provides access to SANE trained nurses (through telehealth) in rural areas that would otherwise not have a SANE onsite. Second, the FAST grant provides funds to expand eSANE into a hospital near tribal areas in western South Dakota. While there are SANE nurses available near the Montana border (e.g. in Rapid City) and closer to the river (e.g. Pierre), the center of the region does not currently have access to this health care without having to travel a long distance. The FAST program will address this gap. Third, CPCM's Rural grant provides education and training to nurses across South Dakota. While this program may not result in a fully SANE-certified nurse (this certification requires extensive didactic and clinical training that is difficult to complete), but does increase the number of nurses who are knowledgeable about how to provide quality and trauma-informed SAMFEs. Importantly, it will also impact the treatment of sexual assault survivors who go to receive medical treatment without having a kit done. While not responsible for this work, The Network does support these efforts.

Criminal Justice System

The majority of sexual assaults/rapes are not reported to law enforcement. The Bureau of Justice Statistics as estimated that only 33.9% of all sexual assaults were reported (Morgan & Truman, 2020). There are many reasons a person may choose not to report their victimization. One of these reasons has to do with the belief that law enforcement will not take the victim's report seriously. In the 2019 Crimes in the United States report, only 56 rape offenders were arrested. The SD rape arrest rate of 6.9 per 100,000 inhabitants was moderately lower than the national arrest rate for rape (7.4 per 100,000) (McMahon, Walstrom, & Kerkvilet, 2021). Unfortunately, the state keeps no public records of the number of cases that are taken to trial and/or convicted, but a legitimate extrapolation would that it would be only a fraction of these arrests.

The Network is operating to increase the pursuit of justice by working with law enforcement and State's Attorney's Offices across South Dakota. There is also some work with the judicial system. Each of these will be discussed in turn.

Law Enforcement

The Network has several projects that operate to improve law enforcement response to sexual assault. The first, and most direct, is the Improving Criminal Justice Response (ICJR) grant. ICJR is in partnership with Minnehaha and Lincoln Counties, which are home to the largest metropolitan area in the state. The program funds detectives that specialized in interpersonal violence crimes (including domestic violence, sexual assault, and stalking). These law enforcement officers train and monitor the performance of other law enforcement in their police force. They develop policies and procedures for the officers that respond to calls, working to ensure positive interactions between victim and law enforcement. The agencies also work closely with advocacy centers in the area to connect the victim to services.

Second, The Network partners with the Department of Public Safety on the STOP grant. Through this formula OVW grant awarded to South Dakota, The Network provides training for all law enforcement agents on domestic violence. Given the overlap (as discussed above) between domestic violence and sexual violence, these trainings also cover important elements of sexual assault – including rape myths, reasons why sexual assaults go unreported (including the belief that law enforcement will not take them

seriously), trauma responses in victims, trauma informed interviewing, how law enforcement behavior can impact case outcomes, report writing, and multidisciplinary teams.

Prosecutors

There are two programs that specifically address prosecutorial responses to interpersonal violence. These include ICJR and the Sexual Assault Kit Initiative (SAKI). Under both, a prosecutorial technical assistance provider is available to prosecutors across the state to assist with all elements of an interpersonal violence case. ICJR also supports a prosecutorial discussion group in western South Dakota where prosecutors meet and discuss issues with cases. The SAKI funds, through Beadle County SAO, should expand the available technical assistance and these groups.

Judges

There is currently one program that works with judges in the 2nd Circuit – Justice for Families. This project includes a partnership with Lutheran Social Services (LSS). LSS assesses all individuals convicted of a domestic violence charge for their likelihood to reoffend and their danger to their victim and others. LSS can recommend particular sentencing to the judge, such as participation in their batterer intervention program. Early analysis indicates that the judge almost always follows this recommendation. This program should have some effect on survivors of sexual violence, given the statistics of how often sexual violence is part of domestic violence. The extent of the impact is unknowable. In prior years, The Network has provided specific training to judges on sexual violence, but this is not an ongoing program.

Multidisciplinary Efforts

A multidisciplinary response to interpersonal violence brings together all the responders (e.g. advocates, medical and forensic examiners, police, prosecutors) in order to coordinate response to the victimization in a trauma-informed and victim-centered method. Termed a Sexual Assault Response Team (SART) for sexual assault specific response, creating a multidisciplinary team has become cemented as the national best practice (Greeson & Campbell, 2015), such that organizations such as the Office for Victims of Crime have developed toolkits to improve SART operations (see https://www.ncjrs.gov/ovc_archives/sartkit/).

The Network is active in supporting the development and improving operations of South Dakota and Tribal SARTs. The ICJR project provides technical assistance to SARTs and is developing a toolkit for operations. Many of The Network programs include SARTs. For example, FAST and Rural both encourages advocates to work on the development of SART programs. Further, The Network operates the Statewide Sexual Assault Taskforce which brings together state law enforcement, prosecutors, the crime lab, victim-witness coordinators, a SANE nurse, and others to work on projects such as the toolkit and oversee the work on the SAKI program (discussed below). Leveraging funds from the South Dakota Community Foundation, The Network hosts a large statewide meeting on behalf of the Statewide Taskforce to discuss current efforts, receive feedback on the work that is being done, and develop new initiatives by listening to the experts across the state. Through this meeting, The Network is able to agenda set on how the state can improve its work around sexual assault.

Sexual assault kits tie hospital responders to the criminal justice system. The SAKI project, granted to the Beadle County State's Attorney's Office and operated/managed by The Network, is working on improving our statewide kit processes. This has included a statewide inventory of kits and an analysis of our current tracking system. Future steps will include expanding prosecutorial TA (as discussed above) and research into how kits move through the system in South Dakota. Importantly, and not mentioned elsewhere in this brief, the SAKI project partners with the South Dakota Crime Lab to examine how sexual assault kits are

processed. There are no other efforts in the state that explore this important aspect of a sexual assault case.

Finally, The Network collaborates with other stakeholders to hold a yearly Sexual Violence Institute. This institute brings together advocates, law enforcement, prosecutors, judges, and others to learn about issues related to sexual assault. This year the Institute covered a variety of topics addressed in this white paper – such as special considerations for providing services to gender and sexual minorities and Native American survivors. It also included training on issues that support criminal justice response to sexual assault victims – such as how-to best interview survivors of interpersonal violence. This conference is another way of improving responses.

Implications

Overall, The Network is heavily involved in improving formal responses to sexual assault. This includes supporting SAMFEs and medical treatment more generally through training nurses, training all law enforcement across the state, supporting law enforcement positions to have sexual assault trauma-informed trained detectives oversee investigations in the state's largest jurisdiction, providing technical assistance to prosecutors, and supporting the growth and development of SARTs. Further, through their leadership of the Statewide Sexual Assault Taskforce, it is clear that The Network is the hub for developing our state's response to sexual assault. However, there are a few areas for growth.

First, it is unclear how effective current primary prevention programs are in improving the response to survivors when they disclose a sexual assault to family or friends. The decision would need to be made to evaluate these efforts specific to these outcomes. There is certainly an argument for doing so – given the huge impact that victim blaming responses can have on survivors (Ullman, Lorenz, & O'Callaghan, 2018), but this is not the primary purpose of the RPE program.

Second, and in a similar vein, other current efforts to improve law enforcement and prosecutorial outcomes should be evaluated. While having the specially-trained detectives oversee the work in Minnehaha and Lincoln Counties should result in improved outcomes, there has been no systematic evaluation of the effect. Are reports increasing? Is there an increase in victim cooperation? Has there been a change (net of population changes) in the number of cases being prosecuted and convicted? Similar questions should be asked of the prosecutorial technical assistance. What type of TA is being provided? To whom? Are these cases being successfully prosecuted? While there will be some research on this performed through the SAKI program, direct efforts to evaluate program effectiveness should be undertaken.

Third, it should not be ignored that these programs are not being evenly applied across the state. For example, ICJR only supports one geographic area. Given the high rate of sexual assault in Rapid City (McMahon, Walstrom, & Kerkvilet, 2021) and the expansion of The Network now to include an office in Rapid City, The Network should explore a similar type of program in Pennington County. Evaluation of current efforts may help support this growth. Resources are of course a limiting factor.

Finally, given that judges have a great deal of power in determining the outcome of cases, more should be done to understand current practices. Are South Dakota judges trauma-informed? Are they systematically determining cases in a particular manner? Working with the Unified Judicial System to obtain data on sexual assault cases by judge across the state and analyzing these cases for patterns in decisions could help inform what (if any) training is necessary.

Improving Advocacy

Advocacy can take a variety of forms. A central type of advocacy is community-based in which local professionals aid victims as a form of secondary prevention. Advocacy can also take the form of legal support and changes to policy. The Network is active in all of these types of advocacy. Each will be discussed in turn below.

Community Advocates

As discussed above, the majority of advocacy centers across South Dakota cover multiple types of interpersonal violence. These centers provide a variety of services such as crisis intervention, medical advocacy, legal advocacy, and even counseling. Advocates provide support for survivors when they interact with formal systems (e.g. help them traverse the criminal justice system) and provide referrals to needed services (e.g. access counseling or crime victim compensation). Research has indicated that advocates have an essential role to support survivors. For example, Campbell (2006) found that survivors that had the support of an advocate received improved medical care and had better experiences with law enforcement.

Supporting community advocates is a focus of The Network. The Rural grant and the FAST grant both pay for advocates across the state. Map 2 shows all of the counties that are covered by a rural advocate. The stars indicate the shelter, but outreach services are provided in all teal shaded counties. The FAST grant has placed a sexual assault advocate in Rapid City, Spearfish, and Rosebud – and has the potential to place more in the coming years.

Map 2. Service Areas Under Rural Grant

Rural County
Shelter
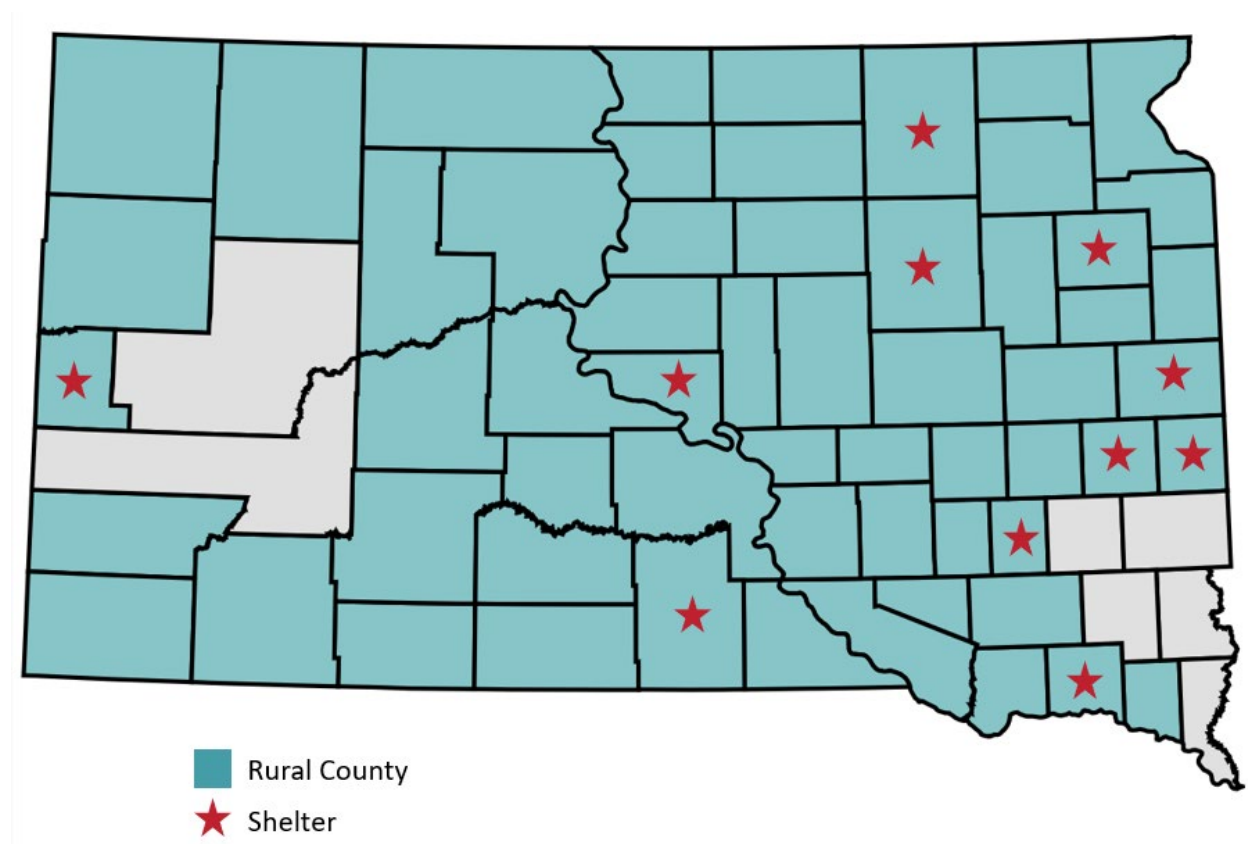
The Network's support of advocacy goes beyond providing financial support to enable agencies to hire staff. They also assist local shelters and centers through providing supplemental funds and access to programming needed by their clients. One way is through a particular partnership in a grant program. For example, the Children's Inn in Sioux Falls partners on the Transitional Housing program, accessing scattered-site housing and rental assistance for their clients. The Mitchell Area Safehouse receives support for their family visitation center through the Justice for Families program.

An essential support for advocacy is through ensuring that centers have access to the resources they need to provide their clients support. While advocacy centers and shelters have their own budgets (including grants and other funding sources), The Network's programs supplement these limited resources. For example, advocacy centers frequently have their own funds to provide emergency services (e.g. clothing, transportation, even food for services). The Network manages funds that can supplement these dollars for clients across the state. Similarly, membership is able to access services for clients with disabilities (through the Disability project), access legal assistance (through the Legal grant, covered below), and obtain support for housing assistance (through Larson emergency funds and/or Transitional Housing).

Further, The Network provides training to improve advocacy. In conjunction with the Attorney General's Office and the Department of Public Safety, The Network operates the yearly VOCA State Victim Assistance Academy (SVAA). The SVAA has two components – a basic academy (40 hours) and an advanced academy (2.5 days). The basic academy is intended for entry level professionals with up to three years of experience in their respective field. The advanced academy is intended for professionals who have three or more years of experience working with victims of crime or have attended a previous basic academy in South Dakota. The primary focus is on leadership skills for those who are in leadership positions or will be moving into leadership positions.

Legal Advocacy

While community advocates can provide legal advocacy such as attending court with survivors or helping them navigate the different hearings, actual legal assistance is a separate matter. Survivors of sexual assault may have a variety of legal needs. For example, there may be family court issues when a family member is the perpetrator of either an adult or child sexual assault. Having access to a lawyer is frequently cost prohibitive. The Network supports survivors receiving legal aid through two projects. The first is the Legal grant. This grant provides access to a lawyer for survivors of interpersonal violence. It also includes specific funds for a lawyer to assist with immigration specific issues. This project consistently runs out of funds, indicating there is high need for these services. The Justice for Families project provides funds for the parent of a child who has been a victim of sexual assault or abuse if the child was under 11.

Policy Advocacy

A final type of advocacy is one that results in systemic change. The Network cannot, and does not, utilize federal funds to support any type of lobbying efforts. At the same time, their operation puts them in the center of statewide sexual assault efforts. As discussed above, they are partners with all the major actors in the state and have memberships that span all advocacy centers, many law enforcement agencies, and others involved in sexual assault efforts. The result is that The Network is in the unique position to learn about ongoing issues in the state.

In their capacity as the statewide organization at the center of these efforts, The Network brings together stakeholders across the state to talk about current efforts, legislative initiatives, and needed changes. This takes place at least yearly at the Sexual Violence Institute.

This information has been applied in the state to change policy and practices to more closely match best practices. For example, legislation has recently been passed to store unreported sexual assault kits at law enforcement rather than at hospitals. The Network helped facilitate discussions about whether this should be done and, when passed, held discussions for statewide practices for how the transition should be made.

Implications

Given its role in the state, The Network is the strongest force for improving advocacy in the state. Through its programs, areas in the state that would be even more underserved have some coverage. Through the Sexual Violence Institute and the State Victim Assistance Academy, The Network also provides training to improve advocacy response.

The ability for The Network to meet its mission here is dependent upon its membership utilizing its services. If no center sends advocates for training, the advocates in the state will not be trained. Similar, if centers refuse or cannot find someone to hire as a rural advocate or FAST advocate, areas will be underserved. There is little The Network can do to address this issue. However, it is an important limitation that should be acknowledged.

Further, the ability of The Network to meet is mission is also limited by the resources it can obtain. Resources for interpersonal violence are finite. Covering the vast geographic area with its multiplicity of vulnerable populations is a difficult project for a program that can only obtain and administer finite funds. The summary will explore what can be done about this in more detail.

Summary

This white paper reviewed the extent that The Network is able to meet its vision of "advancing prevention endeavors, improving response efforts and advocacy by diligently working within our communities, across our State and in our Tribal Nations" specific to its work on sexual assault. There are two major conclusions that can be drawn from this work.

First, the purpose of this white paper was to begin planning a systematic response to sexual assault across South Dakota. The analysis indicated several gaps – populations that should be considered, the new and developing relationships with Tribal partners, suggested connection to the Department of Corrections, the limited work on primary prevention, discussing moving into tertiary prevention programs, expanding the work of ICJR to Rapid City, training judges. All of these gaps are actionable and could be considered immediately. However, the story will remain incomplete unless the state gets a better grasp on what is currently happening with our sexual assault cases.

Unlike domestic violence, there is a current state report on sexual assault (McMahon, Walstrom, & Kerkvilet, 2021). This report is a vital step for our state in understanding the issues we face. However, the numbers in these reports only provide information about the sexual assaults that are reported to law enforcement. Further, they only provide the specific information that is collected (e.g. we do not know the rate of gender and sexual minorities who are sexually assaulted in our state). It does not provide an understanding of many other vital questions. For example: How many individuals are assaulted that do not report? How are they being treated when they report to advocates, law enforcement, nurses, others? What type of programs improve this treatment? Who is/not reporting? How many reported cases are referred for prosecution? How many are prosecuted? How many led to a conviction? This list goes on.

The Network is in a unique position in South Dakota to find answers to these questions. Going forward, a primary objective of The Network should be to evaluate the current state of affairs starting with an evaluation of its own programs. In short, there is an overall lack of information on what is currently working and what is not working in the state and within their programs. Do people with disabilities obtain trauma-informed services through the Disability project? Does ICJR law enforcement efforts and prosecutorial TA improve outcomes for victims of sexual violence? What geographic reach do the current primary prevention programs have? And so on. Evaluation of these types can provide information about what programs should be scaled and replicated, and what needs to be tweaked and changed. Such an evaluation would be time consuming and costly, but could be undertaken one program at a time. Possible resources include OVW and NIJ grants on program evaluation.

Second, The Network provisions services through three main strategies. These include: (1) Increasing the reach of programs through designing programs and services to address multiple forms of interpersonal violence at the same time; (2) Expanding membership as widely as possible in order to reach all areas of South Dakota and to connect different agencies to needed services; and (3) Forming partnerships with all the main State agencies that work on issues related to sexual violence. Through these three strategies, The Network is able to maximize the reach of its resources without creating duplication.

The analysis in this paper suggests that, despite limited resources, these three strategies are fairly successful in achieving The Networks vision. Because of this, state and federal resources would be best leveraged through investing in The Network. For example, The Network currently has the domestic violence federal designation, but not the sexual assault designation. With its leadership on the Statewide Sexual Assault Task Force, Sexual Assault Violence Institute, and its numerous programs that address sexual assault across the state – it is unclear why this is the case. Future actions could include a tighter relationship to the agency that has this designation. A partnership with this group could also strengthen The Network's efforts to provide services to Native American survivors.

The ability of The Network to address sexual violence is conditioned about the resources it receives. For example, one major finding from this report is that there is an overall lack of services for gender and sexual minorities who are victims of sexual violence. Given that the current grant programs operated by The Network has to pay for services across the state, the ability to focus in on one population is highly limited. The Network has been able to utilize some of its foundation and coalition funds to begin addressing this – such as sessions at the most recent Sexual Violence Institute. Sexual assault coalition funds or other foundation funds could further support The Network training advocates and others about the specific needs of different populations. It could also help support evaluation efforts that would improve the work being done to address sexual violence across South Dakota and in the nine Sovereign Nations.

References

Black, M., Basile, K., Breiding, M., Smith, S., Walters, M., Merrick, M., . . . Stevens, M. (2011). *The National Intimate Partner: 2010 Summary Report*. Atlana, GA: National Center for Injury Prevention and Control.

Brome, M., Saul, J., Lang, K., Lee-Pethel, R., Rainford, N., & Wheaton, J. (2004). *Sexual violence prevention: Beginning the dialogue*. Centers for Disease Control and Prevention.

Burt, M. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology, 38*(2), 217–230.

Campbell, R. (2006). Rape survivors' experiences with the legal and medical ssytems: Do rape victim advocates make a difference? *Violence Against Women, 12*(1), 1-16.

Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10*(3), 225-246.

Casteel, C., Martin, C., Smith, J., Gurka, K., & Kupper, L. (2008). National study of physical and sexual assault among women with disabilities. *Injury Prevention, 14*, 87-90.

Cheng, S., Davis, M., Jonson-Reid, M., & Yaeger, L. (2021). Compared to what? A meta-analysis of batterer intervention studies using nontreated controls or comparisons. *Trauma, Violence, & Abuse, 22*(3), 496-511.

Dawson, B. (2017). *Rural community violence: An untold public health epidemic.* Washington, D.C.: National Rural Health Association.

Deer, S. (2009). Decolonizing Rape Law: A Native Feminist Synthesis of Safety and Sovereignty. *Wicazo Sa Review, 24*(2), 149-167.

Deer, S. (2015). *The Beginning and End of Rape: Confronting Sexual Violence in Native America.* University of Minnesota Press.

Dworkin, E., Brill, C., & Ullman, S. (2019). Social reactions to disclosure of interpersonal violence and psychopathology: A systematic review and meta-analysis. *Clinical Psychology Review.*

Edwards, K. (2015). Intimate partner violence and the rural–urban–suburban divide: Myth or reality? A critical review of the literature. *Trauma, Violence, & Abuse, 16*(3), 359-373.

Elliot, D., Mok, D., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress, 17*(3), 203-211.

Flores, A., Langton, L., Meyer, I., & Romero, A. (2020). Victimization rates and traits of sexual and gender minorities in the United States: Results from the National Crime Victimization Survey, 2017. *Science Advances, 6*(40).

Greeson, M., & Campbell, R. (2015). Community efforts to respond to sexual assault: A national study of sexual assault response team implementation. *Journal of Interpersonal Violence, 30*(14), 2470-2487.

Harrell, E. (2017). *Crime Against Persons with Disabilities, 2009-2015 - Statistical Tables.* Office of Justice Programs, Bureau of Justice Statistics. U.S. Department of Justice.

Housing Assisstance Council. (2021). *Supporting veterans in South Dakota.* Veterans Data Central. Retrieved from http://www.veteransdata.info/states/2460000/SOUTH_DAKOTA.pdf

Langenderfer-Magruder, L., Whitfiled, D., Walls, N., Kattari, S., & Ramos, D. (2016). Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: Comparing rates of cisgender and transgender victimization. *Journal of Interpersonal Violence, 31*, 855-871.

Lehavot, K., Walters, K., & Simoni, J. (2009). Abuse, Mastery, and Health Among Lesbian, Bisexual, and Two-Spirit American Indian and Alaska Native Women. *Cultural Diversity and Ethnic Minority Psychology, 15*(3), 275-284.

Littleton, H., Axsom, D., & Grills-Taquecehl, A. (2019). Sexual assault victims' acknowledgment status and re-victimization risk. *Psychology of Women Quarterly, 33*, 34–42.

Martin, S., Ray, N., Sotres-Alvarez, D., Kupper, L., Moracco, K., Dickens, P., . . . Gizlice, Z. (2006). Physical and sexual assault of women with disabilities. *Violence Against Women, 12*(9), 823-837.

Mason, G., Ullman, S., Long, L., & Starynski, L. (2008). Social support and risk of sexual assault revictimization. *37*(1), 58-72.

McMahon, T., Walstrom, B., & Kerkvilet, J. (2021). *Sexual Violence in South Dakota 2019 Report.* South Dakota Department of Health.

Messman-Moore, T. C. (2008). Sexuality, substance use and susceptibility to victimization: Risk for rape and sexual coercion in a prospective study of college women. *Journal of Interpersonal Violence, 23*, 1730–47.

Mindlin, J., Orloff, L., Pochiraju, S., Baran, A., & Echavarria, E. (2013). Dynamics of Sexual Assault and the Implications for Immigrant Women. In L. Orloff, *Empowering Survivors: Legal Rights of Immigrant Victims of Sexual Assault* (pp. 1-24). Washington, DC: The National Immigrant Women's Advocacy Project, American University, Washington College of Law and Legal Momentum.

Morgan, R. E., & Truman, J. L. (2020). *Criminal Victimization, 2019.* BJS Bulletins. Retrieved from https://www.ojp.gov/library/publications/criminal-victimization-2019

Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health, 20*(11), 113-118.

Peterson, Z., Voller, E., Poluspy, M., & Murdoch, M. (2011). Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clinical Psychology Review, 31*(1), 1-24.

Planty, M., Langton, L., Krebs, C., Berzofsky, M., & Smiley, H.-M. (2013). *Female Victims of Sexual Violence, 1994-2010.* US Department of Justice. Bureau of Justice Stuies. Retrieved from https://bjs.ojp.gov/content/pub/pdf/fvsv9410.pdf

Rosay, A. B. (2016). *Violence against American Indian and Alaska Native women and men: 2010 Findings from the National Intimate Partner and Sexual Violence Survey.* Washington, D.C.: US Department of Justice.

Smith, S. G., Zhang, X., Basile, K. C., Merrick, M. T., Wang, J., Krensnow, M., & Chen, J. (2018). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief -- Updated Release.* Atlanta, GA: National Center for Injury Prevention.

The White House Briefing Room. (2021). *Executive Order on Protecting Public Health and the Environment and Restoring Science to Tackle the Climate Crisis.* Retrieved from

https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-protecting-public-health-and-environment-and-restoring-science-to-tackle-climate-crisis/

ujimacommunity. (2018). *Statistics of Black Women and Sexual Assault.* The National Center on Violence Against WOmen in the Black Community.

Ullman. (2010). Talking about sexual assault: Society's response to survivors. *American Psychological Association.* Washington DC.

Ullman, S., Lorenz, K., & O'Callaghan, E. (2018). Risk avoidance strategies after sexual sssault: A dyadic study of survivors and informal support providers. *Victims & Offenders, 13*(6), 814-833.

Wilson, L. (2018). The Prevalence of Military Sexual Trauma: A Meta-Analysis. *Trauma, Violence, & Abuse, 19*(5), 584-597.