



Sexual and Domestic Violence Services in Massachusetts, 2017-2018

Services Provided by Rape Crisis Centers and Domestic Violence Agencies

The Nature of the Problem:

Sexual assault and domestic violence (SDV) are serious social and public health problems in Massachusetts. In addition to causing physical injuries and deaths, sexual assault and domestic violence can impact short- and long-term physical and mental health; adversely affect many other aspects of survivors' lives, including housing, education, employment, finances, and relationships; impact the safety and well-being of other people important to survivors; and impose a financial burden on survivors, communities, and the nation^{1,2}.

In 2017, 18.2% of women and 6.2% of men in Massachusetts reported ever experiencing sexual assault in their lifetimes³, and 14.4% of female and 6.5% of male Massachusetts public high school students reported experiencing sexual violence in their lifetimes⁴. Between July 1, 2017 and June 30, 2018, 2,423 unduplicated incidents of sexual assault were reported to Massachusetts Department of Public Health (MDPH)-funded Comprehensive Rape Crisis Centers (CRCCs), including the statewide Spanish-language hotline, representing an increase of 15.4% from the previous year. Of these, 1,883 incidents were reported by survivors themselves, an increase of 21.5% from the previous year, and an additional 460 were reported by partners, family members, friends, and professionals⁵.

Intimate partner violence (IPV; also known as domestic violence) remains prevalent in Massachusetts as well. Between 2010 and 2012, on average, 25.1% of Massachusetts women and 12.7% of Massachusetts men reported ever experiencing Contact Sexual Violence, Physical Violence, and/or Stalking with IPV-Related Impacts.¹ In 2017, among Massachusetts public high school students who had dated, 12.7% of female students and 6.3% of male students reported ever experiencing physical or sexual dating violence; and 29.3% of female high school students and 24.8% of male students reported ever experiencing controlling behaviors by a dating partner.⁶ In addition, 3.6% of Massachusetts public middle school students who had dated reported ever having experienced physical or sexual dating violence and 14.3% reported ever having experienced controlling behavior by dating partners.⁷

To respond to the needs of survivors of sexual violence, MDPH's Division of Sexual and Domestic Violence Prevention and Services contracts with 16 locally-based CRCCs across Massachusetts, some of which have multiple locations. These 16 CRCCs provide four types of services: 24-hour hotlines; outreach, prevention education, and professional training; individual and group counseling; and client accompaniment and advocacy. Jane Doe Inc., the federally recognized state sexual assault and domestic violence prevention coalition, also provides MDPH-funded educational and professional training activities.

Massachusetts domestic violence programs provide an array of services in response to the needs of domestic violence survivors, including general community-based domestic violence services, residential domestic violence services, and services for families impacted by domestic violence. Forty-six MDPH-funded local domestic violence agencies provide a range of program service models: General Community-Based Domestic Violence Services (GCBDOVS); Emergency Shelter (ES); Housing Stabilization (HS); Domestic Violence, Substance Misuse, and Trauma Shelter (DVSMT); Children Exposed to Domestic Violence (CEDV); Supervised Visitation Services (SVS); and Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI). Massachusetts certified Intimate Partner Abuse Education Program (IPAEP) services, provided by 14 agencies across the Commonwealth, promote the safety of domestic violence survivors through the provision of group intervention services for individuals who have used violence against an intimate partner.

Although sexual and domestic violence (SDV) affect people of every age, gender, race, ethnicity, sexual orientation, and socioeconomic status, both nationally and within the state of Massachusetts, certain communities experience higher rates of SDV, less access to SDV services, and/or worse outcomes as a result of SDV. Because sexual and domestic violence are acts of power and control, groups that have been systematically marginalized by society are at greater risk of victimization. Inequities related to SDV are experienced by: women and girls^{1-4,6,8}; people of color^{1,2,8}; people with disabilities^{2,9, 10-12}; lesbian, gay, bisexual, and transgender (LGB/T) people^{2,8,13}; immigrants^{2,14}; and residents of rural communities^{2,15}. For some individuals, resources to address and prevent perpetration or aid in survivor recovery may be less accessible or inaccessible due to: 1) distance, lack of local transportation options, and/or lack of disability accommodations; 2) denial by individual actors or entities based on continuing sexism, racism, ableism, and other forms of oppression; 3) distrust among members of communities that, historically, have experienced mistreatment by formal intervention systems; and/or 4) not reflecting the help-seeking traditions

in certain cultures.^{1,2,16} These systemic, cultural, and historical factors contribute further to inequities in risk for and outcomes of sexual and domestic violence. Recognizing the need to address these inequities, MDPH contracts with 17 local agencies through the Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI) program model. This model includes outreach to marginalized communities to improve understanding of SDV, increase awareness of rights and resources, and enhance access to and utilization of services, as well as legal services for SDV survivors who are immigrants and/or refugees. In addition, all MDPH-funded sexual and domestic violence agencies have committed to enhancing access to services for traditionally underserved communities throughout the period of their contracts with MDPH. In total, including RCCs, DV organizations, SDVEI programs, and IPAEP agencies, MDPH funds a statewide network of 68 entities providing sexual and domestic violence prevention and services.

MDPH-Funded Sexual & Domestic Violence Services in Massachusetts in State Fiscal Year 2018

The rest of this document summarizes the reach of sexual and domestic violence services delivered in Massachusetts by MDPH-funded agencies over a one-year time-period, from July 1, 2017 through June 30, 2018, and reported to the Division of Sexual and Domestic Violence Prevention and Services through various reporting tools. The work of these agencies to address and prevent sexual and domestic violence also is supported by funding from other Massachusetts state agencies, federal agencies, private foundations, corporations, and donations from private citizens. These agencies rely on many specially trained volunteers as well as paid staff to meet the need for SDV services.

24-Hour Hotline Services

Sexual assault hotline services were provided 24/7 by each local RCC, one of which also offers a statewide Spanish-language hotline number. Llamanos, the Spanish-language hotline, received 57 calls during FY2018. Overall sexual assault hotline calls increased by 5.9% from FY2017. Domestic violence hotline services were provided 24/7 through the statewide domestic violence hotline, SafeLink. Callers to the hotlines included sexual assault and domestic violence survivors, their significant others (i.e., partners, family members, and friends), professionals (physicians, therapists, advocates, social workers, law enforcement), and others seeking non-SV/-DV related services and support. Support, information, and referrals were provided to callers as needed. Because callers may use the hotlines repeatedly and anonymously, the number of calls to the hotlines is a measure of service use, not of incidents reported or the number of individuals using the hotlines.

Sexual Assault Hotlines	8,889	5,223	14,112
Domestic Violence Hotline: SafeLink	20,273	6,794	27,067

Outreach Activities & Events

Outreach activities and events were offered through the Comprehensive Rape Crisis Center (RCC), General Community-based Domestic Violence Services (GCB DV), and Sexual and Domestic Violence Services for Communities Experiencing Inequities (SDVEI) service models. These activities included community education, professional trainings, and activities related to coalition-building, community mobilization, and increasing awareness of services. The statewide sexual and domestic violence coalition, Jane Doe Inc., provided many types of educational services; Jane Doe Inc. counts presented below reflect only their major conferences and statewide training sessions funded by MDPH.

Outreach & Educational Activities by Source (FY18)	
Contract Type	Total Activities
Comprehensive Rape Crisis Centers	2112
General Community-Based Domestic Violence Services programs	2834
Sexual & Domestic Violence in Communities Experiencing Inequities programs	610
Jane Doe Inc.	25
Total	5581

NOTE: FY2018 Outreach & Educational Activities numbers for CRCCs are not comparable to Educational and Professional Training counts from prior fiscal years due to changes in the procedures for reporting these activities.

Individual & Group Service Provision

Individual (one-on-one) services provided by each program model include: short-term individual support services, risk assessment/safety planning, shelter, housing, hospital accompaniment, child advocacy/support, childcare, parent-child reunification, one-on-one parenting support, supervised visitation, neutral exchange, advocacy (educational, economic, housing, shelter, legal, police, medical), material assistance, and transportation advocacy/assistance. Group counseling sessions offer opportunities for individuals to support one another through the healing process.

IPAE group intervention programs work to hold individuals who use violence in their relationships accountable for their actions and help them change their behavior. IPAEs also join with other state and local agencies in coordinated community responses to intimate partner violence and conduct partner contacts to refer survivors to community-based domestic violence services and keep them apprised of changes to the level of risk their partners may present based on their partners' program participation. Like the other SV and DV agencies, IPAEs also provide community outreach and education and professional training related to domestic violence, with a particular focus on the dynamics of perpetration.

One-on-One Services Provided in FY18					
Service Model	Total Unduplicated Individual Service Clients Served		Total Unduplicated Group Service Clients Served		Group Counseling Sessions Conducted
	Adults	Youth	Adults	Youth	
Child Exposed to Domestic Violence programs	481	760	160	147	515
Comprehensive Rape Crisis Centers	4365 ¹		1365 ¹		1408
Domestic Violence Substance Misuse and Trauma Shelter	29	0	29	0	405
Emergency Shelters	726	570	543	325	2736
Housing Stabilization programs	126	99	58	62	547
General Community-Based Domestic Violence Services programs	11052	1621 ²	3052	468	3085
Sexual & Domestic Violence in Communities Experiencing Inequities programs	1196		372		124
Supervised Visitation Services programs	1019	874	177	139	
Certified Intimate Partner Abuse Education Programs			2507		

NOTE: Client counts cannot be summed across service models because some clients receive services under more than one service model.

¹The RCC adult client counts include youth, ages 12 to 17.

²Data on youth served are unavailable for one GCBVDS agency; therefore, this is an undercount of the total number of youth served.

For more information about sexual and domestic violence prevention and services and a list of MDPH-funded rape crisis centers, domestic violence agencies, and MDPH-certified Intimate Partner Abuse Education Programs, please see the Division of Sexual and Domestic Violence Prevention and Services website at: <https://www.mass.gov/orgs/division-of-sexual-and-domestic-violence-prevention-and-services>. For more information about the Sexual Assault Nurse Examiner program (SANE), please go to <http://www.mass.gov/dph/sane>. If you need help, please contact your local rape crisis center, domestic violence agency, or MA-certified Intimate Partner Abuse Education Program (IPAE).

ENDNOTES

¹Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; accessed at: <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>

The **definition of “with IPV-Related Impact”** from this report was: “Indicators of impact included: fearfulness, concern for one’s own safety, post-traumatic stress disorder (PTSD) symptoms (e.g., nightmares, feeling numb or detached), injury, need for medical care, need for housing services, need for victim’s advocate or legal services, having contacted a crisis hotline, and having missed at least one day of work or school. Those who experienced penetrative forms of sexual violence by an intimate partner, specifically rape (completed forced penetration, attempted forced penetration, or completed alcohol/drug-facilitated penetration), or who were made to penetrate someone else were asked about additional forms of impact, such as the contraction of a sexually transmitted disease or pregnancy (women only) as a result of the sexual violence.” (pp. 13-14).

²United States Department of Justice, Office on Violence Against Women (2016). The 2016 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act. Available at: https://www.vawamei.org/wp-content/uploads/2018/01/2016RTC_MASTER_12.19.16.pdf

³Commonwealth of Massachusetts. *A Profile of Health Among Massachusetts Adults, 2017: Results from the Behavioral Risk Factor Surveillance System*. Boston, Massachusetts: Health Survey Program, Office of Data Management and Outcomes Assessment, Department of Public Health. **Lifetime sexual assault** is defined as ever having experienced rape, attempted rape, or physical sexual assault. This is not the definition used prior to FY2006. Pre-FY2006 statistics, therefore, may not be comparable.

⁴Massachusetts, High School Youth Risk Behavior Survey, 2017; these statistics can be found in *Health and Risk Behaviors of Massachusetts Youth, 2017*, accessible at: <https://www.mass.gov/lists/massachusetts-youth-health-survey-myhs>.

⁵Previously unpublished statistics from the Fiscal Year 2018 Massachusetts Comprehensive Rape Crisis Centers Sexual Violence Data Forms (a.k.a., Incident Reports) data. Statistical analyses conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation, December 2018.

⁶Previously unpublished statistics from the Massachusetts High School Youth Health Survey, 2017. Statistical analyses conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation, January, 2019.

Dating violence was defined as having been physically hurt by a date or someone you were going out with, including by being shoved, slapped, hit, kicked, or being forced into sexual activity. **Controlling behaviors** were defined as someone you were dating or going out with monitoring your cell phone use; calling or texting multiple times per day to check on your whereabouts; preventing you from doing things with friends; getting angry with you for talking to someone else, or; preventing you from going to school. Gender differences were statistically significant at $p < .05$ as determined by logistic regression using proc surveylogistic in SAS 9.3.

⁷Previously unpublished statistics from the Massachusetts Middle School Youth Health Survey, 2017. Statistical analyses conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation, January, 2019.

The questions asked of middle school students are the same as the questions asked of high school students.

⁸Previously unpublished statistics from the Massachusetts Behavioral Risk Factor Surveillance System, 2011-2017. Statistical analyses conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation, January-February, 2019.

⁹Previously unpublished statistics from the Massachusetts Behavioral Risk Factor Surveillance System, 2016-2017. Statistical analyses conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation, January-February, 2019. The module of questions used to ask about disability changed in 2013 and again in 2016. These analyses combined data from the two available years of MA BRFSS administration in which all the same questions were asked.

¹⁰Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and Risk of Recent Sexual Violence in the United States. *American Journal of Public Health*, 106(5), 928-933.

¹¹Breiding, M. J., & Armour, B. S. (2015). The Association between Disability and Intimate Partner Violence in the United States. *Annals of Epidemiology*, 25(6), 455-457.

¹²Mitra, M., Mouradian, V.E., & Diamond, M. (2011). Sexual violence victimization against men with disabilities. *American Journal of Preventive Medicine*, 41(5), 494-497.

¹³Walters, M.L., Chen J., & Breiding, M.J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at: https://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf

¹⁴Chen, I (2011). Chronological and comparative trends in intimate partner homicide: Massachusetts 2003-2009. Yale University: New Haven CT.

¹⁵Analysis of state data sets conducted by staff of the Massachusetts Department of Public Health, Bureau of Community Health and Prevention, Office of Statistics and Evaluation for the 2017 Massachusetts State Health Assessment. The 2017 Massachusetts State Health Assessment can be accessed at:

<https://www.mass.gov/files/documents/2017/11/03/2017%20MA%20SHA%20final%20compressed.pdf>

¹⁶The publications cited in endnotes 1 and 2 above provide statistics and/or extensive literature reviews on these aspects of intimate partner and sexual violence as well as the effects on survivors, children exposed to IPV, other people in survivors' lives, employers, communities and the nation. There are substantial literatures on IPV and SV dynamics, effects, inequities from more than four decades of research and intervention work that are beyond the scope of the present publication, but interested readers with access to research university academic libraries are encouraged to use search engines like PsychINFO, Sociofile, PubMed, and MedLine to locate articles and deepen their knowledge. Non-profit organizations such as the National Resource Center on Domestic Violence <https://www.nrcdv.org/> and the National Sexual Violence Resource Center <https://www.nsvrc.org/> provide a variety of informational materials for various audiences accessible via the internet.