



**2021 - 2022**

SAN MATEO COUNTY  
**PROBATION  
DEPARTMENT**

RAPE TRAUMA SERVICES  
ANNUAL EVALUATION



**ASR**  
*Helping People  
Build Better Communities*

## **ABOUT THE RESEARCHER**

Applied Survey Research (ASR) is a nonprofit social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

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# Program Description

Rape Trauma Services: A Center for Healing and Violence Prevention (RTS) is a nonprofit, volunteer-based organization founded in 1995. RTS is the only organization in San Mateo County providing comprehensive sexual assault services for survivors and their loved ones while working in the community to prevent sexual assault, end cycles of violence, and educate residents and providers about sexual violence and other kinds of abuse. RTS has a deep commitment to the fundamental ideas of youth rehabilitation: restorative justice, gender sensitivity, and trauma-informed change. Over the past 27 years, RTS has become a vibrant community agency offering the following services:

- crisis intervention, information, and referral on a 24-hour crisis line
- individual, family, and group counseling for survivors of sexual violence and their families
- accompaniment to medical exams, forensic interviews, law enforcement, the District Attorney's office, and court proceedings
- advocacy in legal, medical, and social service settings
- violence prevention education in schools, community organizations, and professional settings
- rapid response, advocacy, and therapeutic services for youths identified as at-risk or confirmed to be survivors of Commercial Sexual Exploitation of Children (CSEC)

RTS services often begin before youths have been arrested and/or are ordered to therapeutic detention. Families who have disclosed sexual abuse meet with an RTS Advocate at the Child Advocacy Interview Center or the Keller Center for Family Violence Intervention for forensic interviews and medical exams. RTS follows up with each family, offering them advocacy counseling services and using evidence-based practices. There is no cost to families for all crisis intervention and counseling services. RTS services serve all of San Mateo County.

# Programmatic Challenges

COVID-19 continued to cause significant challenges to service delivery for RTS programs. RTS still provided front-line services to survivors and their families, including a 24-hour crisis line, advocacy, accompaniment, counseling, and prevention education. Services are currently delivered through telehealth or in-person when possible. RTS and its multidisciplinary team members noted little change in the engagement level of children and families during telehealth forensic interviews and the follow-up advocacy that was offered. Some children reported that it was less stressful to tell their stories via Zoom.

Since the beginning of the pandemic, RTS noticed a marked increase in basic needs among clients. RTS has continued to leverage funds to supply families with gift cards while working with their core service agency partners to enroll them in benefits, when feasible. The most vulnerable families are undocumented and often monolingual Spanish speaking, who remain the most affected while having the least long-term support options. While RTS has faced the challenge of having high staff turnover, including the Program Director leaving, RTS hired three Spanish speaking bilingual advocates in the last year and is rebuilding a strong team. RTS will continue to work with survivors and their families, find creative paths to solutions, and seek funds to ensure the children affected by sexual abuse have what they need to continue their healing processes.

# Evaluation Methods

Programs provided by RTS are funded by San Mateo County Juvenile Probation's (Probation) Youthful Offender Block Grant (YOBG). RTS reports client, service, and outcome data to Probation and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect this data include:

- **Participants and Services:** Grantee programs collected demographic data (e.g., race/ethnicity, gender, etc.) and service data (e.g., type of services, hours of services, etc.) for individual participants. Program staff entered these data into their own data systems prior to transferring the data to ASR for analysis.
- **Outcomes:** RTS also collected three program-specific outcome measures to track progress toward the goal of improving the youths' outcomes:
  - percentage of youths who receive crisis intervention that are able to identify RTS as a community resource
  - percentage of mindfulness group participants that are able to identify two coping and/or regulation skills at the end of each 12-week session
  - percentage of students who participate in Ending Cycles of Violence Prevention Education that are able to identify one trauma response from each category: acting in, acting out, and acting to heal
- **Evidence-Based Practices:** YOBG-funded programs are encouraged to follow evidence-based practices. To augment Probation's knowledge of which programs are being implemented by funded partners, each funded program provided a catalog of its practices. After receiving this information, ASR runs the cataloged practices reported through several clearinghouses to determine whether the practices were:
  - evidence-based theory or premise
  - evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective
  - evidence-based practice or modality shown to promote positive outcomes
  - evidence-based tool or instrument that has been validated (concurrent and predictive)

# Evaluation Findings

## FISCAL YEAR (FY) 2021-22 HIGHLIGHTS

- RTS only provided direct services to clients in July, August, and September 2021.
- RTS served sixteen youths. They spent an average of 0.7 months in the program and received 5 hours of service on average.

## PROFILE OF YOUTHS SERVED

RTS served a total of 16 youths in FY 2021-22. Youths spent an average of 0.7 months in the program and received 5 hours of service on average (Exhibit 1). Ten of the 16 (63%) youths identified as Hispanic/Latino, 19% identified as Black/African American, 13% identified as Asian/Pacific Islander, and 6% identified as White/Caucasian. Fifty-six percent (56%) of youths self-identified as male, 44% self-identified as female, and 0% as transgender/other, and the average age of youths was 16.6 years old.

**Exhibit 1. Youth Services**

YOUTH SERVICES	FY 20-21	FY 21-22
Youths Served	21	16
Average Hours Served	10	5
Average Time in Program (Months)	2.8	0.7

## PROGRAM-SPECIFIC OUTCOMES

As RTS ended services in September 2021, they did not provide progress on any program specific outcomes. Exhibit 2 depicts what the targets were for the year.

**Exhibit 2. Program Specific Outcomes**

PERFORMANCE MEASURES	FY 20-21 RESULTS	FY 21-22 TARGET	FY 21-22 RESULTS
Percent of youths who receive crisis intervention that are able to identify RTS as a community resource	98%	92%	N/A
Percent of mindfulness group participants that are able to identify two coping and/or regulation skills at the end of each 12-week session	95%	96%	N/A
Percent of students who participate in Ending Cycles of Violence Prevention Education that are able to identify one trauma response from each category: acting in, acting out and acting to heal	97%	94%	N/A

## EVIDENCE-BASED PRACTICES

In FY 2021-22, YOBG programs were asked to provide the practices and curricula employed in their programs. ASR then evaluated the cataloged programs to determine whether they were evidence-based or promising practices by running them through several evidence-based practice clearinghouses. Exhibit 3 details the practices and curricula that RTS used in its programs.

**Exhibit 3. Evidence-Based Practices**

PRACTICE	IMPLEMENTATION	RATING
<b>Crisis Intervention/ Advocacy</b>	Probation and Behavioral Health & Recovery Services (BHRS) staff regularly reach out to RTS after intake at the Youth Services Center-JH (YSC-JH) when youths disclose childhood sexual abuse or trafficking, or when they ask to speak to an advocate. Services are offered via telehealth, and the response time remains within 24 hours. A Sexual Assault Counselor (SAC) responds to offer rape trauma services. Even when youths have a therapist, a peer counselor or SAC can meet with the youths to provide advocacy and crisis intervention. RTS is in a unique position to begin services while youths are incarcerated (regardless of the length of therapeutic detention time) and to continue services once they are released. Evidence-based practices inform the response time and continuum of care.	Promising practice according to empirical evidence. <sup>1</sup>
<b>Ending Cycles of Violence Education</b>	A unique aspect of RTS is that prevention and intervention services are concurrent. RTS believes you cannot have one without the other. RTS seeks to reach as many youths as possible through its eight-session evidence-informed curriculum Ending Cycles of Violence (ECV). ECV provides a conceptual framework for understanding the crucial nature of cycles of violence and healing. All RTS educators can also provide crisis intervention after ECV sessions.	Promising practice according to empirical evidence. <sup>2</sup>
<b>Practice-Based Trauma Training</b>	Practice-based trauma training works within the context of a trauma-responsive and “restorative justice,” framework. It recognizes how trauma affects the brain, how those responses affect behavior and how—with information, empathy, and empowerment—we can change the cycle of acting out/acting in to acting to heal. An understanding of how the autonomic nervous system governs social engagement or disengagement through the body’s involuntary fight, flight, or freeze/dissociation responses will help us gain skills to promote more consistently supportive, reparative, or at least benign interventions. RTS trainings have created a strong trauma-informed partnership with Probation/Institutions staff and other community partners. The curriculum for Practice-based Trauma Training is informed by the California Coalition Against Sexual Assault (CALCASA) guidelines and Ending Cycles of Violence.	Although not rated on its own, many trauma training programs are trauma-informed and trauma-responsive, which are considered to be evidence based by SAMHSA. <sup>3</sup>

<sup>1</sup> Peterson, J., & Densley, J. (2018). Is Crisis Intervention Team (CIT) training evidence-based practice? A systematic review. *Journal of Crime and Justice*, 41(5), 521-534. <https://www.tandfonline.com/doi/abs/10.1080/0735648X.2018.1484303>

<sup>2</sup> Clearinghouse Continuum of Evidence (n.d.). Ending Violence. Clearinghouse for Military Family Readiness. [https://www.continuum.militaryfamilies.psu.edu/program/fact\\_sheet\\_2453](https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2453)

<sup>3</sup> SAMHSA. (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, p10. Pub ID#: SMA14-4884. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>



<p><b>Prosocial Skills/ Emotion Regulation/Coping Skills</b></p>	<p>RTS has facilitated a weekly trauma-healing group at Margaret J. Kemp Camp for girls (Camp Kemp) for many years. As the program's requirements and length of stay changed, there was a noticeable change in the provider's ability to establish safety, a requirement for trauma healing. Changes in the relationships with other youths and Group Supervisor (GS) staff on a weekly, and sometimes daily, basis create complex obstacles, especially for a community-based organization not on site each day. RTS philosophies and practices are applicable to all youths. Healing is not the work only of girls, as learning about ending cycles of violence is not the work only of boys. RTS seeks to enroll all interested youths in group therapy in both YSC-JH and Camp Kemp. Over the years, trauma-healing facilitators noted that youth engagement peaked when discussions focused on immediate feelings. When engaged, facilitators leveraged their openness to practice skills related to emotional regulation. Given the challenges of the existing curriculum and RTS expertise in trauma and crisis intervention, an evidence-informed process group, focused on mindfulness-based stress reduction, meets the needs of program youths and the scope of work in the RFP. Concentration on emotional regulation utilizing evidence-based interventions (cognitive behavioral therapy, dialectical behavioral therapy, reflective journaling, grounding techniques, and somatic experiencing) will set the groundwork of the weekly sessions.</p>	<p>Although the practice of supporting these skills incorporates the evidence-based practices of Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Mindfulness-Based Stress Reduction (MBSR), it is not a nationally recognized evidence-based or promising practice.</p>
<p><b>Trauma-Informed Care</b></p>	<p>Parent-guardian trauma 101: Families that carry trauma across generations (as most families do) are likely to develop emotional cultures that practice silent suffering. Some parents tend to be more motivated to face their own pain when they see it is causing pain to their children. Other parents more entrenched in denial may experience a "wakeup call" when their kids are "in trouble." If we approach them respectfully and care about pain they have experienced, present and past, there is a good chance to engage them in creating change in their communication and actions within their families. Working from an educational model, with evidence-informed curriculum, parents are often surprised to discover that healing from trauma is readily understandable and attainable. RTS can meet with families in their communities and on evenings and weekends, as needed. Meeting in their communities also connects families to the agency without the pretext of visiting the place of perhaps their greatest shame—where their child is incarcerated.</p>	<p>The Trauma-Informed approach is evidence-based practice according to SAMHSA.<sup>4</sup></p>

**CLIENT STORY**

Staff at funded programs provide a client story to help illustrate the effect of services on their clients. Due to changes related to staffing, no client success story was provided for FY 2021-22.

<sup>4</sup> SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, p10. Pub ID#: SMA14-4884. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>