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PROCEEDINGS OF THE DELPHI EXCHANGE: CONSENSUS OR CONTROVERSY

JANUARY 23, 1981

SOUTHERN CALIFORNIA RAPE PREVENTION STUDY CENTER
ISION OF DIDI HIRSCH COMMUNITY MENTAL HEALTH CENTER/LAPS

PROCEEDINGS OF

THE DELPHI EXCHANGE:

CONSENSUS OR CONTROVERSY

A Forum For Resolving Dilemmas In
Sexual Assault Prevention and Intervention
Held January 23, 1981

Southern California Rape Prevention Study Center
Division of Didi Hirsch Community Mental Health Center/LAPS
4760 South Sepulveda Boulevard
Culver City, CA 90230

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The Southern California Rape Prevention Study Center

Delphi Exchange: Consensus and Controversy

The Delphi Exchange was held on January 23, 1981 by the Southern California Rape Prevention Study Center, Los Angeles, California. These Proceedings came about as a way of sharing the Conference experiences and ideas with as wide an audience as possible.

THE DELPHI EXCHANGE: SERVICE PROVIDER AND RESEARCHER

The Delphi Conference grew out of a need to develop guidelines for sexual assault intervention and prevention and how best to train for effective services—such issues concern both service providers and researchers. Equally important, the subject of sexual assault presents many value conflicts that affect daily decision-making. The state-of-the-art has not kept pace with prevention and intervention needs. With this in mind, the Southern California Rape Prevention Study Center conducted a national Delphi study to examine concepts and criteria for practice and to explore assumptions and value dilemmas in this field.

A Delphi procedure was used to survey experts in the field about these difficult issues. Specifically, the questions attempted to determine major intervention goals, strategies for meeting these goals, and the knowledge, skills and sensitivities needed by service providers for attaining them. Assumptions and criteria that guide services and appropriate labels and definitions for use in practice and research were also examined. The conference was designed to shed light on both consensus and controversy in the results.

The Delphi Exchange was a one-day working conference designed as a forum for:

*Sharing consensual outcomes from the Delphi study and developing recommendations for their implementation;

*Discussing controversial outcomes and attempting to resolve the dilemmas;

*Exchanging ideas for future service priorities and research efforts in sexual assault prevention and intervention.

Conference participants worked in small multidisciplinary groups to address critical issues and their implications for intervention with victims and assailants and for primary prevention. Each group worked out summary positions and recommendations to share in a plenary session with the aim of planning future directions for sexual assault practice and research.

The Southern California Rape Prevention Study Center

On August 1, 1979, with a three-year grant from the National Center for the Prevention and Control of Rape, the Didi Hirsch Community Mental Health Center established the Southern California Rape Prevention Study Center (SCRPSC). The Study Center is a research and demonstration project designed to provide links between research and direct service in Southern California.

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We wish to give special recognition to staff member Beth Segel-Evans for her role in coordinating the documentation of the conference.

Acknowledgments

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Statement of Responsibility

The scientific content of this project is the sole responsibility of the staff of the Southern California Rape Prevention Study Center, and does not necessarily reflect the opinions of the Didi Hirsch Community Mental Health Center/LAPS.

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Schedule of the Conference

"The Politics of Funding Services"

Honorable Maxine Waters, Assemblywoman, 48th District

Good morning. As I sat here and read the information on the Southern California Rape Prevention Study Center, wondering what was meant by "Delphi," I find according to this information: "In ancient Greece," it says here, "the Delphi was known as a place where gods gathered to confer, share information, and influence the future." So I'm pleased to be with the gods today. I always knew that females must certainly be godly because the work that we find that we're doing over the past 10 years, we might say, and three years in particular, requires that we have some of the powers of gods if we are to correct some of the inequities that exist in our society.

As we look at this particular subject that has been dealt with by the Southern California Rape Prevention Study Center, and as I talk about the politics of funding services you're going to find that we truly are going to have to be gods to get the money that is needed to do an adequate job in this area. It is very sad that we face in the State of California a very difficult year for funding. I think the Governor has presented us with a budget of some 24 billion dollars. In that budget, he's only identified a 4 percent increase for some of the existing programs and the rate of inflation has been three or four times that much. So that means those programs that are already trying to provide services will not be able to give raises, will not be able to service the population that they're serving at this time.

So, we're talking about cuts, cuts, cuts. And that's extremely unfortunate, not only for those existing programs but for good programs that have been struggling in this particular area without adequate funding, the likelihood of getting funded through the State of California for the next budget is just about impossible. The competition will be extremely keen in this budget year. People--legislators, community groups and organizations--will be fighting and scrapping over limited resources. The budget surplus that we had is gone--there is no more surplus--and the likelihood of having any new programs at all is non-existent. The likelihood that we must cut existing programs is a reality. And that's the sad message that I must share with you.

When you talk about the politics of funding, usually you can talk about understanding what the funding source is; how to respond to requests for proposals; how to be in touch with the decision-makers, legislators, bureaucrats, etc. to explain your program; how to get people on your side; how to mobilize the community of interest to help lobby your efforts. And normally when we talk about that, it makes good sense because those are all the kinds of things that must be done to help make sure your proposals get funded. But even all of that will not be very helpful in this budget year, with the State of California funding source. We've had some difficulties trying to fund rape prevention centers, battered women's centers, and other kinds of centers and services that relate to women, because you know this is relatively new in funding--from state government and other political entities. Women have just gotten into this funding game in a serious way in the past few years and it looks as if, just when we're getting our foot in the door, the door is being closed--which is most unfortunate.

We've had a difficult time rising even to this point because some of the politics of mobilizing the community of interest has lagged a bit. Fortunately, some of

the legislators in Sacramento heard the voices of the National Organization of Women and NWPC (National Women's Political Caucus) and some of the coalitions that have formed around funding services. And they in their best interests do a little something for women--because it looked good on their campaign brochures to say that they are involved somehow in helping to reduce this problem of rape and with battered women and those kinds of things. They have never really internalized that there is a need--they don't really believe it, and a lot more political work is going to have to be done to make them believe it while we're fighting this tough battle with the budget.

I don't think that just because the budget is tight we should stop the organizing and the mobilizing and the lobbying--we have to continue even if we don't realize the kinds of dollars that we're going to need. The fact of the matter is, with a number of activities including at some point in time new revenue sources (some of us are advocating split roll), we lost money because of Proposition 13--there's no doubt about it--that's what the people wanted, the people got it and services are going to be cut. But I think at some point in time we will be back to that point where we'll have to talk about new revenue sources.

So we have to continue the fight and continue the effort all through the difficult times. Because when the money is there, that fight, to really make legislators and others in decision-making positions believe that there is a real need to be met out there, is a job that has not been done yet. They really don't believe if they're doing the political thing at this time, with the measly funding that we've been able to get--but they don't believe that there is a real need. They feel still basically and generally that if rape occurs, the police are there, they find somebody maybe lock 'em up--and that's it. When we began to talk with them about the sensitivity of this subject, about the kinds of services that must be provided for women who have had such a traumatic experience--they don't believe it. They don't understand it. So we have to continue to do a job in that area.

It's very helpful to get more women elected to office, believe me. That is not a question with women--I don't care Democratic or Republican women. That subject and the understanding, the sensitivity of this matter, has never really been of serious debate among women in the legislature. It is a subject that is snickered about, laughed about, and joked about still by men in important positions. And that's the more serious work that has to be done. Helping legislators and decision-makers understand that we don't laugh about this subject anymore, we don't tolerate any jokes about it, and we will not be placated with measly funding, just to have some legislators say to their constituents at election time, "See, I did my part."

So the work must continue. We must not be turned off if we don't get all the dollars in this funding year from the State of California. We must understand that this may be a very temporary situation. We can use this time to continue those efforts. But more importantly, find out the priorities of these persons you elect to represent you in Sacramento, city councils, and in other places where the funding is most likely to come from. When you begin to kick people out of office because they don't have your best interests at heart, because their priorities are different than your priorities, I think they'll learn a little more about this subject.

"The Politics of Funding Research"

Dr. Bertram Brown, Senior Social Scientist, Rand Corporation, Santa Monica
Former Director, National Institute of Mental Health

Thank you very much...If you consider what's happening now /*current budget cuts*/ as an assault, as Vivian /*Dr. Vivian B. Brown*/ and I have noticed, you must know who and where the assault is from. Some of it is from our own voters, our own people. It's not just a simple matter of bad guys and gals who are doing it. We have to see if we can cope and come up with some new mechanisms.

What I'd like to do is just talk about some old experiences, that is in the '60s and '70s, that led to the funding of the Center here that brings us together this morning, to give you a sense of what the politics of research or the politics of research/services might be. For what you will learn from past experience is to utilize new coping mechanisms for the rest of the '80s.

Now how did the Center for Research and Control of Rape end up in NIMH /*National Institute of Mental Health*/? This is the real story. I'll try to tell it straight even though it had some color and drama and humor to it. A very talented social worker...Barbara Mikulski...and a very feisty organizer in the urban slums of Baltimore, decided to go into politics. Eventually she got elected to Congress and she decided to take on Senator Matt Mathias from Maryland for the senatorial race. Senator Matt Mathias was one of the good-guy Republicans and is still around. At that time in 1974, the women's issue was beginning to develop real momentum and NOW /*National Organization for Women*/ was really organizing--hence women's issues got into the senatorial race in Maryland. And Barbara and her women advisers decided that there ought to be a center to stop rape (you've got fancier names for it--research and rape services and all that). And Senator Mathias as an old pro handled it very easily. He just co-opted it, and he proposed as a senatorial candidate, a center for the control of rape to be housed somewhere in the bureaucracy. The bill creating the National Center for the Prevention and Control of Rape passed and brought about two things. It helped get Senator Mathias elected and it taught Barbara a lesson or two.

And then came the debate in Congress, on where do you locate a center for the prevention and control of rape (that's the name of it--Center for the Prevention and Control of Rape was the original thing). And if you saw the charter of that: it's supposed to understand the legal, moral, ethical, criminal, psychological, social work and it goes on and on--all that charter. It had about a million point two /*dollars*/ in the first year appropriation. And this is where the field of mental health is always the receptacle for the toughest woman issues. It's the court of last resort in the best sense. There are different kinds of courts of last resort, and our professional gestalt "mental health" is the place where if you can't handle an impossible problem--that's where it ends up. So NIMH ended with the Center for Control of Rape, and lots of internal debates have gone on about research, now.

Now, here's the current issue--the research/service issue. Here's where we become our own worst enemies. I use the metaphor "a teaspoon of honey makes the medicine go down." The people who know what the service need is out

there--and I don't care whether it's runaway kids or battered elders or on and on and on--they themselves do not give the support to the research component that may be needed to push knowledge ahead. That's one of the places where internally we may have to learn to act a bit like statesmen, so we balance the research ethos versus the service ethos. Because research very often can be used: a) for advancing knowledge and b) as a way of getting the services funded. Now this can be seen cynically, it can be seen opportunistically, and I am not going to go into a long diatribe about the relation of research and services politics. All I really want to alert you to, is that there is such a thing as the politics of research and the politics of services and how they relate.

I have an equally colorful set of stories about all the entities under Dr. Juan Ramos and you're going to be lucky to hear him. Juan Ramos has the toughest and most exciting division in all the federal government. Under that Special Mental Health Research Division is the Minority Center, the Aging Center, the Crime and Delinquency Center, the Rape Center, every impossible issue is under Juan Ramos. And this set of issues which are really social problems research or social issues or human pain issues or social and human pain issues, competes against the more standard biological and behavioral research, with tensions between the two. And it is that which is now under attack and threat. We have in our own internal documents (and now that I've left government it's so comfortable to talk) we have a classic memorandum from Cap Weinberger, now the Secretary of Defense, who essentially said would you get rid of all of this nonsense (meaning the Center for Special Mental Health Programs), because he was Secretary of HEW at the time.

However, those of us who were there did not let these negative attitudes stop the fight. Because there is such a thing as political and psychological jujitsu, and that's why I mean you have to understand the nature of the assault and use the energy that's coming at you in a constructive way for what you know are good purposes, rather than the same old angry rhetoric, "how stupid," "they don't care," and "they're unfeeling." One of the things I'll at least note, mechanisms of the '60s and '70s--some are useful--the mobilization I think is necessary. We are going to have to reorganize, remobilize, not lose heart....

All the standard politics of those concerns, continues to be an underpinning--and just as important there may be a pendulum swing. But I think it is very clear that for the next five to ten years (this is the big picture look), the government as the funder of these things is going to be in trouble or diminished...You have to rise above the feelings inside your thorax and your abdomen and listen to the content, because the content tells you the nature of the issues you must deal with as professionals who care. But I've heard nobody so far in this group talk about what potential is there from other funding sources, such as private sources, the whole corporate world, the private sector world. To do the job that we know needs to be done, we need to look everywhere...That is what I think the path is for the '80s.

"Sexual Assault Prevention: A National Perspective"

Dr. Mary Lystad, Director
National Center for the Prevention and Control of Rape
National Institute of Mental Health

I want to reiterate what Dr. Ramos said earlier--that the National Institute of Mental Health thinks what you are doing is important and necessary. We will continue with our plans to have the very best research, training, and service-demonstration programs that we can.

I spent a very good morning yesterday, meeting with Dr. Vivian Brown and Barrie Levy, discussing the Southern California Rape Prevention Study Center; and I think there are certain parallels between it and the National Center for the Prevention and Control of Rape (NCPCR). The first of these is that both have a broad conception of the problem of sexual assault, of crisis intervention, and of women's needs. Both are concerned with serving all ethnic and cultural groups, and with taking their needs and outlook into account. Both attempt to link service providers who work in different settings, such as law enforcement, medical services, and the like. Both are concerned with issues of prevention. Both view their purpose--in part--as that of a linking agent, in providing services in dissemination.

I would like now to explain our mandate and how it affects our priorities. The Mental Health Systems Act (passed October 7, 1980), Section 601, directs that research be done, but it does not guarantee appropriations. The NCPCR will continue to function under either 601 or under the Public Health Services Act, Section 301, in order to assist research in this area. Our research priorities relate heavily to service priorities. They are for studies of the following topics (not in priority order):

1. The incidence of sexual assault, and the discrepancy between actual rates and reported rates. Also, methods to reduce or reliably predict the discrepancy;

2. Social attitudes and values of sex roles, as they relate to sexual assault, with attention to early and adolescent socialization;

3. The social environments and conditions that are causes of sexual assault--families, schools, workplaces, and leisure environments;

4. Effectivenes of federal, state, and local laws dealing with sexual assault, and aspects of criminal justice systems that affect the deterrance of sexual assault;

5. The impact of sexual assault on the victim, the victim's family, and on the victim's familial relationship;

6. Sexual assault in custodial institutions (e.g., the development of model prevention programs in institutional settings);

7. The care that victims receive in law enforcement agencies, medical institutions, and courts. Also, an assessment of existing reforms, and of

reforms still needed;

8. Informational prevention programs in schools (including elementary, high school, special educational settings), and in communities--integrating sexual assault prevention into curricula, developing materials, and using existing research information.

We are also interested in the prevention of sexual assault-related fears that inhibit people's behavior, in preventing victim-blaming attitudes, in changing potential assailants, and in issues of acquaintance rape.

We also have some preferences for service-demonstration projects (as distinguished from the previous listing of research concerns). These are:

1. Public education, as within a given geographic region, or

2. Education for the specific needs of particular groups, across many regions;

3. Application of materials for general use, particularly by professional groups with a ready entree into educational systems;

4. Collaboration with existing community resources.

I will be happy to talk with anyone here regarding both types of grants and will be available to meet with you in the lobby of this building for the next hour.

The complete set of guidelines which service, research, and service-demonstration projects must meet in order to be considered under the Mental Health Systems Act are outlined in materials not yet available. As soon as I get them, I will give a set to Dr. Brown, of the Southern California Rape Prevention Study Center, so that those of you who are interested in such programs can get the information from her.

/Dr. Lystad did hold a lobby hour for those interested in grant information. Many reported afterwards their appreciation for the opportunity that Dr. Lystad provided for this kind of meeting./

THE DELPHI PROCESS

RATIONALE: WHY A RESEARCH AND DEMONSTRATION CENTER?

Presenter: Vivian Brown, SCRPSC

The planning for our regional research and demonstration (R & D) center began early in 1978. At that time, an increasing volume of rape-related research and materials were being developed and tested throughout the country under the sponsorship of the National Center for the Prevention and Control of Rape. Because of this increasing volume of research work, an increasing number of rape crisis programs, and an increasing volume of training and prevention materials, we believed that the creation of a regionally-based R & D Center was timely and necessary.

The Center was designed as a linking agent with the goals of bringing new materials and innovations to the attention of local practitioners and researchers and providing on-site training and consultation to meet the unique needs of our particular region--Southern California.

This concept of the linking agent is an important one to us. Our field is expanding at a remarkable pace. It is often difficult to keep up with the research publications, and, of course, the publications cannot keep up with the exciting research work in progress. And we practitioners, those of us in the service delivery arena--in mental health, health, rape crisis centers, criminal justice, and social service, are spread throughout Southern California and hardly have time to share with one another, as we try to provide all the services necessary for victims, assailants, and the community. Consequently, we also have little time and opportunity to provide feedback to the research system, informing researchers about how the products of their work are faring in applied settings. Nor do we have opportunity to "feed forward," informing researchers about practitioner problems for which there are no current solutions, and helping to shape new research. It was felt that a regional linking institution could best supply the need for face-to-face communication between practitioner and research systems and facilitate collaboration.

Four project components were established in order to accomplish the research and demonstration objectives. These consist of a research/evaluation component, a training component, a consultation component, and a dissemination component. While each component can function as a separate unit, interaction among the four components is emphasized. This interfacing of component activities allows for the development of a cumulative knowledge base that has implications for each of the components, as well as for all types of organizations outside of the center.

Thus, even in designing our Center and its components, we attempted to set in place a model of collaboration with the Center--a constant dialogue between research and practice designed to define elements of an emerging national strategy.

And today, this conference is another step in that collaboration and in the definition of the elements of a national strategy. What we present today is another step in our--all of our--collective work.

THE DELPHI PROCESS

PROCEDURES

Presenter: Linda Garnets, SCRPSC

Now that you have heard why we did this study, I would like to explain how we did it. In our work, we found ourselves confronted with difficult kinds of questions: Do assailants rape because they need to express anger toward women? Do all sexual assault victims need counseling? Is the legal definition of sexual assault practical? Are structural changes necessary to prevent sexual assault? We realized that in fact there was a set of broad issues in the sexual assault field that we needed to know more about. For example: What are the key concepts in the sexual assault field? How should we prioritize these concepts? What should major intervention/prevention goals be? Which strategies should be employed to meet these goals? What are effective intervention approaches and guiding assumptions in working with victims, with assailants; what are viable prevention strategies to reduce the incidence of sexual assault? How do researchers and practitioners deal with the many value dilemmas that affect daily decision-making?

We realized that the state-of-the-art in the field had not been keeping pace with intervention and prevention needs. Further, when trying to answer these kinds of questions, we realized that we cannot treat them like an empirical study where one needs to find out "facts." We knew the "facts" by the reported incidence of sexual assault. Rather, we needed to elicit the best possible judgments about these difficult and often controversial issues to decide what experts in the field were certain about; what the experts were uncertain or inconsistent about; and where this inconsistency was due to value conflicts among experts.

Given that we needed to know judgements, we determined two broad kinds of judgments in which we were particularly interested: (1) to examine concepts and criteria for the practice of sexual assault prevention and intervention; and (2) to explore assumptions and value dilemmas in sexual assault prevention and intervention.

Once these priorities were established, we wondered where to turn to find these kinds of judgments. Two possible sources were available: published resources and people with developed expertise/competencies in the field. Under published resources, we were then concerned with what types of resources we should review. We wanted the resources to represent a range of views within all prevention and intervention topics. The types of resources we reviewed included: publications, treatment protocols (hospital, rape crisis centers, police departments), research and service proposals, research reports, conference reports (written and verbal). We compared current literature to identify changes in approach. We developed criteria from which to examine this set of published resources including representativeness of: professional and lay approaches; prevention and intervention topic areas; intervention with adults and with children; and traditional and non-traditional intervention approaches.

In deciding the kinds of people with developed expertise in the field to be included, we considered those who represent the state-of-the-art (i.e., both practitioners and researchers). Five criteria were developed for participant inclusion: (1) a minimum of four years of experience in the field; (2) recognized publications dealing with sexual assault prevention and intervention; (3) recognized research on any aspect of sexual assault; (4) recognized expertise based on public presentations; and (5) representation of minority concerns. We tried to ensure representation across each of the following areas: discipline or setting; type of sexual assault-related activities; age groups served; and geographic region.

Finally, to arrive at a viable research approach, we then had to determine how to make the best use of these two kinds of information sources. For the published literature, we wondered what is a good technique for systematically generating unanswered questions and examining basic values/guiding assumptions. Charlotte Linde will describe one such technique called discourse analysis. This type of analysis shows how a source of information has organized statements and embedded value assumptions. For the sexual assault experts, we asked ourselves what is a good research vehicle for obtaining their expert judgment? Tora Bikson will describe the Delphi technique, a systematic investigation for eliciting expert judgment to arrive at group consensus.

THE DELPHI PROCESS

DISCOURSE ANALYSIS AND RESEARCH

Presenter: Charlotte Linde, Structural Semantics
Palo Alto, California

Discourse analysis was chosen as a method for doing a review of the literature. Normally, literature review is handled by the ordinary commonsense process of reading and summarizing. However, this method is not too successful at making explicit implicit assumptions, values, etc. For the purpose of the present study, discourse analysis was the method of choice for use in analyzing materials dealing with this value-laden topic.

The staff studied a wide range of materials in the field, and compared recent (1978-79) with earlier (pre-1978) material. Articles were selected from the following categories: professional and lay approaches to sexual assault; prevention and intervention; intervention with adults and juveniles; traditional and non-traditional approaches.

I will now present an example of discourse analysis to give a clearer picture of how it may be used. The example used is on page 15 of the Delphi Monograph and has been chosen for its density. Note: close linguistic analysis always has a sinister, Machiavellian effect--these people are not being straight with us. But it's impossible to state all one's background assumptions.

There are several types of cues we use to understand the underlying meaning/assumptions of written material. First, I will address a class of cues called semantic cues. A presupposition is something which the speaker assumes to be true and which must be true in order that the sentence makes sense, for example, "Have you stopped smoking yet?" presupposes "you smoke." The text of the passage that we examined as a sample of discourse analysis begins with a paragraph involving a number of presuppositions about the identity of the rapist. In speaking of all types of people, for example, it assumes that some of these people are not like us. Whether this is due to their race, their criminality, or other characteristics cannot be determined, but the implication is that they are different. Further, by saying that the city attracts all types, the text presupposes that these people are newcomers, not long-term residents of the city. This permits the additional inference that rapists are outsiders, not people like us or our acquaintances, boyfriends, husband, or fathers. In the text we notice also a cluster of words like increase, emerge, and escalate. This lexical clustering supports the presuppositon that rape is more frequent now than it once was, and that, by implication, it will continue to increase.

A speech formula is a fixed phrase which evokes a standard speaker and/or context of utterance--"Gentlemen, start your engines," "Wear it in good health." The examination of speech formulas gives some indication of the authorship and point of view of the booklet we are examining. The two best examples are law-abiding citizens and crimes against women. As we mentioned in Chapter 1, law-abiding citizens is typically used by members of the legal system or by people strongly identified with it. Crimes against women, on

the other hand, is a phrase taken from the women's movement. It does not represent a legal categorization of crimes, as crimes against the person or crimes against property do. Thus, the standpoint of the text is multiple rather than single, and this impression is augmented by the fact that no affiliation is given. Subsequent to this analysis it was learned that the booklet was written by the Los Angeles Police Department and revised under pressure from local women's groups. Prototype semantics permits us to specify the prototypical use of a word or phrase. For example, a robin is a prototypical example of the class of birds, while a penguin, although a bird, is not a prototypical, or good bird. In this text example, rape is used in its most prototypical sense--a stranger, probably in a public place. Interestingly, in the results of the definition section, rape appears to be considered ambivalent as an adequate cover term: 45% yes, 55% no. Compare sexual assault, to which 98% of the respondents said yes.

Syntactic cues also are used to examine underlying meaning and assumptions. In the text fragment discussed, the words victim, rape, and rapist do not appear in the same sentence. In the second paragraph there is a discussion of the actual rape attack and its effects on the victim. In the third paragraph, there is a discussion of the potential rapist planning an attack, which may be foiled if the potential victim is prudent. The fact that the victim and the rapist do not appear in the same sentence plus the fact that the rapist is not mentioned at all in the paragraph which is most serious and alarming, suggests that it is the potential victim rather than the rapist who is the active agent, and that it is up to her to prevent the rape. It is quite common to find this kind of match between the assumptions of a text and its syntactic patterning.

By collecting together all the presuppositions and assumptions made by this text, it is possible to draw up a belief system. Full analysis would enable us to conclude the belief system included the following elements:

1. Rape is a problem of cities;
2. Rape is committed by strangers;
3. Rape is committed by people who are different from us;
4. Rape was once less of a problem than it is now;
5. Nothing can be done to change potential rapists and unsafe cities, so change is up to the potential victim;
6. Rape is the problem of the women as an individual, not of women collectively.

To apply such findings to the Delphi study, the concepts and issues which resulted from discourse analysis were subjected to staff review and discussion. Concepts and values of the literature, as uncovered by the discourse analysis, were the basis of some of the Delphi questionnaire items.

THE DELPHI--A VALUE-BASED AND FUTURE-ORIENTED PROCEDURE

Presenter: Tora Bikson, Rand Corporation
Santa Monica, California

Charlotte Linde has given you a clear picture of how we came up with the items about which we wanted to solicit judgments. These items represented key concepts, standards of practice, value orientations, definitions, strategies. They comprised a series of items which we drew from state-of-the-art literature, and which we then wanted to subject to the professional judgment of a sample of people who were recognized experts in the field. For that we turned to the Delphi which, as you have heard, is a value-based and future-oriented technique.

As I was trying to think how to introduce this methodological procedure, it occurred to me I should have looked up the mythological uses of Delphi. So I have to thank the Honorable Maxine Waters for helping me get started because, as she said and said more succinctly than anybody in the methodology literature, the Delphi is classically an occasion for conferring about, foretelling, and influencing the future. Well, can we do this? Can we confer, foretell, and influence the future? As Linda Garnets said, this is not the typical scientific issue that confronts a researcher. But Rand scientist Olaf Helmer argues yes--we can do this if there's a difference between professional judgment and judgment, if there's a difference between expert opinion and opinion, if there's a difference between informed belief and randomly selected belief. The typical scientific procedure is to try to solicit random independent opinions. In contrast, if there is a difference between professional judgment and judgment, you don't want randomly collected opinions; rather, you want to try to exhaust the opinions of people who are working in and shaping and guiding the field.

This is what the staff did in attempting to form the Delphi participant sample. The assumption is that if there is a difference between expert judgment and plain old judgment, what you are likely to find is that such things as experience, training, and meeting with colleagues provide people with an advantage in forecasting the future. They provide people an advantage both in terms of foretelling incidence and practice, and also in terms of well-grounded insight into what ought to be done, what's the best way of doing it. Now, how does this translate into influence? Well, suppose that there is explicit consensus among the people who are leaders in the field, people who are promoting innovative practice and guiding policy. To that extent, explicit consensus in the results is very likely to influence the future, not only in relation to what is done in mental health centers but also what is supported by federal policy as practitioners and researchers attempt to help develop national policy in the field of sexual assault.

The Delphi then, is an iterative and controlled process of conferring, foretelling and influencing. It specifically seeks to avoid the pitfalls of face-to-face interactive process. We all know what these are. A lot of things said in meetings are really irrelevant, take a lot of time, and are very interesting but sidetrack you from the main issue. Often the floor is dominated

by a very high-status individual. People who haven't formulated opinions of their own may be swayed by the opinions of the people who take up most of the floor time. So it is important to avoid these kinds of disadvantages. On the other hand, it is important to retain the advantages of peer feedback—opportunities to say something, hear what somebody else says, rethink what you said, re-evaluate it in the light of informed peer responses, and have another chance to deliberate over the question. Now, that's exactly what the Delphi procedure is designed to do. It asks the same questions repeatedly to the same people. At each repetition, it provides feedback—what did the other people say in response to this question? But the feedback is anonymous; that is, it is a general summary of responses (how many people said such-and-such is a very important cause of rape, how many people said this is a very unimportant cause of sexual assault, and so on. So it provides anonymous peer feedback, and over time it looks for the emergence of consensus or controversy or uncertainty.

Table 1 (next page) provides an example of one question with the list of possible answers. The question (from p. 34, Monograph Appendix) that we have picked out as an example is: "What are the fundamental causes of sexual assault? Use the five-point scale to show the importance of suggested causes. Indicate your response by circling the appropriate answer." A rating of 1 was identified as meaning "not an important cause," a rating of 3 indicated a "somewhat important cause," and a rating of 5 was a "very important cause." Every respondent saw this question three times. The response distribution in terms of percentages is printed on the right hand side of the page. The Roman numeral I tells you what people said in response to each question on the first round, Roman numeral II is what everybody said on the second round, and Roman numeral III is what we got on the third and final round. If you just cover up all of the percentages, this is what you would have gotten on the first round had you been a participant. At the second round, you would have been entitled to know that in response to this question in round one, 66% of your peers said that natural sexual instincts were not an important cause of sexual assault. For that same item on round two, you would have noticed that 86% of your peers had now decided it was an extremely unimportant hypothesized cause of sexual assault. With the final round, you would find that 82% of participants had converged on the judgment that natural sexual instincts should not be regarded as a substantial cause of sexual assault.

As rounds progressed, we found that the responses usually changed. Anything that attained a consensus score of 80% or higher, we decided to call "high consensus." This means that 80% or more of the participants chose exactly the same rating. If you will look down to the fourth choice--how important is the "high prevalence of violence in society" generally as a fundamental cause of sexual assault--here you see an example of emerging consensus to the effect that this is a very important cause. Here, responses start with 47% of first-round respondents saying it's very important. By the second round, 67% of the respondents say it is a very important cause and by the third round, 84% of the respondents identify violence in society as a fundamental cause of sexual assault. Now look two choices down from that one to "social conventions perpetuating sexism," and one beyond that to "social conventions perpetuating racism." By the third round, respondents were very certain that conventions perpetuating sexism are an extremely important fundamental cause of sexual assault, but they were quite uncertain about whether racism is or is not an important cause of sexual assault.

Table 1
Ratings of Potential
Fundamental Causes of Sexual Assault

Fundamental Causes	Rounds	Importance				
Natural sexual instincts		1	2	3	4	5
	I	66%	26%	4%	2%	2%
	II	86%	10%	2%	2%	0%
	III	82%	14%	4%	0%	0%
Biological aggressive drives		1	2	3	4	5
	I	44%	30%	14%	12%	0%
	II	59%	27%	8%	6%	0%
	III	76%	18%	4%	2%	0%
Economic structure supporting female dependence on males		1	2	3	4	5
	I	8%	16%	26%	30%	20%
	II	10%	8%	21%	38%	23%
	III	4%	6%	16%	54%	20%
High prevalence of violence in society		1	2	3	4	5
	I	0%	0%	6%	47%	47%
	II	0%	0%	6%	27%	67%
	III	0%	0%	4%	12%	84%
Social structure which promotes power discrepancies between males and females		1	2	3	4	5
	I	0%	2%	20%	22%	56%
	II	0%	2%	8%	19%	71%
	III	0%	6%	4%	10%	80%
Social conventions perpetuating sexism		1	2	3	4	5
	I	2%	4%	8%	34%	52%
	II	2%	2%	6%	17%	73%
	III	0%	6%	0%	14%	80%
Social conventions perpetuating racism		1	2	3	4	5
	I	14%	14%	24%	30%	18%
	II	10%	9%	35%	31%	15%
	III	6%	14%	46%	26%	8%
Breakdown of nuclear family structure		1	2	3	4	5
	I	46%	26%	14%	14%	0%
	II	58%	15%	21%	4%	2%
	III	76%	8%	12%	2%	2%
Blurring of roles between male and female		1	2	3	4	5
	I	56%	26%	8%	8%	2%
	II	77%	8%	9%	4%	2%
	III	88%	10%	2%	0%	0%
Female's changing social role from domestic sphere to public sphere		1	2	3	4	5
	I	46%	16%	14%	20%	4%
	II	58%	10%	11%	19%	2%
	III	72%	16%	12%	0%	0%
Female style as enticing		1	2	3	4	5
	I	68%	20%	10%	0%	2%
	II	86%	8%	6%	0%	0%
	III	88%	10%	0%	2%	0%

For the racism choice moreover, no response category attains even a simple majority of respondents; that is, here is a case where respondents seemed to be fairly uncertain about the role of racism: whether it causes sexual assault. A careful examination of responses to this question reveals value conflicts among the respondents. Specifically, female respondents thought racism was a much more important contributor to sexual assault than male respondents did. Also, we found that individuals who work in rape crisis centers were more certain of its importance than were professionals in mental health or professionals in any other setting.

So here is an instance of how, when we fail to get consensus, we strive to find where is the controversy, what are the values potentially in conflict. Finally, there were some areas where we just found uncertainty with no value conflicts, for example, on the third choice: "economic structures supporting female dependency on males." There was some sentiment to the effect that this was an important cause, but again we didn't get anything like the strong consensus we observed for other potential institutional causes of sexual assault.

In general, this is the way we used the Delphi procedure. We first sought to define areas of very high consensus which we could present to you in conference. At that point, a face-to-face conference could be very helpful in addressing the question: How can we take these highly consensual, highly certain results and turn them into programs and policy recommendations? In areas where we found value conflicts, we could bring them to you in a face-to-face conference and say, all right, can we get some value clarification here? Can we take some steps toward conflict resolution? And in areas where we found fundamental uncertainty, no strong viewpoints or clear guidelines, we could say to you, now here's where we need to get together, and see whether we can design some research oriented toward shedding light on them. This is basically how we've tried to use the Delphi procedure as a way of systematically conferring, foretelling, and influencing the future. Incidentally, it has provided a really valuable vehicle for collaboration between researchers and practitioners, and I have to thank the Didi Hirsch staff very much for that opportunity.

THE DELPHI RESULTS

INTERVENTION WITH VICTIMS

Presenter: Beth Segel-Evans, SCRPSC

This is a brief overview of some of our results, and skims the surface of findings covered in depth in the Monograph. The information to be presented here is based on our data from the third and last round of the Delphi, except as noted.

With respect to Goals and Outcomes, respondents were asked to choose from a list which goals they saw as important in helping victims of sexual assault. The respondents rated as relatively lower in importance the following goals: assisting the family and friends of the victim, restoring the trust of victims and of incest families, and the teaching of self-defense to potential victims (Monograph, p. 20, Table 3). Among participants, there appear to be some value conflicts over how important were two of the listed goals: minimizing the risk of sexual assault to potential victims, and helping the family and friends of the victims.

Participants were very much in agreement that four goals are very important in helping victims. I'll list each such goal and with it describe the ways of achieving it, called outcomes, that respondents very much agreed were important. Next, I'll describe ways of achieving it that were controversial in the sense of appearing to generate value conflicts, and any such outcomes about which respondents indicated uncertainty.

The first goal that respondents strongly agreed was very important was that of assisting victims to cope with the emotional trauma of the sexual assault. The highly agreed-upon, highly important means of achieving it (called outcomes) were interventions to enhance the victim's coping effectiveness, to restore self-worth, to decrease distress, to understand the self and the assault, and to provide for her the support and belief of others, as well as a safe living situation (Monograph, p. 24, Table 4).

The next goal which respondents agreed was very important was to minimize risk of sexual assault to potential victims. From the list of ways to achieve this goal (Monograph, p. 25, Table 5), participants agreed that it is most important for potential victims and others to plan and obtain information that would improve environmental safety and reduce the incidence of sexual assault. There was, however, disagreement regarding the value of educators being trained to detect high-risk factors as an important way of achieving this goal.

Another important goal was that of assisting incest families to cope with the emotional stress of the sexual assault/abuse (Monograph, p. 26, Table 6). To achieve this goal, the majority of respondents chose many recommendations from our list as being the ones that were most important. Briefly, these outcomes were a variety of means to stop sexual assault and to alter the family's communication, stress coping, and understanding of sexual assault/abuse. This latter included acknowledgment of the child as the victim and the abuser as

accountable for the victimization.

Assisting victims to cope with the physical trauma of sexual assault was also seen by most of the respondents as a very important goal. To achieve this goal, they endorsed with high consensus five means as desirable. These outcomes (Monograph, p. 27, Table 7) ensured that victims would receive medical information, emotional support, physical restoration, maintenance of confidentiality, and acknowledgment of the service provider's belief and understanding of the victim's viewpoint.

We will skip over items concerning the value of different skills that service providers may need; this information is covered in the Monograph for those who want to know more.

We now come to the items designated "Special Considerations." As indicated earlier, these are issues that did not fit the preceding format of questions, but were important to ask in an area with as many value conflicts as sexual assault. Those issues on which there was a consensus among our respondents are:

1. Guidelines for treatment--respondents identified as important five considerations of very individual needs and abilities of victims, with an emphasis on conscious processes;

2. The need for treatment for emotional trauma when the victim is juvenile, and that the child's gender be taken into account in providing the treatment;

3. Obstacles to treatment of juveniles--the critical ones, as identified by the participants, were limited protective options, lack of treatment knowledge on the part of service providers, and the general vulnerability of children to sexual assault/abuse;

4. The use of male service providers in prevention programs (as well as females);

5. The nature of desirable working relationships between mental health and criminal justice systems--that there be consultation by the mental health system, and that there be collaborative training programs;

6. In the use of vignettes to address difficult clinical-type decisions, we asked respondents to choose between certain limited options of the type often confronting clinical service providers in the field. Most of the selections made by participants were chosen by a majority of them. It is not possible to go over all of them here. But it is worth noting that one in particular represented a decision that is a departure from current practice: that of removing the abuser rather than the victim, from incest families.

Topics on which value conflicts were obtained were the following:

1. Whether or not adult sexual assault victims need treatment to recover emotionally;

2. Whether or not male service providers should counsel female victims.

Respondents showed uncertainty in their identification of obstacles to juvenile treatment. There was no resolution or consensus reached regarding whether or not the following are in fact obstacles: difficulty communicating with child victims about sexuality, and children's fear of treatment systems.

In general, there were some findings that were consistent across all the parts of the victim section. Some of the themes that emerged were:

1. The relative importance of treating the victims themselves, as opposed to priority on treating the victim's family and/or friends;

2. The relative unimportance of restoration of victims' or incest families' sense of trust, according to participant ratings;

3. The lower importance ascribed by participants to self-defense training, than is currently the case among community groups (not surveyed);

4. The relatively low importance ascribed to the feelings of service providers as a factor in the success of treatment.

In closing, results in this section were characterized by agreement on the relative importance of goals, and the means of achieving them, as well as on many other issues. A few value conflicts obtained, mainly occurring along such lines in differences of opinion when responses were categorized according to the setting, role, or sex of the respondent.

THE DELPHI RESULTS

INTERVENTION WITH ASSAILANTS

Presenter: Beth Segel-Evans, SCRPSC

In general, there is more disagreement and uncertainty on topics regarding assailant intervention, than there is regarding victim intervention.

In choosing which goals of those listed should be taken as most important, respondents chose all three listed as highly important (Monograph, p. 40, Table 15). These are: to treat and rehabilitate assailants, to treat and rehabilitate potential assailants, and to hold assailants legally accountable for their assaults.

Most of the respondents were in agreement as to the importance of the goal of treating/rehabilitating assailants (Monograph, p. 40, Table 16). They recommended accomplishing this by changing assailants' and potential assailants' behavior to more non-aggressive ways of relating to women and handling stress. There were value conflicts regarding the importance of helping assailants to develop insight into their internal conflicts, as a means of reaching this goal.

There was general agreement on the high importance of the next goal--that of assailants being held legally accountable for their actions. There were some significant value conflicts arising on this item in Round 1 responses. For the most part, however, high agreement was reached about important outcomes desirable for achieving this goal (Monograph, p. 41, Table 17). These consensually important outcomes addressed making apprehension, conviction, probation and deterrance effective, and involving more assailants.

We now come to issues for special consideration under the heading of intervening with assailants and potential assailants. Some of the issues on which consensus was obtained were:

1. Reasons for sexual assault: respondents agreed that it had most to do with asserting dominance and expressing anger;

2. Consistent with #1, that sexual assault is not caused by biochemical disorder or genetic defect;

3. The criteria for treating assailants: respondents agreed that the important criteria are the number of assaults committed, the amount of violence of the assaults, and the motivation of the assailant in committing the assaults;

4. Obstacles to treatment of assailants that were consensually seen as important were inadequate treatment methods and social support of coercive sexuality;

5. There was also agreement that better enforcement of sanctions against sexual assault could be achieved by reform of the legal definitions used (see

Definitions," in both Proceedings and Monograph), and by community activities to monitor criminal justice activities, and to assist in law enforcement.

We highlight here one of several areas in this section that reflected value conflict. There was disagreement regarding the identification of two factors as obstacles to the treatment of assailants. These two factors are: that we live in a violent society, and that assailants may have low motiviation to change. Also of interest is an issue which reflected uncertainty among respondents, which we highlight here although other issues also appeared to do so. This was the question of whether sexual assault is caused by personality defects and/or individual sexual disorder, as distinguished from other possible causes.

In this general section, some of the themes for which consistent findings were observed were:

1. Parallel to findings in the victim intervention section, respondents consistently endorsed the notion of treating the assailant's family/friends as secondary in importance to treating the (potential or actual) assailant him/herself;

2. Also parallel to findings obtained with respect to victim intervention, the respondents consistently indicated that they believe that service providers' feelings are not as important as other obstacles to treatment;

3. It was clear that for both potential and actual assailants, behavior change was preferred to insight change.

In closing, we observed that there were more value conflicts and uncertainty regarding assailant intervention than victim intervention, but there was general agreement regarding goals and other important issues. The value conflicts that were obtained appeared to correspond to the respondents' role (service provider, researcher, or both), or to the respondents' setting (rape crisis center, mental health center, or other). There are many more findings we did not have time to cover here; but they are taken up in the Monograph.

THE DELPHI RESULTS

PRIMARY PREVENTION

Presenter, Linda Garnets, SCRPSC

Our working definition of primary prevention refers to "activities directed at alleviating conditions that promote coercive sexuality," (i.e., that increase the likelihood of sexual assault). The "conditions" we refer to include both causes and motivations for sexual assault as well as institutions, attitudes, and behaviors that reinforce it.

Concerning the results overall, participants indicated great certainty about the goals (or ends) of primary prevention, but great uncertainty about the strategies (or means) to accomplish these goals. Specifically, with regard to goals, participants assigned high priority to changing social institutions as well as to changing individual attitudes and changing behaviors in order to alleviate conditions that support or permit sexual assault.

Value conflicts stemming from sex and setting centered on the goals of changing institutional structures and people's behaviors. Regarding outcomes, families, educational settings, and public media were singled out as the socialization agents that should be targeted first for institutional change. Recommendations for attitude change emphasized valuing equality and self-determination in human interactions, intolerance of any victimization of others, and male/female interactions being based on equality. Suggested behavior changes included greater independence, assertiveness, and self-reliance for women; and more cooperative and constructive interpersonal behavior for men (especially learning to deal with anger toward others constructively and showing sensitivity to other people's feelings). Participants agreed that adolescents should be targeted first for these kinds of individual-level preventive interventions.

While participants believed primary prevention is both desirable and possible, they were very unsure of how best to accomplish it. The overall findings indicated that education and training activities aimed at sex-role changes were regarded as the most effective approaches; while strategies concerned with more political or feminist consciousness-raising efforts were considered less powerful approaches. These results suggest that reducing the incidence of sexual assault involves finding out what kinds of strategies will most effectively and feasibly induce individual and system-level change.

Participants reached high levels of agreement about the fundamental causes of sexual assault--social structures that perpetuate oppression and aggression, including: prevalence of violence in our society, social conventions perpetuating sexism, and social conventions promoting power discrepancies between males and females. Participants also reached high agreement about those they viewed as very unimportant causes: aggressive drives and instincts, and recent social changes in the female role. Many of the other fundamental causes elicited value differences based on sex and setting.

Groups considered at particularly high risk of sexual assault were people of early and late adolescent ages. Adult women and elementary age children were also considered at high risk. Participants agreed on the effectiveness of community education approaches specifically focused on susceptibility and severity of sexual assault.

THE DELPHI RESULTS

DEFINITIONS/CONCEPTS

Presenter: Linda Garnets, SCRPSC

Due to definitional and conceptual confusion surrounding usage of intervention concepts in the sexual assault field, we tried to formulate approriate definitions and labels for sexual assault concepts. Specifically, questions focused on: (1) labels/terms, (2) definitions of central concepts in the sexual assault field, and (3) building explanatory structures of concepts.

Overall, participant judgment showed strongest consensus for this group of questions. The results suggest that we need to broaden the emphasis of our sexual assault definitions and concepts. Now, let me tell you what we specifically found.

Labels. To refer to acts in which someone has been forced to engage in some kind of sexual activity the term "sexual assault" was clearly preferred (by 98% of participants). The term "rape" received a highly ambivalent response (45% yes, 55% no). To refer to a person who forces another to engage in some kind of sexual assault, the term "assailant" was the only preferred term (98% yes). To designate a person who has been forced to engage in some kind of sexual activity, the term "victim" was strongly endorsed (94%).

Quality and practicality of sexual assault and incest definitions. For the concept sexual assault, 80% of the participants endorsed the definition "forced sexual activity" as being the best in both quality and practicality. Eighty-six percent of the respondents regarded the following definition of incest as the best in both quality and practicality: "sexual activity brought about by coercing, manipulating, or deceiving a relative or dependent, other than a spouse." For both concepts, the legal definitions were considered qualitatively undesirable and impractical. Value differences based on role, sex, and setting were found for the practicality of different definitions.

Explanatory structure for sexual assault and incest. The last set of items attempted to build an explanatory structure for sexual assault and incest (cf. Monograph, pp. 64-65). As you can see from the tables, to determine where to bound the interpretation of these concepts, we focused on three dimensions: (1) the relationship between assailant and victim; (2) the range of sexual activity involved; and (3) the degree of coercion used. The tables are ordered from narrow and restrictive ones at the top of each list to broad and liberal ones at the bottom. Choosing any item in the list implicitly includes all those above it.

For sexual assault, the respondents chose the broadest boundary level for the nature of the relationship between victim and assailant. This finding indicates that the conception of sexual assault does not revolve around the victim-assailant relationship. Concerning range of sexual activity, the participants bounded the concept at "display of genitals in a sexual context, without physical contact." This suggests that sexual assault may be said to

occur in some cases without physical contact. Regarding degree of coercion, the majority of participants selected "implied threat (nonverbalized but perceived)"; 37% of them extended the notion to include "promised emotional or tangible rewards." The results suggest that indirect threat with no actual coercion involved should bound the concept of sexual assault.

To describe the structure of incest, respondents chose the broadest boundary across the three dimensions. For specifying possible relationship of assailant to victim they chose "any relative by blood, marriage, or adoption, or any person in the parent or guardian role." To specify the range of sexual activity, they chose "verbally expressed sexual interest." To specify degree of coercion, they chose "promised rewards." The results suggest that the concept of incest does not require physical contact and it can include verbal expression of sexual interest.

Overall, participants thus found narrow legal concepts inadequate, endorsing concepts that de-emphasize type or relationship or contact between victims and assailants. The central construct for both sexual assault and incest is coercive sexual behavior.

THE DELPHI RESULTS

CRITICAL ISSUES: WHERE ARE WE GOING?

Presenter: Vivian Brown, SCRPSC

You have all heard an incredible amount of data. There are many more results in the monograph. But where do we want to go with these results? I would like to share briefly some of our ideas of how to use the results. (The Implications chapter in the Monograph details our ways of using the results.) But the results are presented today to give us all a platform upon which treatment, prevention, and research would build future directions. So I offer you a few ideas/issues before we meet in our workshops this afternoon.

Victim Intervention/Adults. With regard to factors guiding effective treatment, the results yielded a prioritized list (cf. Monograph, pp. 70-71). We felt that these factors could be used to define an initial assessment interview. That is, the assessment could be designed to follow the specific items, with each item yielding a different scaled rating. This assessment could lead to a better assessment of the magnitude of the crisis and, therefore, help define the treatment strategies to be used. In addition, we proposed that each of these factors needed to be studied separately and in interactions.

Victim Intervention/Children. Regarding juvenile victims, one of the most serious obstacles to treatment was limited options for protecting children. Another was limited knowledge regarding treatment for children. Respondents considered treatment for children as almost always necessary. In other questions, there appeared to be some uncertainty about the value of reporting. And in one of the forced-choice questions concerned with child victim, the majority of respondents (78%) approved arranging for the father to leave the home, rather than other living arrangements (removing the boy/child or not changing the living arrangements). It would appear that there is need for further research and demonstration projects concerning alternative protective strategies for children and treatment strategies.

Assailant Intervention. Treatment for assailants and potential assailants was linked with two important and consensual outcomes--using constructive alternative strategies to cope with aggressive and sexual feelings, and relating to women as human beings rather than objects. We felt that the emphasis on assailants' behavioral change points to the need to develop behavioral strategies aimed at these specific outcomes. What are the most effective strategies to change attitudes toward women and to provide alternative skill training?

Primary Prevention. While the goals and outcomes for primary prevention appear to be clear, there was uncertainty about the effectiveness of prevention strategies. We raised the question regarding the arenas and the strategies that might have the most impact. What is effective--and who is the most effective agent? Do we have any good methods of primary prevention? And how do we evaluate prevention efforts? If the most valued outcomes focus on changes in family and education, how do we best accomplish these changes? How

can we collaborate with other prevention efforts (from other fields) in order to reduce or prevent violence in general and victimization of any kind?

The workshops this afternoon are designed for us to be able to explore further the areas of consensus, of uncertainty, of conflict. Where there is consensus, do we agree with that consensus--and, if so, how best do we implement? Where there is uncertainty, what do we need to know? Where there is conflict, how do we best proceed?

The workshops are our opportunity to collaborate--researchers and practitioners--and to use the results to expand our field in the '80's.

CHILD SEXUAL ASSAULT WORKSHOP

Co-facilitators: Shela Brooks, Hillside Episcopal Home for Children, Pasadena YWCA Rape Hotline
Linda Garnets, SCRPSC
Recorder: Suzanne Dumont

The workshop on child sexual assault intervention focused on three broad themes: definitions/terms, reporting, and treatment issues. The workshop began with feedback about the morning presentation. The major concern about the Delphi study was that it did not sufficiently reflect minority concerns or capture the kinds of intervention strategies needed in work with minority victims and their families.

Definition/Terms. The workshop participants expressed strong agreement with the Delphi findings concerning the need to broaden the definitions of child sexual assault and incest. There was considerable concern, however, about how the courts could "enforce" these expanded definitions. At present, the group felt that courts and law enforcement agencies rarely believed the child's report, especially if the child has been abused over a long period of time.

The conference participants suggested several ways the broader definitions could be applied to practice in counseling, education, prevention, and media. Concerning victim intervention, participants felt that using such a conceptually consistent approach regarding victims could improve training efforts because the definitions raise consciousness about the reality of sexual assault. For prevention purposes, these definitions could aid in parent skill training efforts and socialization efforts with children. Educational systems seem to need structuring in non-sexist ways. Suggested courses for preschool or elementary school level children included: relationships, communication skills, sexuality, assertiveness training, self-concept/self-worth classes, and male/female interaction classes. Regarding the media, picketing and boycotting were suggested to pressure media to support positive sex role images. The group concluded that the social structure on many levels contributes to the problem of child sexual assault/abuse.

There was also consensus that effective treatment may need to involve a counseling/legal interaction (e.g., mandating treatment) since children have no power without legal sanctions. Developing new methods for family therapy or other intervention were also seen as necessary.

Reporting. Given the legal mandates to report child sexual assault, the group struggled with the following dilemma: On the one hand, reporting may reduce the incidence of child sexual assault by exposing and formalizing the problem. On the other hand, reporting can adversely affect children and adults involved in the process. The group discussed the factors involved in resolving such a dilemma: family's financial ability to cover court fees and take time from work; societal pressures impacting on families who report; stirring up of blame toward mothers for their children being victims of incest; degree of police sensitivity in handling such cases; disruption of family--

often children taken out of home and difficulty of children being believed concerning report.

The participants suggested that for reporting to be effective there needs to be better community education of the nature and scope of the problem; more mandatory rehabilitative programs for assailants; and, most importantly, more linkages between mental health and law enforcement agencies. Overall, the group thought the impact of reporting must be strongly considered in any reporting procedure and that both children and adults must be informed as to how to get help during this difficult process.

Treatment Issues. There was group consensus that children do need counseling following sexual assault/abuse. The workshop participants discussed strategies and attitudes that they considered important to effective intervention. It was considered important for counselors to be aware of their own feelings, reactions, and value judgments toward both the child and the assailant. The counselor should understand typical reactions of children and each of their parents in incest situations. Counselors should be familiar with current data concerning the incest perpetrator. Finally, the counselor should be aware of the cultural considerations in dealing with each case. The counselor must be careful not to "stereotype" an entire cultural group, but rather understand the norms of a given culture that may guide the intervention approach of a specific case.

Protective Arrangements. There was discussion of obstacles to protecting incested children. The discussion centered on trying to determine when a family provides a "safe" environment for a child. One suggestion was that a family is safe for a child when the problem has been well aired and treatment is underway. Protection could then be maximized by developing a follow-up plan for the child's protection. The child could be given phone numbers and methods of calling for help. The mother must identify herself as protector of the child. Even with these kinds of safeguards, the group felt that it was impossible to guarantee the child's safety when reuniting an incest family.

Participants discussed other arrangements for the protection of the sexually abused child. It was generally agreed that foster homes rarely have truly qualified parents, so foster care is not the best solution. The issue of removing the incest pereptrator instead of the child was explored. No resolution of this problem was suggested.

The group expressed interest in continuing such discussions, meeting in small groups.

ADULT SEXUAL ASSAULT WORKSHOP

Co-Facilitators: Karen Roberson, Huntington Memorial Hospital, Patient Services
Grace Hardgrove, SCRPSC
Recorder: Mary Jo Moeschl

This workshop was composed of female participants representing a variety of settings and disciplines, as well as a wide range of levels of expertise and experience in the field of sexual assault. Some were current and past rape crisis centers directors, some public and private mental health practitioners, some dealt with sexual assault services in medical settings, one worked within the legal system, and one in research. The workshop discussion dealt with an expansion of concepts pinpointed in the Delphi Study. It also offered participants an opportunity to learn from each other and to share viewpoints grounded in their experience in different settings.

The group first addressed the issue of an improved sense of trust in sexual assault survivors which was rated low as an intervention outcome priority in the study. Participants agreed that a survivor's trust must realistically depend upon the trustworthiness of the environment. "Realistic caution" and "intelligent mistrust" are appropriate, given a culture in which sexual assault is so prevalent. Trust for survivors of spousal and familial sexual assault may be particularly problematic. However, participants agreed that a restored sense of trust in oneself and in one's ability to cope and to control one's life is crucial for survivors. This may be accomplished through the process of restoring positive coping following an assault, through support, through learning to minimize risk to oneself and to counteract unhelpful aspects of culturally stereotypical sex-role conditioning, and through awareness of choices. In looking at the issue of how trustworthy the environment is, the group also addressed the issue of whether the incestuously assaulted child or the assailant should be removed from the home. Participants agreed that one should be removed until the child's safety could be assured, and that the one should be the assailant if the environment was supportive to the child. However, if the environment was hostile (e.g. the child was blamed for the crisis in the family), the child should be placed, at least temporarily in a supportive setting. The need for the child to receive skilled support and treatment in either case was underlined. Removal from an assaultive environment alone is not sufficient intervention to assure the child's or adult's well being and positive coping in either a child or adult sexual assault situation.

The group focused on the Delphi Study definition of sexual assault, "any forced sexual activity," which was chosen as best in quality and practicality by Delphi respondents. Participants agreed that the use of the term "sexual" in connection with this type of assault tends to reinforce the myth that this violent act is somehow sexual. In addition, the group preferred the word "act" to "activity," as the latter tends to connote a more playful, pleasurable, less serious experience than the former. The group agreed that the term "forced" tends to connote overt force rather than the broad range of coercive means utilized by assailants to dominate their victims, and agreed that "non-consensual" better described the range of force involved. It was noted that if sexual assault were defined as "any non-consensual sexual act," the definition preferred by the group, there would still be problems because of the myths "sexual" conveys. In addition, in legal/

law-enforcement settings, there is a distinct advantage in the impact of terms like "rape," "rapist," and "force." It was agreed that the terms and definitions used to describe sexual assault have a significant effect on the way the culture views this violence and views the need for intervention.

It was also agreed that careful use of terms can aid in changing distorted attitudes. Different terms may need to be used in different settings for different audiences; however, the concepts of lack of consent and of the acts being violent, not sexual, should be stressed with any group. In addition to caution about terms and definitions used, the group agreed that ongoing massive community education must continue. Such education would focus on the reality of sexual assault, the myths, the difference between coercive and consensual sex, and prevention and self-defense.

The group then addressed the terms "victim" and "survivor." Delphi respondents preferred the term "victim" to refer to someone who has been sexually assaulted. The group disagreed with the study results, suggesting that the term used to refer to a person affects the way others relate to her and the way she views herself. "Victim" connotes helplessness, powerlessness, lack of ability, one to be pitied; "survivor" connotes strength and survival after a difficult experience. The group agreed that the two terms be at ends of a continuum that represents a healing, empowering process. During the assault, the person is a "victim" with all that that term connotes, but as the person regains positive coping she becomes a "survivor." The latter term may enhance the person's self-esteem, reinforce the things she did during the assault to save her life, and remind caregivers that their role is to enable her to restore the strengths she possesses. The group cautioned counselors about using the term, "survivor," prematurely with a client, however, and avoiding her need to work through her feelings of fear, helplessness, powerlessness, vulnerability, and dependence. The group also acknowledged that the impact of the term, "victim," in court and in the media underlines the seriousness of the assault. Both terms should be used, appropriately, to illustrate the continuum of recovery.

The Delphi respondents did not reach consensus about the necessity of counseling for sexual assault survivors. The workshop group agreed that if "counseling" is broadly defined to include support, crisis intervention, information-giving, self-help resources, and advocacy, as well as a variety of more traditional counseling modes, then all survivors would benefit. The group agreed that all survivors do not need traditional therapy, that counseling does not have to be long-term or face-to-face, that a wide variety of people may provide counseling, and that outreach to enable intervention is important. The survivor needs to know what options for counseling are available, so that she can choose those best suited to her. Counseling may be done by paraprofessionals or professionals who have specific skills in dealing with the crisis of sexual assault. A professional credential without additional sexual assault intervention training is not adequate. Paraprofessionals should receive supervision from a person who is skilled in sexual assault intervention, crisis intervention, and who is knowledgeable about traditional treatment modes which are not limited to sexual assault. While outreach was viewed as important, respect for a survivor's refusal of help was stressed. A self-help group for survivors, if facilitated by a trained, supervised paraprofessional, was viewed as a viable option or addition to other counseling.

While Delphi respondents agreed that male counselors may be helpful to female survivors, the workshop group expressed the belief that female counselors are preferable, particularly in the initial crisis stage. In all situations, the survivors should be offered a choice of a female counselor, and this offer should

be made by a female. The survivor in crisis feels vulnerable and powerless and is likely to carry pieces of cultural conditioning that place males in an authoritative, unequal power relationship to females. The client may not be able to express a preference for a female counselor, if speaking directly to a male. In addition, work with a supportive skilled female counselor can serve as an important modeling experience for a survivor who may view herself and other females as powerless and dependent. The male counselor who does hope to be truly effective with female survivors must be very aware of the subtle ways in which the unequal male-female power relationship affects women in our society. He must also be aware of the multitude of issues a woman confronts within herself and the environment after a sexual assault. This requires a very special male. However, the group stressed the important role skilled, sensitive male counselors may play with male significant others of the female survivor and with some male survivors.

The group addressed the issue of the importance of intervention with significant others of survivors which Delphi respondents had considered a low-priority goal. The group believed that the low priority rank was the result of the forced-ordering design of the research questionnaire rather than a belief by respondents that this was an unimportant task. Significant others need assistance in coping with their own reactions to the assault in order to be positively supportive with the survivor. And if the survivor chooses not to seek assistance directly, the significant other may be her main supportive counselor. Unfortunately, because existing services are already overwhelmed in attempting to respond to the needs of survivors, and because some program funding specifies that only direct service to survivors be provided, the important task of appropriately assisting significant others often receives low priority attention.

The workshop group was restricted by time from further exploration of these and other Delphi Study result issues. However, the topic of training for service providers was focused on briefly. The group again stressed the importance of training in attitudes and myths about sexual assault as well as sensitivity to the variety of needs of the survivor for all caregivers who intervene. Inter-agency coordination and networking as well as in-depth knowledge of community referral resources were viewed as extremely important.

ASSAILANT WORKSHOP

Co-Facilitators: Kerry Lobel, Southern California Coalition on Battered Women
Emilia Bellone, SCRPSC
Recorder: William Dombrowski

The workshop addressing intervention with assailants began by considering treatment approaches, but quickly came to the conclusion that treatment of assailants could not be examined without a clearer understanding of assaultive behavior. Attention then shifted to an examination of individual and societal factors that contribute to sexual assault.

There was consensus among the workshop participants that sexism in male socialization is a fundamental element promoting sexual assault. It was suggested that a wide range of coercive sexual behavior exists in culturally accepted relationships between men and women, and that rape, in some respects, is simply an extension of what is culturally acceptable.

Another factor thought to promote sexual assault was American society's acceptance of violence as a means of dealing with problems. Societal reinforcement of violence as a way to cope with problems was considered a prominent aspect of male socialization. Workshop participants were also in agreement that few, if any, of the alternatives to violence that are available to men are given high value in our society.

A general concern for sexual assault prevention was expressed. It was suggested that greater attention be given to modification of socialization systems as a means of reducing sexual assault. The newspaper, television, and film media were considered an important element of socialization systems that should be targeted for change. It was believed that the media supported detrimental societal values such as sexism, and that the media do not adequately attend to the concerns of women. At the same time these media were perceived as an important tool to educate the public, thereby promoting changes in the way people are socialized. There was also consensus that men needed to be engaged more fully in the process of changing socialization systems that affect men, rather than having women continually take the lead.

Identified as an important obstacle to the modification of socialization systems was the absence of male role models for constructive behavioral alternatives to violence and sexism. Workshop participants reached consensus about the need for constructive male role models. It was suggested, however, that the establishment of constructive male role models could not occur without the development of an accompanying mythology that lends credibility and support to these alternative behavioral models.

Despite agreement that sexist attitudes, acceptance of violence, and the lack of alternative male role models were important factors contributing to sexual assault, many questions remained about why some persons became assailants while others did not become sexually assaultive. It was noted that females generally do not seem to become sexually assaultive. Speaking from their experience in work with assailants, some workshop participants suggested that early childhood sexual abuse may be important in shaping assailant behavior. It was a common observation that

assailants reported having been victims of sexual abuse during their childhood. Another suggestion was that assailants have strong feelings of inadequacy, including a feeling that they cannot gain control over events in their lives; these feelings may be alleviated in some way by violent behavior directed toward women. In support of the idea that assailants have deep-seated feelings of worthlessness was the observation that many assailants describe their lives in terms of themselves being victims. It was observed, however, that stories of childhood victimization are sometimes used by assailants to elicit a sympathetic response from persons charged with providing treatment. This may obscure what the assailant has done, work to the detriment of treatment goals and may undermine the assailant's accountability for his behavior. The workshop participants concluded that in some ways everyone is a victim of their own socialization, but this cannot be used to excuse the behavior of the sexual assailant. There was general agreement that assailants must be held accountable for their behavior.

Speculation about the causes of sexual assault led to a consensus that more research was needed to better understand assailant behavior. In some respects current research was considered inadequate since it tended to focus on samples of convicted assailants. General application of findings based on these samples was thought to be limited, if not misleading, since convicted assailants may not be representative of assailants in general. In addition, the context in which research on convicted assailants occurs (i.e., correctional or mental health facilities) may bias the responses obtained by researchers. It was recommended that more research be developed to look at "undetected" assailants, and that research be conducted in settings where the assailant's "story" can be elicited without it being modified by the assailant as a means to gain advantage within the institutional context. However, a warning was issued by some participants that the societal trend toward more punitive handling of all criminals may impede research efforts on assailant behavior. Of particular concern was the transfer of responsibility for dealing with assailants from mental health systems, which were believed to be open to research, to correctional systems, which were considered less receptive to research efforts.

After examining some of the causes of sexual assault and the need for additional research on assailant behavior, workshop participants returned to a consideration of issues in the treatment of assailants. Of special interest was the role that women, especially victim advocates, might play in the treatment of assailants. An interesting program in which female victim advocates successfully worked with groups of male assailants was reported. The experiences of these counselors suggested that victim advocates may have a unique role to play in the treatment of assailants by virtue of their understanding of the experiences of victims and their ability to communicate these experiences to assailants. Moreover, because of their knowledge of the victim's experience, victim advocates seemed better able to maintain objectivity in the face of the manipulative behavior often used by assailants to circumvent treatment. While treatment programs employing victim advocates in this way are still in the experimental stages, the workshop participants agreed that all persons who work with assailants should be well educated in the experience of victims. This education should include training at rape crisis centers.

Finally, some issues of terminology were addressed in this workshop. Of special concern was use of the term "victim" as contrasted with "survivor." There seemed to be consensus that the terms should be used selectively depending on the context. When calling attention to sexual assault as a grave social problem, some

participants felt that the term "victim" seemed most appropriate since it conveyed the harmful and criminal nature of sexual assault. The term "survivor" seemed more appropriately used in the context of direct work with victims of assault since it communicated the idea that one can effectively cope with having been assaulted; i.e., that one need not remain victimized. Discussion also focused on terms to refer to the men who sexually assaulted women. Some participants preferred the term "rapist" or "offender" as they felt it more exactly described the offensive nature of his assaultive behavior. Others preferred "assailant" as they felt that the sexually assaultive behavior might cover a broad range of activities, not just rape. No consensus was reached on these terms.

PRIMARY PREVENTION WORKSHOP

Facilitator: Barrie Levy, SCRPSC
Recorder: Helaine Sokolik

Three broad areas for focus of change were identified by the Delphi study: institutional, behavioral and attitudinal changes. These were considered to be essential arenas for social and individual change that might ultimately result in reduction or elimination of sexual assault.

The discussion of prevention began with discussion of the possible fundamental causes of sexual assault. The causes seem to be multifaceted and complex; they are tied to racism, sexism, classism, or, essentially, to the oppression and exploitation that is an enactment of power differences. There was considerable controversy regarding the emphasis on biological determinants (about which there is minimal information) versus emphasis on environmental and psychosocial determinants for sexually assaultive behavior. Prevention strategies would clearly vary according to the assumptions about the cause of sexual assault.

Strategies for implementing institutional change targeted the three "systems" prioritized by the Delphi study: education, family and media. Proposed strategies for changing the education system were: development of non-sexist curriculum for all grade levels; training educators to increase their awareness of alternatives to stereotyped sex-role expectations. Proposed strategies for changing the family were: public education and public school curriculum (for all ages) regarding alternatives to rigid role definitions within the family. Strategies proposed for changing the media were: boycotts of products of companies which sponsor sexist and racist portrayals of men, women and family life in both programming and advertising; script consultation regarding non-sexist programming.

Target audiences for community education for prevention of sexual assault were prioritized by workshop participants. They were adolescents, parents of preschool age children, 5th and 6th grade school children.

Who are the change agents in implementing these changes? It was suggested that they include public interest groups; members of and people with access to members of police departments, city councils, etc.; PTA's, networks of prevention programs dealing with social problems other than sexual assault. Almost anyone can be a change agent, especially when individuals with awareness of links make personal contact with people with limited awareness.

Mechanisms for evaluating success of prevention strategies were discussed. Several suggestions were: to use anecdotal information to describe trends; to measure behavior changes and/or attitude changes by means of pre and post-intervention measures; to include a mechanism for follow up over time in curriculum for education programs. However, workshop participants found it difficult to come up with effective evaluation strategies for assessing "what are the messages people get from prevention programs?" The issue was raised that one strong visual effect via media forms may wipe out the intended message. This was an area that participants felt needed more attention.

Workshop participants felt that practitioners in primary prevention need increased training in values clarification, application of current research results to community education, and communication skills. Practitioners also need skills in advertising, public relations and discourse analysis.

The workshop concluded with discussion of how to reach the potential assailant. Preventive education regarding stress management, appropriate expression of anger, assertiveness, and issues regarding sexism and racism for all segments of our society would be useful for the unidentified potential assailant. Discussion groups led by males who have developed skills and awareness in these areas were recommended. To motivate males to participate an approach must be developed that helps them to understand what sexual assault prevention can do for them, especially to acknowledge the assailant as victim as well.

CONFERENCE SUMMARY

The purposes of this conference were to share and discuss the results of the Delphi study; to exchange ideas for future service priorities and research efforts in sexual assault prevention and intervention; and to obtain further response regarding the issues raised by the Delphi study. Based on evaluation feedback, it appeared that the conference achieved these three objectives.

The conference workshops generated a great deal of discussion on the controversial aspects of prevention and intervention. Workshop discussions expanded ideas in the Delphi study; highlights follow.

Intervention with Adult Sexual Assault Victims. The consensus among workshop participants was that all victims do not need counseling. The Delphi study obtained no consensus on this issue. However, the workshop discussion clarified that if "counseling" is defined to include support, crisis intervention, information-giving, self-help resources and advocacy as well as more traditional therapeutic modes, then all survivors can benefit from it.

The workshop participants agreed with Delphi study results that male counselors can be helpful to female survivors. The workshop participants felt, however, that female counselors are preferable and that for male counselors to be effective they must be aware of the subtle ways in which unequal male/female power relationships affect women.

Contrary to the Delphi study, workshop participants considered counseling with significant others to be a high priority.

Intervention with Child Sexual Assault Victims. In agreement with the Delphi study, workshop participants favored the use of broad definitions of child sexual assault and incest. They added that it would be difficult to enforce such definitions, but they would have a beneficial impact on both counseling and education.

The workshop discussion expanded information gathered in the study by suggesting that for reporting to be effective there must be: better community education, mandatory rehabilitation programs for assailants, and stronger linkages between mental health and law enforcement.

Workshop participants concurred with the study that all children need counseling following a sexual assault/abuse.

Workshop participants agreed with the Delphi study that a major obstacle in working with children victimized by incest is the limitation of available options for protecting an abused child.

Intervention with Assailants. According to both Delphi study findings and workshop participants, sexism in male socialization which condones coercive sexual behavior as socially acceptable is an important causative factor of sexual assault. The workshop discussion added the need for constructive male role models and accompanying exposure to a new male socialization mythology to lend credibility and support to these alternative models.

The workshop participants added to the Delphi results by emphasizing the need for research with samples of non-incarcerated rapists.

They also added that female victim advocates may have an important and unique role to play in treatment of assailants.

Primary Prevention. In agreement with the study, the workshop participants viewed the causes of sexual assault to be linked to racism, sexism, classism, or essentially oppression and exploitation that is the enactment of power differences. However, there was controversy among workshop participants regarding additional emphasis on biological determinants versus sole emphasis on mental and psychosocial determinants.

Workshop participants identified several skills needed by prevention specialists: values clarification skills, application of current research results to community education, communication skills, advertising, public relations, discourse analysis, skills for teaching people to integrate prevention concepts into their lives.

The workshop participants also identified certain strategies to reach potential assailants using preventive education focused upon: stress management, anger management, assertiveness, and issues of sexism and racism.

While each workshop focused on special concerns, several issues came up in all four workshops: broadening the definitions of sexual assault and incest; recognizing the relevance of the results to various ethnic groups; and the importance of including prevention information in all intervention efforts.

Overall, the discussions generated by the Delphi results offered additional information and directions to guide practitioners and researchers in sexual assault prevention and intervention.

END