



# SAN MATEO COUNTY PROBATION DEPARTMENT

RAPE TRAUMA SERVICES  
ANNUAL EVALUATION

**2020 - 2021**



---

## About the Researcher

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

## Authors

Manya Jyotishi, Ph.D.

Connie Chu, B.A.

Kimberly Gillette, M.P.H.

Kim Carpenter, Ph.D.

Graphic Design: Jenna Nybank, B.F.A.

## Locations

Bay Area:

1871 The Alameda, Suite 180

San Jose, CA 95126

Phone 408-247-8319

Central Coast:

55 Penny Lane, Suite 101

Watsonville, CA 95076

Phone 831-728-1356

Sacramento:

2351 Sunset Blvd., Suite 170-187

Rocklin, CA 95765

Phone 916-827-2811

[www.appliedsurveyresearch.org](http://www.appliedsurveyresearch.org)

---

## Contents

<b>Program Description .....</b>	<b>3</b>
<b>Programmatic Challenges in Fiscal Year 2020-21 .....</b>	<b>4</b>
<b>Evaluation Methods.....</b>	<b>5</b>
<b>Evaluation Findings .....</b>	<b>6</b>
<b>FY 2020-21 Highlights.....</b>	<b>6</b>
<b>Profile of Youths Served .....</b>	<b>6</b>
<b>Program-Specific Outcomes.....</b>	<b>6</b>
<b>Evidence-Based Practices .....</b>	<b>7</b>
<b>Client Story .....</b>	<b>9</b>

## Program Description

Rape Trauma Services: A Center for Healing and Violence Prevention (RTS) is a nonprofit, volunteer-based organization founded in 1995. RTS is the only organization in San Mateo County providing comprehensive sexual assault services for survivors and their loved ones while working in the community to prevent sexual assault, end cycles of violence, and educate residents and providers about sexual violence and other kinds of abuse. RTS has a deep commitment to the fundamental ideas of youth rehabilitation: restorative justice, gender sensitivity, and trauma-informed change. Over the past 26 years, RTS has become a vibrant community agency offering the following services:

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

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

## Programmatic Challenges in Fiscal Year 2020-21

COVID-19 caused significant changes to the delivery method for RTS programs. RTS still provided front-line services to survivors and their families, including a 24-hour crisis line, advocacy, accompaniment, counseling, and prevention education. Its services are currently delivered through telehealth methods. RTS and its multidisciplinary team members noted little change in the engagement level of children and families during telehealth forensic interviews and the follow-up advocacy that was offered. Some children reported that it was less stressful to tell their stories via Zoom. In 2020, RTS noticed a marked increase in basic needs; no family can heal when homeless or hungry. RTS leveraged COVID-19 funds to supply families with gift cards while working with their core service agency partners to enroll families in benefits, where feasible. Their most vulnerable families are undocumented and often monolingual Spanish speaking, who remain the most affected while having the least long-term support options. RTS hopes that the political rhetoric around this issue will change in the coming year, allowing families to trust the systems available to them. RTS will continue to work with survivors and their families, find creative paths to solutions, and seek funds to ensure the children affected by sexual abuse have what they need to continue their healing processes.

## Evaluation Methods

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

**Participants and Services:** Grantee programs collected demographic data (e.g., race/ethnicity, gender, etc.) and service data (e.g., type of services, hours of services, etc.) for individual participants. Program staff entered these data into their own data systems prior to transferring the data to ASR for analysis.

**Outcomes:** RTS also collected three program-specific outcome measures to track progress toward the goal of improving the youths' outcomes:

- Percentage of youths who receive crisis intervention that are able to identify RTS as a community resource
- Percentage of mindfulness group participants that are able to identify two coping and/or regulation skills at the end of each 12-week session
- Percentage of students who participate in Ending Cycles of Violence Prevention Education that are able to identify one trauma response from each category: acting in, acting out, and acting to heal

**Evidence-Based Practices:** YOBG-funded programs are encouraged to follow evidence-based practices. To augment Probation's knowledge of which programs are being implemented by funded partners, each funded program provided a catalog of its practices. After receiving this information, ASR runs any new cataloged practices reported through several clearinghouses to determine whether the practices were:

- Evidence-based theory or premise
- Evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective
- Evidence-based practices, or modalities shown to promote positive outcomes
- Evidence-based tools, or instruments that have been validated (concurrent and predictive)

## Evaluation Findings

### FY 2020-21 Highlights

- Twenty-one youths were served. They spent an average of 2.8 months in the program and received 10 hours of service on average.
- RTS exceeded its performance measures target on two out of three measures.

### Profile of Youths Served

RTS served a total of 21 youths in FY 2020-21. Youths spent an average of 2.8 months in the program and received 10 hours of service on average (Table 1). Over six out of 10 (62%) youths identified as Hispanic/Latino, 14% identified as White/Caucasian, 14% identified as Black/African American, and 10% identified as Asian/Pacific Islander. Sixty-two percent (62%) of youths self-identified as male, 38% self-identified as female, and 0% as transgender/other, and the average age of youths was 17.1 years old.

**Table 1. RTS Youth Services**

YOUTH SERVICES	FY 20-21
Youths Served	21
Average Hours Served	10.0
Average Time in Program (Months)	2.8

### Program-Specific Outcomes

RTS exceeded its performance measures target on two out of three measures (Table 2). Ninety-eight percent (98%) of youths who received crisis intervention identified RTS as a community resource, and 97% of youths who participated in Ending Cycles of Violence Prevention Education identified one trauma response from each category: acting in, acting out, and acting to heal. RTS did not quite meet its last goal of youths in the mindfulness group identifying two coping and/or regulation skills at the end of each 12-week session. However, 95% is only one percent shy of the target (96%).

**Table 2. Program Specific Outcomes**

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



identify one trauma response from each category: acting in, acting out and acting to heal		
--	--	--

### Evidence-Based Practices

In FY 2020-21, YOBG programs were asked to provide the practices and curricula employed in their programs. ASR then evaluated the cataloged programs to determine whether they were evidence-based or promising practices by running them through several evidence-based practice clearinghouses. Table 3 details the practices and curricula that RTS used in its programs.

**Table 3. Evidence-Based Practices**

PRACTICE	IMPLEMENTATION	RATING
<b>Crisis Intervention / Advocacy</b>	Probation and Behavioral Health & Recovery Services (BHRS) staff regularly reach out to RTS after intake at the Youth Services Center-JH (YSC-JH) when youth disclose childhood sexual abuse or trafficking, or when they ask to speak to an advocate. Services are offered via telehealth, and the response time remains within 24 hours. A Sexual Assault Counselor (SAC) responds to offer rape trauma services. Even when youths have a therapist, a peer counselor or SAC can meet with the youths to provide advocacy and crisis intervention. RTS is in a unique position to begin services while youths are incarcerated (regardless of the length of therapeutic detention time) and to continue services once they are released. Evidence-based practices inform the response time and continuum of care.	Promising practice according to empirical evidence. <sup>1</sup>
<b>Prosocial Skills/ Emotion Regulation/ Coping Skills</b>	RTS has facilitated a weekly trauma-healing group at Margaret J. Kemp Camp for girls (Camp Kemp) for many years. As the program's requirements and length of stay changed, there was a noticeable change in the provider's ability to establish safety, a requirement for trauma healing. Changes in the relationships with other youth and Group Supervisor (GS) staff on a weekly, and sometimes daily, basis create complex obstacles, especially for a community-based organization not on site each day. RTS philosophies and practices are applicable to all youths. Healing is not the work only of girls, as learning about ending cycles of violence is not the work only of boys. RTS seeks to enroll all	Although the practice of supporting these skills incorporates the evidence-based practices of Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Mindfulness-Based Stress Reduction (MBSR), it is not a nationally recognized evidence-based or promising practice.

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



PRACTICE	IMPLEMENTATION	RATING
	<p>interested youths in group therapy in both YSC-JH and Camp Kemp. Over the years, trauma-healing facilitators noted that youth engagement peaked when discussions focused on immediate feelings. When engaged, facilitators leveraged their openness to practice skills related to emotional regulation. Given the challenges of the existing curriculum and RTS expertise in trauma and crisis intervention, an evidence-informed process group, focused on mindfulness-based stress reduction, meets the needs of program youth and the scope of work in the RFP. Concentration on emotional regulation utilizing evidence-based interventions (cognitive behavioral therapy, dialectical behavioral therapy, reflective journaling, grounding techniques, and somatic experiencing) will set the groundwork of the weekly sessions.</p>	
<p><b>Ending Cycles of Violence Education</b></p>	<p>A unique aspect of RTS is that prevention and intervention services are concurrent. RTS believes you cannot have one without the other. RTS seeks to reach as many youths as possible through its eight-session evidence-informed curriculum Ending Cycles of Violence (ECV). ECV provides a conceptual framework for understanding the crucial nature of cycles of violence and healing. All RTS educators can also provide crisis intervention after ECV sessions.</p>	<p>Promising practice according to empirical evidence.<sup>2</sup></p>
<p><b>Re-entry with Trauma-informed Care</b></p>	<p>Parent-guardian trauma 101: Families that carry trauma across generations (as most families do) are likely to develop emotional cultures that practice silent suffering. Some parents tend to be more motivated to face their own pain when they see it is causing pain to their children. Other parents more entrenched in denial may experience a “wakeup call” when their kids are “in trouble.” If we approach them respectfully and care about pain they have experienced, present and past, there is a good chance to engage them in creating change in their communication and actions within their families. Working from an educational model, with evidence-informed curriculum, parents are</p>	<p>Although not rated on its own, trauma-informed care is informed by evidence-based practices.<sup>3</sup></p>

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

<sup>3</sup> SAMHSA. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, p10. Pub ID#: SMA14-4884

PRACTICE	IMPLEMENTATION	RATING
	often surprised to discover that healing from trauma is readily understandable and attainable. RTS can meet with families in their communities and on evenings and weekends, as needed. Meeting in their communities also connects families to the agency without the pretext of visiting the place of perhaps their greatest shame—where their child is incarcerated.	
<b>Practice-Based Trauma Training</b>	Practice-based trauma training works within the context of a trauma-responsive and “restorative justice,” framework. It recognizes how trauma affects the brain, how those responses affect behavior and how—with information, empathy, and empowerment—we can change the cycle of acting out/acting in to acting to heal. An understanding of how the autonomic nervous system governs social engagement or disengagement through the body’s involuntary fight, flight, or freeze/dissociation responses will help us gain skills to promote more consistently supportive, reparative, or at least benign interventions. RTS trainings have created a strong trauma-informed partnership with Probation/Institutions staff and other community partners. The curriculum for Practice-based Trauma Training is informed by the California Coalition Against Sexual Assault (CALCASA) guidelines and Ending Cycles of Violence.	Although not rated on its own, many trauma training programs are trauma-informed and trauma-responsive, which are considered to be evidence based by SAMHSA. <sup>4,5</sup>

## Client Story

Staff at funded programs provide a client story to help illustrate the effect of services on their clients. The following is a client story provided by RTS for FY 2020-21 (Table 4).

**Table 4. Client Success Story**

<b>Name of Client</b>	Eric
<b>Age and Gender</b>	17, male
<b>Reason for Referral</b>	A voluntary program currently for youth residing at the YSC-JH.

<sup>4</sup> Clearinghouse Continuum of Evidence (n.d.). *Ending Violence. Clearinghouse for Military Family Readiness*. Retrieved from [https://www.continuum.militaryfamilies.psu.edu/program/fact\\_sheet\\_2453](https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2453)

<sup>5</sup> ValorUS. (n.d.). *What We Do - Valor*. <https://www.valor.us/what-we-do/>

<p><b>Client's Behavior, Affect, and Appearance When They First Started in the Program</b></p>	<p>Outgoing, friendly, honest, open about himself, participatory/engaged, high-spirited/enthusiastic; tends to contribute the most in the group, has leadership potential.</p>
<p><b>Activity Engagement and Consistency</b></p>	<p>Eric engages in all activities (e.g., discussions, worksheets, experiential), and engagement has been consistent throughout his attendance.</p>
<p><b>Client's Behavior, Affect, and Appearance Toward the End of the Program</b></p>	<p>Eric continues to be his core self (e.g., outgoing, friendly, honest, open, enthusiastic). His openness seems to allow him to hear and attempt to understand alternative perspectives rather than seeing his own as the only one and the right perspective.</p>
<p><b>What the Client Learned as a Result of the Program</b></p>	<p>Everyone has boundaries that will differ between people.</p>
<p><b>What the Client is Doing Differently in Their Life Now as a Result of the Program</b></p>	<p>The client is attempting to understand alternative perspectives.</p>
<p><b>The Value of the Program in the Client's Words</b></p>	<p>The program services for this youth is ongoing; evaluations will be provided at a later date.</p>