

# Responding To Sexual Violence

## A Guide for Professionals in the Commonwealth



# ABOUT THIS GUIDE

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Since 1 in 6 women and 1 in 33 men<sup>1</sup> are raped sometime in their lives, you will encounter survivors in your professional career and your personal life. For this reason, the Kentucky Association of Sexual Assault Programs (KASAP) is glad to provide this *Professional's Guide* packed with essential information about frequently asked questions. Whether you are a medical professional, law enforcement officer, attorney, teacher, counselor, public official, or concerned citizen, we hope this *Guide* will provide vital information about how to effectively respond to survivors of sexual violence.

This *Guide* is designed as a series of information sheets that can assist you in responding to and preventing sexual violence. We invite you to use this information for your own professional development and/or to share with others, including survivors and their family and friends. While this *Guide* provides a great deal of information about sexual violence, it is in no way exhaustive. For example, this *Guide* focuses primarily on adult survivors. If you have further questions, please don't hesitate to call us or your local rape crisis program for assistance.

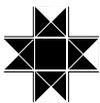
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<sup>1</sup> Tjaden & Thoennes, U.S. Dept. of Justice (US DOJ), *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey* (2006), [www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij).

FOR YOUR LOCAL RAPE CRISIS CENTER  
1-800-656-HOPE  
[WWW.KASAP.ORG](http://WWW.KASAP.ORG)

## IN THIS GUIDE

- ◇ Kentucky Association of Sexual Assault Programs (KASAP)
- ◇ What Is Sexual Violence?
- ◇ Facts About Sexual Violence
- ◇ Responding To Disclosure of Sexual Violence
- ◇ Basics For Helping Survivors at Any Age or Stage In Healing
- ◇ Concerning Family and Friends of Survivors
- ◇ Common Responses To Sexual Violence & How To Help
- ◇ Special Considerations For Working With Survivors
- ◇ Recognizing Sexual Victimization of People with Disabilities
- ◇ Communicating With Victims With Disabilities
- ◇ Kentucky's 13 Rape Crisis Centers (with Map)
- ◇ SANE & SART: Enhancing Professional Responses To Sexual Violence
- ◇ Sexual Assault Examination Protocol: An Overview
- ◇ Sexual Assault Examination Frequently Asked Questions
- ◇ Understanding the Criminal Justice Process
- ◇ Victims' Rights
- ◇ Privacy & Confidentiality for Survivors of Sexual Violence
- ◇ Minimizing Financial Impact on Survivors
- ◇ Information About Sex Offenders
- ◇ Sexual Harassment
- ◇ Resources & Referrals Related To Sexual Violence





# KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS (KASAP)

*KASAP's mission is to speak with a unified voice against sexual victimization.*

The Kentucky Association of Sexual Assault Programs (KASAP) is the coalition of Kentucky's 13 Regional Rape Crisis Centers. The representatives of each of the 13 Rape Crisis Centers make up KASAP's Board of Directors. Since it was established in 1990, KASAP has served as a central point of contact on sexual violence issues in Kentucky.

KASAP provides technical assistance to member programs and other professionals, advocates for improvements in public policy, fosters coalition building among members and those with common concerns, and promotes prevention and public awareness regarding sexual violence and related issues.

## KASAP ACTIVITIES

### Training & Technical Assistance

- ◇ Produce training tools and reference materials
- ◇ Provide training for nurses, law enforcement officials, advocates, attorneys, and others, including Sexual Assault Response Team (SART) and Sexual Assault Nurse Examiner (SANE) Training.
- ◇ Co-sponsor *Annual Ending Sexual Assault & Domestic Violence Conference*
- ◇ Maintain Resource Library

### Public Awareness & Prevention

- ◇ Develop resources for sexual violence prevention, including models, messages, and strategies
- ◇ Evaluate effectiveness of prevention, public awareness, and other activities
- ◇ Promote March as Sexual Assault Awareness Month
- ◇ Publish "Believe Me" Newsletter
- ◇ Maintain website at [www.kasap.org](http://www.kasap.org)

### Collaboration

- ◇ Provide structure that promotes cooperation, support, and coalition building
- ◇ Develop interdisciplinary relationships at the statewide level
- ◇ Represent rape crisis centers on state level multi-disciplinary projects
- ◇ Disseminate information that encourages widespread adoption of promising practices

### Law & Public Policy

- ◇ Monitor state and federal legislation
- ◇ Perform policy review and analysis
- ◇ Educate state officials and policy makers
- ◇ Develop legal resources related to sexual violence

## KASAP RESOURCE LIBRARY

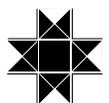
KASAP's Resource Library contains books, articles, videos, training manuals, protocols, and other materials concerning sexual violence and related topics. A catalogue of materials is available on-line at [www.kasap.org](http://www.kasap.org).

The Resource Library is open to the public during regular business hours or by appointment. Rape Crisis Center staff may check out books free of charge for a three-week period, and videos and manuals for a two-week period. Other off-site requests are considered on a case-by-case basis. Borrowers are liable for loss or damage.

To use the Resource Library, contact KASAP at (502) 226-2704, or send a request by fax to (502) 226-2725 or via email to [execadmin@kasap.org](mailto:execadmin@kasap.org). Please list the title(s) and call number(s) of all resources requested, and limit off-site requests to four items or less. Be sure to include a physical mailing address. KASAP welcomes donations to the Resource Library, as well as recommendations.

## CONTACT KASAP

Kentucky Association of Sexual Assault Programs (KASAP)  
P.O. Box 4028, Frankfort, KY 40604  
(502) 226-2704 phone  
(502) 226-2725 fax  
Or 1-866-375-2727 toll-free phone  
1-866-945-2727 toll-free fax  
email: [execadmin@kasap.org](mailto:execadmin@kasap.org)  
[www.kasap.org](http://www.kasap.org)





## WHAT IS SEXUAL VIOLENCE?

Anytime a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity, he or she has committed sexual violence.

Consent is the critical issue. Consent has two parts: (1) an actual expression of agreement (2) by someone legally competent to give consent (i.e., not under age 16, intoxicated, or otherwise legally deemed incapable of consent – see below). **Silence is not consent.** Sometimes victims are too scared, disoriented, or shocked to fight back or say no.

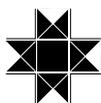
Sexual violence is perpetrated in many forms, including attacks (such as forcible rape), intimate contact without consent (such as child molestation, sex with an intoxicated person, or groping), and non-physical aggression (such as stalking, verbal coercion, or harassment). Definitions of particular forms of sexual violence are often based on criminal law. As these vary by state, the following definitions are based on the Kentucky Revised Statutes or KRS.

### KENTUCKY SEX CRIMES DEFINITIONS

- ◊ **"Rape"** is perpetrated when a person engages in sexual intercourse by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.040-060.
- ◊ **"Sodomy"** is perpetrated when a person engages in deviate (oral or anal) sexual intercourse by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.070-090.
- ◊ **"Sexual Abuse"** is perpetrated when a person subjects another person to sexual contact by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.110-130. (Most commonly used when children are victimized, but also applies to crimes against adults.)
- ◊ **"Sexual Misconduct"** is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with another person without the latter's consent. For information see KRS 510.140. (Commonly used where neither party is capable of consent, such as when both are under age 16).
- ◊ **"Incest"** is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with an ancestor, descendant, brother, or sister. The relationship may be by adoption or "step" relation. For information see KRS 530.020. Issues of force, consent, and age are not relevant.
- ◊ **"Unlawful Use of Electronic Means to Induce a Minor to Engage in Sexual or Other Prohibited Activities"** is perpetrated when a person knowingly uses a computer, a cellular phone, or any other electronic means for the purpose of procuring or promoting the use of a minor in sex acts. For information see KRS 510.155.
- ◊ **"Human Trafficking"** means criminal activity where a person or persons are subjected to forced labor or services or commercial sexual activity through the use of force, fraud, or coercion. If the trafficked person is under 18, force, fraud, and coercion are irrelevant. For information see KRS 529.010.
- ◊ **"Voyeurism"** is perpetrated when a person observes, views, photographs, films, or videotapes the sexual conduct, genitals or nipple of the female breast of another person without that person's consent when the person observed is in a place where a reasonable person would believe that s/he would not be observed. For information see KRS 531.090.

### RELATED DEFINITIONS

- ◊ **"Sexual Intercourse"** means penetration of one person's sex organ by another's sex organ or by a foreign object. For information see KRS 510.010. Note, penetration by another person's fingers is classified as "sexual contact."
- ◊ **"Deviate Sexual Intercourse"** means any act of sexual gratification involving the sex organ of one person and the mouth or anus of another; or penetration of the anus of one person by a foreign object. For information see KRS 510.010.
- ◊ **"Sexual Contact"** means any touching of the sexual or other intimate parts of a person done for the purpose of gratifying the sexual desire of either party. For information see KRS 510.010.
- ◊ **"Foreign Object"** means anything used in commission of a sexual act other than a body part of the other person. For information see KRS 510.010.
- ◊ **"Forcible Compulsion"** means physical force or threat of force, expressed or implied, which places a person in fear of immediate death, physical injury to self or another person, fear of the immediate kidnap of self or another person, or fear of any sexual offenses. Physical resistance on the part of the victim is not necessary. For information see KRS 510.010.
- ◊ **"Incapable of Consent"** means that a person is deemed incapable of giving consent because of age (less than 16), physical helplessness, mental incapacitation, mental retardation or mental illness. Also, any person under the care or custody of a state or local agency pursuant to a court order is deemed incapable of consenting to sexual activity with a person employed by or working on behalf of the agency, unless the parties are married. For information see KRS 510.020.
- ◊ **"Physically Helpless"** means that a person is unconscious or for any other reason physically unable to communicate unwillingness to an act. For information see KRS 510.010.
- ◊ **"Mentally Incapacitated"** means that a person is rendered temporarily incapable of appraising or controlling his/her conduct as a result of an intoxicating substance administered to him/her without consent or as a result of any other act committed upon him/her without consent. For information see KRS 510.010.



# FACTS ABOUT SEXUAL VIOLENCE

## SEXUAL VIOLENCE IS SHOCKINGLY COMMON

- ◊ **1 in 6 U.S. women and 1 in 33 U.S. men has experienced an “attempted or completed rape”** as a child and/or adult (using a definition of rape that includes forced vaginal, oral, and anal sex).<sup>1</sup>
- ◊ In Kentucky, **1 in 9 adult women has been “forcibly raped”** at sometime in her life, that totals **more than 175,000 women.**<sup>2</sup> This estimate does not include alcohol- or drug-facilitated rape, attempted rape, ‘statutory rape’ (i.e., sex with someone under age 16 without explicit force), or other forms of sexual violence.
- ◊ Most offenders are male. Nearly all female victims (99.6%) and most male victims (85.2%) are raped by a man or men.<sup>3</sup>

## SEX OFFENDERS COMMONLY PREY ON PEOPLE THEY KNOW

- ◊ **65% of sexual assault victims knew the offender**, either as a ‘friend,’ acquaintance, intimate partner, or relative.<sup>3</sup>
- ◊ **Nearly 8% of women have been raped by an intimate partner** at some point in her lifetime.<sup>4</sup>

## MOST SURVIVORS DO NOT SEEK IMMEDIATE PROFESSIONAL HELP

- ◊ Most sexual violence is not reported to police. Approximately 70% of sexual assaults are never reported to police.<sup>5</sup>
- ◊ Most victims do not seek medical treatment for their injuries. Only about 30% of sexual assault survivors are treated for injuries.<sup>5</sup>

## SEXUAL VIOLENCE IS COSTLY

Sexual violence is very costly to both individuals and society.

- ◊ Rape is the costliest of crimes to its victims. Overall, victim costs are estimated at \$127 billion per year. Taking into account short-term medical care, mental health services, lost productivity, and pain & suffering, the cost per sexual assault is estimated at \$110,000.<sup>6</sup>
- ◊ Societal costs include business losses, through absenteeism and third-party liability; criminal justice responses, such as investigation, prosecution, incarceration, and registration; and non-monetary losses, such as fear and corresponding loss of quality of life.<sup>6</sup>

## THREATS, PHYSICAL ASSAULTS, AND ISOLATION ARE THE WEAPONS MOST USED BY SEX OFFENDERS

- ◊ Nearly 85% of female victims are raped in a private setting where no help is available.<sup>1</sup>
- ◊ Approximately 40% are physically assaulted and/or fear that they or someone close will be killed or seriously harmed.<sup>1</sup>
- ◊ Offenders have and/or use traditional weapons, such as guns and knives, in 7% of all rapes and other sexual assaults.<sup>3</sup>

## SEX OFFENDERS TARGET PEOPLE WHO CANNOT PROTECT THEMSELVES

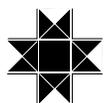
- ◊ Most rape victims are under 18 when first assaulted (54% of female and nearly 71% of males).<sup>1</sup>
- ◊ People with developmental disabilities, physical disabilities, psychiatric disabilities, and those who are elderly are also frequently targeted.
- ◊ Many offenders target people who are impaired by alcohol or drugs (20% of female victims and 38% of male victims). In most cases, about 66%, the perpetrator was also using a substance.<sup>1</sup>

## SEXUAL VIOLENCE HAS DRAMATIC LONG-TERM IMPACTS

- ◊ Survivors are at greater risk for mental health problems than those who have never been sexually assaulted.
  - ◊ 31% of rape survivors experience post-traumatic stress disorder (PTSD).<sup>2</sup>
  - ◊ 30% experience major depression at some time in their lives.<sup>2</sup>
  - ◊ 33% experience serious suicidal thoughts at some time in their lives.<sup>2</sup>
- ◊ Long-term physical impacts are frequently related to sexual violence such as sexually transmitted infections, unplanned pregnancy/child-birth, eating disorders, sleep disorders, and use of alcohol and/or other drugs.

## REFERENCES

1. Tjaden & Thoennes, U.S. Dept. of Justice (US DOJ), *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey* (2006), [www.ojp.usdoj.gov/nij](http://www.ojp.usdoj.gov/nij).
2. Kilpatrick & Ruggiero, National Violence Against Women Prevention Research Center, *Rape in Kentucky: A Report to the Commonwealth* (2003).
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4. National Center for Injury Prevention & Control, *Costs of Intimate Partner Violence Against Women in the U.S.* (2003), [www.cdc.gov/ncipc/](http://www.cdc.gov/ncipc/).
5. Rennison, US DOJ, *Rape & Sexual Assault: Reporting to Police & Medical Attention, 1992-2000* (2002), [www.ojp.usdoj.gov](http://www.ojp.usdoj.gov).
6. Miller, Cohen & Wiersma, US DOJ, *Victim Costs & Consequences: A New Look* (1996), <http://www.ncjrs.org>.



# RESPONDING TO DISCLOSURE OF SEXUAL VIOLENCE

Because people often commit sexual violence in private settings, disclosure is critical for many survivors. Supportive responses are essential. The information below is designed to help you prepare for disclosures and the decisions that must be made following a disclosure.

## BEHAVIORAL CHANGES THAT MAY SUGGEST SEXUAL VIOLENCE

Because many survivors feel unsafe in discussing sexual violence, disclosures often begin with changes in behavior. The following behavioral changes may indicate sexual violence or *some other traumatic experience*.

### IN ADULTS AND CHILDREN

- ◊ Fear of certain people or places
- ◊ Changes in eating and/or sleeping patterns
- ◊ Extreme moodiness or withdrawal
- ◊ Abrupt changes in conduct of any sort
- ◊ Work and/or school difficulties
- ◊ Frequent daydreaming or dissociation
- ◊ Problems relating to peers
- ◊ Changes in sexual behavior - promiscuity, problems with intimacy

### IN CHILDREN

- ◊ Clinging to a parent
- ◊ Regressing to the behavior of an earlier age
- ◊ Inappropriate sexual behavior or other acting out
- ◊ Use of sexual terms or new names for body parts
- ◊ Sudden onset of bedwetting or fear of the dark
- ◊ Excessive masturbation
- ◊ Cruelty to animals
- ◊ Fire setting

## CREATING A SAFE ENVIRONMENT

- ◊ Be aware of the following needs of the survivor:  
Regain Control    Security    Safety    Love  
Understanding    Validation    Support    Trust
- ◊ Ask open-ended questions, or questions that allow one to respond freely without any suggestions regarding sexual violence. For example, "You seem to be in pain. Did something happen that hurt you?"
- ◊ Do not ask leading questions, especially when working with children.
- ◊ Arrange for a private setting to talk.
- ◊ Sit at or below the person's level and use informal body posture.
- ◊ Use casual eye contact - too much direct eye contact can increase feelings of shame.
- ◊ Control your emotions, so that your reactions do not inhibit the person.
- ◊ Watch the person's facial expressions, gestures, posture.
- ◊ Give the person permission to feel emotions.
- ◊ Use the person's own words, especially sexual terms.

- ◊ Give the person permission to tell by saying things like "I think you must have been hurt, and it wasn't your fault. I want to understand what happened, so I can help you feel safe. Will you tell me what happened?"
- ◊ Let the person know that other people have had similar experiences.
- ◊ Be aware that cultural differences affect perspectives, disclosures, and responses.

If a person does not accept the opportunity to talk, then do not pressure her or him. Victims' needs, including privacy, must always be the priority.

## WHAT TO SAY

Immediately respond by saying . . .

- ◊ I believe you.
- ◊ I am glad you told me.
- ◊ I know it was not your fault.
- ◊ I am sorry it happened.
- ◊ I will do my best to keep you safe.

Follow up by inquiring

- ◊ Do you feel safe from future harm?
- ◊ Do you wish to have medical attention?
- ◊ Have you contacted the Rape Crisis Center?

## ADDRESSING MEDICAL NEEDS

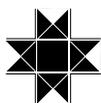
Victims may need medical attention for various reasons, regardless of when the violence occurred, including:

- ◊ shock and/or emotional trauma
- ◊ internal and/or external injuries
- ◊ exposure to sexually transmitted infections
- ◊ possible or existing pregnancies

Medical attention may include a sexual assault exam, which includes both medical treatment and forensic evidence collection. These exams are paid for by state funds, so long as law enforcement is notified. Note, victims may be charged for medical services beyond the basic medical/forensic exam.

Exams are provided at all hospitals that provide emergency services and some specialty clinics. Children (13-years-old and younger) can also be examined at Children's Advocacy Centers. A Kentucky State Police Sexual Assault Evidence Collection Kit will be used if the exam is conducted within 96 hours of the assault. If more time has passed, an exam can still be performed, but the Kit is optional.

It is critical that the victim remains in control of the exam, as these are extremely invasive and may be a source of additional trauma. A victim has the right to refuse any part(s) of the exam and to have an advocate present.



## REFERRING TO A RAPE CRISIS CENTER

Rape Crisis Centers provide victim-centered support and advocacy to survivors of sexual violence. Services include accompaniment during exams, information and referrals, counseling and/or therapy, advocacy in legal settings, assistance with Crime Victims Compensation claims, and much more. All crisis and advocacy services are FREE.

To be connected to a local Rape Crisis Center, contact 1-800-656-HOPE (4673), a national 24-hour Rape Crisis Line.

## REPORTING CHILD ABUSE AND ABUSE OF VULNERABLE ADULTS

Kentucky's mandatory abuse reporting laws require that abuse, neglect, and exploitation be reported when the victim is a child (under 18), the spouse of the offender, or an otherwise vulnerable adult. For information see KRS 600.020(1), KRS 620.630, KRS 209.020(4), KRS 209.030, KRS 209A.020(4), KRS 209A.030.

## WHAT MUST BE REPORTED

### ABUSE OF CHILDREN

Any sexual contact or interaction between a child and an adult is abusive by definition. This includes any time an adult uses, allows, permits, or encourages the use of a child for sexual stimulation. For information see KRS 600.020(1).

SEXUAL ABUSE may include a wide range of behavior including but not limited to:

- ◊ Exposure to pornography
- ◊ Genital exposure
- ◊ Intimate touching, fondling, or penetration
- ◊ Masturbation of child or adult
- ◊ Sexual exploitation, i.e., acts related to pornography and prostitution

### ABUSE OF VULNERABLE ADULTS

For the purposes of reporting abuse, "adult" specifically includes "spouse" and any person, who "because of mental or physical dysfunctioning, is unable to manage his (or her) own resources or carry out the activity of daily living or protect himself (or herself)." For information see KRS 209.020

This includes marital rape, coerced participation in pornography or prostitution, and sexual violence in institutions.

## WHERE TO REPORT ABUSE

You can make a report, either verbally or in writing, to any of the following:

- ◊ "Abuse Hotline" 1-800-752-6200 (statewide, 24-hours-a-day)
- ◊ Local Cabinet for Health & Family Services
- ◊ Any local law enforcement agency
- ◊ Kentucky State Police
- ◊ Local Commonwealth's Attorney
- ◊ Local County Attorney

IF SOMEONE IS IN IMMEDIATE DANGER, CALL 911

## UNDERSTANDING YOUR DUTY TO REPORT

- ◊ The duty to report abuse overrides evidentiary "privileges" that generally protect confidential communications. For information see KRS 209.060, 620.050(2), 45 CFR §164.512 (HIPAA allows mandatory reporting).
- ◊ When in doubt, it is best to report. Anyone acting upon reasonable cause in reporting abuse is immune from civil and criminal liability. For information see KRS 620.050(1), KRS 209.050.
- ◊ Since the duty to report applies to individuals, you should make all reports directly to appropriate government officials, even if you are told that a report has already been made. Though your institution's policies and procedures may require you to tell someone inside your organization, internal reporting does not fulfill your legal duty to report. For information see KRS 620.040(4).
- ◊ In many cases, it is difficult to "substantiate" reports of abuse, especially sexual abuse. Therefore, it can be critical to file additional reports if you learn of violence that occurred after a report was made. You may also ask to speak directly with a supervisor and/or contact the Office of Ombudsman at 1-800-372-2973.
- ◊ Reports can be made anonymously. However, if you do not give your name, it may be especially important to document the reporting in your own records.
- ◊ The source of a report of abuse, neglect or exploitation is kept confidential unless it is ordered to be released by a court. For information see KRS 209.140.

## NOT ALL SEXUAL VIOLENCE MUST BE REPORTED

Please note that reporting is NOT required in all sex crimes cases, only where there is "abuse" of a "child" or "vulnerable adult". In all other cases, the victim should decide whether to report.

Health care providers: If reporting is not required by law, you MUST get the patient's authorization prior to reporting in order to comply with HIPAA. For information see 45 CFR 164.512(c).





# BASICS FOR HELPING SURVIVORS AT ANY AGE OR STAGE IN HEALING

People cope with extraordinary circumstances to the best of their ability and in ways unique to the individual. Sometimes survivors' behaviors may appear problematic or even self-destructive to others, but seem like the best option to the survivor. Individual coping strategies depend upon the survivor's personal history, cultural background, values, history of other trauma, personal

worldview, individual perception of the event, existing coping skills, and responses of family and friends. Coping is also greatly influenced by interactions with people encountered after the violence. Your contact with a survivor may have more impact than you realize. It is imperative that you remember that you are dealing with a person – survivors are women and men, mothers and fathers, wives and husbands and lovers, daughters and sons, sisters and brothers, neighbors, friends, colleagues and co-workers.

In many cases, greater knowledge and understanding can be keys to healthier coping strategies. You can help by giving survivors accurate and understandable information, especially information that helps with understanding of emotional, cognitive, and behavioral responses to the assault. It is also important to help survivors understand that there is no "correct way" to think, feel or behave after a trauma. While there are some responses that are more adaptive than others, all responses may be seen as a reaction to an extraordinary event, even symptoms of Acute Stress Disorder and Post Traumatic Stress Disorder. Survivors will have different strengths that will help them cope, and different vulnerabilities that will present challenges for them. You can help them recognize, utilize and build on their strengths, and recognize and manage their vulnerabilities.

## DEMONSTRATE RESPECT

- ◊ Maintain a non-judgmental attitude, regardless of personal feelings or emotional responses.
- ◊ Treat the survivor as a person first, not a "case" or a "complaint."
- ◊ Give the survivor as much control as possible, even with small things such as which chair to use. It may include letting survivor decide what order to do things, giving choices about appointments and professional providers.
- ◊ Keep in mind that the survivor has a full life aside from this trauma and its impact.
- ◊ Remember to "check in," that is, periodically ask how s/he is and whether s/he needs a break.

## PRIORITIZE SAFETY

- ◊ Help identify and address the victim's safety needs, including physical, emotional and cognitive safety.
- ◊ Give as many choices as possible and make suggestions that might increase safety, but do not make decisions for the survivor.
- ◊ Ask if s/he feels safe being alone and if there is anything s/he needs that would increase a sense of safety.
- ◊ Ask if s/he wants the door open or closed.
- ◊ Explain processes (examinations, interviews, etc.), and who and what will be involved before beginning.

## LISTEN ACTIVELY AND CAREFULLY

- ◊ Be attentive and focused, and take steps to eliminate distractions and interruptions.
- ◊ Reflect the content of what is being said by gently clarifying and asking follow-up questions.
- ◊ Reflect the survivor's demeanor and mood, for example, if s/he is speaking softly and slowly, your demeanor should be relatively soft and on the slow side.

## SUPPORT AND ENCOURAGE

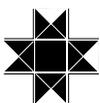
- ◊ Maintain a non-judgmental attitude in order to help the survivor regain power and control. Survivors who perceive they are being judged may immediately relinquish control to others to avoid further judgments.
- ◊ Help the survivor identify strengths and why these are critical. Capitalizing on what is already inside is most helpful with coping and healing.
- ◊ Remind the survivor that s/he *can* heal from this event.

## MINIMIZE THE POTENTIAL FOR RETRAUMATIZATION OR TRIGGERING

- A trigger is something that reminds the survivor of the assault through sensory stimulation. Triggers may be auditory, visual, tactile, and/or olfactory similarities to something related to the assault. Triggers are often unexpected and sudden, and can leave a survivor feeling overwhelmed and out of control. A trigger can make a survivor feel as if s/he has been through the event all over again and understanding this phenomenon is very helpful.
- ◊ Triggers and retraumatization can be caused by thinking or talking about the traumatic event, even when necessary.
  - ◊ Educate survivors about 'triggering' and assist them to find ways of regaining control and a sense of safety.
  - ◊ Provide and seek information at a rate that does not overwhelm the survivor.

## MAINTAIN SELF-AWARENESS AND SELF-CARE

- ◊ Talk to other professionals, supervisors or colleagues about your own feelings and thoughts regularly to minimize any secondary stress or trauma. This is especially important if you work primarily or exclusively with trauma related issues.
- ◊ Remember, you can't be helpful to others unless you take care of yourself.



# CONCERNING FAMILY & FRIENDS OF SURVIVORS

Close family and friends are also affected by sexual violence. Regardless of whether or not they were present when the violence was committed, loved ones often experience a complex set of feelings and needs. It can also be very important for family members and friends to seek separate support for themselves during this time.

## SECONDARY TRAUMA

Many family members and friends experience “secondary trauma,” after hearing the survivor talk about the incident or from imagining what it was like for the survivor. This trauma may be similar to that experienced by the victim, though usually to a lesser degree. Those who have previously experienced sexual violence or other trauma may experience secondary trauma to a greater degree, which can prevent them from being available to give support to the survivor. It is important that family and friends be given information, support and encouragement to minimize their own feelings of trauma, and so that they will be as helpful to the survivor as possible.

## COMMON FEELINGS

Family and friends often experience anger, confusion and insecurity about how to help their loved one. They may wonder if the survivor could have prevented the attack, but not wish to ask such questions. They may find it difficult to listen to the “story,” and hope that silence will make it go away. Others may want to hear every detail.

Sometimes family members/friends will find their feelings confusing. They may be embarrassed or want to keep the assault a secret for fear of what others may think. They may feel guilty or responsible, or feel that they should have been able to prevent it. They may feel that if their advice had been followed, this would not have happened. Family and friends often feel frustrated that they cannot make it all better for the survivor, or that s/he is not “getting better” more quickly, or they may become overprotective.

In many cases, family and friends feel anger toward the survivor or rage toward the perpetrator, and consider actions that are out of character for them. Many survivors fear their family/friends will get hurt or arrested while trying to invoke revenge on their behalf and this can often cause more stress and fear for the survivor.

While these feelings are normal, they need to be addressed so that family and friends can be supportive to the survivor. Often family and friends, particularly spouses, partners, and/or parents, benefit from participation in support groups or therapy as well. Many suggestions for helping survivors are also useful for helping family and friends.

## HOW FAMILY & FRIENDS CAN HELP

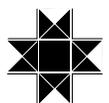
Family and friends can be a critical source of support and empathy for survivors. However, it is important that family and friends do more than just pity or feel sorry for the survivor. Family and friends can be most helpful when they:

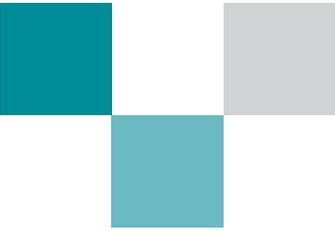
- ◊ Listen actively whenever the survivor is ready to talk, but not push when s/he is not.
- ◊ Believe the survivor and accept what happened in a non-judgmental way.
- ◊ Support the survivor, and encourage her/him to believe that any reaction that allowed survival was the right thing to do.
- ◊ Understand the common responses to sexual violence and help normalize them for the survivor.
- ◊ Recognize the needs expressed by the survivor’s behavior and emotions.
- ◊ Support the survivor in finding constructive and adaptive ways of managing responses.
- ◊ Give the survivor control of large and small decisions.
- ◊ Respect the survivor’s decision to report or not report the violence to the police. Understand that there are tremendous personal sacrifices involved in prosecuting and many survivors feel unable to make them.
- ◊ Remember that the survivor is more than just a survivor: s/he is a friend, parent, sibling, child, spouse, colleague, etc. Don’t forget to engage with her/him in those roles.
- ◊ Reassure the survivor that the assault has not changed their view of her/him.
- ◊ Challenge the survivor regarding any self-injurious or dangerous behavior.
- ◊ Practice good self-care and get professional help to deal with their roles and/or any secondary trauma reactions.

## SUPPORT FOR FAMILY & FRIENDS

- ◊ Rape Crisis Centers provide information and support to family and friends, as well as to survivors.
- ◊ To be connected to a local Rape Crisis Center, call toll-free 1-800-656-HOPE (4673).

*Adapted from original work by Miriam Silman, MSW*





# COMMON RESPONSES TO SEXUAL VIOLENCE & HOW TO HELP

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Understanding common responses to sexual violence is critical for anyone who works every survivor responds and copes differently. Furthermore, there is no universal way to be helpful.

Some suggestions, however, may be helpful to any survivor. Coping and healing are always facilitated by good nutrition, sleep, exercise, and minimal use of substances that alter thinking, feeling, breathing or bodily functions. Knowledge and information are generally helpful to all survivors, especially information about regional Rape Crisis Centers, where they can participate in individual or group counseling when responses affect safety or interfere with daily life.

*Note: Responses discussed below are common to many types of trauma or stress, and should not be used as indicators that sexual violence has occurred.*

## Common Emotional Responses To Sexual Violence

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Some of the most important ways to help are: to acknowledge and normalize emotional responses, to educate the survivor about what emotional responses are and why it makes sense that s/he feels this way, and to take them seriously and recognize how debilitating they can be. If any of these responses persist for more than a few weeks, or if they are severe enough to interfere with the survivor's daily functioning and relationships, a referral to a Rape Crisis Center or other experienced professional is indicated. If you are unsure whether referral for additional help is necessary, it is better to be cautious and make the referral.

### *Common Emotional Responses*

### *How you can help ...*

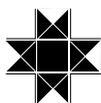
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#### ANXIETY

- ◇ Excessive **worry** or extreme **fear**, beyond what is considered “normal,” i.e., interfering with daily functioning and producing uncomfortable physical symptoms.
- ◇ Assist in identifying ways to feel safe (i.e., alarms, cell phones, etc.) and support efforts to counter anxiety (i.e., yoga, meditation, relaxation, etc.).
- ◇ Listen and encourage talking about these anxieties.
- ◇ Go slowly and explain what is happening to minimize anxiety reactions.

#### SHAME

- ◇ May be profound, and lead to withdrawal, isolation, exacerbated depression, and/or suicidal ideation.
- ◇ Always treat the survivor with the utmost respect.
- ◇ Even though shame may seem irrational to an outsider, it is very real and often debilitating for the survivor.
- ◇ Be open, non-judgmental and matter-of-fact when talking about sexual violence – do not avoid it.
- ◇ Remind the survivor that sexual assault is a crime of power, much as a mugging is a crime of power.
- ◇ Allow the survivor as much control as possible over information related to the assault.



### DEPRESSION, SADNESS, GRIEF

- ◊ **Depression** is extremely common among survivors of sexual violence. Though it may be severe and overwhelming, others may minimize it. Depression may result in **suicidal ideation** or attempts, or other behavioral responses (see below).
- ◊ **Grief** can result from loss of control, loss of trust in others and the world, loss of self-confidence, and loss of happiness and well-being.
- ◊ Educate the survivor about signs of depression and grief.
- ◊ Take suicidal ideation seriously and immediately refer to a Rape Crisis Center or other experienced professional.
- ◊ Listen and encourage the survivor to talk about these feelings of depression and grief.
- ◊ Remove guns, other weapons, and potentially lethal substances to reduce potential acting on suicidal thoughts.
- ◊ Take these feelings and expressions of grief or depression seriously.

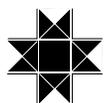
### GUILT

- ◊ Survivors often feel guilty for having somehow caused the violence. This is actually a way to regain a sense of control and a sense that future assaults can be prevented (i.e., if there is an identified vulnerability, then one might become less vulnerable by changing that characteristic).
- ◊ Survivors also may feel guilty for causing their family and friends pain and suffering, for having changed, for not being able to do or enjoy certain things, etc.
- ◊ Acknowledge feelings of guilt without dismissing them as irrational, as dismissal can strip away any sense of control and leave one feeling more vulnerable.
- ◊ Help identify strengths and understand that what s/he did at the time was the best decision at that time.
- ◊ Reinforce that only the perpetrator is truly responsible for the violence, even if risky behaviors were involved.
- ◊ Recommend support groups and other first-person accounts, to help the survivor see that the victims are not responsible for the assault.

### ANGER

- ◊ Can be **beneficial**, especially as a motivator, as a counter to depression, and by helping ensure the survivor does not take full responsibility for the violence.
- ◊ Can also be **disruptive**, especially if it manifests in physical aggression, self-injurious behavior or attempts at revenge, or if it worsens depression (usually when anger is global, i.e., directed at a world that allows sexual violence).
- ◊ Normalize feelings of anger and even rage.
- ◊ Reframe anger as a response that can be beneficial.
- ◊ Identify possible releases, including physical exercise.
- ◊ Identify who or what the anger is directed towards and whether there is any plan for revenge.
- ◊ Take threats seriously against self and others; take necessary steps to protect the survivor and others as indicated.
- ◊ Assist the survivor in finding legal and non-violent ways of expressing and releasing anger.

*Common Responses Adapted from original work by  
Miriam Silman, MSW*



# Common Cognitive Responses To Sexual Violence

Survivors often become entangled in what seem to be irrational or illogical thoughts, including taking more responsibility than is warranted or seizing upon particular explanations for why the violence occurred. While such thinking may appear irrational, it makes sense to the survivor and provides reassurance and control in some way. Such cognitive responses should never be dismissed as silly, stupid or unimportant, but must be replaced gradually with more productive ways of thinking. If disturbances persist or interfere with daily functioning, referral to a Rape Crisis Center or other experienced professional is indicated.

## Common Cognitive Responses

## How you can help ...

### SHOCK & DISBELIEF

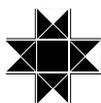
- ◇ **Shock** is often the first response to the event, or may be delayed. It can be paralyzing, and can appear to thwart progress in coping or healing.
- ◇ **Disbelief** is often seen as denial and viewed as unhealthy and avoidant.
- ◇ Both serve important protective and coping purposes temporarily, especially if there is a history of previous trauma.
- ◇ Efforts to help with acceptance of reality should be gentle, slow, and supportive to avoid any triggering effect.
- ◇ Meet the survivor wherever s/he is in acceptance and comprehension of what happened – do not force her/him to ‘face reality’ before s/he is able to do so.
- ◇ Do not assume that shock and disbelief are indicators of limited cognitive ability or that they are permanent, but do assume they are occurring for good reasons.
- ◇ Help the survivor to understand what did happen in a gentle, safe, supportive and gradual way.

### SENSE OF STIGMA

- ◇ Feeling “different,” marked, dirty or worthless.
- ◇ Common for all ages and both genders, but may be most common in adolescents, the elderly and men.
- ◇ Survivors often think there must be a reason they were targeted. This may allow the survivor to feel a sense of control over the situation and not be at the mercy of complete randomness. Though it may seem illogical, it may be strongly felt by the survivor.
- ◇ Educate the survivor that this is a common and normal reaction, but that you do not see them as stigmatized or different – it is critical that you challenge the feeling.
- ◇ Always treat the survivor with the utmost respect, never as second rate or less important than other people or clients.
- ◇ Locate readings, movies or other resources that have first person accounts by other survivors to help demonstrate that survivors are regular people; for special populations try to find accounts by members of their demographic group.

### INCREASED ANXIETY AND OVERPROTECTION OF OTHERS

- ◇ Survivors often generalize their experience, and feel that both they and those they care about are suddenly more vulnerable.
- ◇ This anxiety is understandable, but may go to extremes and cause problems with children and spouses in particular if the survivor becomes so overprotective that activity is restricted.
- ◇ Help to distinguish between “common concerns,” and things s/he may be over-sensitive to as a result of the assault.
- ◇ Help develop plans to allow loved ones to let the survivor know they are okay when doing things that create anxiety, i.e., phone calls, messages, etc.
- ◇ Help the survivor to gradually allow others more freedom as s/he becomes more comfortable. Support and encourage a deliberate and systematic process for diminishing the overprotective behaviors.



### NEGATIVE OUTLOOK/PESSIMISM/ ALTERED WORLD VIEW

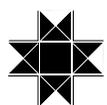
- ◇ Survivors commonly feel that the world is neither friendly nor benign after severe trauma, especially one that is so personal and intimate.
- ◇ Survivors often become cynical, negative and pessimistic as a result, a reaction that friends, family and colleagues can find very disturbing and frustrating. Again, this is a way of trying to explain what happened and serves a purpose.
- ◇ This reaction is even more common if this is not the first interpersonal trauma the survivor has experienced.
- ◇ Don't try to infect the survivor with happiness or optimism – s/he has a legitimate reason to be skeptical.
- ◇ Acknowledge that there are terrible things in the world, but remind him/her of some of the good things. Validate the right to feel pessimistic, but also assert an alternative worldview.
- ◇ Respond positively to non-negative thinking; don't try to challenge the inconsistencies in thinking.
- ◇ Identify and encourage any positive contributions the survivor makes to others or the community, i.e., being a role model, speaking out, being willing to pursue legal action, volunteering, helping others in a support group, etc.
- ◇ Use humor when appropriate – sometimes it can soften a cynical worldview.
- ◇ Be alert to any signs of severe depression or suicidal ideation.

### DISTURBANCES IN THE THOUGHT PROCESS

- ◇ Poor concentration, “spacing out” (dissociation), intrusive thoughts, and/or preoccupation.
- ◇ Often occur in response to a “trigger” or something that reminds the survivor, consciously or unconsciously, of the violation.
- ◇ Can have a profound effect on daily functioning and interactions, and must be dealt with as quickly as possible to avoid additional problems (i.e., loss of job, relationship, friendships, high risk behavior, etc.)
- ◇ Educate the survivor that this is a common response and NOT an indication of “going crazy.”
- ◇ Be alert to potential triggers and help the survivor develop plans for coping constructively. Often a change in temperature, physical surrounding or immediate environment can help, i.e., going outside (or in), splashing water on the face, drinking something warm or cold, or taking a short walk.
- ◇ Encourage the use of “thought blocking” techniques. For example, a survivor can visualize a stop sign and focus on the details of the sign – color, letters, shape, etc. Focusing on the details of this “neutral symbol” can help in regaining emotional and cognitive control.
- ◇ Acknowledge disturbances in thought in a gentle and non-judgmental way and suggest things that might be helpful.

### LOSS OF TRUST

- ◇ Is often profound.
- ◇ Loss of trust in self, i.e., not trusting one's own judgment, and feeling that somehow one missed cues that might have warned of the assault.
- ◇ Loss of trust in others is a direct result of the betrayal experienced by the assault.
- ◇ While these responses are understandable, they can be extremely damaging to a survivor's functioning, coping and healing.
- ◇ Demonstrate that you trust the survivor's judgment – ask her/his opinion, praise good decisions, ask for thoughts on important matters.
- ◇ Help identify at least one person s/he can trust with at least one piece of information.
- ◇ Normalize that degrees of trust in others should vary from person to person, even among family and close friends.
- ◇ Maintain the highest degree of integrity and honesty in your interactions with the survivor. NEVER miss appointments, unless there is a compelling reason; DON'T make promises you may not be able to keep; and ALWAYS follow-through with what you say you'll do.



# Common Behavioral Responses To Sexual Violence

Changes in behavior are often the most obvious responses. While they may appear to be the most disturbing, they often make sense in the context of the assault. Although they may be understandable, they still interfere with a survivor's life and should be taken very seriously. These behaviors can and will improve over time with professional intervention and support.

## Common Behavioral Responses

## How you can help ...

### HEIGHTENED AWARENESS & SENSITIVITY TO SURROUNDINGS

- ◇ A means of trying to regain control and minimize the potential for any additional trauma.
- ◇ **Hyper-vigilance**, a super-heightened awareness of and constant monitoring of the surroundings.
- ◇ **Exaggerated startle response**, i.e., an extreme reaction to sensory stimuli. For example, visibly jumping upon hearing a loud noise or being touched on the shoulder. This indicates a lowered tolerance threshold for external stimuli, and is often worsened by hyper-vigilance.
- ◇ Educate the survivor and normalize these responses when they occur.
- ◇ Give the survivor as much control as possible, i.e., over time and place of appointments, where to sit in the room, doors and windows open or closed, etc.
- ◇ Avoid sudden movements and actions as much as possible.
- ◇ Allow a few minutes for adjustment to new settings, before addressing difficult subjects.
- ◇ Be sensitive to possible environmental triggers that may be reminiscent of the assault. For example, if assault was at night, try to make contacts during daylight hours.
- ◇ If the response is severe, refer the survivor to a Rape Crisis Center or other experienced professional.

### SLEEP DISTURBANCE

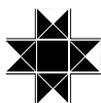
- ◇ **Hypersomnia**, or sleeping too much, especially during the day; or
- ◇ **Insomnia**, an inability to sleep; or
- ◇ **Change in sleep schedule** (staying up all night and sleeping all day); or
- ◇ **Inability to sleep in a certain place** (having to sleep in a chair in the living room rather than in bed).
- ◇ Normalize as a common response and acknowledge that it is serious.
- ◇ Help develop good sleep habits, i.e., regular time for going to sleep and waking, bedtime rituals, avoiding things that will exacerbate the problem (caffeine, scary movies, anything stimulating or upsetting at night).
- ◇ Encourage regular exercise and healthy eating.
- ◇ Encourage use of relaxation techniques, including yoga, meditation, progressive relaxation, etc.
- ◇ Discourage use of substances as sleep or waking aids, and explain how these may ultimately worsen sleep disturbance.

### AVOIDANCE, ISOLATION & WITHDRAWAL

- ◇ **Physical, emotional and cognitive**, i.e., not going out, not answering the phone, not answering the door, missing work or school, avoiding friends and family, etc.
- ◇ **Primarily cognitive and emotional**, i.e., a feeling that even though the survivor is physically present, her/his mind is elsewhere and s/he isn't really connecting with the surroundings.
- ◇ Gently confront the survivor about isolation.
- ◇ Remain neutral and nonjudgmental always.
- ◇ Identify the people and activities that are most comfortable.
- ◇ Help develop a plan for getting out and/or seeing at least one person (outside the household) every day.
- ◇ Refer her/him to local Rape Crisis Centers or other sexual assault resource agencies, hotlines, support groups or Internet resources to help minimize feelings of stigma.

### EATING DISTURBANCE

- ◇ **Over-eating** – some use food and eating as a means of coping. This may include compulsive eating.
- ◇ **Under-eating** – some completely lose their appetite or desire for food. This may include anorexia.
- ◇ May be connected to desire to alter appearance, as some believe becoming heavier or thinner will decrease chances of future victimization.
- ◇ Stress that nutritious food is essential for feeling well emotionally.
- ◇ Remind the survivor that sexual violence is a crime of power, and looks usually have little to do with it.
- ◇ Help develop a plan for healthier eating over time – i.e. eating small meals throughout the day, identify healthy snacks, etc.
- ◇ Refer to a professional experienced with eating disorders and trauma, especially if this seems beyond the individual's control, if it appears to be something s/he is trying to hide, or if a bingeing and purging cycle develops.



## AGGRESSIVE BEHAVIORS

- ◇ Survivors sometimes attempt to exert control over the environment, including over other people.
- ◇ Especially common among child, adolescent and male survivors.
- ◇ Aggression may be verbal or physical; may be directed at self, others, animals, objects or property or a combination.
- ◇ May manifest as sexually aggressive behavior or fire-setting, especially in children or adolescents.
- ◇ Do not ignore the aggressive behavior – acknowledge it in a matter-of-fact and non-judgmental way.
- ◇ Maintain clear, consistent, and firm boundaries and rules – avoid yelling, avoid any physical contact (except as needed for protection), and never hit back.
- ◇ Help identify other ways of feeling in control and give choices.
- ◇ Encourage daily physical activity to relieve tension.
- ◇ Do not connect behavior to the sexual violence, such analysis is only useful later when survivor feels safe and in control. For children, it may not be appropriate to make the connection overtly, but may be good to discuss with caretakers.
- ◇ Refer any sexually aggressive behavior, aggression towards animals, or fire-setting behavior to an experienced professional (and/or law enforcement agency).

## SELF-INJURIOUS BEHAVIOR

- ◇ Sometimes survivors do things to themselves that are harmful, including pick at their skin, cut themselves, or hit or bang their bodies.
- ◇ This is often seen in children and adolescents, but can also be seen in adults.
- ◇ Sometimes this manifests as engaging in risky behavior, i.e., behaviors or situations that may leave the survivor vulnerable to additional sexual assaults or violence.
- ◇ Acknowledge the problem and its seriousness– this will not go away on its own. Without intervention, it can lead to infection or other medical complications.
- ◇ Refer the survivor to a Rape Crisis Center or other experienced mental-health professional.
- ◇ Help the survivor identify when the self-injurious behavior occurs and find other ways to cope. For example, discuss other ways to express emotions, such as talking with a trusted person, writing in a journal, or using art, music, dance or even vigorous exercise as an alternate release.
- ◇ For children and adolescents, make sure knives, scissors and other harmful items are not available.

## SUBSTANCE ABUSE

- ◇ Use of legal and illegal substances may increase as a means of self-medication and numbing.
- ◇ Prescribed medications may be very beneficial; survivors should work with health care providers experienced in treating survivors of sexual violence to avoid misuse.
- ◇ Over-medication and use of other substances can lead to increased avoidance, numbing, depression, anxiety and unintentional addiction.
- ◇ Substance use can also increase a sense of powerlessness.
- ◇ Acknowledge the pain and difficult feelings without minimizing them.
- ◇ Refer the survivor to a Rape Crisis Center, other therapist or medical provider experienced in treating both substance abuse and trauma.
- ◇ Support efforts to avoid overuse of substances and help to identify alternative ways of coping.
- ◇ Explain that withdrawal from or discontinued use of substances may exacerbate cognitive, emotional or behavioral responses.

## CHANGES IN SEXUAL DESIRE/BEHAVIOR

- ◇ May be a lack of interest in or avoidance of both sexual and non-sexual intimacy.
- ◇ May manifest as increased interest in intimacy or sex, or as promiscuity.
- ◇ May not manifest until the future for children and adolescents.
- ◇ Explain how this may be a part of the reaction to the assault.
- ◇ Refer the survivor to appropriate health and medical resources for birth control and safe sex information.
- ◇ Assist the survivor in identifying ways to become more comfortable with intimacy, i.e., going more slowly, changing environmental conditions, being able to say “no” or “stop” as needed, etc.

## RADICAL CHANGES IN APPEARANCE

- ◇ May be seen as a means of protection from future assaults.
- ◇ May include changing hair color, cutting hair, piercing and tattoos, and type of clothing.
- ◇ While these changes may not be harmful, sometimes they cause later regrets (especially tattoos) and these changes may reinforce poor self-image and other emotional symptoms.
- ◇ Also reflects a more complicated issue around feelings of powerlessness and what survivors can do to protect themselves for the future.
- ◇ Identify other means of self-protection that may be more effective, i.e., self-defense class, safety measures, etc.
- ◇ Develop a plan for making radical changes that involves a waiting period between the time s/he decides to do something and when s/he actually does it so that the pros and cons can be weighed first.



# SPECIAL CONSIDERATIONS FOR WORKING WITH SURVIVORS

## INTIMACY

Because sexual violence involves the use of sexual contact as a way to exert power and control, it often affects both sexual and non-sexual intimacy, including the development of new friendships and romantic relationships. Resuming intimacy will be different for every survivor, but should be a process that happens in a way that is comfortable for the survivor and allows her/him to be in control, especially in determining what happens and when.

### COMMON RESPONSES

Many survivors find they simply lose interest in sex and other forms of intimacy following sexual violence. For others, sex reminds them of the traumatic experience too much, so they want to avoid it as much as possible. It can be helpful to explain that this is a common reaction and normalize it. Encourage the survivor to talk to her/his sexual partner about these feelings, and perhaps to seek couples counseling. Suggest ways to be in control of intimacy and moving at a pace that is comfortable. When the survivor is ready to resume intimacy, it can also be very helpful to alter the environment (lighting, music, room arrangement) to feel more comfortable.

Sometimes survivors have the opposite reaction and seem to become compulsively interested in sex. Children and adolescents sometimes exhibit sexualized behaviors towards themselves or others, including compulsive masturbation, inappropriate touching of peers or other adults, or inappropriately sexualized language and thinking. Adolescents may exhibit increased sexual behavior and promiscuity. These reactions should also be normalized, but a referral to Rape Crisis Center or other experienced therapist is indicated.

### LONG TERM DEVELOPMENTAL CONCERNS

Children and adolescents who have experienced sexual violence may have difficulty with intimacy later in their lives. Often, sexual contact and intimacy act as triggers to rekindle behaviors, thoughts, and emotions associated with the assault trauma, particularly fear, anxiety, and avoidance. It is imperative that adolescents be told that such responses are not uncommon, and that they should talk to someone about their feelings at that time. Parents of children and adolescents should also be educated about this phenomenon, so that they will be able to support their children appropriately and help them address any needs.

Childbirth may also be an unexpected trigger reminding a survivor of past sexual violence. Health care professionals should be aware that the birth of a child may trigger both male and female survivors.

## CHILDREN & ADOLESCENTS

Children and adolescents who survive sexual violence have many of the same reactions as adults. However, they are more likely to express their feelings and thoughts through aggressive or destructive behavior towards themselves, peers, and other adults.

While children and adolescents may appear to have more behavioral responses, this does not mean they are not also experiencing emotional or cognitive reactions. It is imperative that children who are acting aggressively or who demonstrate sexualized behaviors be recognized as survivors and given support and encouragement to express such feelings in a safe environment. Responding to these negative behaviors with punitive punishment or “tough love” is not always productive if the behavior is related to coping with trauma.

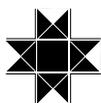
Appropriate discipline and reprimands should be given, but it is also imperative that support and acceptance be conveyed so that feelings of stigma, powerlessness, and worthlessness do not worsen. In general, it is beneficial for children and adolescent survivors of sexual assault to participate in individual therapy with experienced clinicians, who may be available through a Rape Crisis Center.

### CHILDREN'S ADVOCACY CENTERS

Services for children and adolescents may also be available through regional Children's Advocacy Centers. A Children's Advocacy Center is a child-focused, community-based program in which professionals from many disciplines come together under one umbrella to offer comprehensive services: law enforcement, child protective services, prosecution, medical and mental health. In order to better meet children's needs and increase successful prosecutions, Children's Advocacy Centers often provide:

- ◊ Child-friendly facilities for interviewing and providing other services to child victims and non-offending family members;
- ◊ Child sexual abuse medical/forensic examinations conducted by specially trained professionals; and
- ◊ Regular multi-disciplinary case reviews and intensive case follow-up.
- ◊ Professional therapy services, or referrals to such services.

For help with locating the Children's Advocacy Center in your area, contact (502) 223-5117.



## MALE SURVIVORS

Male survivors often deal with cultural bias to an even greater extent than females. Male survivors frequently report feeling that they are not believed, not taken seriously, judged, assumed to have done something to invite the assault, assumed to be homosexual, and generally treated disrespectfully. Many report feeling isolated, even among advocates, since the context is often the larger movement to end violence against women.

Other special issues for male survivors may be related to the cultural construction of “vulnerability” as a “feminine” characteristic. A male survivor may feel ashamed for “not being a man,” because he could not stop the violence. Especially where sexual violence occurred during youth, male survivors may exhibit more high-risk behaviors, including: alcohol and other drug use; behavior and legal problems; use of prostitutes; unprotected sex; a high number of sexual partners; and/or suicide. Some fear that others will question their sexual orientation or “worry about being gay” if their bodies responded during the violence.

It is essential that male survivors be helped to understand that neither vulnerability nor physical response is related to sexual orientation. Male survivors should be given all the respect, support, and attention accorded to female survivors. Professionals must be especially vigilant about not perpetuating cultural myths or stereotypes that men can’t be raped. There are probably more sexual assaults against males than are reported – providing good services to male victims and taking these crimes seriously is one way to encourage men to speak out.

## MARITAL RAPE

Sexual violence is often perpetrated in the context of intimate relationships, and as part of a larger picture of physical and emotional abuse. In such cases, survivors may not identify their experiences as “rape,” but still experience many of the same responses as other survivors. It may help to tell survivors that marriage does not mean that one person becomes the property of another, or eliminate one’s right to make choices about sexual intimacy. Instead, Kentucky laws prohibiting sexual violence also prohibit “marital rape.”

Survivors assaulted by an intimate partner may also be especially concerned about: dangers of future violence (physical, emotional, and sexual); living arrangements for their families; economic realities of supporting their families; the safety and well-being of their families; and a myriad of other concerns. Because domestic violence often escalates when victims try to escape or otherwise seek assistance, these concerns must be taken very seriously. Information and support is available through regional Domestic Violence Programs throughout Kentucky. For help in locating the Domestic Violence Program in your area, contact the Kentucky Domestic Violence Association (KDVA) at (502) 209-5382 or visit [www.kdva.org](http://www.kdva.org).

## SURVIVORS WITH DISABILITIES

Survivors who have disabilities experience the same types of responses to sexual violence. The ways to help them are really no different from ways to help others, although adaptations may be necessary. In working with survivors with cognitive disabilities, never assume that they do not experience the same reactions as others. You can adjust the amount of information provided. It may be helpful to use materials that are visually oriented and concrete in nature with adults with developmental disabilities. Issues of shame and stigma should not be overlooked. Deaf survivors should be provided with a highly skilled interpreter who is educated about sexual violence to ensure that there will be accurate and non-judgmental interpretation. Other types of disabilities may require additional adaptations, but information, support, respect and a non-judgmental attitude are always essential. See the following pages for additional information concerning disability related issues.

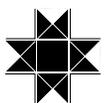
## IMMIGRANTS AND OTHERS WITH LANGUAGE NEEDS

When working with immigrants and others for whom English may be a second language, professionals should take special care to ensure language accessibility and cultural sensitivity. Pursuant to Title VI of the Civil Rights Act, most professionals working in the public sector are required to provide professional interpretation services when needed. Though family members may volunteer, a competent and independent interpreter should always be used in order to ensure accuracy and open communication. Always offer to provide an interpreter, as trauma can interfere with the ability to use second languages.

According to federal law, all services necessary to life and safety must be available to all individuals, documented and undocumented. Therefore, those who provide direct services to victims should not make inquiries about immigration or citizenship status as a condition for services. Avoiding such questions can also help to build trust among immigrants, who often experience heightened concerns about official intervention because of fear of deportation, bringing shame to their community, negative experiences with police in other countries, and a myriad of other reasons.

Undocumented immigrant survivors may also be eligible for protection as victims of crime under the U Visa provision of federal law, if they have cooperated in the investigation or prosecution of the crime. Immigrants who have been trafficked in the United States for sexual exploitation under force, fraud, or coercion, may be able to file for relief under the T Visa provision of federal law. More information about these issues is available through the KDVA/KASAP Immigrant and Refugee Task Force at (502) 209-5382.

*Adapted from original work by Miriam Silman, MSW*



# RECOGNIZING SEXUAL VICTIMIZATION OF PEOPLE WITH DISABILITIES

Individuals with disabilities are at greater risk of being sexually assaulted or sexually abused. Studies indicate that people with disabilities are especially vulnerable to different forms of violence and face unique barriers to receiving needed help. It is essential that we increase our understanding of how sexual victimization impacts individuals with disabilities, so we can work to better respond to it and to prevent further victimization.

## FACTORS THAT ARE LINKED TO INCREASED RISK

- ◊ Dependence on others for personal care and basic necessities
- ◊ Social isolation
- ◊ Nature and severity of disability
- ◊ Fear of losing needed services
- ◊ History of being taught to comply with authority figures
- ◊ History of not being able to say “No!” (for example, to medical procedures)
- ◊ Barriers to communication
- ◊ Fear of being disbelieved because of perceived non-credibility
- ◊ Lack of basic education of anatomy, sexuality, and privacy
- ◊ Having experienced few opportunities for affection
- ◊ Socialization to be compliant

## PERPETRATORS MAY ALSO “TARGET” A DISABLED PERSON BECAUSE THE PERPETRATOR:

- ◊ Views the person as “less than”, and thus can more easily objectify that person
- ◊ Believes the person may be physically less capable of resisting or escaping
- ◊ Believes the person’s ability to report may be limited due to communication difficulties
- ◊ Believes the person will fear punishment if threats or demands of secrecy are made

## PROJECT SAFE

(SAFETY & ACCESSIBILITY FOR EVERYONE)

Project SAFE is a multi-disciplinary collaboration of professionals who work with disability-related issues and victim service providers.

Project SAFE members are available to provide training and consultation throughout Kentucky. For more information, contact 502-226-2704.

## FACTS ABOUT INDIVIDUALS WITH DISABILITIES AND SEXUAL ASSAULT

- ◊ It has been estimated that between 39% and 68% of girls and between 16% and 30% of boys with developmental disabilities will be sexually abused by age 18.<sup>1</sup>
- ◊ One recent study found that women with disabilities were four times more likely to have experienced sexual assault in the last year than women without a disability.<sup>2</sup>
- ◊ In addition to various types of abuse that can be inflicted on anyone, people with disabilities are sometimes abused by withholding orthotic equipment (wheelchairs, etc.), medications, transportation, or essential assistance with personal tasks.<sup>3</sup>
- ◊ Findings from one study showed that 87% of a sample of individuals with a severe mental illness had been sexually or physically assaulted within their lifetimes. Researchers also found that women with a severe mental illness were 16 times more likely to report being the victim of a violent crime in the past year than women from a community sample.<sup>4</sup>

## REFERENCES

- <sup>1</sup> Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Toronto: Paul H. Brookes Publishing Company.
- <sup>2</sup> Martin, S., Ray, N., Sotres-Alvarez, D., Kupper, L., Moracco, K., Dicken, P., et al. (2006). “Physical and sexual assault of women with disabilities.” *Violence Against Women*, 12., 823-837.
- <sup>3</sup> Nosek, M., Howland, C., Rintala, D., Young, M., & Chanpong, M. (2001). “National study of women with physical disabilities: Final Report.” *Sexuality and Disability*, 19(1), 5-39.
- <sup>4</sup> Goodman, L., Salyers, M., Mueser, K., Rosenberg, S., Swartz, M., Essock, S., et al. (2001). “Recent victimization in women and men with severe mental illness: Prevalence and correlates.” *Journal of Traumatic Stress*, 14(4), 615-632.

## DISABILITIES RELATED RESOURCES

Kentucky Americans with Disabilities Act Coordinator  
<http://ada.ky.gov>

Phone: 877-423-2933 or (502) 564-3850

Kentucky Protection and Advocacy  
[www.kypa.net](http://www.kypa.net)

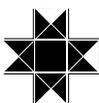
Message line and TTY: 800-372-2988 or (502) 564-2967

SafePlace: Disability Services ASAP  
[www.austin-safeplace.org](http://www.austin-safeplace.org)

24 hour hotline: (512) 267-SAFE  
TTY: (512) 927-9616

Wisconsin Coalition Against Sexual Assault  
[www.wcasa.org](http://www.wcasa.org)

Phone and TTY: (608) 257-1516



# COMMUNICATING WITH VICTIMS WITH DISABILITIES

## GUIDELINES FOR COMMUNICATING WITH PEOPLE WITH DISABILITIES

- ◊ When talking with a person with a disability, speak directly to that person rather than to a companion or sign language interpreter who is present.
- ◊ When introduced to a person with a disability, it is appropriate to offer to shake hands. People with limited hand use or who wear an artificial limb can usually shake hands. Shaking hands with the left hand is an acceptable greeting.
- ◊ When meeting a person who is visually impaired, always identify yourself and others who may be with you. When conversing in a group, remember to identify the person to whom you are speaking.
- ◊ If you offer assistance, wait until the offer is accepted. Then listen to or ask for instructions.
- ◊ Treat adults as adults. Address people who have disabilities by their first names only when extending the same familiarity to all others.
- ◊ Respect all assistive devices (e.g., canes, wheelchairs, crutches, communication boards, service dogs, etc.) as personal property. Unless given specific and explicit permission, do not move, play with, or use them.
- ◊ Listen attentively when you're talking with a person who has difficulty speaking. Be patient and wait for the person to finish, rather than correcting or speaking for the person. Never pretend to understand if you are having difficulty doing so. Instead, repeat what you have understood and allow the person to respond.
- ◊ When speaking with a person who uses a wheelchair or a person who uses crutches, place yourself at eye level in front of the person to facilitate the conversation.
- ◊ To get the attention of a person who is deaf, tap the person on the shoulder or wave your hand. Look directly at the person and speak clearly, slowly, and expressively to determine if the person can read your lips. Not all people who are deaf can read lips. For those who do lip-read, be sensitive to their needs by placing yourself so that you face a light source and keep hands, cigarettes and food away from your mouth when speaking.
- ◊ Relax. Don't be embarrassed if you happen to use accepted, common expressions such as "See you later," or "Did you hear about that?" that seems to relate to a person's disability. Don't be afraid to ask questions when you're unsure of what to do.

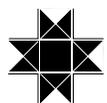
(1) United Cerebral Palsy. (2006). *Ten commandments of etiquette for communicating with people with disabilities*. Retrieved October 29, 2006, from <http://www.ucp.org>.

(2) National Center on Workforce and Disability/Adult. (1992 - 2005). *Basic etiquette*. Retrieved October 31, 2006, from <http://www.onestops.info>.

## COMMUNICATING AFTER SEXUAL VICTIMIZATION

- ◊ Do not assume that a person with a disability is incapable of recognizing or recalling sexual victimization. Even if a person has a severe disability, it doesn't mean that s/he does not know what happened or cannot describe it.
- ◊ Failure to understand the ramifications does not mean the assault did not occur or was not traumatic.
- ◊ The terms *rights*, *refusal*, and *sexual abuse* may be unfamiliar concepts to the individual with a developmental disability because often this population is taught only compliance.
- ◊ Victims may have had little or no education on sexual concepts or basic anatomy, and therefore may have greater difficulty in communicating about the sexual assault or abuse.
- ◊ Use simple words and phrases. Speak in concrete terms (i.e., what, when, where questions) and avoid abstract language (i.e., why questions).
- ◊ Listen to how clients talk and match your speech to their vocabulary, tempo, and sentence structure.
- ◊ Frequently ask what a particular word means to the person to avoid miscommunication.
- ◊ Avoid treating the client like a child – do not use condescending tones of voice, avoid terms of endearment, and do not use affectionate behaviors (which can unsettle or intimidate the client).
- ◊ Avoid asking leading questions. Allow clients to respond in their own time and in their own way.
- ◊ With non-verbal clients, be attentive to other ways they express themselves – they may show you what happened, instead of verbalizing what happened.
- ◊ Most importantly, be supportive and let clients know you believe them.

Baladerian, N.J. (1991). "From the frontlines: Interviewing sexual abuse victims with developmental disabilities." *Frontline*, 6-10.





# KENTUCKY'S 13 RAPE CRISIS CENTERS

KASAP  
 P.O. Box 4028  
 Frankfort, KY 40604  
 502-226-2704  
 1-866-375-2727 toll free  
 www.kasap.org

7 & 8

Women's Crisis Center  
**COVINGTON**  
**1-800-928-3335**  
*Serving counties:*  
 Boone, Bracken,  
 Campbell, Carroll, Fleming,  
 Gallatin, Grant, Kenton,  
 Lewis, Mason, Owen,  
 Pendleton, Robertson

6

Center for Women & Families  
**LOUISVILLE**  
**502-581-7222 OR**  
**1-877-803-7577**  
*Serving counties:*  
 Bullitt, Henry, Jefferson,  
 Oldham, Shelby, Spencer, Trimble

3

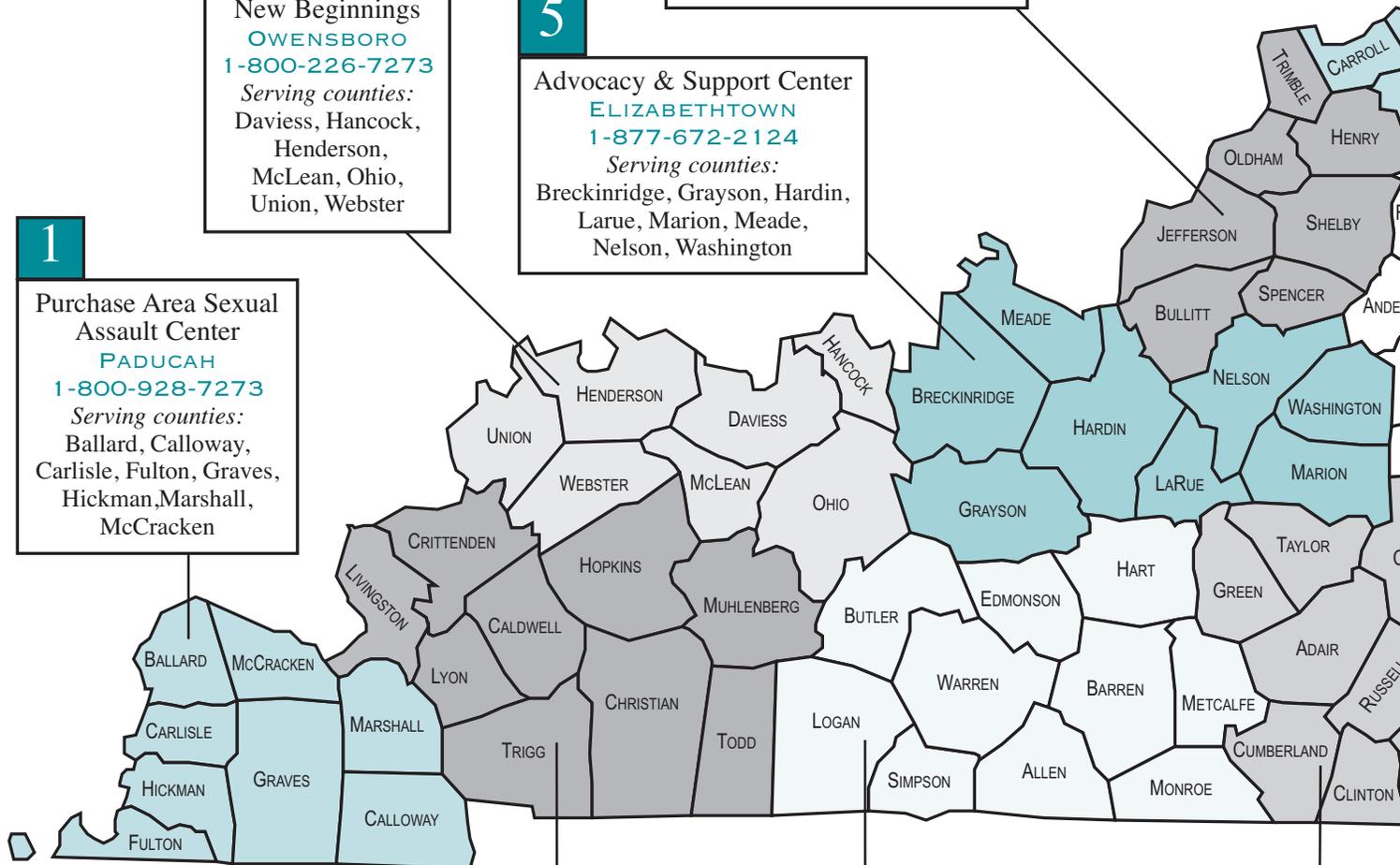
New Beginnings  
**OWENSBORO**  
**1-800-226-7273**  
*Serving counties:*  
 Daviess, Hancock,  
 Henderson,  
 McLean, Ohio,  
 Union, Webster

5

Advocacy & Support Center  
**ELIZABETHTOWN**  
**1-877-672-2124**  
*Serving counties:*  
 Breckinridge, Grayson, Hardin,  
 Larue, Marion, Meade,  
 Nelson, Washington

1

Purchase Area Sexual  
 Assault Center  
**PADUCAH**  
**1-800-928-7273**  
*Serving counties:*  
 Ballard, Calloway,  
 Carlisle, Fulton, Graves,  
 Hickman, Marshall,  
 McCracken



2

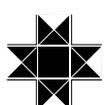
Sanctuary, Inc.  
**HOPKINSVILLE**  
**1-800-766-0000**  
*Serving counties:*  
 Caldwell, Christian,  
 Crittenden, Hopkins,  
 Livingston, Lyon,  
 Muhlenburg, Todd, Trigg

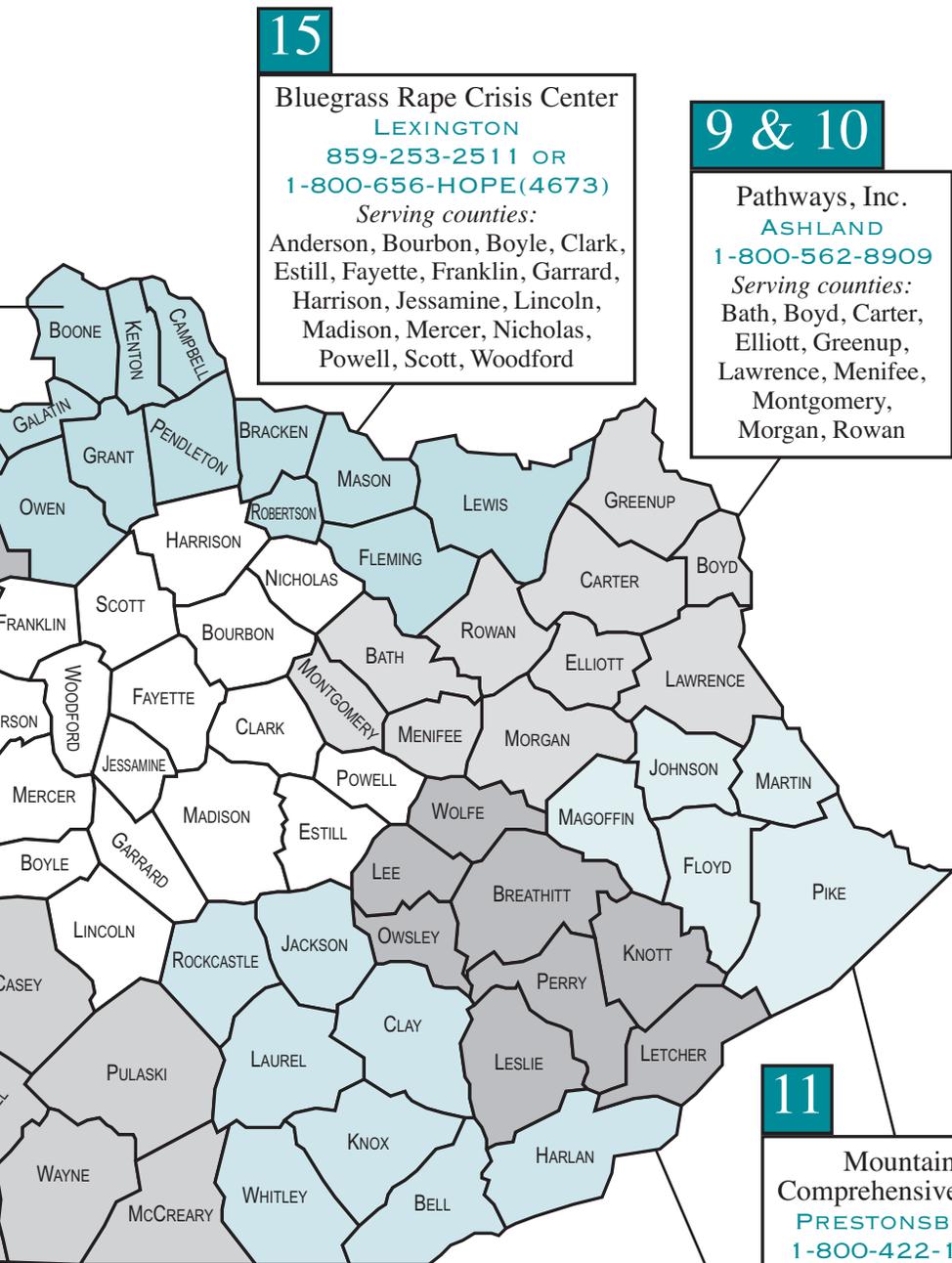
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Hope Harbor  
**BOWLING GREEN**  
**1-800-656-HOPE(4673)**  
*Serving counties:*  
 Allen, Barren, Butler,  
 Edmonson, Hart, Logan,  
 Metcalfe, Monroe,  
 Simpson, Warren

14

Adanta Regional Victim  
 Services Program  
**SOMERSET**  
**1-800-656-HOPE(4673)**  
*Serving counties:*  
 Adair, Casey, Clinton,  
 Cumberland, Green, McCreary,  
 Pulaski, Russell, Taylor, Wayne





15

**Bluegrass Rape Crisis Center**  
**LEXINGTON**  
 859-253-2511 OR  
 1-800-656-HOPE(4673)  
*Serving counties:*  
 Anderson, Bourbon, Boyle, Clark,  
 Estill, Fayette, Franklin, Garrard,  
 Harrison, Jessamine, Lincoln,  
 Madison, Mercer, Nicholas,  
 Powell, Scott, Woodford

9 & 10

**Pathways, Inc.**  
**ASHLAND**  
 1-800-562-8909  
*Serving counties:*  
 Bath, Boyd, Carter,  
 Elliott, Greenup,  
 Lawrence, Menifee,  
 Montgomery,  
 Morgan, Rowan

11

**Mountain Comprehensive Care**  
**PRESTONSBURG**  
 1-800-422-1060  
*Serving counties:*  
 Floyd, Johnson,  
 Magoffin, Martin, Pike

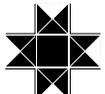
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**Cumberland River Comprehensive Care**  
**HOTLINE (606) 523-2520 OR**  
**1-800-656-HOPE(4673)**  
*Serving counties:*  
 Bell, Clay, Harlan, Jackson,  
 Knox, Laurel, Rockcastle, Whitley

12

**Kentucky River Community Care**  
**HAZARD**  
 1-800-375-7273  
*Serving counties:*  
 Breathitt, Knott, Lee,  
 Leslie, Letcher, Owsley,  
 Perry, Wolfe

REGION/COUNTY	REGION/COUNTY
14 Adair	13 Knox
4 Allen	5 Larue
15 Anderson	13 Laurel
1 Ballard	10 Lawrence
4 Barren	12 Lee
10 Bath	12 Leslie
13 Bell	12 Letcher
7 Boone	7 Lewis
15 Bourbon	15 Lincoln
10 Boyd	2 Livingston
15 Boyle	4 Logan
7 Bracken	2 Lyon
12 Breathitt	15 Madison
5 Breckinridge	11 Magoffin
6 Bullitt	5 Marion
4 Butler	1 Marshall
2 Caldwell	11 Martin
1 Calloway	7 Mason
7 Campbell	1 McCracken
1 Carlisle	14 McCreary
7 Carroll	3 McLean
10 Carter	5 Meade
14 Casey	10 Menifee
2 Christian	15 Mercer
15 Clark	4 Metcalfe
13 Clay	4 Monroe
14 Clinton	10 Montgomery
2 Crittenden	10 Morgan
14 Cumberland	2 Muhlenberg
3 Daviess	5 Nelson
4 Edmonson	15 Nicholas
10 Elliott	3 Ohio
15 Estill	6 Oldham
15 Fayette	7 Owen
7 Fleming	12 Owsley
11 Floyd	7 Pendleton
15 Franklin	12 Perry
1 Fulton	11 Pike
7 Gallatin	15 Powell
15 Garrard	14 Pulaski
7 Grant	7 Robertson
1 Graves	13 Rockcastle
5 Grayson	10 Rowan
14 Green	14 Russell
10 Greenup	15 Scott
3 Hancock	6 Shelby
5 Hardin	4 Simpson
13 Harlan	6 Spencer
15 Harrison	14 Taylor
4 Hart	2 Todd
3 Henderson	2 Trigg
6 Henry	6 Trimble
1 Hickman	3 Union
2 Hopkins	4 Warren
13 Jackson	5 Washington
6 Jefferson	14 Wayne
15 Jessamine	3 Webster
11 Johnson	13 Whitley
7 Kenton	12 Wolfe
12 Knott	15 Woodford



# KENTUCKY'S 13 RAPE CRISIS CENTERS

## REGION 1

### PURCHASE ADD

Serving counties: Fulton, Hickman, Graves, Carlisle, Ballard, McCracken, Marshall, Calloway

### PURCHASE AREA SEXUAL ASSAULT CENTER

P.O. Box 8506

**Paducah, KY 42002-8506**

Business phone: (270) 534-4422

Fax: (270) 534-4409

**Crisis Line: (270) 534-4422 or 800-928-7273**

#### Murray Outreach:

George Weaks Community Center

607 Poplar St., Suite J

Murray, KY 42071

Business phone: (270) 753-5777

Fax: (270) 753-5758

**Crisis line: (270) 753-5777**

#### Mayfield Outreach:

Green Center for Advocacy

827 E. Broadway, Mayfield, KY 42066

Phone: (270) 247-2023

## REGION 2

### PENNYRILE ADD

Serving counties: Christian, Trigg, Lyon, Caldwell, Crittenden, Hopkins, Muhlenburg, Todd, Livingston

### SANCTUARY, INC.

P.O. Box 1165

**Hopkinsville, KY 42241**

Business phone: (270) 885-4572

Fax: (270) 885-6396

**Crisis line: 800-766-0000 or (270) 887-6200**

## REGION 3

### GREEN RIVER ADD

Serving counties: Daviess, Union, Ohio, Henderson, Webster, McLean, Hancock

### NEW BEGINNINGS

P.O. Box 903

**Owensboro, KY 42302-0903**

Business phone: (270) 926-7278

Fax: (270) 926-7091

**Crisis Line: 800-226-7273 or (270) 926-7273**

#### Henderson Outreach:

P.O. Box 1156, Henderson, KY 42419

Phone: (270) 826-7273

**Crisis line: 800-226-7273**

#### Ohio County Outreach:

**Crisis line: 800-226-7273**

## REGION 4

### BARREN RIVER ADD

Serving counties: Warren, Logan, Simpson, Allen, Monroe, Metcalfe, Hart, Edmonson, Butler, Barren

### HOPE HARBOR

913 Broadway Avenue

**Bowling Green, KY 42101**

Business phone: (270) 782-5014

Fax: (270) 782-5042

**Crisis Line: 800-656-HOPE (4673)**

#### Glasgow Outreach:

200 S. Green St., Suite 203

Glasgow, KY 42141

Business phone: (270) 659-3033

#### Franklin Outreach:

110<sup>1/2</sup> North Main Street,

Franklin, KY 42134

Business Line: (270) 598-8100

## REGION 5

### LINCOLN TRAIL ADD

Serving counties: Hardin, Larue, Grayson, Meade, Breckinridge, Marion, Washington, Nelson

### ADVOCACY & SUPPORT CENTER

890 Rineyville Rd.

**Elizabethtown, KY 42701**

Business phone: (270) 234-9236

Fax: (270) 234-8367

**Crisis Line: 877-672-2124**

## REGION 6

### KIPDA ADD

Serving counties: Jefferson, Bullitt, Spencer, Shelby, Henry, Trimble, Oldham

### CENTER FOR WOMEN & FAMILIES

### RAPE CRISIS PROGRAM

P.O. Box 2048, **Louisville, KY 40201**

Business phone: (502) 581-7200

Fax: (502) 581-7204

**Crisis Line: (502) 581-7222 or 877-803-7577**

#### Shelbyville Office:

630 Main St., Shelbyville, KY 40065

Business Phone: (502) 633-7800

Fax: (502) 633-7808

#### Mt. Washington Campus:

7357 Highway 44 East

Mt. Washington, KY 40047

Business Phone: (502) 538-0212

Fax: (502) 538-0213

#### West Louisville Campus:

4303 West Broadway

Louisville, KY 40211

Business Phone: (502) 775-6408

Fax: (502) 775-6409

#### New Albany, IN Campus:

Business Phone: (812) 944-6743

#### Scottsburg, IN Office:

Business Phone: (812) 752-7996

## REGIONS 7 & 8

### NORTHERN KY &

### BUFFALO TRACE ADDS

Serving counties: Kenton, Carroll, Gallatin, Boone, Campbell, Pendleton, Grant, Owen, Mason, Bracken, Lewis, Fleming, Robertson

### WOMEN'S CRISIS CENTER, INC.

835 Madison Avenue

**Covington, KY 41011**

Business phone: (859) 491-3335

Fax: (859) 655-2655 TDD: (859) 655-2657

**Crisis Line: (859) 491-3335 or 800-928-3335**

#### Maysville Outreach:

P.O. Box 484, Maysville, KY 41056

Business phone: (606) 564-6708

Fax: (606) 564-6649

**Crisis Line: (606) 564-6708 or 800-928-6708**

TDD: (606) 564-3715

#### Florence Outreach:

240 Main St., Florence, KY 41042

Business phone: (859) 647-2388

Fax: (859) 372-3575

**Crisis Line: (859) 647-2388 (day) or (859) 491-3335 (night)**

TDD daytime: (859) 372-3573

#### Williamstown Outreach:

141 Main St. Suite E

Williamstown, KY 41097

Fax: (859) 824-7477

**Crisis line: 859-824-7697**

#### Carrollton Outreach:

440 Main St., 3rd Fl.,

Carrollton, KY 41008

Fax: (502) 732-6848

**Crisis line: (502) 732-0101 or 800-928-3335 (evenings)**

## REGIONS 9 & 10

### GATEWAY & FIVCO ADDS

Serving counties: Boyd, Carter, Greenup, Lawrence, Rowan, Elliott, Morgan, Menifee, Bath, Montgomery

### PATHWAYS, INC.

Rape Victim Services Program

201 22<sup>nd</sup> Street, **Ashland, KY 41101**

Business phone: (606) 324-1141

Fax: (606) 325-8606 TDD: (606) 324-1141

**Crisis Line: 800-562-8909**

#### Morehead Outreach:

325 East Main St., Morehead, KY 40351

Business phone: (606) 784-4161

Fax: (606) 784-2379

## REGION 11

### BIG SANDY ADD

Serving counties: Floyd, Pike, Magoffin, Johnson, Martin

### MOUNTAIN COMPREHENSIVE CARE

### CENTER VICTIM SERVICES PROGRAM

104 S. Front Avenue

**Prestonsburg, KY 41653**

Business phone: (606) 886-4397

Fax: (606) 886-4316

**Crisis Line: 800-422-1060**

**Prestonsburg:** (606) 886-4330

**Paintsville:** (606) 789-3518

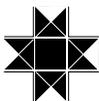
**Pikeville:** (606) 432-3143

**Belfry:** (606) 353-1287

**Inez:** (606) 298-7902

**Salyersville:** (606) 349-3115

ADD = AREA DEVELOPMENT DISTRICT



## REGION 12

### KENTUCKY RIVER ADD

Serving counties: Perry, Leslie, Letcher, Knott, Owsley, Breathitt, Lee, Wolfe

### KENTUCKY RIVER COMMUNITY

### CARE, INC. RAPE CRISIS

### PROGRAM CARE COTTAGE

465 Cedar St., **Hazard**, KY 41701

Business phone: (606) 435-0849

Fax: (606) 487-1644

**Crisis Line: 800-375-7273**

## REGION 13

### CUMBERLAND VALLEY ADD

Serving counties: Whitley, Bell, Knox, Harlan, Laurel, Clay, Jackson, Rockcastle

### CUMBERLAND RIVER

### COMPREHENSIVE CARE

### CENTER, INC. RAPE VICTIM

### SERVICES PROGRAM

P.O. Box 568, **Corbin**, KY 40702

Business phone: (606) 528-5286

Fax: (606) 528-5401 or (606) 528-5287

**Crisis Line: (606) 523-2520 or**

**800-656-HOPE (4673)**

**Barbourville:** (606) 546-3104

**Benham:** (606) 848-5444

**Corbin:** (606) 528-7010

**Harlan:** (606) 573-1624

**London:** (606) 864-2104

**Manchester:** (606) 598-5172

**McKee:** (606) 287-7137

**Mt. Vernon:** (606) 256-2129

**Middlesboro:** (606) 248-4949

**Pineville:** (606) 337-6137

**Williamsburg:** (606) 549-1440

## REGION 14

### LAKE CUMBERLAND ADD

Serving counties: Pulaski, McCreary, Wayne, Clinton, Cumberland, Russell, Casey, Adair, Green, Taylor

### ADANTA REGIONAL VICTIM

### SERVICES PROGRAM

259 Parkers Mill Rd.

**Somerset**, KY 42501

Business phone: (606) 679-4782 ext. 274

Fax: (606) 677-1862

**Crisis Line: 800-656-HOPE (4673)**

## REGION 15

### BLUEGRASS ADD

Serving counties: Fayette, Harrison, Nicholas, Bourbon, Clark, Powell, Estill, Madison, Garrard, Jessamine, Woodford, Mercer, Boyle, Lincoln, Anderson, Franklin, Scott

### BLUEGRASS RAPE CRISIS

### CENTER, INC.

P.O. Box 1603, **Lexington**, KY 40588

Business phone: (859) 253-2615

Fax: (859) 253-0282

**Crisis Line: (859) 253-2511 or**

**800-656-HOPE (4673)**

### Cynthiana Office:

P.O. Box 563, Cynthiana, KY 41031

Business phone: (859) 234-1011

Fax: (859) 235-9306

**Crisis line: 800-656-HOPE**

**(4673)**

### Danville Office:

P.O. Box 354, Danville, KY 40423

Business phone: (859) 236-4445

Fax: (859) 236-7836

**Crisis line: 800-656-HOPE (4673)**

### Frankfort Office:

P.O. Box 946, Frankfort, KY 40602

Business phone: (502) 226-1400

Fax: (502) 226-1409

**Crisis line: 800-656-HOPE (4673)**

### Georgetown Office

P.O. Box 1243, Georgetown, KY 40324

Business phone: (502) 863-7350

Fax: (502) 863-7351

**Crisis line: 800-656-HOPE (4673)**

### Nicholasville Office

P.O. Box 194, Nicholasville, KY 40340

Business phone: (859) 881-5110

Fax: (859) 881-5721

**Crisis line: 800-656-HOPE (4673)**

### Richmond Office:

P.O. Box 639, Richmond, KY 40476

Business phone: (859) 625-0213

Fax: (859) 625-9155

**Crisis line: 800-656-HOPE (4673)**

### Winchester Office

P.O. Box 164, Winchester, KY 40392

Business phone: (859) 744-3002

Fax: (859) 744-8761

**Crisis line: 800-656-HOPE (4673)**

# RAPE CRISIS CENTERS SERVICES

## VICTIM ASSISTANCE

- ◊ 24-hour Rape Crisis Line. Call 1-800-656-HOPE (4673) to be connected to a local rape crisis center
- ◊ Counseling and support for survivor, and for family and friends
- ◊ Accompaniment and advocacy in hospitals, law enforcement settings, and other legal settings
- ◊ Therapy services or professional referrals for therapy
- ◊ Support groups or professional referrals to support groups
- ◊ Referrals to appropriate community resources
- ◊ Assistance with Crime Victims Compensation Fund claims

## PREVENTION & PUBLIC AWARENESS

Presentations may be available on the following topics:

- ◊ Dynamics of Sexual Violence
- ◊ Legal and Medical Aspects of Sexual Violence
- ◊ Dating Violence and/or Healthy Relationships
- ◊ Rape Awareness and Prevention
- ◊ Responding to Violence in Faith Communities
- ◊ Sexual Harassment
- ◊ How Family & Friends Can Help
- ◊ Child Sexual Violence & Adult Survivors of Child Sexual Violence

## CONSULTATION

- ◊ Consultation for professionals working with survivors of sexual assault
- ◊ In-service training

## HOW MUCH DO SERVICES COST?

All crisis and advocacy services are free of charge.

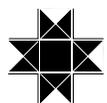
For long-term services fees may be charged.

## WHO CAN USE THE SERVICES

- ◊ Victims of any type of sexual violence, regardless of when the violence occurred
- ◊ Family, friends, partners, or others close to a victim of any type of sexual violence
- ◊ Students attending a Kentucky College or University, regardless of official residence
- ◊ Rape crisis centers do not discriminate based on gender, race, national origin, disability, religion, or sexual orientation

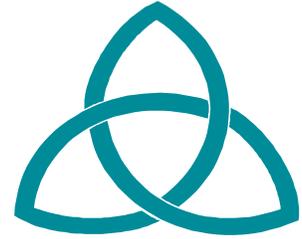
## CONFIDENTIALITY

Communications with rape crisis center personnel are confidential and privileged. For information see KRS 211.608 and KRE 506. However, there are exceptions, including reporting of child abuse and spouse abuse. For information see KRS 209.020, KRS 209A.020, KRS 620.030.



# SANE & SART: ENHANCING PROFESSIONAL RESPONSES TO SEXUAL VIOLENCE

*A Unified Team Approach*



## WHAT IS A SANE?

A Sexual Assault Nurse Examiner (SANE) is a registered nurse with advanced training concerning the performance of comprehensive medical/forensic examinations on victims of sexual offenses who are 14 years old or older. For information see KRS 314.011(14). SANE credentials are issued through the Kentucky Board of Nursing, after completion of 40 hours of classroom instruction and 60 hours of clinical training. For information see 201 KAR 20:411. Upcoming training information is available from KASAP's Statewide SANE/SART Coordinator.

## WHAT IS A SART?

A Sexual Assault Response Team, or SART, is a multidisciplinary approach to responding to sexual violence. A SART consists of a SANE or physician, law enforcement official, and a sexual violence victim advocate (disciplines that initially respond to victims who report within 96 hours).

SARTs have two primary purposes: to limit further trauma to victims and to improve the quality of evidence collection and investigation. Because victims are required to tell and retell about the violence, many say that post-assault events can be as traumatizing or more traumatizing than the actual assault. By reducing the number of retellings, SARTs reduce trauma to victims and initiate support systems that are critical to healing. Furthermore, SART response may reduce the likelihood that multiple statements can be used to attack the victims' credibility and create obstacles to successful prosecution.

Kentucky communities have choices on how to operate SARTs, i.e., whether the team should be based in a hospital, law enforcement agency, or victim service agency. Some communities also maintain interagency councils that include other professionals who interact with and/or support victims after the initial response, such as the Commonwealth's Attorney, crime laboratory personnel, and clergy members. Other communities have worked to develop collaborations, but have not formalized a SART program.

## WHAT ARE THE BENEFITS OF SART?

- ◇ SARTs improve evidence collection and preservation, ensure better maintenance of the 'chain of custody' of evidence, and increase the availability of qualified expert witnesses.
- ◇ Utilizing a victim-centered approach allows the SART to provide compassionate, efficient, and highly skilled care and support throughout the criminal justice system.
- ◇ Across the country, SART programs have been proven to increase reporting of sexual violence and conviction rates. According to records from the Allen County Indiana Superior Court, convictions for rape have increased from 20% to 60% since the inception of the Fort Wayne Sexual Assault Treatment Center in 1994 (one of the first SARTs).

## WHAT ARE THE ROLES OF SART MEMBERS?

### LAW ENFORCEMENT

- ◇ Provide for the victim's safety
- ◇ Conduct interviews of victims, perpetrators, and others
- ◇ Apprehend the perpetrator(s)
- ◇ Conduct criminal investigation
- ◇ Build case for the prosecutor
- ◇ Provide information as required by the Crime Victim Bill of Rights, for information see KRS 421.500-575

### VICTIM ADVOCATE

- ◇ Believe the victim and provide support throughout the initial process
- ◇ Help explain the exam process
- ◇ Accompany the victim through the exam phase
- ◇ Hold the victim's hand, both literally and figuratively
- ◇ Provide information about victims' rights and compensation
- ◇ Provide referral to available community resources

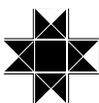
### SANE OR PHYSICIAN

- ◇ Obtain a detailed history
- ◇ Perform a head-to-toe assessment
- ◇ Perform a detailed genital exam
- ◇ Collect forensic evidence
- ◇ Document findings
- ◇ Provide follow-up and referrals
- ◇ Provide court testimony

## WHAT IS SART TRAINING?

SART Training provides essential information about the dynamics of sexual violence and related laws, sexual assault medical/forensic examinations, and specialized techniques for investigating sex crimes. Team members are trained together using a forty-hour curriculum that meets the didactic training requirements for SANEs, as set forth in 201 KAR 20:411, refer to [www.lrc.state.ky.us/home.htm](http://www.lrc.state.ky.us/home.htm). Law enforcement officers receive 40 hours in-service training credits. Continuing education credits may also be available for other disciplines.

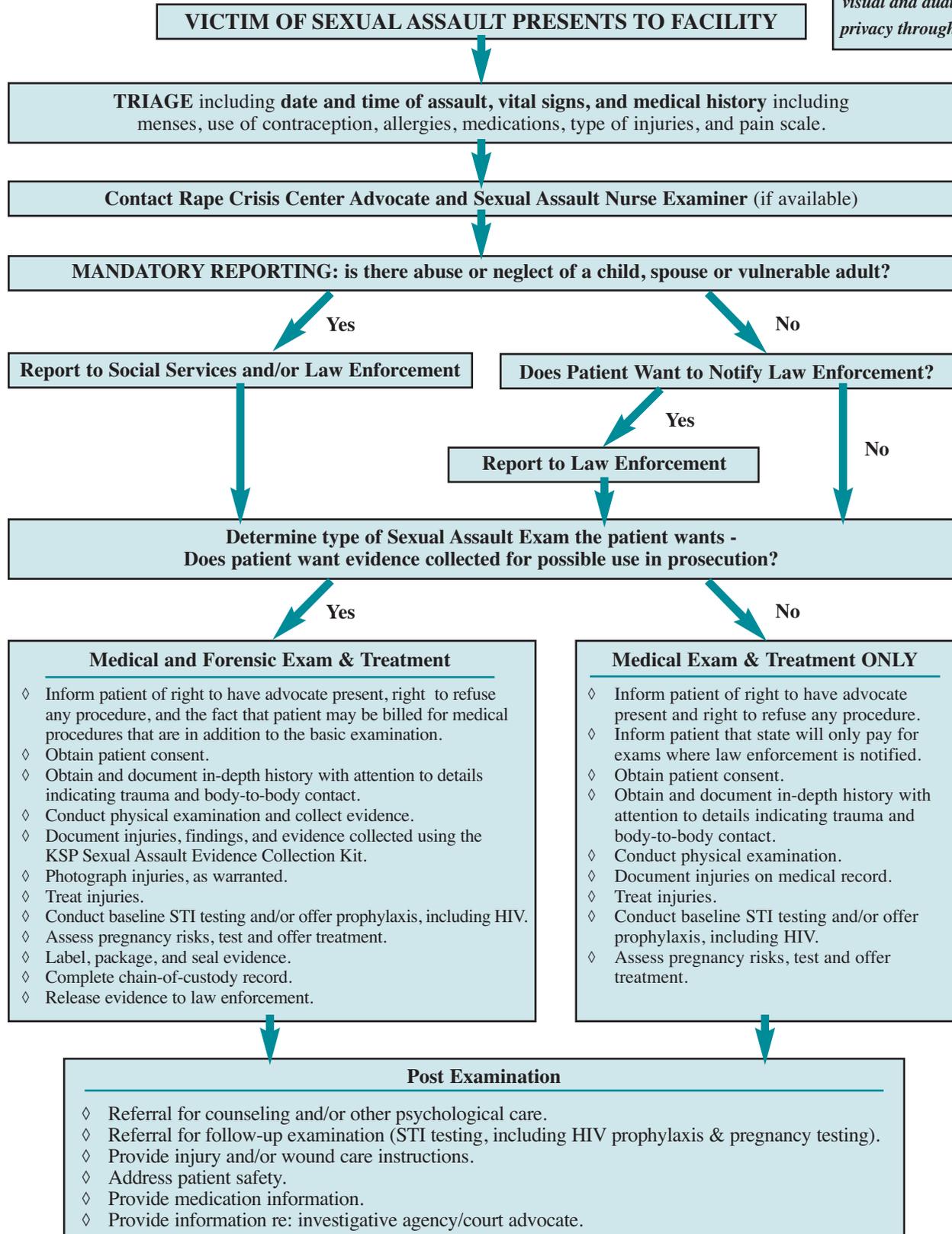
SART Trainings, which are organized by KASAP's Statewide SANE/SART Coordinator, are offered at locations across Kentucky. KASAP also provides publications and technical assistance to help with SART development. Upon request, KASAP will gladly provide an adaptable model. For more information, visit [www.kasap.org](http://www.kasap.org) or contact the Statewide SANE/SART Coordinator: [sane@kasap.org](mailto:sane@kasap.org).



# KENTUCKY SEXUAL ASSAULT EXAM: AN OVERVIEW

Entire Protocol online at [www.lrc.ky.gov/kar/502/012/010.htm](http://www.lrc.ky.gov/kar/502/012/010.htm)

*Note: Provide visual and auditory privacy throughout.*



# SEXUAL ASSAULT EXAMINATION FREQUENTLY ASKED QUESTIONS

## 1. WHAT TREATMENT OPTIONS ARE AVAILABLE TO SEXUAL ASSAULT VICTIMS?

Victims who seek acute care following sexual violence have two options: (1) medical examination and treatment or (2) medical-forensic examination and treatment.

*Note:* Many victims seek examination and treatment only. The victim should be fully informed of all treatment options, including the advantages and disadvantages of each in order to make an informed decision. Emergency room personnel are required to perform sexual assault medical-forensic examinations on all victims who request such treatment.

## 2. WHAT IS A SEXUAL ASSAULT MEDICAL-FORENSIC EXAMINATION?

A medical-forensic examination should include:

- ◇ a medical assessment, stabilization and treatment of injuries;
- ◇ evidence collection;
- ◇ information, screening and prophylactic treatment for sexually transmitted infections (STIs), including HIV, pregnancy and other medical concerns; and
- ◇ referrals for counseling and follow up appointments.

In Kentucky, the Kentucky State Police Sexual Assault Evidence Collection Kit (KSP Kit), discussed below, is typically used to facilitate evidence collection. However, effective sexual assault exams involve much more than “filling up the box.”

## 3. WHAT IS A SANE IN KENTUCKY?

The Kentucky Board of Nursing offers Sexual Assault Nurse Examiner (SANE) credentials to registered nurses with a Kentucky license who complete a specialized training program that requires a total of 40 hours of didactic training and 60 hours of clinical training. The SANE credential grants a registered nurse the autonomy to perform sexual assault medical-forensic exams on patients 14 years of age and older. For information see KRS 314.011.

## 4. WHAT ARE THE PRIORITIES FOR CONDUCTING A MEDICAL-FORENSIC EXAMINATION?

Victims should initially be examined and treated for life-threatening injuries. A prompt examination minimizes the loss of evidence. Ideally, the physical examination and collection of specimens for medical treatment should be performed at the same time as the forensic examination and collection of forensic evidence. Documentation of the victim’s history and injuries, if any, is equally as important as collection of evidence.

## 5. WHAT IS THE TIME FRAME FOR EVIDENCE COLLECTION?

Typically, 96 hours. Pursuant to 502 KAR 12: 010 (3), “If the sexual assault occurred within ninety-six (96) hours prior to the forensic examination, a Kentucky State Police Evidence Collection Kit shall be used.”

Beyond the standard 96-hour window, it is possible in some cases to collect valid evidence. The decision whether to use an evidence collection kit, or parts thereof, after 96 hours should be considered on a case-by-case basis.

Even if no evidence collection kit is used, examiners should take a careful history and document all injuries thoroughly.

## 6. WHAT LAW GOVERNS SEXUAL ASSAULT MEDICAL-FORENSIC EXAMINATIONS IN KENTUCKY?

Ky Administrative Regulation 502 KAR 12:0110 is the Statewide Medical-Forensic Examination Protocol for acute care of sexual assault victims, which describes how medical-forensic

examinations should be performed within 96 hours post-assault. This protocol is available at [www.lrc.state.ky.us/kar/502/012/010.htm](http://www.lrc.state.ky.us/kar/502/012/010.htm). Additional requirements are included in KRS 216B.400, available at <http://lrc.ky.gov>.

Critical components of this protocol include:

- ◇ Contacting an advocate from the regional rape crisis center prior to the examination;
- ◇ Informing the victim that s/he may refuse any part of the forensic evidence collection, and obtaining on-going consent for treatment throughout the exam;
- ◇ Careful collection and documentation of pertinent history, with focus on trauma and body-to-body contact;
- ◇ Physical examination and collection of evidence pertinent to history provided;
- ◇ Assessment and treatment of injuries, STIs and pregnancy; and
- ◇ Provision of information regarding follow-up procedures, referrals, and victim compensation.

Kentucky Revised Statutes (KRS) govern performance of sexual assault medical forensic exams, providing additional information regarding who must perform exams, who can give consent, and who pays for examinations.

## 7. WHAT IS A SEXUAL ASSAULT EXAMINATION “KIT”?

Kentucky State Police Sexual Assault Evidence Collection Kits are used to facilitate evidence collection and provide examiners with:

- ◇ Materials needed to collect and preserve samples of evidence:
  - ◇ Forms to document detailed patient history and assessment;
  - ◇ Materials used as standards for comparison;
  - ◇ Samples used to prove that sexual assault occurred; and
  - ◇ Samples that may link perpetrator/s to the crime.

## 8. IS IT TRUE THAT AN EXAMINER JUST HAS TO “FOLLOW THE KIT DIRECTIONS”?

No. While the KSP kit provides directions for evidence collection, all medical-forensic examination should be “history driven,” rather than “kit driven.” In many cases, it is appropriate to go beyond the directions included in the kit and collect additional samples based on the history provided.

Based on the history and the patient’s wishes, the examiner may vary the nature of the specimens collected and the order in which they are collected. For example, if the assault involved only oral penetration, it is not necessary for the examiner to collect genital or anal swabs. If multiple penetrations were involved, the victim may wish to have oral swabs collected first so that s/he may rinse the mouth. The kit allows for such flexibility in specimen collection.

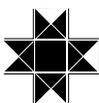
All procedures should be explained prior to beginning and immediately before each step. The victim should be given the opportunity to refuse any and all procedures with which s/he does not feel comfortable.

## 9. WHO PROVIDES SEXUAL ASSAULT EXAMINATION KITS?

Kentucky State Police provide the kits at no charge, generally through the local law enforcement agencies. However, facilities can and should obtain KSP Kits and training videos in advance, to ensure availability when needed. Contact the Kentucky State Police Central Crime Laboratory in Frankfort at 502-564-5230.

## 10. WHAT IF THE CASE INVOLVES US MILITARY PERSONNEL?

The exam is largely the same. However, reporting procedures and evidence collection kits may be different. For information, visit the United States Department of Defense Sexual Assault Prevention and Response website at [www.sapr.mil](http://www.sapr.mil).



### **11. WHO CAN GIVE OR WITHHOLD CONSENT FOR A SEXUAL ASSAULT EXAMINATION?**

With only one exception, any person can give consent for a sexual assault examination, even a minor. A parent may not prevent the performance of an examination on a minor. For information see KRS 216B.400 (g).

Only adults who have been determined by a court to be “legally disabled” AND for whom a “guardian” has been appointed to make medical decisions are legally incapable of giving consent for sexual assault exams. In such cases, the guardian must give consent. If health care providers believe that a guardian may not be acting in the patient’s best interest, health care providers should make a report to Adult Protective Services, so that additional protective action may be taken if necessary.

Sexual assault exams should only be conducted with the consent of the victim. For information see KRS 216B, 400(d). The victim must be informed that s/he may withdraw consent at any time. For information see 502 KAR 12:010 (2)(7). Laws dictating that the victim’s consent is required were established because these exams are very invasive and can result in further trauma to the victim, especially if the victim does not give consent. Even when another gives legal consent, as with a small child or incompetent adult, it is important for the victim to understand what is going to happen and give permission. In extreme cases where it is not possible for the victim to give permission, it may be appropriate to take steps to prevent further trauma, such as anesthesia or sedation. For information see 205 KAR 12:010 (3)(6).

### **12. DOES KENTUCKY LAW REQUIRE REPORTING ALL SEXUAL ASSAULTS TO LAW ENFORCEMENT?**

No. Contrary to popular belief, there is no law that requires all sexual violence or all criminal acts.

Kentucky’s mandatory reporting laws only require reporting “abuse, neglect, or dependency” in three distinct situations: child abuse or neglect; spouse abuse; and abuse or neglect of an otherwise ‘vulnerable’ adult, i.e. any person who, “because of mental or physical disfunctioning, is unable to protect himself.” For information see KRS 620, 209, and 209A.

### **13. HOW CAN HEALTH CARE PROVIDERS COMPLY WITH BOTH HIPAA AND MANDATORY ABUSE REPORTING LAWS?**

HIPAA permits disclosures required by law. Since health care providers are required by law to report abuse and neglect of these protected classes of persons, disclosure or information required for reporting in such cases is permitted by HIPAA.

In cases where mandatory reporting is not required, the patient must authorize the release of information prior to notification of law enforcement officials. Without such authorization, health care providers can be held liable for HIPAA violation.

Prior to the passage of HIPAA, most health care facilities routinely reported crimes to law enforcement officials without patient authorization. Facility policies should be updated as soon as possible.

### **14. DOES CONTACTING THE RAPE CRISIS CENTER ADVOCATE VIOLATE HIPAA?**

No. Since health care providers are mandated by law to contact the Rape Crisis Center, they do not violate HIPAA by contacting rape crisis advocates as required by the regulation governing sexual assault medical-forensic examination (502 KAR 12:010). Also, HIPAA permits the use or disclosure of information for “treatment” purposes. For information see 45 CFR 164.502(a) (1). Since contacting the rape crisis center is required by the treatment protocol adopted by the state, contacting an advocate is clearly a ‘permitted disclosure.’

### **15. WHEN SHOULD THE FACILITY CONDUCTING THE EXAM CONTACT THE RAPE CRISIS ADVOCATE?**

Providers should notify the rape crisis advocate as soon as the victim presents and requests treatment for a sexual assault. Advocates are prepared to respond whenever they are called, even in the middle of the night.

Contacting the victim advocate immediately helps ensure that advocacy services are provided in a timely manner and is the first step of the “Pre-Forensic Exam Procedure” incorporated into Kentucky law. For information see 502 KAR 12:010 (2)(1).

### **16. WHO PAYS FOR A SEXUAL ASSAULT MEDICAL-FORENSIC EXAMINATIONS?**

If law enforcement is “notified”, these exams are paid by the Crime Victims Compensations Board (CVCB) using the Sexual Assault Victims Assistance Fund.

CVCB reimburses based on a designated rate for a physician, SANE, hospital or examination facility for performing the examination, a hospital or facility for use of a room, diagnostic laboratory testing and medications prescribed as a result of the examination and as part of basic treatment, including treatment for HIV prophylaxis. No charge shall be made to the victim for these examinations. For information see KRS 216.B 400(h).

Victims can sometimes be billed and held liable for additional medical services, such as x-rays or admissions. In some cases, expenses may be reimbursed by CVCB from the general Crime Victims Compensation Fund. It may take over a year for claims to be processed and many are denied.

Health care providers are required to “advise the victim that the forensic examination shall be conducted free of charge, but costs related to medical treatment may be incurred” prior to conducting the exam. For information see 502 KAR 12:010 (2)(6). For payment rates see 107 KAR 2:010.

### **17. WHAT IF THE VICTIM DOES NOT WANT TO REPORT TO LAW ENFORCEMENT?**

Except where mandatory abuse and neglect reporting laws apply, the victim/patient has the right to decide whether or not law enforcement is “notified”. Respecting the patient’s decision in such cases is necessary in order to ensure HIPAA compliance.

However, the exam will only be paid by the state if law enforcement is “notified”. A facility may ensure payment and protect the patient’s right to privacy by “notifying” law enforcement without providing any other information. In order for this option to be effective, community partners need to develop a plan for secure storage of evidence collected. Most facilities do not have mechanisms in place for securely storing kits not released to law enforcement officials, and, therefore, cannot maintain “chain of custody” as required for legal proceedings.

If the patient does not want to “notify” law enforcement officials, health care providers should review treatment options with the patient (see FAQ #1) and determine which option best meets the patient’s needs. Knowing that exams can be refused may meet some of the patient’s need to assume some control of the situation after the assault.

*Note:* Even if a “kit” is not used, the patient’s medical record may provide evidence of the assault through the accurate documentation of the patient’s history and assessment findings.

### **18. WHO DECIDES IF A SEXUAL ASSAULT EXAMINATION IS PERFORMED?**

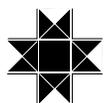
The victim or the victim’s guardian, if the victim is an adult who has been determined “legally disabled” and has had a guardian appointed to make medical decisions. For information see KRS 216B.400 (d). Law enforcement officials, prosecutors, nor any other officials are authorized to oppose a victim’s decision.

All hospitals that provide emergency services are required by law to perform these exams upon request. Refusal to perform exams can result in fines. For information see KRS 216B.400.

*Note:* No law prevents hospitals from referring non-emergent patients to specialized facilities, such as sexual assault examination centers or children’s advocacy centers. If the patient prefers to be treated on-sight, the hospital has a legal duty to provide the exam.

### **19. WHAT ARE CHILDREN’S ADVOCACY CENTERS?**

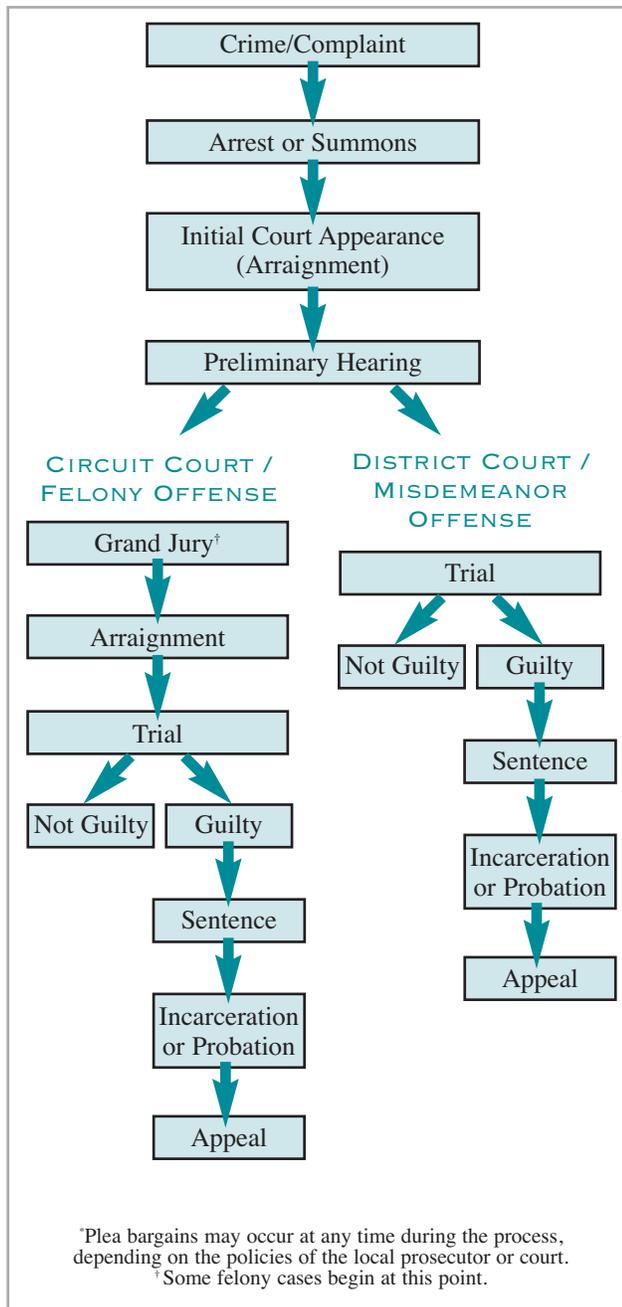
Children’s Advocacy Centers (CACs) are child-friendly facilities that provide locations for child sexual abuse examinations and forensic interviews, along with other services. CACs generally provide exams in non-emergent cases, as most are not equipped to provide emergency medical services and are not open round-the-clock. In Kentucky, there is one CAC located in each area development district. For more information, contact your local CAC, or the Kentucky Association of Children’s Advocacy Centers at (502) 223-5117.



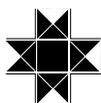
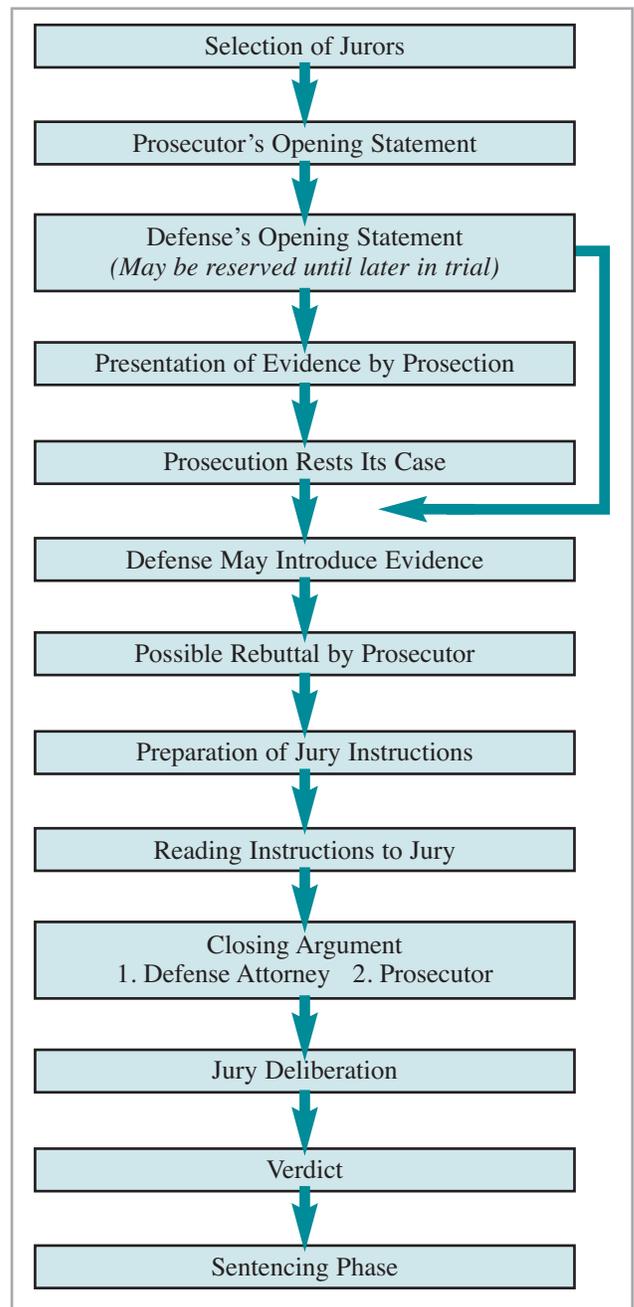
# UNDERSTANDING THE CRIMINAL JUSTICE PROCESS

In cases that move forward to a sexual assault criminal charge, legal processes can be confusing and overwhelming. Therefore, it is important to have a basic understanding of the system and how it works. The following charts will provide a basic visual representation of the overall process. For more information, see the Kentucky Attorney General's office website at <http://ag.ky.gov>.

## CRIMINAL JUSTICE STEPS\*



## TRIAL BY JURY PROCEDURE



# VICTIMS' RIGHTS

When victims' rights are not protected, victims are less likely to report sex crimes, less willing or able to assist with prosecution, and more likely to be physically and/or emotionally harmed as a result of their involvement with the criminal justice system.

Fortunately, several laws are available to help ensure the rights of victims are fully protected. Crime Victims' Rights laws were created specifically to establish "the minimum conduct of criminal justice professionals with respect to crime victims." For information see KRS 421.576. Victims' rights are also protected by laws that protect fundamental rights, such as the U.S. Constitution.

Criminal justice professionals must actively work to protect victims' rights. This includes giving victims information about their rights, and how they can be protected. Victims must act to claim their rights, verbally and in writing. Others must help with enforcement efforts and develop new strategies when old ones fail. Only through these combined efforts will promises of victims' rights ever be realized.

## CRIME VICTIMS' RIGHTS

KRS 421.500-575 (Kentucky's Crime Victim Bill of Rights) and 42 USC 112 § 10606 require law enforcement officials and prosecutors to protect victims rights and establish that victims have the right to be:

- ◇ Treated with fairness and respect for the victim's dignity and privacy;
- ◇ Informed of emergency, protective, social, and medical services, crime victim compensation, community treatment programs and the criminal justice process;
- ◇ Accompanied by an advocate in all court proceedings, and allowed to consult with the advocate both orally and in writing;
- ◇ Informed about protection from harassment, intimidation, and retaliation;
- ◇ Notified about the arrest of the accused, any court proceedings, and any other important occurrences;
- ◇ Informed about registering for the VINE System, which provides notice about release of offenders;
- ◇ Consulted about the disposition of criminal cases, including dismissal, plea bargaining, pre-trial release, or conditions of release;
- ◇ Assisted in contacting employers when prosecution requires time away from work;
- ◇ Given back property held as evidence as soon as possible;
- ◇ Heard by the court, by means of a victim impact statement describing the effects of the crime on the victim before the sentencing of the defendant;
- ◇ Heard by the parole board, by means of a victim impact statement, and notified of any parole hearings or release;
- ◇ Notified if a conviction is appealed and of any decision by an appellate court;
- ◇ Represented by a court appointed special advocate, where the victim is a minor or legally incapacitated; and
- ◇ The right to have a speedy trial, where the victim is less than 16 years old and the crime is a sexual offense.

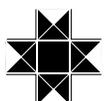
## RIGHTS OF CHILD VICTIMS TO SPECIAL ACCOMMODATIONS

Pursuant to KRS 26A.140, courts must implement measures to accommodate the special needs of children involved in criminal proceedings, such as:

- ◇ Trained guardians ad litem (GALs, i.e., attorneys) or special advocates shall be appointed for all child victims when needed to represent the child's interest;
- ◇ Where a child is a victim or witness, the environment shall be modified through the use of small chairs, frequent breaks, and age appropriate language;
- ◇ Children expected to testify shall be prepared for the courtroom experience by the prosecuting attorney handling the case; and
- ◇ In appropriate cases, procedures shall be used to shield the child from visual contact with the perpetrator.

## OTHER FUNDAMENTAL RIGHTS

- ◇ Right to privacy, i.e., refuse to discuss personal information ('remain silent') and make certain decisions. See U.S. Constitution 4th and 14th Amendments.
- ◇ Right to intervene in legal proceedings where one's medical records may be used. For information see KRS 422.315.
- ◇ Right to control the use of one's name or identifying information by print, broadcast, or other media.
- ◇ Right to be treated with respect and to be believed, regardless of age, gender, race, marital status, relation to perpetrator, profession, or other personal factor.
- ◇ Right to refuse to submit to polygraph examination without adverse effects on the pending case; and the right to be accompanied by an advocate to any polygraph exam. For information see 502 KAR 20:020 Section 3.
- ◇ Right to protection from further violence or intimidation. Funding for protection by law enforcement may be available through the Victim & Witness Protection Program. For information see KRS 15.247 & 40 KAR 6:010. Contact the Prosecutor's Advisory Council at (502) 696-5500.





# PRIVACY & CONFIDENTIALITY FOR SURVIVORS OF SEXUAL VIOLENCE

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The “right to privacy,” as guaranteed by the U.S. Constitution, means the fundamental right to avoid disclosing personal matters and to independently make certain kinds of decisions. Sex offenders commit the ultimate invasion of privacy by attacking and destroying victims’ control over their own bodies, and generating a need for help that cannot be provided without further disclosure of private information.

Many survivors are reluctant to seek assistance because they fear the consequences of disclosing such private information. Unfortunately, victims are often subjected to public shame and ridicule, are sometimes punished or prosecuted for concurrent conduct (such as under-age drinking or use of illegal drugs), and frequently experience increased danger of subsequent violence. Furthermore, offenders frequently continue to harass victims by demanding access to their records throughout criminal proceedings.

Fortunately, numerous federal and state laws have been developed to protect privacy rights, as discussed below. However, most victims are not familiar with these laws or how they can be used to protect privacy. Furthermore, no systems have been developed to ensure representation of victims’ interests in criminal proceedings (where victims serve as witnesses and are generally NOT directly represented by counsel). This does not mean that victims’ interests cannot be protected, but that proactive steps must be taken to do so.

Professionals can help by expanding their understanding of laws related to privacy, employing practices that increase protection of privacy and reduce negative consequences, providing victims with information and assistance regarding protection of privacy, and taking legal action when necessary to fulfill professional duties of maintaining confidentiality.

## Confidentiality: Rights to Privacy in Personal Matters

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### CONSTITUTIONAL PROTECTION

Though constitutional rights have historically been cited to protect defendants, certain fundamental rights protected by the U.S. Constitution are equally important to victims. Citing the 4th Amendment’s protection from unreasonable searches and seizures and 14th Amendment’s due process protections, the U.S. Supreme Court has long recognized a “right to privacy in personal matters,” including the right to avoid disclosure of personal matters. *See, e.g., Whalen v. Roe*, 429 U.S. 589 (1977); *Nixon v. Administrator of General Services*, 433 U.S. 425 (1977).

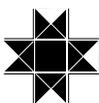
Practical applications of this right include: remaining silent, choosing what type of medical treatment to have (with or without forensic evidence collection), and/or preventing release of confidential records for criminal proceedings.



### VICTIM SERVICE PROVIDERS’ RECORDS ARE CONFIDENTIAL

KRS 211.608 states that “all client records, requests for services, and reports ... of a rape crisis center are confidential and shall not be disclosed by any person except as provided by law.” Furthermore, Rape Crisis Centers are required to maintain strict confidentiality by state and federal regulations, as well as by contract obligations. Similar provisions require confidentiality of records for domestic violence programs and children’s advocacy centers. For information see KRS 620.050 and 922 KAR 5:040.

Please note, however, that records held by victim service providers are frequently subpoenaed. Though the service providers must respond to the subpoena, they are not always required to release records. Service providers should contact an attorney to discuss options, including filing a “motion to quash” the subpoena.



# Confidentiality: Privacy in Health Care Settings



## HIPAA AND OTHER LAWS PROTECT VICTIMS

Commitment to protection of privacy in health care settings has been greatly expanded in recent years. This is due in large part to the Privacy Regulations of the federal Health Insurance Portability and Accountability Act (HIPAA). See 45 C.F.R. Part 160 & 164. In addition to setting new standards for providers, HIPAA has also pushed health care providers to work more diligently to comply with state laws regarding privacy. Highlights of both are outlined below.

Pursuant to HIPAA, health related information must not be used or disclosed without authorization, except for purposes of treatment, payment, and health care operations, or as authorized by a specific exception. When determining how much to disclose, the standard is the "minimum necessary to accomplish the intended purpose."

HIPAA specifically allows compliance with state abuse reporting laws. Kentucky law requires reporting of abuse of children and vulnerable adults, including spouses. However, Kentucky law does not require reporting of all

criminal acts. Therefore, patient authorization is required before reporting sexual violence committed by someone other than a parent, guardian, spouse, caretaker, or other person exercising powers of care, custody, or control.

The treatment protocol for sexual assault medical examinations, set forth in 502 KAR 12:010, specifically requires medical personnel to contact a rape crisis center advocate as part of the "Pre-Forensic Examination Procedure." Therefore, contacting a rape crisis center advocate is a permitted disclosure for treatment purposes under HIPAA.

Before a patient's records are released pursuant to subpoena, a health care provider must ensure that reasonable efforts are made to inform the patient and provide an opportunity to object. For information see 45 CFR 164.512. Furthermore, health care facilities should release only the "minimum necessary" information, not the patient's entire record.

Individuals and health care providers may intervene in legal proceedings to limit the use of medical records in which they have interests. For information see KRS 422.315 (granting standing for limited purposes).

# Confidentiality: Privacy in Public Records

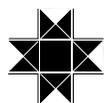


## OPEN RECORDS LAWS EXCEPTIONS

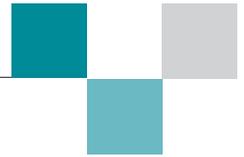
Pursuant to Kentucky's Open Records Law "all public records shall be open for inspection by any person" because "free and open examination of public records is in the public interest." For information see KRS 61.870-.884. However, this requirement does not apply to "public records containing information of a personal nature where the public disclosure thereof would constitute a clearly unwarranted invasion of personal privacy." For information see KRS 61.878(1)(a).

◇ Public agencies, including law enforcement organizations, may redact (or edit out) identifying information in sex crimes cases. See *Courier-Journal v. Louisville*, 147 SW 3d 731 (2003), (holding that police may deny access to personally identifiable information relating to victims of sex offenses that appeared in police incident reports; and acknowledging the singularly traumatic consequences of crimes of sexual violence).

- ◇ The purpose of Open Records Law is to allow the public to monitor how government agencies fulfill their duties. Therefore, access may be denied to records regarding the details of a sex crime or the condition of the victim in the aftermath, where those records are not related to how the public agency carries out its duties. See *In re: Courier-Journal/Crime Victims Compensation Board*, 03-ORD-153 (holding that the Crime Victims' Compensation Board may refuse to disclose detailed information from certain police reports, sexual assault examination reports, and medical records related to a victim's post-assault suicide attempt; and acknowledging that "information is no less private simply because that information is available someplace.")
- ◇ Questions regarding Open Records Laws can be directed to the Office of the Attorney General, Civil Law Division at (502) 696-5614 or <http://ag/ky.gov/civil/openrecords.htm>.



# Confidentiality: Rules of Evidence in Legal Proceedings



Rules of evidence govern what can be admitted (or considered by the decision maker) during legal proceedings. Rules of evidence that can be called upon to help victims include, but are not limited to: "privileges," which can be claimed to prevent testimony based on "confidential communications," and the "rape shield rule," which prohibits testimony about a victim's sexual history in some cases.

## PRIVILEGES COMMONLY CLAIMED BY VICTIMS

The privileges most frequently claimed by victims of sexual violence are the Counselor-Client Privilege (KRE 506) and the Psychotherapist-Patient Privilege (KRE 507). Though there are differences between these privileges, they are discussed together below in the interest of space.

- ◇ The basic rule is that "A client has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of counseling the client..." KRE 506(b).
- ◇ These privileges protect confidential communications with sexual assault counselors, victim advocates (except those employed by Commonwealth's or county attorneys), certified professional counselors, certified marriage and family therapists, certified school counselors, psychologists, licensed clinical social workers, doctors treating mental conditions, registered nurses practicing psychiatric or mental health nursing, and others.
- ◇ These privileges do not provide absolute protection for confidential communications. For example, the "exceptions" to Counselor-Client Privilege (KRE 506) allow for admission of evidence that is "relevant" (i.e., tends to prove or disprove an alleged fact), where there is no other way to obtain the information, and where omitting the evidence would lead to greater injustice than undermining confidentially protected relationships. A judge may review evidence *in camera* (i.e., in private) to determine whether an exception applies.  
For information see KRS 506(d).
- ◇ This privilege can be claimed by the client, the client's guardian, or the counselor/mental health care provider in the absence of the client, but only on behalf of the client. Professionals have legal duties to claim privileges on behalf of clients, unless the client authorizes release of the records sought or until a court specifically orders that the privilege does not apply.  
For information see KRS, e.g., 908 KAR 2:070§3(3).
- ◇ Professionals in possession of victims' records should consult attorneys about legal actions to protect victims' privacy, including filing motions to quash subpoenas and requesting *in camera* reviews to determine relevancy.

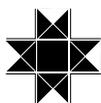
## COURTS DETERMINE WHEN PRIVILEGES APPLY

When legal action is taken to assert privileges, defendants frequently argue that access to information about victims must be allowed in order to prevent violation of constitutionally protected fair trial rights.

Fortunately, the Kentucky Supreme Court has established guidelines to help bolster the protection of victims' privacy while ensuring defendants' access to information that is truly relevant. In *Commonwealth v. Barroso*, Ky., 122 S.W.3d 554, 563 (2003), the Court discussed the problem of "fishing expeditions" into victims' records, concluded that more restrictive standards are needed, and overruled numerous parts of *Commonwealth v. Eldred*, Ky., 906 S.W.2d 696 (1994).

Principal themes from *Barroso* include the following:

- ◇ While Constitutional rights generally prevail over statutory rights, the defendant bears the burden of establishing that Constitutional rights will be violated if the statutory privilege is not overridden.
- ◇ Constitutional due process rights are not implicated where records regarding a witness are not in the possession of a prosecuting attorney.
- ◇ The defendant's right to compulsory process to gather information about a witness prevails only where records contain evidence regarding the witness's ability to recall, comprehend, and accurately relate the subject matter of the testimony.
- ◇ *In camera* review of a witness's privileged records is authorized only upon receipt of evidence sufficient to establish a reasonable belief that the records contain exculpatory evidence, i.e., evidence favorable to the accused and material to guilt or punishment (which may include evidence that can be used to "impeach" or attack the credibility of a witness).
- ◇ A witness's credibility is not in question merely because s/he is receiving or has received mental health services.
- ◇ Defendant's constitutional rights can be fully protected by an *in camera* inspection with only the trial judge present.



## WAIVER OF PRIVILEGE - IMPACT OF RELEASING RECORDS

- ◇ If a person voluntarily discloses or consents to disclosure of any significant part of the privilege matter, the privilege may be “waived,” i.e., the person may no longer be able to claim the privilege. For information see KRE 509.
- ◇ There is no waiver if a witness makes a disclosure without having the opportunity to claim a privilege or is erroneously compelled to disclose privileged communications (as in *Barroso*). For information see KRE 510.
- ◇ There is no waiver if the disclosure itself is privileged, i.e., made to another with whom the client has privilege (such as the client’s attorney).
- ◇ It is important to note that prosecuting attorneys represent the Commonwealth, not individual victims. Therefore, there is no attorney-client relationship between a prosecuting attorney and victim. Thus, releasing records to a prosecuting attorney can result in waiver of privilege.
- ◇ Furthermore, upon request by the defendant, the prosecutor must “permit the defendant to inspect and copy or photograph any relevant results or reports of physical or mental examinations . . . that are known by the attorney for the Commonwealth to be in the possession, custody or control of the Commonwealth.” RCr 7.24(1).

## RAPE SHIELD LAW (KRE 412) MAY BLOCK EVIDENCE REGARDING VICTIMS’ PAST

In order to prevent the shift of focus from the defendant to the victim, the Kentucky Rules of Evidence specifically address the admissibility of evidence regarding the victim’s character and behavior. Pursuant to KRE 412, commonly referred to as the Rape Shield Law, evidence is generally inadmissible if it is offered to prove that the victim engaged in other sexual behavior or to prove the victim’s sexual predisposition.

Take note, however, KRE 412 includes numerous exceptions, and these exceptions are sometimes subject to broad interpretation. Nonetheless, the Rape Shield Law provides an additional layer of protection for many victims of sexual violence. Furthermore, it has recently been expanded so that it is now applicable in civil, as well as criminal, cases.

## Acting to Protect Victims’ Privacy

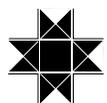
The need for action to protect victims’ privacy rights cannot be overstated. Such actions are critical to reducing additional trauma suffered by victims who report sex crimes and to increasing others willingness to do so.

- ◇ Professionals should institute policies designed to maximize protection of victims’ privacy rights, such as: protocols for responding to requests for information (including subpoenas and open records requests), parameters for participating in multi-disciplinary responses, and disclosures necessary to ensure informed consent before victims authorize releases of information.
- ◇ On a case-by-case basis, preliminary attention to victims’ privacy rights can be extremely important. Victims should be informed about privacy rights and how to protect them. These steps might include simply refusing to provide information or refusing until allowed an opportunity to make an informed decision.
- ◇ In some situations, attorneys can be very helpful. Attorneys sometimes represent victims in preliminary matters, such as communications with prosecutors and

defense attorneys about victims’ rights. Attorneys can also provide direct representation in some legal proceedings where privacy rights are implicated. For example, KRS 422.315 specifically grants standing to intervene when medical records are at issue.

- ◇ When a child’s rights are at issue, Kentucky law provides that a guardian ad litem (i.e., GAL or specially trained attorney) or specially trained advocate should be appointed to ensure that the child’s legal interests are adequately protected. For information see KRS 26A.140(1).

KASAP is committed to working with professionals to develop strategies and resources for protecting victims’ privacy. For information or assistance, contact the KASAP at (502) 226-2704, toll-free 1-866-375-2727, or visit <http://www.kasap.org>



# MINIMIZING FINANCIAL IMPACT ON SURVIVORS

## PAYMENT FOR MEDICAL/FORENSIC EXAMS

Kentucky has designated a fund to pay for basic sexual assault medical/forensic exams. This fund is called the Sexual Assault Victim Assistance Fund (SAVA). In addition, the Crime Victims Compensation Fund may also provide additional financial assistance to victims of sex crimes. However, the victim should be aware that these funds are limited to specific types of financial assistance. An explanation of each fund is provided below.

## SAVA FUND PAYS FOR BASIC EXAMS

The Sexual Assault Victim Assistance (SAVA) Fund pays for basic medical/forensic sexual assault exams performed on both children and adults, so long as law enforcement is notified at the time of the exam. For information see KRS 346 and KRS 216B.400(8). This Fund is administered by the Crime Victims Compensation Board (CVCB). Payment is also available when the exam occurred in another state, so long as the crime occurred in Kentucky. SAVAFund payments are made directly to health care providers and exam facilities. The payment rate is determined by regulations promulgated by the CVCB (adults) and the Division of Medicaid Services (children). Basic treatment includes an assessment for genital and/or non-genital injuries, and forensic evidence collection, as well as medical screening and prophylactic treatment for HIV and other sexually transmitted infections.

While Kentucky law prohibits health care providers from billing victims for the basic exam, victims can sometimes be billed for additional medical services provided above and beyond the basic exam. For information see 502 KAR 12.411 Sec. 2(6). Examples include, but are not limited to: x-rays, CAT scans, hospital admissions, other tests, or consultations. To ensure informed consent, professionals must accurately inform victims about possible charges before any consent for treatment is given. This also reinforces that the victim is in control of what level of examination is performed, i.e., primarily for health care purposes or for both medical and forensic purposes. Though some professionals believe that evidence should be collected in all cases, it is critical that the victim be empowered to make this decision.

## RESTITUTION, CIVIL REMEDIES, AND OTHER RESOURCES

RESTITUTION means requiring a criminal defendant to repay the victim for related expenses such as counseling, medical expenses, lost wages, relocation expenses, and/or property damages, as a condition of the sentence. Pursuant to KRS 532.032, restitution "shall be ordered" in all successful prosecutions where there is a named victim. Unfortunately, restitution is often ignored in sex crime cases.

CIVIL LEGAL REMEDIES can also be helpful. Options may include personal injury suits based on wrongful conduct and/or third-party negligence; sexual harassment litigation; assistance related to housing, benefits, or employment; and others.

IT HAPPENED TO ALEXA FOUNDATION assists rape victims and their families with travel expenses during the litigation process. For more information, visit <http://ithappenedtoalexa.org> or call 1-877-77-ALEXA (25392).

## REIMBURSEMENT OF ADDITIONAL EXPENSES: CRIME VICTIMS COMPENSATION FUND

The Crime Victims Compensation Fund is an additional fund established to minimize the financial impact of criminal acts on "innocent victims." For information see KRS 346. Victims may apply for **direct reimbursement** of expenses related to the violence, including "additional services" discussed previously.

Before compensation is awarded, the CVCB must:

- ◇ Conduct an independent investigation, with which the victim must cooperate;
- ◇ Determine that one was an "innocent victim of a criminal act," or survivor of victim who was killed;
- ◇ Determine that the crime resulted in personal physical or psychological injury to the victim;
- ◇ Determine the crime was reported to a law enforcement agency within 48 hours or that a delayed report was justified; and
- ◇ Determine that the victim cooperated with law enforcement agencies.

**Because of the extensive investigation, reimbursement through this fund can be a very slow and uncertain process. Victims should be realistically informed about this and encouraged to take steps to avoid credit damage while waiting for CVCB determinations. Victims should also be informed of the right to appeal CVCB denials.**

When a claim is successful, this Fund may provide reimbursement for a wide variety of expenses, including:

- ◇ An emergency award not to exceed \$500;
- ◇ Medical expenses or other services, including mental health counseling necessary as a result of the injury upon which the claim is based;
- ◇ Loss of earning or support;
- ◇ Replacement of glasses or corrective lenses;
- ◇ The total amount per award is limited to \$25,000.

In order to comply with the Crime Victims Bill of Rights, law enforcement officials and prosecutors should inform victims about the Crime Victims Compensation Fund. Forms are generally available from law enforcement officials, hospitals, Rape Crisis Centers, and prosecutors' offices or online at [www.cvcb.ky.gov](http://www.cvcb.ky.gov). Rape Crisis Center personnel can assist with the claim filing. For additional information, contact KASAP or the Crime Victims Compensation Board at (800) 469-2120.



# INFORMATION ABOUT SEX OFFENDERS

The information below describes systems developed to provide information about specific sex offenders. These systems are very helpful in identifying and tracking known offenders. Please note, however, that these systems only provide information about a small percentage of offenders, specifically those who have been reported and convicted. Keep in mind that most sexual violence is never reported and the success rate for prosecution is very low. Therefore, most sex offenders are not listed on the Sex Offender Registry. It is important to remember that anyone can be an offender and most victims are attacked by someone they know.

## INFORMATION ABOUT INCARCERATED OFFENDERS

**VINE (or Victim Identification & Notification Everyday)** provides notification of critical information about incarcerated offenders. VINE is an automated, state-wide victim notification system that provides information about inmates housed in local jails and adult correctional facilities, as well as some juvenile offenders. It is operated by the Kentucky Department of Corrections. Through computer generated telephone calls and e-mails, all registrants are contacted when an inmate's custody status has changed. (For example, a "custody status change" would include the release or escape of an inmate). A registrant can also be notified of upcoming parole hearings. The system can be used by survivors, law enforcement officials, and members of the general public. Information can be accessed 24 hours a day, seven days a week by calling 1-800-511-1670 or going to [www.vinelink.com](http://www.vinelink.com). To receive automatic notification, one must first register by calling the number above or visiting the web site. Once registration is completed, the system automatically sends notifications to the registrants when updated information is received. The system will continue to call all phone registrants for an established period of time or until the requesting party acknowledges receipt of the information by entering their 4-digit PIN. E-mail notifications are sent only once.

**Kentucky Offender On-Line Look-up System (KOOL)** also provides information about incarcerated offenders. Information provided on-line includes location of incarceration, convictions, sentencing, and parole. To use KOOL, visit [www.corrections.ky.gov](http://www.corrections.ky.gov), then select "Inmate Search." For more information, visit the Department of Corrections website at [www.corrections.ky.gov/KOOL](http://www.corrections.ky.gov/KOOL).

## NATIONAL SEX OFFENDER PUBLIC REGISTRY

**National Sex Offender Public Registry**

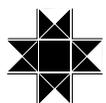
[www.nsopr.gov](http://www.nsopr.gov)

## INFORMATION ABOUT RELEASED SEX OFFENDERS

**Kentucky's Sex Offender Registry** tracks convicted offenders who have been released. For information see KRS 17.500 *et al.* The Registry provides a broad range of information about these offenders, including identifying information, photographs, residence, and brief descriptions of types of crimes committed. This Registry is maintained by the Kentucky State Police and is accessible to the general public at: [www.kentuckystatepolice.org/sor.htm](http://www.kentuckystatepolice.org/sor.htm).

Registration is required for all Kentucky residents who have been: convicted of a sex crime or crime against a minor; required to register in another state, country or by federal law; or designated a sexually violent predator. Registration is required whether the crime or incarceration occurred in Kentucky or elsewhere. Persons required to register must do so before being released from incarceration. Registrants must also update information whenever they relocate. Some offenders are required to register for 20 years, others for life. Offenders who fail to register or knowingly provide false information may be charged with a felony. No registrant may be relieved of the obligation to register unless the conviction is overturned or pardon is granted. All registered sex offenders are prohibited from residing within 1,000 feet of any high school, middle school, elementary school, preschool, publicly owned playground or licensed day care facility. The limitation is to be measured from property line to property line. Each registrant is responsible for determining whether he or she is living too close to one of these facilities and must move if necessary. For information see KRS 17.500.

**Kentucky's Sex Offender Alert Line** provides up-to-date information regarding the release of registered sex offenders into local communities. This system is distinct in that notification is based on zip-code registration, whereas VINE provides information about specific offenders. Anyone can register for notification by calling 1-866-564-5652 at any time. Callers are prompted to provide the telephone number to be notified and up to three zip codes to monitor. As soon as the Kentucky State Police receive notice that a registered sex offender is moving into one of the zip code areas entered, the registered number will receive an automated notification call. The Alert Line system will attempt calls every two hours for a 24-hour period beginning at 7:00 am and ending at 9:00 pm. Calls are not made between 3:00 pm and 5:00 pm to prevent children from receiving calls. However, notification messages are left on telephone answering machines.



# SEXUAL HARASSMENT

Sexual harassment is illegal and very costly, to both individuals and institutions. It creates an unproductive and disruptive environment that has far reaching negative impacts. The following information is designed to help with recognition and prevention of sexual harassment, as well as provide strategies for individual and institutional responses.

## WHAT IS SEXUAL HARASSMENT

Sexual harassment is unwanted sexual or gender-based conduct that interferes with an individual's ability to perform or advance, especially in a work or school setting. Sexual harassment can be committed by someone of the opposite sex, or by someone of the same sex. Victims can be either male or female.

It is an illegal form of sex discrimination, which is prohibited by Title VII of the Federal Civil Rights Act of 1964 (42 USC § 2000e), Title IX of the Federal Education Act of 1972 (20 USC § 1681a), and Kentucky's Civil Rights Act (KRS 344).

Sexual harassment laws are violated when submission to or rejection of this conduct:

- ◇ explicitly or implicitly affects an individual's employment or education,
- ◇ unreasonably interferes with an individual's performance or promotion, or
- ◇ creates an intimidating, hostile, or offensive work or learning environment.

## EXAMPLES OF SEXUAL HARASSMENT

- ◇ Letters, phone calls, emails, or other visual or non-visual materials of a sexual nature
- ◇ Sexual advances or requests for sexual favors
- ◇ Offering employment or academic benefits in exchange for sexual favors
- ◇ Touching of an intimate nature, such as patting, groping, or bra snapping
- ◇ Sexual gestures or insinuations
- ◇ Sexual or "dirty" jokes, comments, rumors, or ratings
- ◇ Displaying or distributing of sexually explicit drawings, pictures, or written materials
- ◇ Intimidation by cornering or pinching
- ◇ Rape or other direct unwanted sexual contact
- ◇ Any other verbal or physical conduct that is unwanted and unwelcomed, and is directed at an individual because of her or his sex
- ◇ Making sexist or derogatory comments and/or jokes about the opposite sex
- ◇ Making decisions based on gender stereotyping, such as refusing to promote a woman because she doesn't wear makeup

## TYPES OF SEXUAL HARASSMENT

◇ **HOSTILE ENVIRONMENT** - when one is subjected to unwelcome repeated sexual comments, innuendos or touching, which alter conditions or interfere with school or employment performance, or access to opportunities. A claim can be based on a single incident that is particularly severe or outrageous.

◇ **QUID PRO QUO** ("This for That") - when the harasser demands sexual favors in return for something (e.g. sex for a promotion or passing grade), or retaliates against one who objects to or reports harassment.

## IMPORTANT NOTE TO EMPLOYERS

Employers can be held responsible for the behavior of their employees, regardless of whether or not they encouraged the behavior. Ultimately, the employer is liable for any wrongful conduct involving sexual harassment.

## IMPORTANT NOTE TO SCHOOLS

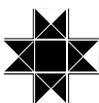
School districts can be held liable for many forms of sexual harassment, including student-on-student harassment when personnel have knowledge of the harassment and do not take action to stop it. For more information, see the United States Supreme Court's decision in the case of *Davis v. Bd. of Educ.*, 526 US 629 (1999).

## GOVERNMENT ENFORCEMENT AGENCIES

Equal Employment Opportunity Commission (EEOC)  
1-888-669-4000      [www.eeoc.gov](http://www.eeoc.gov)

U.S. Department of Education, Office of Civil Rights  
(215) 656-8541      [www.ed.gov/ocr/](http://www.ed.gov/ocr/)

Kentucky Commission on Human Rights  
1-800-292-5566      <http://kchr.ky.gov>



## IF YOU ARE AN EMPLOYER OR EDUCATIONAL INSTITUTION

- ◇ Remember that failure to prevent and/or stop harassment can result in liability and penalties.
- ◇ Develop a clear sexual harassment policy, to be distributed to all personnel and students/parents.
- ◇ Establish and publicize a confidential grievance procedure.
- ◇ Train key personnel on how to identify, report, and address sexual harassment.
- ◇ Include information about sexual harassment in all orientation trainings, as well as in other settings.
- ◇ Include information about sexual harassment in routine or periodic trainings and publications.
- ◇ Prominently post guidelines prohibiting sexual harassment.
- ◇ Respond swiftly to all complaints, formal and informal.
- ◇ Consistently apply consequences to perpetrators and send the message that harassment absolutely is not tolerated.
- ◇ Provide adequate supervision and security.
- ◇ Promote discussions of sexual harassment and bullying.
- ◇ Ask other workers and students to report.
- ◇ Promote collaboration between victims' service providers and Title IX officers or Equal Employment Opportunity Commission (EEOC) officers.

## IS SEXUAL HARASSMENT A CRIME?

While there is no specific criminal charge called "sexual harassment," behavior that constitutes sexual harassment may violate other criminal laws. Possible criminal charges include:

- ◇ Stalking
- ◇ Assault
- ◇ Harassing communications

Thus, in addition bringing a civil action against an employer, school, and/or individual, targets of sexual harassment may also find it helpful to file reports with law enforcement officials and assist with prosecutions.

## IF YOU EXPERIENCE OR WITNESS SEXUAL HARASSMENT

- ◇ It is important to act quickly, as complaints to government enforcement agencies (see previous page) must generally be filed within 180 days.
- ◇ Say "NO!" Clearly tell the harasser to stop. If possible, do so both verbally and in writing.
- ◇ Let the harasser and others know that the conduct is offensive. This may be especially important if you did not previously object to the behavior.
- ◇ Know your business' or school's sexual harassment policy, which should outline how complaints are to be made and to whom. **THIS IS CRITICAL!**
- ◇ Tell the harasser that you will report the behavior to an authority figure, such a supervisor, teacher, EEOC officer, personnel department, or human resources.
- ◇ Report the behavior and/or file a formal complaint according to your organization's policy. **THIS IS ESSENTIAL**, as failure to do so can prohibit further civil claims against the organization. Be sure to keep a copy.
- ◇ If it continues, keep reporting and/or filing complaints.
- ◇ If necessary, move up the "chain of command," especially if the harasser is a supervisor or if your supervisor is not helpful.
- ◇ Keep a diary or log of the harassing behavior and efforts to stop it. Include dates, times, situations, comments or gestures, witnesses, and any other relevant details. Be sure to keep any written communications and, if possible, record any calls.
- ◇ Document how authority figure(s) responded (i.e., steps taken or not taken after they were notified).
- ◇ Be prepared for retaliation by the harasser or others. Carefully document and report retaliatory acts.
- ◇ Get support from family, friends, and/or a local Rape Crisis Center.
- ◇ File a criminal complaint if the harassment includes criminal conduct, such as sexual or physical assault, stalking, or harassing communications.
- ◇ Contact an attorney to discuss civil legal remedies against the harasser, employer, and/or school.
- ◇ File a complaint with or get more information from an agency that enforces harassment laws. Note: Most complaints must be filed within 180 days. If a complaint is made to the EEOC, you may have up to 360 days from the date of harm.

*Prepared with assistance from:  
Gwen Mayes, J.D., M.M.Sc. and Kimberly Clark Hosea, J.D.*



# RESOURCES RELATED TO SEXUAL VIOLENCE

## ON-LINE RESOURCES

### GENERAL

Kentucky Association of Sexual Assault Programs, Inc.

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

University of Kentucky Center for Research on Violence Against Women

[www.research.uky.edu/crvaw/](http://www.research.uky.edu/crvaw/)

Division of Child Abuse and Domestic Violence Services

<http://chfs.ky.gov/dhss/cadv/>

National Sexual Violence Resource Center

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

National Electronic Network on Violence Against Women

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

Women's Justice Center (substantial information in Spanish)

[www.justicewomen.com/help\\_special\\_rape.html](http://www.justicewomen.com/help_special_rape.html)

Office for Victims of Crime

[www.ojp.usdoj.gov/ovc](http://www.ojp.usdoj.gov/ovc)

Centers for Disease Control

[www.cdc.gov/ncipc/factsheets/svfacts.htm](http://www.cdc.gov/ncipc/factsheets/svfacts.htm)

### LAW & LAW ENFORCEMENT

Kentucky General Assembly (Kentucky Laws)

[www.lrc.state.ky.us/home.htm](http://www.lrc.state.ky.us/home.htm)

National Crime Victim Law Institute (NCVLI)

[www.lclark.edu/org/ncvli/](http://www.lclark.edu/org/ncvli/)

National Organization for Women

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

National Crime Victim Bar Association

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

National Criminal Justice Reference Service (NCJRS)

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

National Center for Women & Policing

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

Sexual Assault Training & Investigations (SATI)

[www.mysati.com](http://www.mysati.com)

### EDUCATION, AWARENESS & PREVENTION

Rape Abuse & Incest National Network (RAINN)

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

Men Can Stop Rape

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

Stop it Now

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

The Clothesline Project

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

CALCASA (California Coalition Against Sexual Assault)

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

Pennsylvania Coalition Against Rape (PCAR)

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

### NURSES & OTHER MEDICAL PROFESSIONALS

SANE/SART (Sexual Assault Nurse Examiners/Sexual Assault Response Teams)

[www.sane-sart.com](http://www.sane-sart.com)

Emergency Nurses Association

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

International Association of Forensic Nurses

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

American College of Emergency Physicians

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

National Protocol for Sexual Assault Medical Forensic Examinations

[www.ncjrs.gov/pdffiles1/ovw/206554.pdf](http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf)

Sexually Transmitted Treatment Guidelines 2006

[www.cdc.gov/mmwr](http://www.cdc.gov/mmwr)

Sexual Assault Forensic Examination Technical Assistance Project (SAFE-TA)

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

### ADDITIONAL RELATED ISSUES

Sex Offender Registration

Ky Sex Offender Registry,

[www.kentuckystatepolice.org/sor.htm](http://www.kentuckystatepolice.org/sor.htm)

Stalking

Stalking Resource Center, [www.ncvc.org/src](http://www.ncvc.org/src)

Human Trafficking

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

Child Abuse

Prevent Child Abuse Kentucky, [www.pcaky.org](http://www.pcaky.org)

Domestic Violence

Ky Domestic Violence Association, [www.kdva.org](http://www.kdva.org)

Public Health

Division of Women's Physical and Mental Health

<http://chfs.ky.gov/dph/info/wpmh>

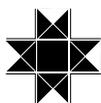
### PUBLICATIONS AVAILABLE THROUGH KASAP AND OUR ALLIES

*Civil Remedies for Women Victimized by Violence: A Practice Manual for Attorneys.* Available from KASAP. Call (502) 226-2704 or at [www.kasap.org](http://www.kasap.org).

*Kentucky Crime Victims' Bill of Rights Handbook.* Available from the Victims Advocacy Division of the Office of the Attorney General at 502-696-5312 or download at <http://ag.ky.gov/victims/publications.htm>.

*Promise Not to Tell? A Teacher's Guide to Recognizing and Responding to Child Sexual Abuse.* Available from Prevent Child Abuse Kentucky at 859-225-8879.

*Developing A Sexual Assault Response Team: A Resource Guide for Kentucky Communities.* Available from KASAP. Call (502) 226-2704 or at [www.kasap.org](http://www.kasap.org).



# REFERRALS RELATED TO SEXUAL VIOLENCE

## RAPE CRISIS CENTERS

Provide a wide array of services for victims and communities, including: crisis hotlines, medical and legal advocacy, counseling, referrals, support groups, assistance with Victim Compensation Claims, and education. To locate a center near you, contact (502) 226-2704, 1-866-375-2727, or visit [www.kasap.org](http://www.kasap.org).  
Nationwide 24-hour Hot Line: 1-800-656-HOPE (4673)

## DOMESTIC VIOLENCE PROGRAMS

Provide a wide array of services for victims and communities, including: safety planning, legal advocacy, shelter, case management, support groups, counseling, housing assistance, job search assistance, children's groups, and education. To locate a program near you, contact (502) 209-KDVA (5382) or visit [www.kdva.org](http://www.kdva.org).  
Nationwide 24-hour Hot Line: 1-800-799-SAFE (7233)

## CHILDREN'S ADVOCACY CENTERS

Provide child-focused environments to facilitate comprehensive services for child victims. Services may include: interviewing facilities, child sexual abuse medical/forensic exams, multi-disciplinary case reviews, and professional therapy services, or referrals to such services. For help in locating a program near you, contact (859) 261-3441 or visit [www.kacac.org](http://www.kacac.org).

## PUBLIC HEALTH DEPARTMENTS

Provide a wide variety of relevant services, which may include: testing/treatment for HIV and other sexually transmitted infections, pregnancy counseling and services, emergency contraception, 'Well Woman' Care. Contact the Cabinet for Health and Family Services at 1-800-372-2973 or visit <http://chs.ky.gov>.

## COMMUNITY MENTAL HEALTH CENTERS

Provide services addressing mental health/mental retardation and substance abuse issues. Each agency employs professionals experienced in direct clinical and case management services including child sexual abuse specialists. 'Sliding scale' charges may apply. Contact the Cabinet for Health and Family Services at (502) 564-7610 or visit <http://mhmr.ky.gov>.

## KENTUCKY PSYCHOLOGICAL ASSOCIATION

Provides referrals for private clinical services and expert testimony in legal settings. Contact (502) 894-0777 or visit [www.kpa.org](http://www.kpa.org).

## STATEWIDE ABUSE REPORTING HOTLINE

Accepts reports regarding both child and adult abuse 24-hours-a-day. Contact 1-800-752-6200.

## CYBERTIPLINE

A resource for reporting on-line exploitation of children, such as distribution of child pornography or enticement of children for sex acts. [www.cybertipline.com](http://www.cybertipline.com) or call 1-800-843-5678.

## KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS (KASAP)

Provides training and technical assistance, promotes public awareness, and addresses relevant public policy issues. Facilitates Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) Trainings. Contact (502) 226-2704, 1-866-375-2727, or visit [www.kasap.org](http://www.kasap.org).

## KENTUCKY DOMESTIC VIOLENCE ASSOCIATION (KDVA)

Creates awareness and helps combat domestic violence in the Commonwealth through a broad range of training, technical assistance, and public policy initiatives. Provides program oversight to Domestic Violence Programs. Contact (502) 209-KDVA (5382) or visit [www.kdva.org](http://www.kdva.org).

## DIVISION OF CHILD ABUSE & DOMESTIC VIOLENCE SERVICES

This Division of the Cabinet for Health & Family Services works to heighten public and governmental awareness regarding sexual assault, child abuse, and domestic violence; works to enhance the human services and judicial systems' response to victims' needs; and provides program oversight to Rape Crisis Centers & Children's Advocacy Centers. Contact (502) 564-9433 or fax (502) 564-9500 or visit <http://chfs.ky.gov/dhss/cadv/>.

## VICTIMS' ADVOCACY DIVISION

This Division of the Office of the Attorney General provides training and technical assistance regarding prosecution and criminal justice systems. Initiatives include Crime Victims Information Line and Multi-Disciplinary Commission on Child Sexual Abuse. Contact (502) 696-5312, 1-800-372-2551, or visit <http://ag.ky.gov/victims/>.

## VICTIM & WITNESS PROTECTION PROGRAM

Funds protection services provided by law enforcement agencies for victims at substantial risk of imminent serious physical injury. Contact (502) 696-5500.

## CRIME VICTIMS COMPENSATION BOARD

Administers Sexual Assault Victims Assistance Fund and Crime Victims Compensation Fund. Contact (502) 573-2290, 1-800-469-2120, or visit [www.cvcb.ky.gov](http://www.cvcb.ky.gov).

## VINE (VICTIM IDENTIFICATION & NOTIFICATION EVERYDAY)

Automatically calls registered numbers about release or escape of particular offender(s). Call 1-800-511-1670 or visit [www.corrections.ky.gov/ovs](http://www.corrections.ky.gov/ovs).

## KENTUCKY OFFENDER ON-LINE LOOK-UP SYSTEM (KOOL)

Provides on-line information about incarcerated offenders. Visit [www.corrections.ky.gov/KOOL](http://www.corrections.ky.gov/KOOL).

## UK CENTER FOR RESEARCH ON VIOLENCE AGAINST WOMEN

Advances scientific inquiry into the legal and clinical complexities presented by domestic violence, rape, stalking and related crimes against women. Contact (859) 257-2737 or visit [www.research.uky.edu/crvaw/](http://www.research.uky.edu/crvaw/).





**Kentucky Association of Sexual Assault Programs**

P.O. Box 4028, Frankfort, KY 40604

Phone: (502) 226-2704 or 1-866-375-2727 toll-free

Fax: (502) 226-2725 or 1-866-945-2727 toll-free

**[www.kasap.org](http://www.kasap.org)**