

RESPONDING TO SEXUAL VIOLENCE

A GUIDE FOR
PROFESSIONALS
IN THE
COMMONWEALTH

SURVIVOR
heal
restore
SUPPORT
believe
HOPE



ABOUT THIS GUIDE

Since nearly 1 in 2 Kentucky women (39.1%) and 1 in 5 Kentucky men (18.3%) have been raped, made to penetrate someone else, sexually coerced, or made to have unwanted sexual contact,¹ you will encounter survivors in your professional career and personal life. For this reason, the Kentucky Association of Sexual Assault Programs (KASAP) has provided this Professional's Guide (Guide) containing practical and essential information and frequently asked questions about sexual violence. Whether you are a medical professional, law enforcement officer, attorney, teacher, counselor, public official, or concerned citizen, this Guide will provide vital information to effectively respond to survivors of sexual assault, abuse, and harassment.

This Guide focuses primarily on adult survivors. If you have further questions, please do not hesitate to call KASAP or your local rape crisis center for assistance. For your local KASAP program contact 1-800-656-HOPE or www.kasap.org. For a map of local rape crisis centers, see Appendix 2 to this Guide.

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A NOTE ON TERMS USED

Throughout this Guide, the term “survivor” may be used to refer to the person who has experienced sexual abuse, assault, or harassment. This term is used by advocates to honor the resilience it takes to survive sexual violence. Law enforcement, criminal justice, and others may refer to these individuals as “victims” to acknowledge the crime committed against them. For health care professionals and advocates, the terms “patient” or “client” may be more prevalent. However, it is important to ask the person who has experienced sexual violence about their preference on terminology. Some individuals may want to be called a “survivor”; some may prefer “victim”, “client”, or any other term that they feel best describes their current state. While this might seem like an arbitrary point, the act of self-naming can help the person who has experienced sexual harm begin the process of regaining a sense of control and autonomy over their body.

WHAT IS SEXUAL VIOLENCE?

Sexual violence is any type of sexual activity committed against someone without that person’s freely given consent. The activity can be verbal, visual, or anything that forces a person to engage in unwanted sexual contact or attention. The use of “sexual violence” here encompasses all forms of sexual abuse, assault, and harassment.

Anytime a person forces, coerces, or manipulates another person into unwanted or harmful sexual activity, they have committed sexual violence. Consent is the critical issue. Consent has two parts: (1) an actual expression of agreement and (2) by someone legally competent to give consent (i.e., not under age 16, intoxicated, or otherwise legally deemed incapable of consent, as defined by law).

Silence is not consent. Sometimes victims are too scared, disoriented, or shocked to fight back or say no.

Sexual violence is perpetrated in many ways, including, but not limited to, rape, intimate contact without consent such as child molestation, sex with an intoxicated or drugged person, groping, stalking, verbal coercion, or harassment. Definitions for specific forms of sexual violence are often based on criminal law. However, it is important to note that not all definitions fully encompass the violence perpetrated upon a victim.

For legal definitions of various crimes relating to sexual harm, abuse, and assault, please visit the Legislative Research Commission’s website at <https://apps.legislature.ky.gov/law/statutes/>. The Kentucky Penal Code is found under Title L of the Kentucky Revised Statutes. Kentucky crimes related to sexual violence will generally be found in Chapters 510, 525, 529, 530, and 531 under Title L. For thorough definitions of key terms under KRS Chapter 510, Sexual Offenses, see KRS 510.010. You may also visit KASAP’s website for the most recently updated *Sexual Violence Law in Kentucky, A Handbook of Criminal, Civil, and Administrative Laws*.

SEXUAL VIOLENCE AND OPPRESSION

Oppression: “When an agent group, whether knowingly or unknowingly, abuses a target group. This pervasive system is rooted historically and maintained through individual and institutional/systematic discrimination, personal bias, bigotry, and social prejudice, resulting in a condition of privilege for the agent group at the expense of the target group.”²

Privilege: “Unearned access to resources (social power) that are only readily available to some people because of their social group membership; an advantage, or immunity granted to or enjoyed by one societal group above and beyond the common advantage of all other groups. Privilege is often invisible to those who have it.”³

The Kentucky Association of Sexual Assault Programs (KASAP) operates under the belief, grounded in theory and research, that sexual violence and oppression are intricately woven together. It is imperative that professionals and community members engage in continuous education about the history and nature of oppression in our society and listen deeply to the individual needs of survivors.

When privilege and oppression permeate society, sexual violence is given permission to thrive. The existence of privilege and oppression in our society has a direct impact on survivors – it shapes who is believed, who is held accountable, who is policed, how justice is approached and defined, how sexual violence is understood and discussed, what resources are available, what is viewed as normal or expected, and so much more. Some examples of oppression include racism, sexism, transgender oppression, heterosexism, ageism, ableism, xenophobia, classism, and religious oppression.

Many aspects of this guide are universal, such as how to respond to a disclosure of sexual violence and trauma-informed care. However, many sections assume contact with the criminal legal system through Title IX, sexual assault forensic exams, sexual assault response teams, or protective orders. Most survivors do not interact with the criminal legal system and it is on us to connect them with the services they desire – or create them where they don’t exist.

IMPACT OF OPPRESSION

THE IMPACT OF OPPRESSION FOR SURVIVORS

Many survivors of sexual violence encounter poor responses from the systems and people they interact with, such as victim blaming, disbelief, shame, and minimization, which can be retraumatizing. Survivors of sexual violence who belong to historically oppressed social groups encounter additional barriers to justice, healing, safety, validation, education, and more. Below you will find a few examples of those barriers. This list is not exhaustive.

- ◆ Fear of being outed
- ◆ Policing and overincarceration
- ◆ Distrust in the criminal legal system
- ◆ Implicit and explicit bias from service providers
- ◆ Fear of deportation (of self or person who caused harm)
- ◆ Limited access to services in languages other than English
- ◆ Reliance on a caregiver (who may be the one causing harm)
- ◆ Fear of the impact reporting may have on one’s community
- ◆ Limited access to healing approaches that are culturally relevant
- ◆ Exams, forms, and intake processes that rely on the gender binary
- ◆ Limited options for accountability outside the criminal legal system
- ◆ Historical trauma of sexual violence during colonization and slavery
- ◆ Discrimination in housing, employment, and public accommodations
- ◆ Limited education about sexuality and sexual assault, especially in LGBTQ+ and disability communities

Note: Survivors who hold identities with privilege may experience additional barriers, though these barriers are often cultural as opposed to structural and systemic. For example, men hold privilege in society, but male survivors of sexual violence often face cultural barriers based on notions of masculinity and the belief that men cannot be sexually assaulted. It is important and necessary to combat these stereotypes.

CONFRONTING OPPRESSION TO END SEXUAL VIOLENCE

Understanding the impact of oppression illuminates an urgent need for the movement against sexual violence to join in against the broader fight against all forms of oppression. As Kimberlé Crenshaw Williams notes,

The effort to politicize violence against women will do little to address the experiences of nonwhite women until the ramifications of racial stratification among women are acknowledged. At the same time, the antiracist agenda will not be furthered by suppressing the reality of intra-racial violence against women of color. The effect of both these marginalizations is that women of color have no ready means to link their experiences with those of other women.⁴

Though Crenshaw is speaking specifically about women of color, this dynamic extends to all marginalized communities working towards liberation. As you read through this Guide, challenge yourself to ask questions about the ways in which privilege and oppression impact our culture, laws, and services available to survivors. If you are committed to ending sexual violence, we invite you to join us in the effort to end all forms of oppression.

CONFRONTING OPPRESSION

FACTS ABOUT SEXUAL VIOLENCE

SHOCKINGLY COMMON

SEXUAL VIOLENCE IS SHOCKINGLY COMMON

- A person in the U.S. is sexually assaulted every 92 seconds.⁵
- In the U.S., about 1 in 3 women (36.3%) and 1 in 6 men (17.1%) are violated by contact sexual violence⁶ during their lifetime.⁷
- In Kentucky, nearly 1 in 2 women (39.1%) and 1 in 5 men (18.3%) reported being violated by contact sexual violence at some point in their lives.⁸
- Racial disparities exist in rates of women who will be raped during their lifetimes:
 - ◆ 18% of White Women
 - ◆ 7% of Asian/Pacific Islander Women
 - ◆ 19% of Black Women
 - ◆ 24% of Multiracial Women
 - ◆ 34% of American Indian and Alaska Native women⁹
 - ◆ Native Americans are twice as likely to experience sexual assault compared to all races¹⁰
 - ◆ Almost half (49.5%) of multiracial women and over 45% of American Indian/Alaska Native women were subjected to some form of contact sexual violence in their lifetime¹¹
- Nearly half (47%) of transgender people have been sexually assaulted at some point in their lifetime.¹²
- Approximately 13% of lesbian women and 46% of bisexual women have been raped in their lifetime.¹³
- 40% of gay men, 47% of bisexual men, and 21% of heterosexual men have been sexually assaulted in their lifetime.¹⁴
- People with disabilities are sexually assaulted at higher rates than the overall population.¹⁵
 - ◆ 80% of women and 30% of men with intellectual disabilities have been sexually assaulted in their lifetime, and 50% of those women have been assaulted more than ten times.¹⁶
- An estimated 4.0% of state and federal prison inmates and 3.2% of jail inmates reported experiencing one or more incidents of sexual victimization by another inmate or facility staff in the past 12 months or since admission to the facility, if less than 12 months.¹⁷

PREY ON PEOPLE THEY KNOW

PERPETRATORS COMMONLY PREY ON PEOPLE THEY KNOW

- Kentucky female victims report their perpetrators were most often intimate partners (49%), family members (23.7%), and acquaintances (44.3%).¹⁸ (Note percentages may exceed 100% due to multiple perpetrators.)
- Kentucky male victims report their perpetrators to be acquaintances 64.3% of the time.¹⁹

TARGET VULNERABLE PEOPLE

PERPETRATORS TARGET PEOPLE WHO CANNOT PROTECT THEMSELVES

- Most victims are under the age of 18 when rape was first attempted or completed against them—54% female and 71% male.²⁰
- Children with mental or intellectual disabilities are nearly five times more likely than their non-disabled peers to be sexually assaulted.²¹

- School-aged immigrant girls are almost two times as likely as their non-immigrant peers to have been sexually assaulted in recurring incidents.²²
- Many offenders target people who may be impaired by alcohol or drugs. An estimated one-half of sexual assault cases involve alcohol consumption.²³
- Because of victim vulnerability, offenders rarely use traditional weapons such as guns or knives (estimated 11%).²⁴

MOST SURVIVORS DO NOT SEEK IMMEDIATE PROFESSIONAL HELP

- 86% of sexual assaults against youth are never reported to law enforcement.²⁵
- 3 out of 4 sexual assaults are never reported to law enforcement.²⁶
- Fewer than one-third of all victims of sexual violence receive medical treatment for injuries.²⁷

**DO NOT SEEK
IMMEDIATE
PROFESSIONAL
HELP**

SEXUAL VIOLENCE IS COSTLY

Sexual violence is very costly to both individuals and society.

- Rape is the costliest crime to its victims. Overall, the cost of rape is estimated at \$127 billion per year.²⁸
- Taking into account short-term medical care, mental health services, lost productivity, and pain and suffering, the cost per sexual assault is estimated at \$151,423.²⁹
- A 2017 study found that “[t]he per-victim lifetime cost of rape” is \$122,461, not including pain and suffering.³⁰
- Societal costs include loss of productivity, criminal justice response including investigation, prosecution, incarceration, and more personal losses including loss of quality of life, loss of relationships with friends and family, and loss of the ability to feel safe in communities.

**COSTLY TO
INDIVIDUALS
AND SOCIETY**

SEXUAL VIOLENCE HAS DRAMATIC LONG-TERM IMPACTS

Survivors are at greater risk for mental and physical health problems than those who have never been sexually assaulted.

- Approximately 70% of rape or sexual assault victims experience moderate to severe distress, a larger percentage than for any other violent crime.³¹
- 31% of rape survivors experience post-traumatic stress disorder (PTSD).³²
- Survivors of sexual violence are at a greater risk for trauma-related health problems including depression, PTSD, suicidal ideation, sleep disorders, and/or eating disorders.³³
- 26.1% of Kentucky 10th graders who reported sexual victimization have attempted suicide.³⁴
- 80% of teenage girls suffer serious mental illness after sexual assault.³⁵
- In a 2014 study of freshmen women entering a Kentucky university, more than 40% had been raped or sexually assaulted during their teen years. Those with prior teen sexual victimization entered college with lower GPA scores and earned lower grades during their freshman year than did non-victimized students.³⁶
- In a 2019 study for women ages 18-44 found that women who were raped as their first sexual experience were more likely to have a range of health problems, including unwanted first pregnancies, abortions, endometriosis, pelvic inflammatory disease and poor overall health.³⁷

**LONG-TERM
IMPACT**

SEXUAL HARRASSMENT

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

WHAT IS SEXUAL HARRASSMENT?

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 same or a different sex. Victims may be any gender.

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

Sexual harassment laws are violated when submission to or rejection of unwanted sexual or gender-based 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 HARRASSMENT?

- 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 unwelcome, and is directed at an individual because of their sex, sexual orientation, or gender identity
- Making sexist or derogatory comments and/or jokes
- Making decisions based on gender stereotyping, such as refusing to promote a woman because she has children

TYPES OF SEXUAL HARRASSMENT?

- Hostile Environment- occurs when a person 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")- occurs when the harasser demands sexual favors in return for something (e.g., sex for a promotion or passing grade), or retaliates against a person who objects or reports harassment.

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
EMPLOYERS**

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 U.S. 629 (1999). See also the next section of this Guide, titled "Title IX: Sexual Violence and Schools."

**IMPORTANT
NOTE TO
SCHOOLS**

- Equal Employment Opportunity Commission (EEOC)
1-800-669-4000 www.eeoc.gov
- U.S. Department of Education, Office for Civil Rights
1-800-421-3481 www.ed.gov/ocr/
- Kentucky Commission on Human Rights
1-800-292-5566 www.kchr.ky.gov

**GOVERNMENT
ENFORCMENT
AGENCIES**

**WAYS TO
PREVENT
AND
RESPOND
TO SEXUAL
HARASSMENT?**

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 to 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.

**AS 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 other settings
- 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

**AS A VICTIM
OR WITNESS
OF SEXUAL
HARASSMENT**

- It is important to act quickly as complaints to government enforcement agencies 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 as 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 KASAP program.

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**TITLE IX:
SEXUAL
VIOLENCE
& SCHOOLS**

One in five women and one in sixteen men in college are sexually assaulted.³⁸ A student, who is sexually assaulted or harassed, may have concerns about their education that are related to the sexual violence. For example, they may have difficulties concentrating on schoolwork or may no longer feel safe on campus or at school. The school may be able, or required, to help address some of these concerns.

Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §1681 et seq., is a federal civil rights law that prohibits discrimination on the basis of sex in education programs and activities. Title IX states, “No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.” All public and private elementary and secondary schools, school districts, colleges, and universities (hereinafter “school” or “schools”) receiving any federal funds must comply with Title IX. Under Title IX, discrimination on the basis of sex can include sexual harassment or sexual violence, such as rape, sexual assault, sexual battery, and sexual coercion.

NOTE: The Department of Education is currently reviewing comments submitted for a new proposed rule and we are waiting for an outcome. Additionally, several previous guidance documents have been withdrawn. For updated information, please contact KASAP.

**SCHOOL
RESPONSIBILITY**

WHAT ARE A SCHOOL'S RESPONSIBILITIES TO ADDRESS SEXUAL HARASSMENT AND SEXUAL VIOLENCE?

- A school has a responsibility to respond promptly and effectively. If a school knows or reasonably should know about sexual harassment or sexual assault that creates a hostile environment, the school must take immediate action to eliminate the sexual harassment or sexual assault, prevent its recurrence, and address its effects.
- Even if a student or their parent does not want to file a complaint or does not request that the school take any action on the student’s behalf, if a school knows or reasonably should know about possible sexual harassment or sexual assault, it must promptly investigate to determine what occurred and then take appropriate steps to resolve the situation.
- A criminal investigation into allegations of sexual harassment or sexual assault does not relieve the school of its duty under Title IX to resolve complaints promptly and equitably.

WHAT PROCEDURES MUST A SCHOOL HAVE IN PLACE TO PREVENT SEXUAL HARASSMENT AND SEXUAL ASSAULT AND RESOLVE COMPLAINTS?

**REQUIRED
SCHOOL
PROCEDURES**

- Every school must have and distribute a notice of nondiscrimination.
- Every school must have a Title IX Coordinator.
- Every School Must Have and Make Known Procedures for Students to File Complaints of Sex Discrimination.

Title IX requires schools to adopt and publish grievance procedures for students to file complaints of sex discrimination, including complaints of sexual harassment or sexual assault. Schools can use general disciplinary procedures to address complaints of sex discrimination, but all procedures must provide for prompt and equitable resolution of sex discrimination complaints.

Every complainant has the right to present their case. This includes the right to adequate, reliable, and impartial investigation of complaints, the right to have an equal opportunity to present witnesses and other evidence.

Every complainant has the right to be notified of the time frame within which: (a) the school will conduct a full investigation of the complaint; (b) the parties will be notified of the outcome of the complaint; and (c) the parties may file an appeal, if applicable.

Every complainant has the right to be notified, in writing, of the outcome of the complaint. Even though federal privacy laws limit disclosure of certain information in disciplinary proceedings:

- ♦ Schools must disclose to the complainant information about the sanction imposed on the perpetrator when the sanction directly relates to the harassed student. This includes an order that the harasser stay away from the harassed student, or that the harasser is prohibited from attending school for a period of time, or transferred to other classes or another residence hall.
- ♦ Additionally, the Clery Act (20 U.S.C. § 1092(f)), which only applies to postsecondary institutions, requires that both parties be informed of the outcome, including sanction information, of any institutional proceeding alleging a sex offense. Therefore, colleges and universities may not require a complainant to abide by a non-disclosure agreement, in writing or otherwise.

The grievance procedures may include voluntary informal methods (e.g., mediation) for resolving some types of sexual harassment complaints. However, the complainant must be notified of the right to end the informal process at any time and begin the formal stage of the complaint process. In cases involving allegations of sexual assault, mediation is not appropriate.

If you want to learn more about Title IX, or if you believe that a school district, college, or university is in violation, you may contact the U.S. Department of Education, Office for Civil Rights, at (800) 421-3481 or ocr@ed.gov. If you wish to fill out a complaint form online, you may do so at: <http://www2.ed.gov/about/offices/list/ocr/complaintintro.html>.

CONFIDENTIALITY **IMPORTANT NOTE ABOUT CONFIDENTIALITY:**

If a survivor chooses to disclose sexual harassment or assault to someone at their school, they should be aware that not everyone can keep the information confidential. There may be confidential sources at school, such as a student health center or advocacy center, but do not assume that they will keep information confidential. The school's policy should outline who is and isn't obligated to report to the Title IX Coordinator. It should not be assumed that an on-campus counseling or advocacy program is confidential. For confidential counseling, support, and advocacy, please contact the local KASAP program. [For more information about victim services, go to www.kasap.org.](http://www.kasap.org)

Additionally, Kentucky state law requires school principals to report "sexual offense[s]" to local law enforcement when they have a "reasonable belief" that the sexual offense "occurred on school property or at a school-sponsored function". See KRS 158.154.

OTHER RESOURCES

Know Your IX, visit <http://knowyourix.org/>

Department of Education, Office for Civil Rights, visit http://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html

Not Alone, Together Against Sexual Assault, visit <http://changingourcampus.org/about-us/not-alone/>

National Women's Law Center, visit <https://nwlc.org/issue/education-title-ix/>

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.

RESPONDING TO DISCLOSURE OF SEXUAL VIOLENCE

BEHAVIORAL CHANGES THAT MAY SUGGEST SEXUAL ASSAULT OR ABUSE

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.

BEHAVIORAL CHANGES

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

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 (i.e., questions that suggest the answer), especially when working with children.
- Arrange for a private setting to talk.
- Offer seating options to the survivor to allow them to choose what feels safest and most comfortable.
- Sit at or below the survivor'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 survivor.
- Watch the survivor's facial expressions, gestures, and posture.
- Give the survivor permission to feel emotions.
- Use the survivor's own words, especially sexual terms.

CREATE SAFE ENVIRONMENT

- Give the survivor permission to tell by saying things like “It wasn’t your fault. I want to understand what happened, so I can help you feel safe. Are you comfortable talking to me about what happened?”
- Let the survivor know that other people have had similar experiences.
- Be aware that cultural differences affect perspectives, disclosures, and responses.
- If a survivor does not accept the opportunity to talk, then do not pressure them. Survivors’ 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 a sexual assault crisis center?”
- “Would you like an advocate?”

ADDRESSING MEDICAL NEEDS

Survivors 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. Note: Survivors 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. If a hospital is designated as “SANE-ready,” then they have specially trained nurses available 24/7 to conduct the exams. Children can also be examined at Children’s Advocacy Centers when the abuse is on-going but must be referred by the Cabinet or law enforcement.

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

See also the sections of this Guide titled, *SANE, SART, and SAIC: Enhancing Professional Responses to Sexual Violence* and *Sexual Assault Examination: Frequently Asked Questions*.

REFER TO KASAP PROGRAM

KASAP programs provide survivor-centered support and advocacy to survivors of sexual violence. Services include accompaniment during sexual assault exams, information and referrals, counseling and/or therapy, advocacy in legal settings, assistance with crime victim compensation claims, and much more. All KASAP crisis and advocacy services are FREE.

To be connected to a local KASAP program, contact its national 24-hour support line at 1-800-656-HOPE (4673).

PROFESSIONALS' DUTY UNDER KENTUCKY LAW TO PROVIDE EDUCATIONAL AND REFERRAL RESOURCES

In 2017, a new law was enacted in Kentucky that requires certain professionals to provide survivors of domestic and dating violence with information and resources. This law hopes "to identify victims of domestic violence and abuse and dating violence and abuse, to link those victims to services, and to provide protective or therapeutic services for those who choose to accept them." For more information, see KRS 209A.

PROFESSIONALS' DUTY TO PROVIDE INFORMATION UNDER KENTUCKY LAW

Who are covered "professionals" under the law?

- A physician, osteopathic physician, coroner, medical examiner, medical resident, medical intern, chiropractor, nurse, dentist, optometrist, emergency medical technician, paramedic, licensed mental health professional, therapist, cabinet employee, child-care personnel, teacher, school personnel, ordained minister or the denominational equivalent, victim advocate, or any organization or agency employing any of these professionals

When does the duty to provide educational and referral services apply?

- When "a professional has reasonable cause to believe that a victim with whom [they have] had a professional interaction has experienced domestic violence and abuse or dating violence and abuse."

What does "domestic violence and abuse or dating violence and abuse" mean?

- Domestic and dating violence and abuse occurs when:
- A spouse or former spouse, a person with whom they share a child in common, live or have lived together as a couple, or are or have been in a dating relationship
- Inflicts a physical injury, serious physical injury, stalking, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault upon the other.

What resources must be provided to the victim?

- Educational materials related to domestic or dating violence and abuse,
- Referral information for accessing regional domestic violence programs or rape crisis centers, and
- Information about how to access protective orders

Where can I find materials to give to victims?

- Materials may be accessed online at kcadv.org or provided in print by contacting your local domestic violence center or the Kentucky Coalition Against Domestic Violence at (502) 209-5382.

Should I notify the police?

- ONLY IF the victim chooses/consents to contacting the police, OR
- If the death of the victim with whom the professional had a professional interaction is believed to be related to domestic or dating violence and abuse.

Note: This law does not change the duty of mandatory reporting of child or vulnerable adult abuse, when appropriate. See also the next section of this Guide titled, "Reporting Child Abuse and Abuse of Vulnerable Adults" to understand what types of cases require mandatory reporting.

REPORTING ABUSE **MANDATORY REPORTING CHILD ABUSE AND ABUSE OF VULNERABLE ADULTS**
Mandatory reporting laws were created to protect people who are especially vulnerable. The purpose of reporting is to trigger state protections when those who should be protecting vulnerable people are causing or allowing harm to occur. Kentucky laws require that abuse, neglect, and exploitation be reported when the victim is (1) a child or (2) an adult with a disability who is unable to protect themselves. For more information, see KRS 600, KRS 620 and KRS 209.

CHILD ABUSE & NEGLECT **What Must Be Reported**
Kentucky law requires that a report be made when a child is abused or neglected. Both physical and sexual abuse must be reported. 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. Any sexual activity involving a child and an adult is considered abuse, including:

- Intimate touching, fondling, masturbation, or penetration
- Exposure to pornography
- Genital exposure, including via “sexting” or other use of technology
- Sexual exploitation, including acts related to pornography and prostitution

You must report:

- Abuse or neglect by a parent, guardian, or a person in a position of authority or special trust, or other person exercising custodial control or supervision of the child.
- Any time a person 21 years old (or older) commits or allows an act of sexual abuse, sexual exploitation, or prostitution upon a child less than 16 years old.
- Human trafficking of a child (for labor or commercial sex) regardless of whether the person believed to have caused the human trafficking of the child is a parent, guardian, or person exercising custodial control or supervision.

Where to Report Abuse

You can make a report to any of the following:

- Statewide Abuse Reporting Hotline: 1-877-KYSAFE1 or 1-877-597-2331
- Cabinet for Health & Family Services, Division of Protection & Permanency (local office or regional intake)
- Kentucky State Police or any local law enforcement agency
- Local Commonwealth’s Attorney or County Attorney

ABUSE OF ADULTS In most cases, there is no law that requires that a report be made when an adult is abused. Furthermore, state and federal laws protect the rights of adults to seek abuse-related services confidentially. Therefore, victim service providers and health care professionals should take special care to understand mandatory reporting laws and confidentiality rights.

If the victim is an adult (18 years old or older), mandatory reporting laws only apply if the victim has a disability that limits their ability to care for and/or protect themselves. See also the section of this Guide titled “Survivors With Disabilities.”

Where to Report Abuse if the Victim is an Adult

If mandatory reporting laws apply, a report must be made to the Cabinet for Health & Family Services:

- Statewide Abuse Reporting Hotline, 1-877-KYSAFE1 or 1-877-597-2331
- Cabinet for Health & Family Services, Division of Protection & Permanency (local office or regional intake)

UNDERSTANDING YOUR DUTY TO REPORT

What about Law Enforcement Involvement?

- Reporting to law enforcement does not fulfill the duty to report vulnerable adult abuse. The law requires that these cases be reported to the Cabinet for Health & Family Services (CHFS).
- In many cases, CHFS will notify local or state law enforcement officials.
- Even though law enforcement officials may become involved, service providers governed by the Health Insurance Portability and Accountability Act (HIPAA), and/or the Violence Against Women Act (VAWA) should be very careful about releasing information to law enforcement. Both HIPAA and VAWA protect individuals' privacy rights when seeking abuse-related services. Essentially, they prohibit release of information to law enforcement unless (1) the victim authorizes the release in writing or (2) a court has ordered the release or (3) state law mandates.
- When performing Sexual Assault Medical-Forensic Exams (SAFE Exams), health care providers must be especially careful about the release of information to law enforcement officials. Pursuant to state & federal laws, an individual has the right to have an exam performed without law enforcement reporting. See also the section of this Guide titled *Enhancing Professional Responses to Sexual Violence : SANE, SART, AND SAIC*.

Tips for Fulfilling Your Duty to Report Child Abuse or Vulnerable Adult Abuse

- In Kentucky, the duty to report applies to all people, not just certain professionals.
- When reporting is required, it should be done immediately.
- You should not investigate prior to making a report.
- The duty to report abuse overrides most professional "privileges" that generally protect confidential communications. So, when you have a duty to report, you must do so regardless of privilege. The only exception is for child abuse reporting, if the communication is made within the attorney-client or clergy-penitent relationship.
- 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.
- 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 CHFS Office of the 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 law requires that the source of a report of abuse, neglect or exploitation is kept confidential unless it is ordered to be released by a court.
- Kentucky's mandatory reporting laws are codified in KRS 600 and 620 (child abuse) and KRS 209 (adults with disabilities).

**IF SOMEONE IS
IN IMMEDIATE
DANGER,
CALL 911**

Please note that reporting is NOT required for all sex crimes; only where there is "abuse" of a "child" or "vulnerable adult" and in all cases of sex or labor human trafficking of a minor. 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 more information, see 45 CFR 164.512(c).

**NOT ALL
SEXUAL
VIOLENCE
MUST BE
REPORTED**

SYSTEMS FOR SEX OFFENDERS

The information below describes systems developed to provide information about specific sex offenders. These systems identify and track 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 people who commit sex offenses are not listed on the Sex Offender Registry. It is important to remember that anyone can be an offender and most offenses are against people who they know.

INCARCERATED OFFENDERS

INFORMATION ABOUT INCARCERATED OFFENDERS

VINE (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, online at www.vinelink.com, or by downloading the free app for Android and Apple devices at VINEMobile. To receive automatic notification, one must first register by calling the number above, visiting the web site, or using the app. Once registration is completed, the system automatically sends notifications to the registrants when updated information is received.

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 <http://kool.corrections.ky.gov/>.

RELEASED OFFENDERS

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: <http://kentuckystatepolice.org/sex-offender-registry/>.

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 school, 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 they are 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.

National Sex Offender Public Website: The U.S. Department of Justice provides the NSOPW to allow a free, nationwide search for locating sex offenders. NSOPW presents the most current information as provided by the registries of states, territories, Indian tribes, and the District of Columbia.

See the National Sex Offender Public Website | www.nsopw.gov

BASICS FOR HELPING SURVIVORS

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 individuals of all gender identities, parents, spouses and partners, children, siblings, 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 them understand their 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

Demonstrate Respect

- Maintain a nonjudgmental attitude, regardless of your 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. This may include letting the 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 they are and whether they need a break.

PRIORITIZE SAFETY

Prioritize Safety

- Help identify and address the survivor'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 they feel safe being alone and if there is anything they need that would increase a sense of safety.
- Ask if they want the door open or closed.
- Explain processes (e.g., examinations, interviews, etc.), and who and what will be involved before beginning.

LISTEN ACTIVELY AND CAREFULLY

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.

Support and Encourage

- Maintain a nonjudgmental 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 they can heal from this event.

SUPPORT AND ENCOURAGE

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 they have 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.
- Do not initiate physical contact (e.g., hugs). Be aware of physical boundaries.

MINIMIZE TRIGGERING

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.

MAINTAIN SELF-CARE

FAMILY AND FRIENDS OF SURVIVORS

CONCERNING FAMILY AND FRIENDS OF SURVIVORS

A survivor's close family and friends are also affected by sexual violence. Regardless of whether 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.

COMMON FEELINGS

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, that the survivor 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 abuser, 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.

ROLE OF FAMILY AND FRIENDS

How Family and 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 they are not.
- Believe the survivor and accept what happened in a nonjudgmental way.
- Support the survivor, and encourage them 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. See also the section of this Guide titled "Common Responses to Sexual Violence and How to Help."
- 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: they are a friend, parent, sibling, child, spouse, colleague, etc. Don't forget to engage with them in those roles.
- Reassure the survivor that the assault has not changed your view of them.
- Challenge the survivor regarding any self-injurious or dangerous behavior.
- Practice good self-care and get professional help to deal with any secondary trauma reactions.

KASAP programs provide information and support to family and friends, as well as to survivors.

To be connected to a local KASAP program, call toll-free 1-800-656-HOPE (4673).

Adapted from original work by Miriam Silman, MSW

**FOR PROFESSIONALS:
TRAUMA-INFORMED CARE FOR SURVIVORS OF SEXUAL VIOLENCE**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a set of core components for trauma-informed care. These components are important at the level of individual intervention as well as institutional program development. SAMHSA has summarized these components as:

1. Physical and Psychological Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

These components ensure that survivors are always safe, respected, fully informed, connected to all available resources, given the autonomy and control to make informed decisions, and supported in executing those decisions. These essential components allow survivors to normalize and conceptualize their emotional, cognitive, physiological and social responses as a reaction to the trauma, to recognize they are not alone, and to involve significant others in their recovery and healing. These core components also recognize the fundamental role that culture and history, including historical trauma and oppression, play in creating and framing traumatic events, individual and social responses and access to interventions and resources.

Physical and Psychological Safety: Physical safety should always be attended to, not only in the immediate aftermath of sexual trauma, but ongoing. Times of escalating fear may occur around court proceedings, anticipated contact with the abuser, parole hearings, release from incarceration, and contact with people, places or things associated with or reminiscent of the trauma or its context. Psychological safety is a continued focus of any intervention and work with a survivor. It is imperative to ask a survivor about feelings of safety, to acknowledge those feelings even if they are not wholly logical, and to identify ways to assist the survivor in increasing a sense of psychological safety. This may require steps to secure physical space, or it may involve internal processes, such as meditation and mindfulness, or both. Psychological safety may also respond to events and to external and internal reminders of the trauma, including emotional triggers such as feelings of fear, anxiety, confusion, or even sexual arousal. A sense of safety is enhanced through stable, consistent and predictable interactions. It is important to create reliable patterns to facilitate ongoing therapy or advocacy services including working with the same person, using the same office, setting up a regular appointment, etc.

Trustworthiness and Transparency: Sexual assault may change the survivor's sense of trust in self, others, and the world. It is imperative that any professional engaged with the survivor create a climate of openness and transparency to promote the development of trust in the process, the people and for the survivor in their own judgment. This includes sharing all information about the situation, explaining realities and possible outcomes (even when undesirable), being honest when you do not know something or are not sure, allowing the survivor to make fully-informed choices with all the available information, expressing your concerns in a professional and non-judgmental manner, and supporting the survivor's choices. The work of healing and recovery will be significantly enhanced by the survivor's sense of trust for the professional people and processes; however, it does not require a professional to share personal details or trauma history. The decision to let a survivor know of a helping professional's personal trauma history should be undertaken with thoughtfulness, and in consultation with a clinical supervisor. It is also important for professionals to let survivors know that they can handle whatever a survivor may need to share – if a survivor senses the professional is distressed, information may be withheld to protect the professional.

**PROFESSIONALS
TRAUMA-
INFORMED
CARE**

**PHYSICAL AND
PSYCHOLOGICAL
SAFETY**

**TRUST AND
TRANSPARENCY**

PEER SUPPORT

Peer Support: Peer support may be provided in several ways. Some survivors find it helpful to meet others who have experienced sexual trauma, to be able to talk with them, share responses, and know they are not alone. For others, this feels intrusive or overwhelming. Some survivors may get a sense of belonging by reading and hearing stories of another's healing experiences. This sharing can give a survivor hope and confidence that they can heal and resume living. However, professionals must be vigilant to minimize the chance of retraumatization for the survivor through exposure to stories or memories of other instances of trauma. In general, therapy or support groups should focus on sharing the processes of healing and recovery, and leave the examination of specific trauma details for individual sessions. Concern about retraumatization also applies to survivors reading, watching or hearing other stories of sexual trauma in books, plays, movies, podcasts or recordings.

COLLABORATION AND MUTUALITY

Collaboration and Mutuality: Collaboration can ensure a safety net for the survivor, as well as promote a regeneration of trust in others and the world. Professionals should clearly explain to the survivor the purpose (and potential benefits and risks) of any collaboration with other agencies or professionals. Professionals may not engage in sharing any information without the survivor's consent unless there is a concern about immediate harm or threat legally requiring protection or reporting. Collaboration with significant others in the survivor's life is often complicated, and professionals should assist survivors in thinking carefully about who they wish to involve, and to what degree. Current use of social media by survivors should be discussed with regard to concerns about current and future control over information. Even if there is a release of information with another professional or person, it is always prudent to talk with the survivor and examine potential benefits and risks, in advance, any time information will be shared .

POWER AND CONTROL

Empowerment, Voice, and Choice: Sexual trauma leads to the abrupt loss of power and control for the survivor. The result can be significant feelings of generalized powerlessness, hopelessness and futility, and is closely connected to the limited sense of trust in the self, others and the world. Rebuilding a sense of personal autonomy and control often occurs incrementally, beginning with small opportunities for choice and empowerment. It is important that professionals immediately create these moments for survivors in their interactions. This may include, seemingly insignificant, decisions such as allowing the survivor to choose where to sit, the time their appointment, how they wish to be addressed, and their personal space. It may also include planning how they should signal (verbally and nonverbally) when they are feeling distressed or in need of additional support. Survivors should be given opportunities to voice their needs, feelings, memories and ideas, and be heard with respect. Professionals may need to advocate for a survivor's voice to be heard and acknowledged by other professionals and the community. However, professionals must assist survivors in making informed choices about how, when and where to use their voice with an understanding of the potential immediate and long-term consequences. Empowerment may develop, not only through expression and vocalization, but also through the ability to control information. The extensive presence of social media informs and complicates these matters of voice and empowerment and should be carefully explored.

CULTURAL CONTEXT

Culture, Historical, and Gender Issues: The cultural context and history of the survivor, the violence itself, and the cultural context and history of the abuser greatly influence the individual and social responses to sexual trauma. Historic trauma and oppression may retraumatize the survivor and/or empower the abuser. Cultural constructs of sexuality and gender roles may erroneously assign blame, exaggerate stigma and isolation of the survivor, and prevent justice from being served. Social constructs of gender and power may devalue the traumatic experiences of survivors in same sex assaults, or of male survivors overall. Unrecognized bias based in privilege or different conceptualizations of intersectionality may also complicate relational dynamics. Professionals must be acutely aware of their own role and potential for bias, as well as any larger social constructs and contexts which

may influence the survivor's perceptions. It is the role of the professional to address this topic by naming it, asking the survivor if there are any concerns, listening carefully, and collaborating to address the concerns and acknowledge their existence.

Resources for "Professional Trauma-Informed Care for Survivors of Sexual Violence": Substance Abuse and Mental Health Services Administration (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration. Substance Abuse and Mental Health Services Administration. (2015, August 14). *Trauma-informed approach and trauma-specific interventions: SAMHSA's six key principles of a trauma-informed approach*. Retrieved from: www.samhsa.gov/nctic/trauma-interventions

RESOURCES

**PROFESSIONALS
COMMON
RESPONSES**

**FOR PROFESSIONALS:
COMMON RESPONSES TO SEXUAL VIOLENCE AND HOW TO HELP**

Exposure to trauma can impact the way a person thinks, feels and behaves as well as the physiology of how the brain and body operate. Sexual assault may alter both short- and long-term cognitive, emotional, behavioral and physiological functioning for survivors, but each individual's response will be unique. While many survivors may experience acute symptoms of traumatic stress, not all survivors will experience persistent symptoms or post traumatic stress disorder (PTSD). The National Women's Study found that 31% of female rape victims develop PTSD some time in their life. Also, there is not a predictable, encompassing set of symptoms presented following sexual assault; both psychosocial symptoms and functional responses may vary in presentation and intensity over time. Due to the varied nature and duration of symptom presentation, there are many different interventions strategies and modalities that can, and should, be used when responding to survivors of sexual trauma. Each survivor will require personalized interventions.

Current best practice guidelines for treatment of traumatic stress are generally not specific to survivors of sexual trauma and focus primarily on treatment of PTSD. However, it is imperative that licensed mental health professionals remain up-to-date with current and relevant information regarding service delivery and best practices. Current literature indicates that Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR) and Dialectical Behavior Therapy (DBT) have demonstrated efficacy in assisting survivors of sexual trauma. In addition to these trauma-focused therapeutic interventions, there are commonly accepted guidelines for how to engage with survivors at various points in their healing process. For other professionals, be aware of licensed mental health practitioners in your area for referrals. KASAP programs are one option for referrals.

WAYS A PROFESSIONAL CAN ASSIST

COMMON
EMOTIONAL
RESPONSES

Common Emotional Responses: Common emotional responses to sexual violence include extreme anxiety, feelings of shame, depression, grief and sadness, guilt and anger. Attention to the survivor’s emotional state is particularly important in the immediate response to the sexual trauma and to the disclosure which may also evoke strong emotions. Survivors may also experience strong emotions in response to trauma reminders. Professional response to intense emotion and emotional dysregulation should start with securing physical safety and conveying a sense of psychological safety from the moment the professional begins interacting with the survivor. Trauma-focused psychotherapy interventions that address emotional dysregulation include EMDR, CPT and DBT; behavioral health professionals working with survivors should be trained in these evidence-based practices. Other responses that may be useful include:

<p>Secure physical safety (e.g., alarms systems, cell phones, changes in routine, etc.)</p> <p>Promote psychological safety (e.g., ask the survivor about their needs, create a climate of trust, explain impact of trauma reminders and triggers, etc.)</p> <p>Assist survivor in learning strategies to prevent and reduce anxiety (e.g., deep breathing, yoga, physical activity, etc.)</p>	<p>Anxiety</p>
<p>Maximize opportunities to demonstrate respect, offer choice and empower the survivor. This is especially important regarding information related to the assault. Maintain a nonjudgmental, matter-of-fact approach. Educate and remind the survivor that sexual assault is an act of power, not an act of sexual intimacy.</p>	<p>Shame</p>
<p>Normalize the response as a logical response to an extraordinary event; provide information and psychoeducation about what a survivor may experience. Address any suicidal ideation, gesture or talk honestly and take it seriously: remove guns, weapons or potentially lethal substances; assess regularly and in a nonjudgmental manner.</p> <p>Support the survivor in talking as much as is needed to feel comfortable. Never probe or push.</p> <p>Refer for a trauma-informed assessment and follow-up with trauma-focused therapy.</p>	<p>Depression and/or Grief</p>
<p>Normalize the emotion without reinforcing it. Explain that the only “guilty” party is the abuser.</p> <p>Identify strengths and survival skills. Reframe choices that the survivor may regret as logical at the time. Explain and support resilience.</p>	<p>Guilt</p>
<p>Normalize and identify ways anger can be helpful.</p> <p>Identify and practice healthy, non-lethal, ways to release anger and rage (e.g., exercise, writing, etc.).</p>	<p>Anger</p>

**COMMON
NEUROBIOLOGICAL
RESPONSE**

WAYS A PROFESSIONAL CAN ASSIST

Common Neurobiological/ Physiological Responses: Trauma can have profound effects on brain and body functioning. This may manifest as somatic complaints and lead to many of the affective, behavioral and cognitive responses common in survivors. It may be helpful to provide basic information about the brain's response to trauma and explain how that impacts the body. However, it is imperative that professionals are careful to never diminish the validity of the survivor's physical complaints or changes. EMDR is one intervention which targets the physiological response to trauma as part of the healing process. Yoga has also been found to benefit survivors of trauma by reducing PTSD and dissociation (see work by Bessel van der Kolk for more information). Recently, there has been a movement towards using mindfulness practices with survivors, but professionals should be aware that some survivors may not be able to refocus their attention sufficiently and may experience flooding of emotions or memories, exacerbating rather than relieving their symptoms. Other responses that may be useful include:

Headache	Assist survivor in learning and using non-medical prevention and remediation tools (e.g., trauma-sensitive yoga, exercise, progressive muscle relaxation, journaling, meditation, etc.)
Nausea	
Back pain	
Joint pain	
Heart palpitations	Promote regular self-check-ins and utilization of physical relaxation strategies.
Feeling faint or dizzy	

**COMMON
BEHAVIORAL
RESPONSE**

WAYS A PROFESSIONAL CAN ASSIST

Common Behavioral Responses: Changes in behavior are often the most obvious responses to sexual violence. Although these behaviors may appear to be disturbing and even harmful, they often make sense in the context of the traumatic experience. Nonetheless, they may pose a threat to the survivor's well-being and require professional intervention to assist the survivor in finding more adaptive ways of coping. Trauma-focused psychotherapy interventions, including CPT, DBT, EMDR and Trauma-Sensitive Yoga, all address behavioral symptoms as part of their treatment. Survivors should be referred to trained professionals for these treatment modalities. In addition, all professionals working with survivors should be aware of the ways trauma may alter behavior and seek ways to assist the survivor, including:

Hyperarousal/ Hyper-reactivity/ Hypervigilance	<p>Normalize these responses and educate the survivor about the body's natural response to threat and danger.</p> <p>Assist the survivor in feeling physically and psychologically safe. Be aware of and sensitive to potential triggers and reminders. Avoid sudden movements. Be respectful of personal space. Ask what will help to make them more comfortable, etc.</p>
Avoidance, Isolation, Withdrawal	<p>Normalize these response as logical. Educate the survivor regarding the cycle that may result if isolation and withdrawal exacerbate feelings of depression and shame. Model acceptance and non-judgmental responses.</p>
Sleep disturbances (i.e., may be too much or too little, nightmares, poor quality of sleep)	<p>Normalize these responses and connect them to other types of symptoms (e.g., depression, anxiety, difficulty concentrating, etc.). Recognize the complexity of these responses in context with the sexual trauma.</p>

Develop routines and structures around sleep and/or nutrition.

Support use of mind-body coping strategies including exercise, mindfulness, relaxation techniques, etc.

Disconnect the assault from the person's appearance by reminding the survivor that sexual assault is a crime of power.

Consult with and/or refer survivor to other professionals (e.g., sleep clinic, nutritionist, etc.)

Changes in eating habits (i.e., eating more or less, changes in times of eating, etc.)

Acknowledge the behavior in a nonjudgmental way. Recognize it as a form of coping without allowing it to be excused and tolerated.

Establish clear, consistent and firm boundaries and rules. Explain to the survivor how you will respond to aggressive behavior directed at others or self, including referral for hospitalization and/or involvement of law enforcement. Safety always comes first.

Collaborate with the survivor to identify, practice and utilize alternative strategies for release of anger. Collaborate with the survivor to develop a trauma-informed safety plan to identify triggers, early warning signs and calming or de-escalation strategies.

Provide choices and constructive opportunities for empowerment.

If sexual acting out or sexual aggression is present, refer to a specially trained professional.

Youth engaging in fire-setting, aggression toward animals, others or self should be referred to behavioral health professionals trained in traumatic stress in children.

**Aggression
Self-injury**

Acknowledge the behavior in a nonjudgmental manner.

Collaborate with other providers, particularly medical and dental providers, to reduce the opportunities of over-prescription of medication.

Utilize "Seeking Safety" as an evidence based intervention for co-occurring trauma and addiction.

Agree on rules for contact (e.g., no therapy under the influence, being honest about being intoxicated, seeking assistance from others if the survivor is under the influence in the office, etc.).

Avoid requiring completion of substance abuse treatment, sobriety or participation in 12-step programs as a condition of trauma-related services.

Substance abuse

Normalize this response. Educate survivors about sexual health and response.

Consult with and refer to health care providers with an understanding of the impact of sexual assault. Assist the survivor in addressing health care needs including birth control, treatment of sexually transmitted infections (STIs), and/or pregnancy.

Assist and educate the survivor in understanding consent at every step of sexual contact.

Changes in sexual desire and comfort with intimacy

**COMMON
COGNITIVE
RESPONSE**

WAYS A PROFESSIONAL CAN ASSIST

Common Cognitive Responses: Survivors may become entangled in, what seem to be, irrational thoughts. This may include taking more responsibility than is warranted or seizing upon a particular explanation for why the violence occurred. Although this thinking may appear to be illogical, it makes sense to the survivor and may provide a perception of control. Assisting survivors to alter their thinking is a gradual process of providing alternative perspectives and replacing the unhelpful thoughts. A number of trauma-focused interventions address cognitive processes, including CPT, Trauma-Focused CBT, DBT, and Seeking Safety. In addition, mindfulness practices assist survivors in learning to focus and redirect their thinking. The foundations of cognitive restructuring can be incorporated into interactions with survivors at any point in their recovery process. Other responses that may be useful include:

Shock and Disbelief Maintain a gentle, calm and neutral manner to minimize chance of retraumatization. Secure physical and psychological safety.

Normalize and recognize these responses as a temporary state. Meet the survivor where they are, but do not assume this is indicative of their usual cognitive functioning.

Do not force a survivor to “face reality” and advocate for the survivor with others who may adopt such an approach.

Stigma Normalize this as a common reaction. Validate that the survivor feels this way, but seek opportunities to help the survivor experience ways to not feel stigmatized.

Ensure all interactions with the survivor convey respect and never reinforce a sense of stigma. Provide choice and opportunities for empowerment when possible (e.g., asking a survivor how they want to be addressed).

Identify ways to help survivors recognize they are not alone, but always be sure to avoid triggering the survivor with stories of other trauma. Finding a community of survivors may be especially important for those who already feel disenfranchised or different.

Altered view of self, others, and the world Normalize this response and give the survivor permission to be disappointed and/or cautious without reinforcing the view as correct all the time (e.g., “I understand how you can feel that way...and....”).

Model trustworthiness, honesty and humility in your interactions with the survivor.

Provide opportunities for the survivor to experience and recognize trust in themselves and others. Help identify a trusted other in the survivor’s life.

Identify strengths in the survivor, others, and the world.

Promote opportunities for choice and empowerment to provide a sense of control and contrast feelings of powerlessness.

Overprotectiveness of significant others Normalize this behavior and distinguish between common concerns and hyperawareness as a result of the trauma.

Assist the survivor in finding ways to be reassured that do not compromise relationships with others (e.g., children who become impatient with the overprotectiveness).

Disturbances of memory, concentration, thinking Normalize alterations in thinking and memory as common responses to trauma. Collaborate with the survivor in identifying trauma reminders, triggers and intrusive thoughts which may cause a dissociative response.

**Dissociation
Intrusive thoughts** Develop strategies for refocusing thinking when dissociation or intrusive thoughts occur (e.g., mindfulness and refocusing techniques).

Use sensory calming strategies to help break unhelpful thinking (e.g., smell something strong, listen to music, tactile change, use cool or warm water or washcloth on face or hands, etc.).

**SURVIVORS
WITH
LIMITED
ENGLISH
PROFICIENCY**

Communicating with Survivors Who Have Limited English Proficiency (LEP): Professionals should take special care to ensure language accessibility and cultural sensitivity. Though family members or friends of a survivor may volunteer to help, a competent and independent interpreter should always be used to ensure accuracy and open communication. Always offer to provide an interpreter, as trauma can interfere with the ability to use second languages.

Survivors and their families who have difficulty reading, writing, speaking, or understanding English are considered to have “Limited English Proficiency”. Under Title VI of the United States Civil Rights Act, LEP survivors have a right to receive “meaningful access” to all services without difference or delay. This means that at any point where a survivor seeks services from an agency that receives federal funds, the survivor and their family members have a right to receive free interpretation and translation of vital documents. Title VI covers most law enforcement, health care, social service and rape crisis agencies, as well as courts. These agencies must provide competent interpreters - meaning someone who has the training and ability to interpret with accuracy and is familiar with the relevant (i.e., legal, medical) terminology. Friends and family members of a survivor are not considered competent interpreters and must not be used, especially in instances of sexual assault, child abuse, and domestic violence. Law enforcement and other direct service providers have a heightened obligation to make sure that they are able to provide language access because a delay in providing services may have serious or even fatal consequences.

When working with interpreters, professionals should consider the following:

- Have a short meeting with the interpreter to convey your expectations before the interpreter begins working with the survivor. Remind the interpreter to interpret everything the survivor says, without adding, deleting or changing any information. Give the interpreter a sense of what you will cover, and check to make sure that the interpreter is comfortable speaking about sensitive subjects such as sexual assault and abuse. Remind the interpreter to speak in the first person. If the survivor says “I want to report my rape to the police,” the interpreter should interpret this, rather than relate that “She wants to report her rape to the police.”
- Sit directly across from the survivor. Position the interpreter behind the survivor so that the interpreter is not the focus but instead a conduit. Focus on building trust directly with the survivor. Alternatives to this would be if Sign Language is being used or if the survivor requests a different set up.
- Meet with survivor in advance to check if there is a conflict with the specific interpreter. They may live in the same community.
- Speak in short sentences and avoid slang and jargon. Do not use terms such as “EPO” which may require more explanation by the interpreter.
- If necessary, take breaks so that the interpreter can keep pace. Interpreting takes a tremendous amount of skill and energy, as well as a remarkable ability to recall information.
- Remember that taking time on the front end, while difficult, will go far to build trust with your the survivor and prevent misunderstanding in the future.

For more information about working with LEP clients and interpreters, visit www.lep.gov.

SURVIVORS WITH DISABILITIES **RECOGNIZING SEXUAL VICTIMIZATION OF PEOPLE WITH DISABILITIES**

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

Additionally, it is important to understand that the term “disability” refers to a wide range of identities. People living with mental illness, cognitive disorders, chemical dependency, and other “hidden” disabilities are also at a higher risk of violence, though they may not consider themselves or be considered as having a disability. These survivors may also lack outside support or appropriate services.

INCREASED RISK **Factors that are Linked to Increased Risk of Violence**

- 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!” (e.g., to medical procedures)
- Barriers to communication
- Fear of being disbelieved because of perceived non-credibility
- Lack of basic education on anatomy, sexuality, and privacy
- Having experienced few opportunities for affection
- Socialization to be compliant

TARGETED POPULATION **Abusers may also “Target” a Person with a Disability because the Abuser:**

- 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

FACTS **Facts About People with Disabilities and Sexual Assault**

- According to the 2016 Crimes Against Persons with Disabilities report from the U.S. Department of Justice Bureau of Justice Statistics, people with disabilities were more than three times as likely as people without disabilities to experience rape or sexual assault.
- In addition to various types of abuse that can be inflicted on anyone, people with disabilities are sometimes abused by withholding orthotic equipment (e.g., wheelchairs), medications, transportation, or essential assistance with personal tasks.

PROJECT SAFE **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 the Kentucky Coalition Against Domestic Violence (KCADV) at (502)209-5382.

Guidelines for Communicating with Survivors with Disabilities

- When talking with a survivor with a disability, speak directly to that person rather than to a companion or Sign language interpreter who is present.
- When introduced to a survivor 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 survivor 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.
- 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 talking with a survivor 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 survivor who uses a wheelchair or crutches, place yourself at eye level in front of the person to facilitate the conversation.
- 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 seem to relate to a survivor's disability. Don't be afraid to ask questions when you're unsure of what to do.

Communicating After Sexual Victimization

- Do not assume that a survivor with a disability is incapable of recognizing or recalling sexual victimization. Even if a person has a severe disability, it doesn't mean that they do 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 survivor with a developmental disability because often this population is taught only compliance.
- A survivor with disabilities 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.
- Listen to how the survivor talks and match your speech to their vocabulary, tempo, and sentence structure.
- Frequently ask what a particular word means to the survivor to avoid miscommunication.
- Avoid treating the survivor 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 survivor).
- Avoid asking leading questions. Allow the survivor to respond in their own time and in their own way.
- With a non-verbal survivor, 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 survivors know you believe them.

Disabilities: Related Resources

Kentucky Office of the Americans with Disabilities
Act, <https://personnel.ky.gov/Pages/ada.aspx>Kentucky Protection and Advocacy , www.kypa.net
Message line and TTY: 1-800-372-2988

HELPING SURVIVORS WHO ARE INCARCERATED

THE PRISON RAPE ELIMINATION ACT (PREA): HELPING SURVIVORS WHO ARE INCARCERATED

The Federal Prison Rape Elimination Act of 2003 (PREA) set standards for practices to detect, prevent, and respond to sexual assault in detention facilities. These standards guide facility operations and encourage collaboration between corrections staff and community advocates to provide comprehensive sexual assault services. The Kentucky Association of Sexual Assault Programs (KASAP) has entered into “Memoranda of Understanding” with the Kentucky Department of Corrections, Department of Juvenile Justice, and federal prisons to offer crisis line services, hospital advocacy, and up to three counseling sessions for survivors who are incarcerated.

SEXUAL ASSAULT IN DETENTION

Sexual Assault In Detention

Sexual assault in detention is a broad term that encompasses staff-on-inmate assault, as well as inmate-on-inmate assault. While definitions of inmate-on-inmate sexual assault are similar to those you would expect in the community, staff-on-inmate assault is broader in scope. By law, persons in the custody or under the supervision of a correctional entity are never able to consent to sexual relationships with corrections staff - it does not matter whether they are in prison or on probation or parole in the community. If persons are under the purview of state, local, or federal departments of correction, it is illegal for staff to have any sexual contact with them. This is due to the high level of control staff have over inmates’ lives. The following are definitions and examples of sexual assault in detention:

- **Inmate-on-inmate sexual assault:** Sexual contact between inmates in which one of the parties does not consent, is unable or refuses to consent, or is coerced by overt or implied threats of violence. This contact could include penetration, intentional touching, or oral and manual stimulation, consistent with federal definitions of sexual assault.

Example: Inmate demands sexual services from another inmate for protection or assistance already provided.

- **Staff-on-inmate sexual assault:** It is not necessary to prove lack of consent in this case because individuals under the care or supervision of the Department of Corrections or the Department of Juvenile Justice can never consent to sexual contact with corrections staff. Also, additional acts that fall under sexual assault by staff are voyeurism, display of breasts, buttocks, or genitalia of the staff member, or intentional touching not incidental to job performance.

Examples:

- Corrections officer allows inmate to use cell phone in exchange for sexual acts.
- Staff intentionally views inmate while dressing, outside the scope of duty.
- Corrections or parole officer engages, or attempts to engage in a sexual relationship with an individual in the custody or under the supervision of the Department of Corrections or the Department of Juvenile Justice.

RESPONDING TO DISCLOSURE OF SEXUAL ASSAULT IN DETENTION

Responding to Disclosure of Sexual Assault In Detention

You may be the first person to whom a survivor of sexual assault in detention reports. If so, it is important to remember the gravity of this action. Those still incarcerated may fear retaliation from staff or other inmates, loss of privileges, disbelief, relocation, segregation, or judgment by professionals, family, or friends. Additionally, since sexual contact between inmates is against facility rules, they may fear that they will be subject to disciplinary action despite the fact that the contact was non-consensual. Formerly incarcerated survivors may also face stigmatization, assumptions about their sexual identity, disbelief, or judgment in the community. Telling their story can take a great deal of courage, and your response can have a lasting impact on their journey toward healing.

When confronted with a disclosure of sexual assault in detention, it is important to:

- Offer support and resources, where available. Even if you are unable to speak with the survivor again, resources will also allow them to follow up with other services, as needed.
- Let the survivor know that they are not alone. Isolation can be especially intense for this population and can affect their experience of trauma and associated behaviors.
- Respond in a nonjudgmental manner and tone.
- Remind them that it is not their fault. Survivors of sexual assault in general often experience feelings of self-blame, doubt, and guilt. Survivors of sexual assault in detention will often express similar sentiments, but with the added weight of the false cultural belief that prisoners should expect sexual assault to be a part of incarcerated life. No matter what, sexual assault is not the survivor's fault. Sexual violence was not part of their sentence, and what happens to them does matter.
- Help them make a plan to protect their physical and mental well-being. Safety planning, as described below, is an important process to address both. Those who are currently incarcerated will have fewer options than those in the community for self-care, but there are still ways to help them stay present and manage the harmful effects of trauma.

Safety Planning

SAFETY PLANNING

Things to keep in mind:

- Survivors of sexual assault in detention cannot always move around freely, so activities like taking a walk when they are triggered might be out of the question.
- Incarcerated survivors have no control over lights, sounds, or physical proximity to others.
- An incarcerated survivor may still have ongoing or forced contact with their abuser.
- Incarcerated survivors may have financial limitations that keep them from being able to call or write to loved ones.
- Incarcerated survivors in segregation may not have access to a phone or other methods of contact during stressful times.

Basic Steps:

- Identify any staff, volunteers, or other professionals within the facility with whom a survivor of sexual assault in detention may feel comfortable speaking in case of an emergency.
- Discuss possible triggers and assist the survivor in creating plans for instances in which they may be encountered.
- Address concerns of physical safety and develop a plan based on the survivor's own stated needs.
- Engage the survivor in the safety planning process. It is important to understand what they find helpful, activities that have worked to make help them feel safe in the past, and the facilities or programs to which they have access.

Coping Skills:

The survivor of sexual assault in detention will know best what is feasible, but the following are coping skills that may help in detention.

- Deep breathing
- Grounding
- Progressive relaxation
- Future planning
- Letter writing
- Creative writing
- Exercise
- Drawing
- Reading
- Meditation
- Stretching
- Involvement in faith-based groups or other prison activities (help them brainstorm)

PROVIDING SERVICES

Providing Services

- Explain the incarcerated survivor’s rights. Though they may be incarcerated, survivors still have the right to receive services whether they choose to withhold the name of the abuser, to decline to consent to the forensic exam or non-emergency medical care. Let them know that they have some control in what happens to them.
- Provide the survivor with all information necessary to make an informed decision that is appropriate to their circumstances. Allow them adequate space and time to process as well. No one can or should make decisions for them in this matter. While reporting can be part of the healing process for some, it must be completely up to the survivor to do what is best for them.
- Understand the dynamics of sexual assault. The trauma that is caused by this horrific act can have a lasting impact on the survivor. Being incarcerated at the time of the assault only compounds this trauma. Validation, education on coping skills, and letting the survivor know that you believe in them can aid in minimizing the effects of trauma. It can also help them handle triggers more effectively, which in turn can assist them in managing symptoms and decreasing behaviors that may lead to disciplinary action.

FAQ ABOUT SEXUAL ASSAULT IN DETENTION

Frequently Asked Questions About Sexual Assault In Detention:

Do KASAP programs provide services to survivors that are incarcerated for sex offenses?

- Yes, KASAP programs provide services to incarcerated survivors of sexual assault, no matter the reason for their incarceration.

Are sexual assault advocacy services confidential?

- Communication between rape crisis advocates and survivors is privileged, with the exception of cases that fall under mandatory reporting laws (i.e., abuse or neglect of a child or vulnerable adult) or duty to warn in cases of threats to harm themselves or others.

Are professionals or individuals permitted to report on an inmate’s behalf?

- Professionals or individuals working with an incarcerated survivor may report sexual assault on an inmate’s behalf but it is best to refer these persons to the confidential PREA reporting hotline so that they may make a report themselves. They can report confidentially and, in this way, control exactly what details are shared, as well as possibly gain some sense of control through self-advocacy. Making a report without the consent of the survivor may place them in more danger and is not in line with trauma-informed practice. Additionally, rape crisis center advocates must obtain a release of information before making a report on an inmate’s behalf.

Who receives calls on the external PREA Reporting Hotline, and how quickly are they able to respond?

- Calls made to the external PREA hotline by both juveniles and adults are received by the Office of Investigation (OI) for the Kentucky Justice and Public Safety Cabinet (the Cabinet). OI reports directly to the Cabinet, and neither the Kentucky Department of Corrections (KDOC) nor the Kentucky Department of Juvenile Justice (KDJJ) have influence or oversight regarding their operations or investigative process. While the OI receives calls from both KDOC and KDJJ facilities, it conducts independent investigations only in juvenile facilities. When it receives calls from adults in, or under the supervision of the KDOC, the OI staff immediately forward the information obtained to that facility's trained PREA Investigators for follow-up and investigation.

The hotline is available 24/7, but outside of office hours, a messaging service is available. There is always an OI staff member on-call who will regularly check messages throughout the day and forward them for investigation, as needed.

How does an incarcerated survivor access services?

- Survivors can access rape crisis support services only a few ways. They may call the rape crisis hotline any time they have phone privileges. If they are brought to the hospital for a sexual assault forensic exam or other services for a sexual assault, the hospital is required to contact the local rape crisis program to have an advocate dispatched to the hospital. If the survivor wants to schedule a counseling session, they must speak with their case manager or PREA coordinator at the facility to make arrangements.

Do the Memoranda of Understanding (MOU) with KDOC and KDJJ cover individuals that were sexually assaulted before entering detention?

- Yes, survivors who are incarcerated can access services for sexual abuse and assault whether it occurred prior to or during incarceration.

How can an incarcerated survivor report a PREA violation?

- The survivor can call the PREA Hotline, report internally through staff, or report to the facility anonymously in writing. A third party may also report on behalf of an inmate to the facility. KDOC's PREA Hotline is 1-833-362-7732.
- KDJJ's internal investigations hotline is 1-800-890-6854.

Resources for PREA: Helping Incarcerated Survivors:

- Just Detention International, <http://www.justdetention.org>
- PREA Resource Center, <http://www.prearesourcecenter.org/>
- End to Silence: The Project on Addressing Prison Rape
Washington College of Law, <http://www.wcl.american.edu/endsilence/>

**RESOURCES
FOR PREA**

HUMAN TRAFFICKING

HUMAN TRAFFICKING

At its core, human trafficking is the exploitation of another person for labor and/or commercial sex through the use of fraud, force, or coercion. Trafficking takes away a person's choices and freedoms.

Kentucky's laws against human trafficking send a clear message that victims should be given access to services rather than be punished or detained. The Kentucky Human Trafficking Victims Rights Act (HTVRA) created a "safe harbor" for child victims, ensuring that they are not charged with prostitution or status offenses. Instead, these victims receive housing, treatment, and services from the Kentucky Cabinet for Health and Family Services (KCHFS) to aid in their physical, emotional, and psychological recovery. Subsequent laws have created rights for victims of trafficking to expunge their record of all non-violent offenses committed as a result of trafficking.

Children detained by police on suspicion of prostitution or loitering for prostitution and who are determined to be minors (i.e., under age 18) will be subject to the following treatment under the law:

- The minor will not be prosecuted for prostitution or loitering for prostitution. A child is never a prostitute.
- The law enforcement officer who took the minor into custody must immediately make a report to the KCHFS for investigation of possible human trafficking. The minor may be taken into protective custody, as happens in sexual abuse cases.
- The KCHFS shall commence an investigation into dependency, neglect or abuse pursuant to KRS 620.029.

The process described above shall also apply to children who are suspected victims of labor trafficking.

WHAT IS SEX TRAFFICKING

What is Sex Trafficking?

Sex trafficking occurs when someone is induced to engage in commercial sex through fraud, force or coercion. It can take place in massage parlors, residential brothels, private homes, truck stops, strip clubs, restaurants, hotels and motels, and on city streets or through online escort services via the Internet.

Sex trafficking is not synonymous with prostitution. It requires that the person who engaged in the commercial sex act did so under fraud, force, or coercion to engage in that act or that the person was under age 18 at the time of those acts. Children and adult victims are often lured in with promises of romantic love or a high-paying job only to find that these promises are false. Traffickers then use a variety of tactics to keep control over the victims, including physical and sexual assault, threats of violence, debt bondage, isolation from family and friends, and the withholding of money or identification.

Victims of sex trafficking in the United States typically are U.S.-born minors or foreign-born adults. Child victims of sex trafficking are frequently recruited by a "boyfriend"/pimp but can also be exploited by another trafficking victim, a family member, or a trusted adult. Runaway and homeless youth are often victimized as well. In 2014, the National Center for Missing and Exploited Children estimated that one in six endangered runaways reported to them was likely sex trafficked. Youth victimized by sex trafficking are sometimes referred to as Commercially Sexually Exploited Children (CSECs) and child sex trafficking in the U.S. is sometimes referred to as Domestic Minor Sex Trafficking (DMST).

Foreign-born adults often lack legal immigration status. They often work in brothels that cater to migrant male customers, are moved frequently, and are forced to work to pay off debt they incurred to come to the U.S. They also are unlikely to know about immigration protections available to them so they may continue to engage in commercial sex acts out of dependence on the trafficker, fear of detention or lack of other economic prospects.

Recognizing the Signs of Human Trafficking

RECOGNIZING SIGNS OF HUMAN TRAFFICKING

While anyone can be a victim of human trafficking, studies indicate there are groups that face a greater risk of being victimized. Individuals vulnerable to human trafficking in the U.S. and of particular interest to law practitioners in Kentucky include:

- Children in the child welfare and juvenile justice systems
- Runaway and homeless youth
- Migrant workers
- Rural populations
- Individuals identifying as LGBTQ+
- People with disabilities
- Children working in agriculture
- Employees of businesses in ethnic communities
- People with Limited English Proficiency (LEP)
- Foreign nationals working in domestic households

Victims of human trafficking may not always be obvious. However, there are some red flags that should alert a practitioner that clients or potential clients should be screened for possible trafficking. Some of these indicators are:

- Not free to come and go as they wish
- Poor physical health, including malnutrition, poor dentition, or signs of physical and/or sexual abuse
- High security measures in their work and/or living location (e.g., cameras, barbed wire, boarded-up windows, etc.)
- Under 18 and involved with commercial sex
- Owes a large debt they cannot pay off
- Have few personal possessions
- Do not have control or possession of personal documents like passport or other ID
- Do not have control of own bank accounts or money
- Do not know what city or state they are in; disoriented to time and location
- Tattoos or brands with the name or nickname of a boyfriend, gang symbol or other identifying mark
- Not permitted to speak for themselves (e.g., third party insists on being present or answering questions)

This list is not exhaustive and may, in fact, be indicative of other types of trauma.

Dispelling myths – here are the FACTS:

DISPELLING MYTHS

- Both labor and sex trafficking occur where there are vulnerable victims and where there is a market for commercial sex and cheap labor or goods. Both are present across Kentucky, in both urban and rural areas.
- While trafficking can affect foreign nationals legally or illegally present in the U.S., U.S. citizens make up a large number of identified victims.
- Both men and boys are trafficked, both in the labor context and commercial sex context. A 2008 study from New York estimated that boys made up nearly half of commercially exploited children in the U.S.
- Smuggling is a crime against a country's border in which person illegally crosses a border. In contrast, human trafficking is a crime against a person. It does not require any movement or transportation of the person. Trafficking often occurs within a person's country of origin.
- People are surprised to find that some trafficking victims are hesitant to admit their situation when recovered by law enforcement. Many traffickers coach or threaten victims to avoid self-identifying to law enforcement, social services, or other health and welfare professionals. In addition, many victims find it difficult

to identify themselves as being trafficked due to lack of trust, shame, fear, or continued trauma-bonding with their trafficker. It can sometimes take months or years for trafficked persons to reveal the harm that has been done to them.

- The federal definition of “severe forms of trafficking in persons” under the U.S. Trafficking Victims Protection Act does not require physical harm or abuse. People can be restrained by psychological means, including threats to their safety or their family’s safety, abuse of the legal process, and fraud.
- Payment is not relevant to whether there has been human trafficking, so long as those acts were committed under fraud, force, or coercion; if the victim is under age 18, fraud, force or coercion is not required for sex trafficking.

RESOURCES FOR HUMAN TRAFFICKING CASES

Resources and Technical Assistance on Human Trafficking Cases

Catholic Charities of Louisville Immigration Legal Svcs, www.cclou.org
2911 S. 4th St. Louisville, KY 40208; charities@archlou.org; (502)637-9786
BIA-recognized office providing legal assistance and counseling to low and moderate-income immigrants and refugees. Part of Catholic Charities of Louisville, the largest private human services agency operated by the Archdiocese.

Kentucky Equal Justice Center, kyequaljustice.org
Maxwell Street Legal Clinic: 859-233-3840
KY Equal Justice Center: 859-233-3057
Immigration law; Workers’ rights - wage and hour /labor trafficking

Coalition to Abolish Slavery and Trafficking
Legal guides and reports at <https://www.castla.org>
For individual TA Call 1-888-507-0193 (9 AM to 5 PM PST) or email
TechnicalAssistance@CASTLA.org (24 hour turn around time)
Weekly Working Group call: Wednesdays 3 PM-4 PM EST

Human Trafficking Pro Bono Legal Center, <https://www.htlegalcenter.org/>
Offers technical advice for complex civil, criminal and immigration cases;
compiles a database of federal trafficking cases

Kentucky Office of the Attorney General
<https://ag.ky.gov/justice-for-victims/human-trafficking>

A comprehensive guide can be found at:
www.kasap.org/images/files/AttyCLEprogram_trainingmanual_web.pdf

PREVENTION: THE SOCIAL-ECOLOGICAL MODEL³⁹

Primary prevention strategies seek to prevent violence before it occurs. Prevention requires understanding the factors that influence violence. KASAP uses the Social-Ecological Model to better understand violence and the effect of potential prevention strategies. This model considers the complex interplay between individual, relationship, community, and societal factors. This model suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to produce effective prevention efforts over time than any single intervention because it encourages change at multiple levels of society.

**PREVENTION
OF SEXUAL
VIOLENCE**

**DEFINING
PREVENTION**

Individual: The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors include age, education, income, substance use, or history of abuse. Prevention strategies at this level are often designed to promote attitudes, beliefs, and behaviors that ultimately prevent violence. Specific approaches may include education and life skills training.

Relationship: The second level examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's peers, partners, and family members influence their behavior and contribute to their range of experiences. Prevention strategies at this level may include parenting or family-focused prevention programs or mentoring and peer programs designed to reduce conflict, foster problem-solving skills, and promote healthy relationships.

Community: The third level explores the settings—such as schools, workplaces, and neighborhoods—in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence. Prevention strategies at this level are typically designed to impact the social and physical environment (e.g., reducing social isolation, improving economic and housing opportunities in neighborhoods, as well as the climate, processes, and policies within school and workplace settings).

Societal: The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or tolerated. These factors include social and cultural norms that support violence as an acceptable way to resolve conflicts. Other large societal factors include the health, economic, educational, and social policies that help to maintain economic or social inequalities between groups in society.

PRIMARY PREVENTION EXPLAINED - THE "RIVER STORY": UPSTREAMER MODEL

One day, a fisherman was fishing from a river bank when he saw someone being swept downstream, struggling to keep their head above water. The fisherman jumped in, grabbed the person, and helped them to shore. The person thanked the fisherman and left, and the fisherman dried off and continued fishing. Soon, the fisherman heard another cry for help and saw someone else being swept downstream. The fisherman immediately jumped into the river again and saved that person as well.

This pattern continued all afternoon. As soon as the fisherman returned to fishing, the fisherman would hear another cry for help and would wade in to rescue another drowning person. Finally, the fisherman said, "This can't continue! I'd better walk upstream and find out why so many people are drowning."⁴⁰

The River Story illustrates a narrative of current prevention efforts in Kentucky. Kentucky has created a broad system of support, through 13 regional sexual assault programs, to ensure that Kentuckians who have "fallen into the river" and experienced sexual violence are receiving the help and services they need through 24-hour crisis lines, counseling, hospital advocacy, legal advocacy, and many other support services. In 2009, the KASAP Board, consisting of representatives from each sexual assault program, made an intentional decision to start moving upstream. They began work to prevent Kentucky's communities from ever needing their services in the first place. This process continues and can only be accomplished with the support and involvement of entire communities.



The River Story

PREVENTION IN KENTUCKY

KASAP implements two statewide prevention strategies in Kentucky schools: "Green Dot" in high schools and "Shifting Boundaries" in middle schools. KASAP utilizes both of these prevention strategies because they are evidence-based curriculums that meet the needs of our middle and high school students.

GREEN DOT

The Green Dot strategy is a comprehensive approach to violence prevention that capitalizes on the power of peer and cultural influence across all levels of the Social Ecological Model. The model targets all community members as potential bystanders, and seeks to engage them (through awareness, education and skills-practice), in proactive behaviors that establish intolerance of violence as the norm. The model also teaches reactive interventions in high-risk situations – resulting in the ultimate reduction of violence.

KASAP utilizes Green Dot as its statewide prevention strategy because it works. A study conducted from 2010-2014, led by the UK Center for Research on Violence Against Women, found that there was a 50% reduction in sexual violence perpetration in Kentucky high schools that were implementing Green Dot.⁴¹

GREEN DOTS & RED DOTS

A "Green Dot" is an individual action, choice, word, or attitude that promotes safety or displaces a "Red Dot." A Red Dot is a moment in time where someone's words, choices, or actions contribute to or tolerate violence in some way. For example, in a high school setting, a Red Dot would be an instance where a student is making fun of another student in the hallway. A Green Dot would be a student who is overhearing the interaction and then walking over and asking the student who is bullying to stop; if the action does not stop, the student would get a teacher. Filling a community with Green Dots reduces the likelihood that someone will be a victim of violence. Green Dots not only promote safety for everyone in Kentucky, but also send a clear message:

1. Power-based personal violence is not okay; and
2. Everyone is expected to do their part.

The Green Dot strategy has three core components in its curriculum: The Overview Speech, Bystander Training, and Social Marketing.

GREEN DOT IMPLEMENTATION

- **The Overview Speech:** The Overview Speech is a short 30 minute- to one hour- presentation that introduces the basic elements of Green Dot while using persuasive and inspirational language to engage participants in immediate action. The Overview Speech is used to introduce members of a community to Green Dot, generate community-wide buy-in, and begin the process of behavioral change. The core components of the Overview Speech include inspiration, shared vision, individual acceptance, simplicity, and critical mass. In Kentucky high schools, local prevention educators give Overview Speeches to groups including, but not limited to, teachers, athletic teams, incoming freshmen, and health classes.
- **Bystander Training:** Bystander Training is interactive training designed to equip participants with the necessary connection, knowledge, and skills to increase their proactive and reactive bystander behaviors. The length of this training is usually five to six hours. Though the training can include as many community members as resources will allow, priority should be given to members that carry the most social influence across sub-groups. For example, in Kentucky high schools, KASAP's local prevention educators survey the student body to determine the most influential students in each peer group. These students initially receive the Bystander Training in every school. Throughout the training, video, role-playing, and other exercises are used to maximize the participants' level of engagement and help them apply the concepts in their own lives as well as practice the skills they need to be proactive bystanders.
- **Social Marketing:** A broad range of Social Marketing strategies are used to increase basic awareness and mainstream social acceptance of the core language and principles of Green Dot. Green Dot symbols that are associated with socially influential individuals or groups increase the social desirability of the targeted bystander behaviors. In Kentucky, KASAP uses social marketing strategies such as Instagram and Facebook to promote Green Dot and provides Green Dot "swag"-like stickers, water bottles, t-shirts, and mini footballs to high school students.

Shifting Boundaries is an age-appropriate prevention strategy for middle school students that focuses on understanding personal boundaries, communicating boundaries in friendships and romantic relationships, spotting boundary violations when they occur, and intervening in situations that violate others' boundaries. The program achieves these educational outcomes through targeted class lessons and activities that reach all levels of the Social Ecological Model. It is an effective companion to Green Dot, as it introduces younger students to the ideas of boundaries and consent, thereby creating a basis for understanding the Green Dot curriculum. The Shifting Boundaries curriculum was adapted for Kentucky middle schools in 2017 and was revised again in 2018. Implementation of the program started in Fall 2018.

SHIFTING BOUNDARIES

The Shifting Boundaries curriculum consists of four class sessions for each grade (i.e., 6th, 7th, and 8th); the first and fourth class sessions are the same for all three grades. All class sessions include engaging activities that help the students deepen their understanding of the covered topics. Beyond the class sessions, Shifting Boundaries requires the schools to implement a system of "Respecting Boundary Agreements" that are provided by the educator to the school. "Respecting Boundary Agreements" are forms whereby students who feel their boundaries have been violated by another student may make a report and be connected with school support services. The offending student also has the option of expressing their point of view and is connected with counseling services to help them make better choices in the future.

SHIFTING BOUNDARIES IMPLEMENTATION

Class Session One: Introduction to Boundaries - Class Session One, which is the same for all three grades, introduces the ideas of boundaries and boundary violations. It encourages students to reflect on their personal boundaries and recognize when those boundaries have been violated.

Class Sessions Two & Three: Deeper Dive into Boundaries - Class Sessions Two and Three are different for each grade. They cover topics such as bullying, unhealthy friendships, unhealthy romantic relationships, and intervening when a boundary violation occurs. These class sessions are tailored to the specific grade, ensuring age-appropriate and relatable content.

Class Session Four: Mapping Safe and Unsafe Spaces in School - In Class Session Four, which is the same for all three grades, students receive maps of their school and are instructed to use green, red, and yellow colored pencils to demarcate areas where they feel safe, unsafe, and mixed. The educator then leads a discussion with the students about their maps, trying to ascertain the reasons behind their feelings of safety or danger in specific locations and soliciting advice from the students about how to improve their feelings of safety in their school. The educator then takes the data from the mapping activity and presents it to school administrators, working with key stakeholders to create an action plan for making schools feel safer for all students.

GET INVOLVED

- Bring Green Dot or Shifting Boundaries to a school in your community by contacting your local KASAP program.
- Support prevention efforts in your community by joining a Community Prevention Team. Contact your local KASAP program for more information.
- Green Dots anyone can do today:
 - Send a mass email to your contact list with a simple message: "This issue is important to me and I believe in the goal of reducing violence."
 - Change your email signature line to include the statement: "No one has to do everything, but everyone has to do something to prevent violence. What's your Green Dot?"
 - Make a donation to a local KASAP program and write, "Green Dot Supporter" in the memo line.
 - Talk to a friend, family member, or coworker about how ending violence matters to you.
 - Add a "Green Dot Supporter" statement to your Facebook profile.
 - Put a green dot on your door so that people will ask you about Green Dot.
 - Educate yourself about the impact of violence in Kentucky.
 - Wear a Green Dot t-shirt one day this week and explain to someone what it means.
 - Wear a Green Dot button one day this week.
 - Write a letter to the editor of your local newspaper, talking about the importance of preventing power-based personal violence.

**ENHANCING PROFESSIONAL RESPONSES TO SEXUAL VIOLENCE:
A UNIFIED TEAM APPROACH**

**TEAM
APPROACH:
SANE, SART,
AND SAIC**

What is a SANE?

A sexual assault nurse examiner (SANE) is a registered nurse who obtains specialized training in the forensic examination of sexual assault victims and is credentialed by the Kentucky Board of Nursing (KBN). A SANE conducts the forensic examination, collects and preserves physical evidence, and testifies in legal proceedings.

Kentucky is one of few states that has legislated a SANE credential. The credential is issued by the KBN upon the nurse's completion of SANE training, including both the classroom portion and clinical requirements, and upon receiving the established application fee. To maintain the SANE credential, the SANE must complete five hours of continuing education each annual licensure period (November 1- October 31). SANE continuing education may be included in the 14 contact hours required to maintain a registered nurse's license. The registered nurse license and SANE credential are renewed concurrently. Course schedules may be found at www.kasap.org or at <http://kbn.ky.gov>. Current Regulations for Certification may be found at <https://apps.legislature.ky.gov/law/kar/201/020/411.pdf>

SARTs and SAICs?

A Sexual Assault Response Team (SART) is a multidisciplinary team of professionals. This team is typically a SANE or physician, law enforcement official, and a sexual violence victim advocate, who are the initial responders to victims reporting sexual violence. SARTs have two primary purposes: to limit further trauma to victims and to improve the quality of evidence collection and investigation. SARTs reduce trauma to victims and initiate support systems that are critical to healing.

A Sexual Assault Interagency Council (SAIC) is a multidisciplinary team with broader goals. This team may include members such as County or Commonwealth Attorneys, hospital administration, educators, representatives from domestic violence programs, emergency response personnel, crime lab staff, clergy or any other community member who wishes to help improve prevention, education, response and services for victims or potential victims of sexual violence.

The SART Toolkit provides ideas and recommendations for molding a team that fits the needs of your community. The toolkit is available in PDF form on www.kasap.org.

What are the Benefits of SART?

There are multiple benefits to having a group of professionals dedicated to a common cause. The most important benefit of a SART is the victim-centered approach that prevents further trauma and begins the healing process. Trained responders are able to provide compassionate, efficient, highly skilled care and support throughout the medical and criminal justice systems.

What Are The Roles Of SART Members?

Law Enforcement: They are the gatekeepers to the criminal justice system. They will interview victims, investigate allegations, collect and preserve evidence to submit to a prosecutor, and make arrests, as appropriate.

KASAP Program Advocate: They will believe the victim absolutely. They provide support throughout the medical and legal process. They may help explain the exam process and provide information regarding victims' rights and available community resources.

SANE or Medical Provider: Their priority is the health and medical well being of the victim. The examiner obtains a detailed history of the assault, performs a thorough head-to-toe assessment identifying any injury or sign of illness, collects forensic evidence, documents all findings, provides appropriate treatment and follow-up referrals, and testifies in court.

SART TRAINING **What is SART Training?**

SART training provides education about the dynamics of sexual violence, related laws, Sexual Assault Forensic-Medical Exams (see next section of this Guide), and specialized techniques for investigating sex crimes. SART training also includes education about how to appropriately interact with victims. Law enforcement officers, community rape crisis advocates and nurses are trained together; this combined training meets the preliminary didactic requirements for the nurses pursuing their SANE credential and provides an opportunity for initial team-building. While training in this format, all disciplines are able to gain a better understanding of the role each member plays in the investigation, treatment, and care of victims.

HOSPITAL TRAINING VIDEO **Hospital Training Video**

KASAP, partnered with the Kentucky Hospital Association, created an overview training video for hospitals. The video is a tool to increase knowledge among hospital administrators and health care professionals in Kentucky's emergency departments, and is useful for anyone who wants to learn more. It is posted on the websites of KASAP, KY Hospital Association, and the KY Office of the Attorney General. Along with the video, linked resource documents include:

Emergency Department Responsibilities for Victims in Kentucky

Tips and Resources for Sexual Abuse-Assault When Evaluating a Child

Tips for Documentation and Photography

Tips from the Laboratory

Post Exam Considerations

Frequently Used Links

All of the resources can be found at:

<https://www.kasap.org/get-info/resource-library/hospital-training-video-project>

The video was made possible with funding from the KY Office of the Attorney General.

SEXUAL ASSAULT EXAMINATION: FREQUENTLY ASKED QUESTIONS

What treatment options are available to sexual assault victims?

Victims who seek care at a hospital emergency department within 96 hours of experiencing sexual violence have several options regarding their healthcare:

- They may choose to consent to a medical exam and treatment, as well as receive information regarding risk for pregnancy or sexually transmitted infections (STI). The medical facility may also be able to provide prophylactic treatment for pregnancy or STI in accordance with the current recommendations from the Centers for Disease Control and Prevention (CDC) and the facility's policies.
- They may choose to undergo a Sexual Assault Forensic-Medical Exam (SAFE). A SAFE is a medical exam as described above; in addition, the SAFE also includes evidence collection using a Kentucky State Police Sexual Assault Evidence Collection Kit (KSP Kit). Emergency room personnel are required to perform a SAFE for all victims who request it. More information about the KSP Kit is provided later in this section.
- Both options allow the victim to choose whether or not to report the assault to law enforcement, unless required by Kentucky law for mandatory reporting. If the victim consents to law enforcement notification and release of the KSP Kit, the hospital will notify the appropriate law enforcement agency and document the chain of custody for the evidence collected.
- If the victim chooses to submit to a SAFE and does not want to report the assault to law enforcement, the evidence collected by the medical provider shall be stored at the health care facility for a minimum of one year or until the victim consents to release the KSP Kit to a law enforcement agency. At the end of one year, the KSP Kit may be destroyed by the hospital.

If the victim seeks care at a hospital more than 96 hours after the sexual violence occurred, they may still receive a SAFE and information; however, the KSP Kit may not be utilized. The decision whether to use a KSP Kit (or parts thereof) after 96 hours should be considered on a case-by-case basis.

Regardless of the victim's choice, they should be fully informed of all treatment options, including the advantages and disadvantages of each in order to make an informed decision.

What law governs Sexual Assault Forensic-Medical Examinations (SAFEs) in Kentucky?

KY Administrative Regulation 502 KAR 12:010 contains the statewide SAFE protocol for acute care of sexual assault victims. This protocol describes how forensic-medical examinations should be performed within 96 hours after the assault. This protocol is available at <https://apps.legislature.ky.gov/law/kar/502/012/010.pdf>. 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 they may refuse any part of the forensic evidence collection and obtaining ongoing 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 the history provided;
- Assessment and treatment of injuries, STIs and pregnancy; and
- Information regarding follow-up procedures, referrals, and victim compensation.

Kentucky Revised Statutes (KRS) govern performance of sexual assault medical forensic

SEXUAL ASSAULT EXAMINATION: FREQUENTLY ASKED QUESTIONS

GOVERNING LAWS

exams, providing additional information regarding who must perform exams, who can give consent, and who pays for examinations. For more information, see KRS 216B.400.

In Kentucky, the KSP Kit, discussed below, is typically used to facilitate evidence collection. However, effective sexual assault exams involve much more than “filling up the box.”

KSP KIT INFO What is a KSP Kit?

A Kentucky State Police Sexual Assault Evidence Collection Kit (KSP Kit) is 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.

KSP KIT TRAINING If the KSP Kit contains instructions, does the training of the examiner make a difference?

While the KSP Kit provides directions to guide evidence collection, all SAFEs are meant to be “history driven,” rather than “kit driven.” An experienced examiner, such as a SANE, may go beyond the directions included in the kit and collect additional samples based on the history provided. Additionally, the experienced examiner will be comfortable altering the order of the exam based on the needs of the victim.

All procedures should be explained to the victim prior to beginning and immediately before each step of the exam. The victim should be given the opportunity to decline any and all procedures with which they do not feel comfortable.

Who provides the KSP Kit?

Kentucky State Police provide the KSP Kits at no charge, generally through the local law enforcement agencies. However, facilities can and should obtain KSP Kits in advance, to ensure availability when needed. Questions regarding obtaining the KSP Kits may be directed to local law enforcement or the Kentucky State Police Central Crime Laboratory in Frankfort at (502)564-5230.

INVOLVING US What if the case involves U.S. Military Personnel? MILITARY

The victim’s options and the exam are largely the same. However, different investigating agencies and additional access to advocacy may be available to the victim. Contact the local military facility or visit the United States Department of Defense Sexual Assault Prevention and Response website at www.sapr.mil for additional information.

CONSENT Who can give or withhold consent for a sexual assault examination?

Sexual assault exams should only be conducted with the consent of the victim, and the victim must be informed that they may withdraw consent at any time. (KRS 216B.400). With only one exception, any victim can give consent for a sexual assault examination, even a minor. A parent may not prevent the performance of an examination on a minor if the minor consents (KRS 216B.400(7)). 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 victim’s best interest, health care providers should make a report to the Adult Protective Services branch of the Kentucky Cabinet for Health and Family Services so that additional protective action may be taken if necessary. For more information, see KRS 209.

A SAFE is a very invasive exam that 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 more information, see 502 KAR 12:010 (3)(6).

Does Kentucky law require reporting all sexual assaults to law enforcement?

KENTUCKY LAW

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

Kentucky's mandatory reporting laws only require reporting "abuse, neglect, or dependency" in two distinct situations: child abuse or neglect and abuse or neglect of an otherwise "vulnerable" adult (i.e., any person who, "because of mental or physical dysfunctioning, is unable to protect himself.") For more information, see KRS 620 and 209.

How can health care providers comply with both HIPAA and mandatory abuse reporting laws?

COMPLYING WITH HIPAA & REPORTING LAWS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits disclosure of personal information required by law. Since health care providers are required by law to report abuse and neglect of the protected classes of persons described above, disclosure or information required for reporting in such cases is permitted by HIPAA.

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

Prior to the passage of HIPAA, most health care facilities routinely reported crimes to law enforcement officials without patient authorization. Health care facilities should ensure their policies are in compliance with HIPAA.

Does contacting the KASAP program advocate violate HIPAA?

HIPAA & ADVOCATES

No. Since health care providers are mandated by law to contact the KASAP program (for a Rape Crisis Advocate), they do not violate HIPAA (502 KAR 12:010). Also, HIPAA permits the use or disclosure of information for "treatment" purposes. For more information, see 45 CFR 164.502(a)(1). Since contacting the KASAP program is required by the treatment protocol adopted by the state, contacting an advocate is clearly a "permitted disclosure" under the law.

When should the facility conducting the exam contact the KASAP program advocate?

CONTACTING VICTIM ADVOCATES

Providers should notify the advocate as soon as the victim seeks care at the facility 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. Additionally, it is the first step of the "Preforensic Medical Exam Procedure" incorporated into Kentucky law. For more information, see 502 KAR 12:010 (2)(1).

Who pays for a sexual assault medical forensic examination?

PAYMENT FOR EXAM

In accordance with the Violence Against Women Act, no victim can incur any out-of-pocket expense for a medical forensic exam. In Kentucky, the Sexual Assault Examination Program through the Kentucky Claims Commission (KCC) may be used to cover the cost of this exam.

The KCC reimburses facilities based at a designated rate that includes funding for an examiner, the facility fee, lab testing and prophylactic medications, including treatment for HIV prophylaxis. Though no charge shall be made to the victim for these examinations, the victim's insurance information may be obtained and used prior to submitting the itemized bill to the KCC. The victim will not be charged for the exam regardless of whether or not they choose to report the crime to law enforcement. For more information, see KRS 216B.400(10)(a).

Victims may sometimes be billed and held liable for additional medical services, such as x-rays or other medical interventions not previously addressed. In some cases, expenses may be reimbursed by the KCC 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 more information, see 502 KAR 12:010 (2)(7). For payment rates see 802 KAR 3:020.

**CHILDREN'S
ADVOCACY
CENTERS**

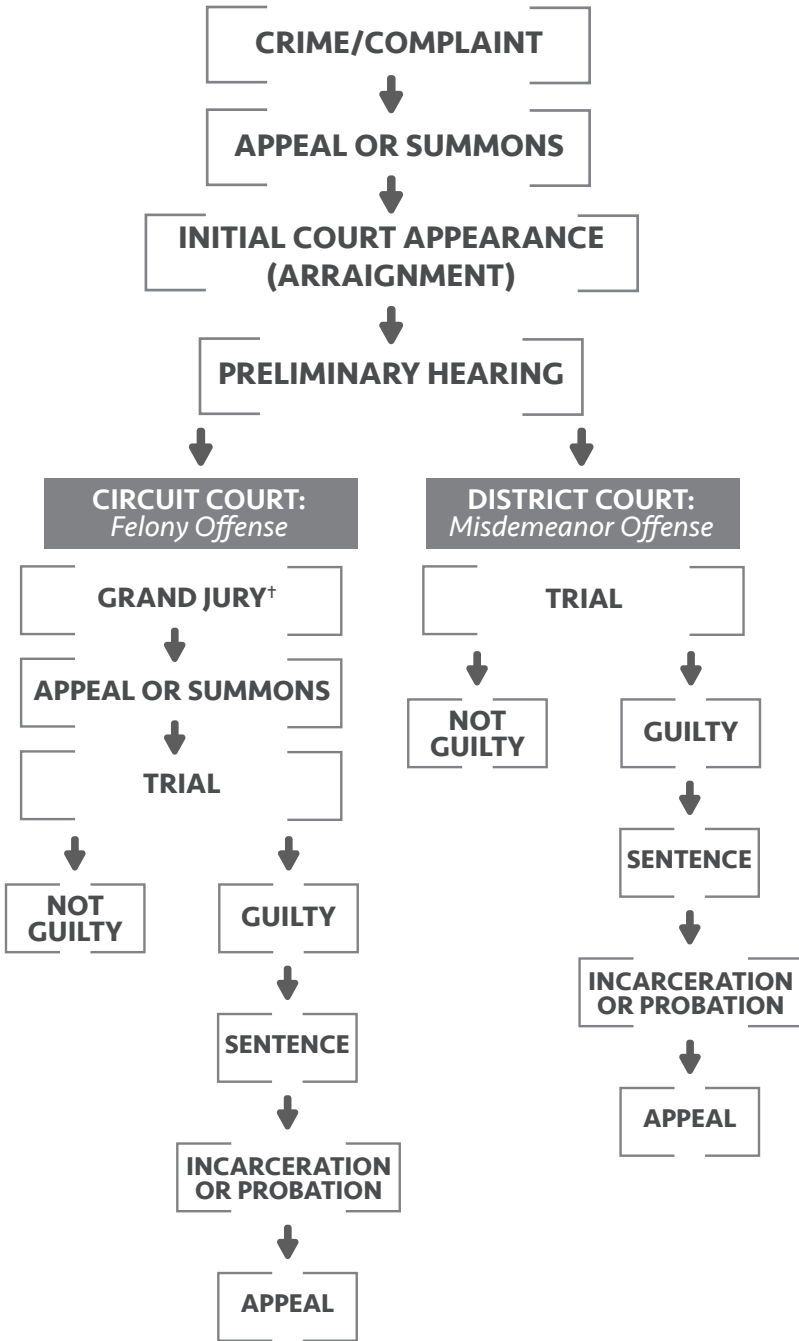
What are Children’s Advocacy Centers?

Children’s Advocacy Centers (CACs) are child-friendly facilities that provide locations for child sexual abuse examinations and forensic interviews, along with other services. CAC generally provide exams in non-emergency cases, as most are not equipped to provide emergency medical services and are not open on a 24-hour basis. Children in need of CAC services are referred to the facility by either social services or law enforcement. A hospital may not refuse to provide a SAFE for a child when the child is in need of acute care, and should coordinate care with social services. In Kentucky, CACs are located in each area development district. For additional information, contact your local CAC, or the Children’s Advocacy Centers of Kentucky at (502) 223-5117 or <https://cackentucky.org/>.

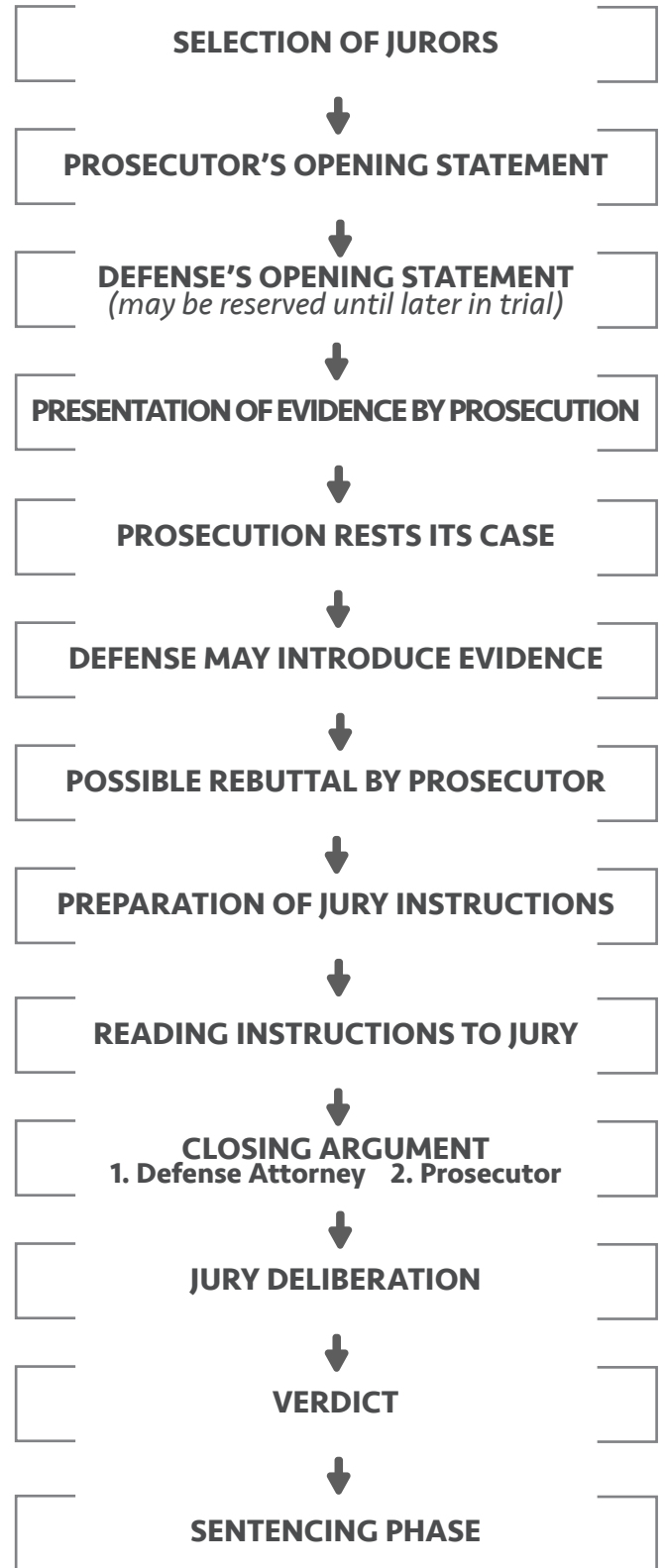
UNDERSTANDING THE CRIMINAL LEGAL PROCESS

In cases of sexual violence that result in a criminal charge(s), legal processes can be confusing and overwhelming to the victim. Therefore, it is important for all involved to have a basic understanding of the legal system. The following charts provide a basic visual representation of the overall criminal justice process. For more information, see the Kentucky Attorney General’s office website at <http://ag.ky.gov>.

CRIMINAL JUSTICE STEPS*



TRIAL BY JURY PROCEDURE



*Plea bargains may occur at any time during the process, depending on the policies of the local prosecutor or court.

†Some felony cases begin at this point.

CIVIL PROTECTIVE ORDERS IN KENTUCKY

KENTUCKY CIVIL PROTECTIVE ORDERS: DVO AND IPO

Kentucky law allows all victims of sexual assault to seek civil protective orders against their abusers under KRS 403 and 456. These orders typically state that the offender is prohibited from having contact with the victim, but variations for type or frequency of contact may be set as well depending on the case. KRS 403 refers to Domestic Violence Orders (DVO) while KRS 456 refers to Interpersonal Protective Orders (IPO).

DVO Domestic Violence Orders (DVO)

Persons covered:

- “Family members” (e.g., spouse (including a former spouse), grandparent, grandchild, parent, child, stepchild, or any other person living in the same household as a child if the child is the alleged victim)
- “Members of an unmarried couple” (e.g., parties who have a child in common or live/have lived together as a couple)

Harm covered:

- Physical injury, serious physical injury, stalking, sexual abuse, assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault.

IPO Interpersonal Protective Orders (IPO)

Persons covered:

- All victims of sexual assault
- All victims of stalking
- “Dating partners” (i.e., generally means dating couples who have not lived together)
 - » A “dating relationship” is defined as, “a relationship between individuals who have or have had a relationship of a romantic or intimate nature. It does not include a casual acquaintanceship or ordinary fraternization in a business or social context.” The statute (KRS 456.010(1)) lists factors the court may consider when determining if a relationship was a dating relationship.

Harm covered:

- Sexual assault: conduct prohibited as any degree of rape, sodomy, or sexual abuse under KRS Chapter 510 or incest under KRS 530.020
- Stalking: conduct prohibited as “stalking” under KRS 508.
- “Dating violence and abuse” means physical injury, serious physical injury, stalking, sexual assault, or the infliction of fear of imminent physical injury, serious physical injury, sexual abuse, or assault occurring between persons who are or have been in a dating relationship (KRS 456.010(2)).

A few key things to know about DVO and IPO:

- Filing for protection is available 24/7. Forms are available at: <http://courts.ky.gov/resources/legalforms/LegalForms/27501.pdf>.
- There is no cost to file for a protective order.
- If the filing is completed, the case moves to a hearing within 14 days.
- A temporary protective order (either a temporary DVO or a temporary IPO) can remain in effect for up to six months.
- If a DVO or IPO is granted after a hearing, it can last up to three years.

- Temporary or long-term protective orders become active once the respondent (offender) is served. Being “served” means that they receive notice of the protective order which usually takes place through the sheriff’s office.
- A violation of a protective order is a criminal offense.
- Legal proceedings for a protective order and criminal charges are separate proceedings, but may exist at the same time. Each proceeding has a different goal, and one does not have to occur for the other one to take place.

Schools and universities should develop a policy to handle DVOs and IPOs within the school system. Additionally, any school that receives federal funding should be aware of possible Title IX, Clery Act, and Campus Sexual Violence Elimination Act requirements to address responsibilities regarding sexual assault, stalking, and intimate-partner violence.

The Kentucky Administrative Office of the Courts has created an informative guide which can be found at <http://courts.ky.gov/resources/publicationsresources/Publications/P123ProtectiveOrderBooklet.pdf>.

Contact KASAP for more information at (502)226-2704 or at kasap.org.

VICTIMS' RIGHTS

When sexual violence victims' rights are not protected, those 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 full protection of the rights of victims. Crime Victims' Rights laws were created specifically to establish "the minimum conduct of criminal justice professionals with respect to crime victims." For more 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 work includes giving victims information about their rights and how they can be protected; victims must act to claim their rights, verbally and in writing. Other professionals must help with enforcement efforts and develop new strategies when old ones fail. Only through these combined efforts will victims' rights ever be fully realized.

Crime Victims' Rights

The Kentucky Crime Victim Bill of Rights (KRS 421.500-575) and 18 U.S. Code § 3771 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 Victim Information and Notification Everyday (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
- Given 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 (i.e., attorneys) or special advocates appointed for all child victims when needed to represent the child's interest;
- Where a child is a victim or witness, the environment is modified through the use of small chairs, frequent breaks, and age appropriate language;
- Children expected to testify are prepared for the courtroom experience by the prosecuting attorney handling the case; and
- In appropriate cases, procedures are used to shield the child from visual contact with the abuser.

Other Fundamental Rights

- Right to privacy (i.e., refuse to discuss personal information or "remain silent") and make certain decisions. See U.S. Constitution 4th and 14th Amendments. See also the section of this Guide titled "Privacy and Confidentiality for Survivors of Sexual Violence".
- Right to intervene in legal proceedings where one's medical records may be used. For more 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 more information, see 502 KAR 20:020(4).
- Right to protection from further violence or intimidation. Funding for protection by law enforcement may be available through the Kentucky Victim & Witness Protection Program. For more information, see KRS 15.247 and 40 KAR 6:010; contact the Prosecutor's Advisory Council at (502)696-5500.

RIGHT TO PRIVACY

PRIVACY AND CONFIDENTIALITY FOR SURVIVORS OF SEXUAL VIOLENCE

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 disclosure of private information.

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

Fortunately, numerous federal and state laws have been developed to protect the privacy rights of survivors, as discussed below. However, most survivors are not familiar with these laws or how they can be used to protect privacy. This does not mean that survivors’ interests cannot be protected, but rather 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 survivors 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

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 survivors. Citing the 4th Amendment’s protection from unreasonable searches and seizures and the 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 for survivors 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.

Survivor Service Providers’ Records are Confidential

KRS 211.608 states that “[a]ll 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, KASAP programs are required to maintain strict confidentiality by state and federal regulations, as well as by state contract obligations. Similar provisions require confidentiality of records for domestic violence programs and children’s advocacy centers. For more information, see KRS 620.050 and 922 KAR 5:040.

Please note, however, that records held by survivor 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. For more information, see Kentucky Rules of Civil Procedure Rule 45.02 and Kentucky Rules of Criminal Procedure Rule 7.02.

Confidentiality: Privacy in Health Care Settings**PRIVACY IN
HEALTH CARE
SETTINGS*****HIPAA and Other Laws Protect Patients***

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 CFR Part 160 and Part 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.

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 HIPAA standard is the “minimum necessary to accomplish the intended purpose.”

HIPAA specifically allows compliance with state abuse reporting laws. Kentucky law requires reporting abuse of children and vulnerable adults. However, Kentucky law does not require reporting of all criminal acts. See also the section of this Guide titled “Responding To Disclosure of Sexual Violence”. Therefore, patient authorization is required before reporting sexual violence committed by someone other than a parent, guardian, caretaker, or other person exercising powers of care, custody, or control, or in cases of human trafficking.

The protocol for sexual assault forensic-medical examinations, set forth in 502 KAR 12:010, specifically requires medical personnel to contact a KASAP program advocate as part of the “Preforensic-Medical Examination Procedure.” Therefore, contacting a KASAP program 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 more information, see 45 CFR 164.512. Furthermore, health care facilities should release only the “minimum necessary” information and not the patient’s entire record.

Individuals (including patients) and health care providers may intervene in legal proceedings to limit the use of medical records in which they have interests. For more information, see KRS 422.315.

Confidentiality: Privacy in Public Records**PRIVACY IN
PUBLIC RECORDS*****Open Records Act Exceptions***

Pursuant to the Kentucky Open Records Act, “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 more 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 more 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 S.W. 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 the Open Records Act 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 the Open Records Act can be directed to the Office of the Kentucky Attorney General, Civil Law Division at (502) 696-5614 or <https://ag.ky.gov/om>.

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 survivors include, but are not limited to, legal "privileges". Legal privileges 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.

Legal Privileges Commonly Claimed by Victims

The legal privileges most frequently claimed by victims of sexual violence are the Counselor-Client Privilege (Kentucky Rule of Evidence (KRE) 506) and the Psychotherapist-Patient Privilege (KRE 507). Although there are differences between these two types of legal privilege, their common elements include the following:

- 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 a victim's 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 more information, see KRE 506(d).
- These privileges can be claimed by the victim, the victim's guardian, or the counselor/mental health care provider in the absence of the victim, but only on behalf of the victim. Professionals have legal duties to claim privileges on behalf of victims, unless the victim authorizes release of the records sought or until a court specifically orders that the privilege does not apply. For more information, see KRE 506(c).

As mentioned earlier in this section of the Guide, 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 findings from the Barroso, supra, case include the following:

- While a defendant’s constitutional rights generally prevail over a victim’s statutory rights, the defendant bears the burden of establishing that his/her/their constitutional rights will be violated if the statutory privilege is not overridden.
- A defendant’s constitutional due process rights are not violated where records regarding a victim/witness are not in the possession of a prosecuting attorney.
- A defendant’s right to compulsory process to gather privileged information about a victim/witness prevails only where the records contain evidence regarding the victim/witness’s ability to recall, comprehend, and accurately relate the subject matter of the testimony.
- In camera review of a victim/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 which is relevant and material to guilt or punishment and may include evidence that can be used to “impeach” or attack the credibility of a victim/witness).
- A victim/witness’s credibility is not in question merely because they are receiving or have received mental health services.
- A defendant’s constitutional rights can be fully protected by an in camera inspection of the records with only the trial judge present.

Waiver of Privilege: The Impact of Releasing Records

- If a victim voluntarily discloses or consents to disclosure of any significant part of their privileged information, the privilege may be “waived” (i.e., the victim may no longer be able to claim the privilege). For more information, see KRE 509.
- There is no waiver of a privilege if a victim/witness makes a disclosure without having the opportunity to claim a privilege or is erroneously compelled to disclose privileged communications (as in Barroso, supra). For more information, see KRE 510.
- There is no waiver of a privilege if the disclosure itself is privileged (i.e., made to another with whom the victim/witness has privilege, such as the victim/witness’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, voluntarily 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.” Kentucky Rules of Criminal Procedure Rule 7.24(1).

Kentucky’s Rape Shield Law (KRE 412) May Block Evidence Regarding Victim’s Past

In order to prevent the shift of focus from the defendant to the victim, the Kentucky Rules of Evidence (KRE) 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, that 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.

Action 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 release 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 more 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 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 Examination Program (SAEP). 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.

SAEP Pays for Basic Exams

The SAEP pays for basic medical/forensic sexual assault exams. For more information, see KRS 49 and KRS 216B.400(8). This fund is administered by the Kentucky Claims Commission (KCC). Payment is also available when the exam occurred in another state, so long as the crime occurred in Kentucky. SAEP payments are made directly to health care providers and exam facilities. The payment rate is determined by regulations promulgated by the KCC (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 more information, see 502 KAR 12.010(2)(7). 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.

Reimbursement of Additional Expenses: Crime Victims Compensation Fund

The Crime Victims Compensation Fund, administered by the KCC, is an additional fund established to minimize the financial impact of criminal acts on “innocent victims”. For more information, see KRS 49.260 and 802 KAR. Victims may apply for direct reimbursement of expenses related to the violence, including additional services discussed previously. Generally, a claim must be filed with the KCC within five years after the crime.

Before compensation is awarded, the KCC must:

- Conduct an independent investigation, with which the claimant must cooperate;
- Determine that the claimant was a victim, a dependent of a deceased victim, or other authorized person who was subjected to “criminally injurious conduct” (i.e., conduct that occurs or is attempted in Kentucky, poses a substantial threat of personal injury, psychological injury, or death, and is punishable by fine, imprisonment or death);
- Determine that the crime resulted in personal physical or psychological injury to, or death of, the victim;
- Determine the crime was reported to the proper authorities within 48 hours or that a delayed report was justified.

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 KCC determinations. All debt collection actions (by a creditor in its agent) against a victim/claimant for a debt or expense related to the claim (e.g., medical, counseling, or other services) must cease until the claim is finalized, if the victim/claimant provides notice of the claim to the creditor and consents

MINIMIZING FINANCIAL IMPACT

to the creditor confirming the claim with the KCC. Victims/claimants should also be informed of the right to appeal KCC denials.

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

- An emergency award during the claim process, deducted from the final award, not to exceed \$500;
- Out-of-pocket medical expenses or other services, including mental health counseling necessary as a result of the injury upon which the claim is based;
- Loss of earnings or financial support, up to \$150 a week;
- Replacement of glasses or corrective lenses if stolen, damaged, or destroyed during the crime;
- 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, KASAP programs, and prosecutors' offices or online at www.cvcb.ky.gov. KASAP program personnel can assist victims with the filing of a claim. For additional information, contact KASAP or the KCC-Crime Victims Compensation Office at (800)469-2120.

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).

APPENDIX 1: KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS



KASAP
KENTUCKY
ASSOCIATION
OF SEXUAL
ASSAULT
PROGRAMS

The Kentucky Association of Sexual Assault Programs, Inc. (KASAP) serves as the statewide coalition of Kentucky's 13 sexual assault programs. KASAP leads state efforts to end sexual violence by co-hosting an annual conference, offering technical assistance and training opportunities, and informing best-practices for services.

KASAP Services & Programs

ADVOCACY

KASAP provides consultation on all topics related to sexual violence, including but not limited to victim rights, policy, services to vulnerable populations, campus sexual assault, human trafficking, and the Prison Rape Elimination Act (PREA). We serve as a resource to a diverse range of professionals including state and local governments, advocates, sexual assault programs, law enforcement, health care staff, attorneys, and other community partners.

TRAINING

KASAP designs and provides training to community partners to better serve survivors. Annual trainings include:

- Annual Sexual Assault & Domestic Violence Conference
- Host a variety of workshops and continuing education opportunities for professionals working with survivors of sexual assault and domestic violence

SANE/SART Training

Provide training for Sexual Assault Nurse Examiners and Sexual Assault Response Teams, including law enforcement, court personnel, and advocates

PREVENTION

Provide training and technical support for agencies and educators to continue sexual violence prevention through the Green Dot bystander intervention strategy and the Shifting Boundaries middle school curriculum.

Services offered by Sexual Assault Programs in Kentucky

Sexual assault programs serve individuals who have been affected by sexual violence at any point in their lifetime, as well as their family members and friends.

- 24-hour crisis line 1-800-656-HOPE (4673)
- Counseling, support, and/or therapy services
- Accompaniment and advocacy in hospitals, law enforcement settings, and other legal settings
- Referrals to appropriate community resources
- Assistance with victim compensation claims
- Support comprehensive prevention methods to ensure future generations of Kentuckians will not experience sexual violence. Contact your local program to learn how you or your organization can join prevention efforts.

CONTACT
KASAP

Kentucky Association of Sexual Assault Programs (KASAP)

📍 P.O. Box 4028, Frankfort, KY 40604

🌐 www.kasap.org

✉ info@kasap.org

📞 502-226-2704

📞 1-866-375-2727

APPENDIX 2: KENTUCKY'S 13 SEXUAL ASSAULT CENTERS MAP



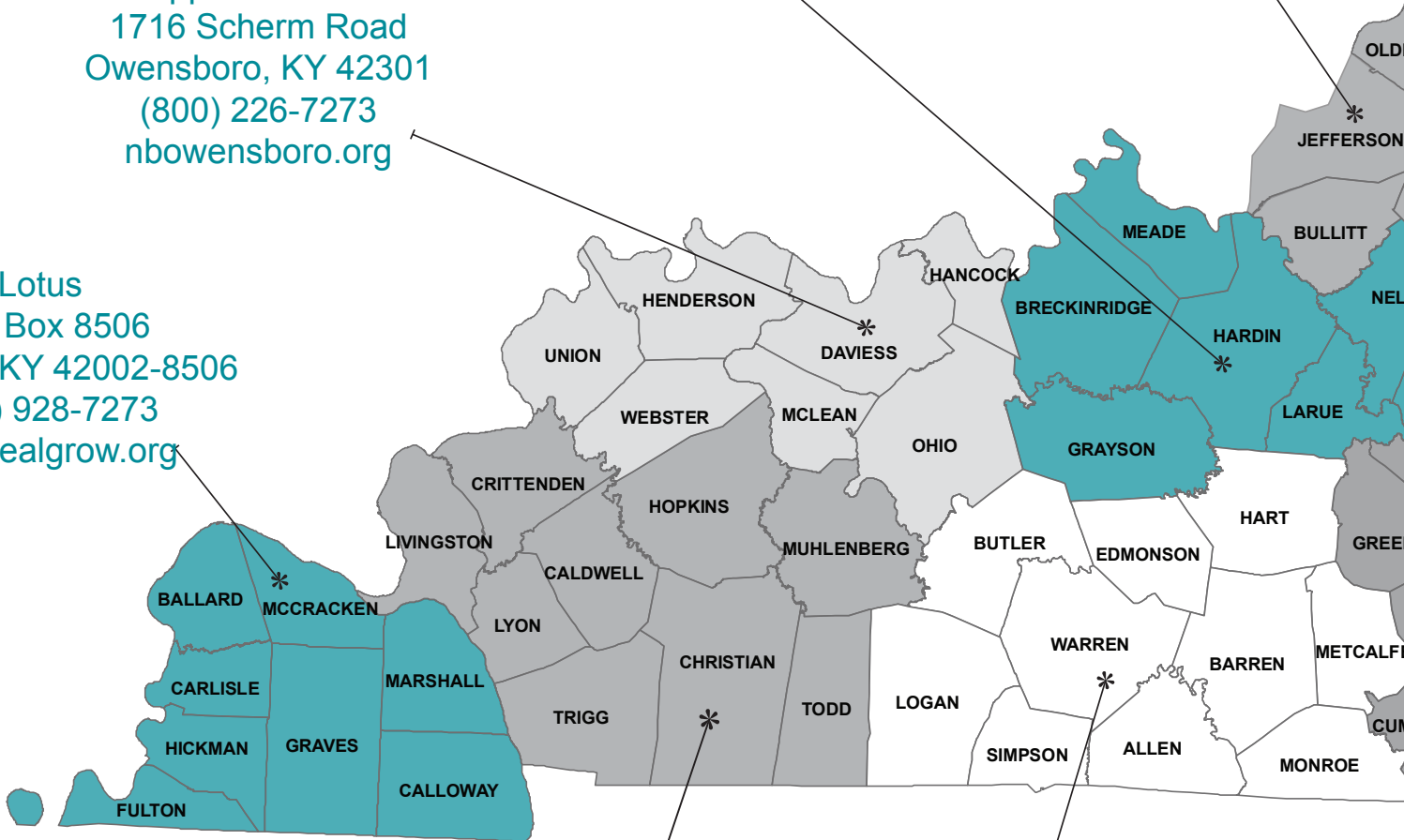
The Center for Women & Families

P.O. Box 2048
Louisville, KY 40201
(844) BE-SAFE-1
(844) 237-2331
thecenteronline.org

Silverleaf Sexual Trauma
Recovery Services
751 South Provident Way
Elizabethtown, KY 42701
(877) 672-2124
silverleafky.org

New Beginnings Sexual Assault
Support Services
1716 Scherm Road
Owensboro, KY 42301
(800) 226-7273
nbowensboro.org

Lotus
P.O. Box 8506
Paducah, KY 42002-8506
(800) 928-7273
hopehealgrow.org



Sanctuary, Inc.
P.O. Box 1165
Hopkinsville, KY 42241
(800) 766-0000
sanctuaryinc.net

Hope Harbor, Inc.
913 Broadway Ave
Bowling Green, KY 42101
(800) 656-HOPE (4673)
hopeharbor.net

Ampersand Sexual Violence
Resource Center of the Bluegrass
P.O. Box 1603, Lexington, KY 40588
(800) 656-HOPE (4673) | ampersandky.org

Women's Crisis Center
(Covington & Maysville)
111 East Third Street
Maysville, KY 41056
(800) 928-3335
wccy.org

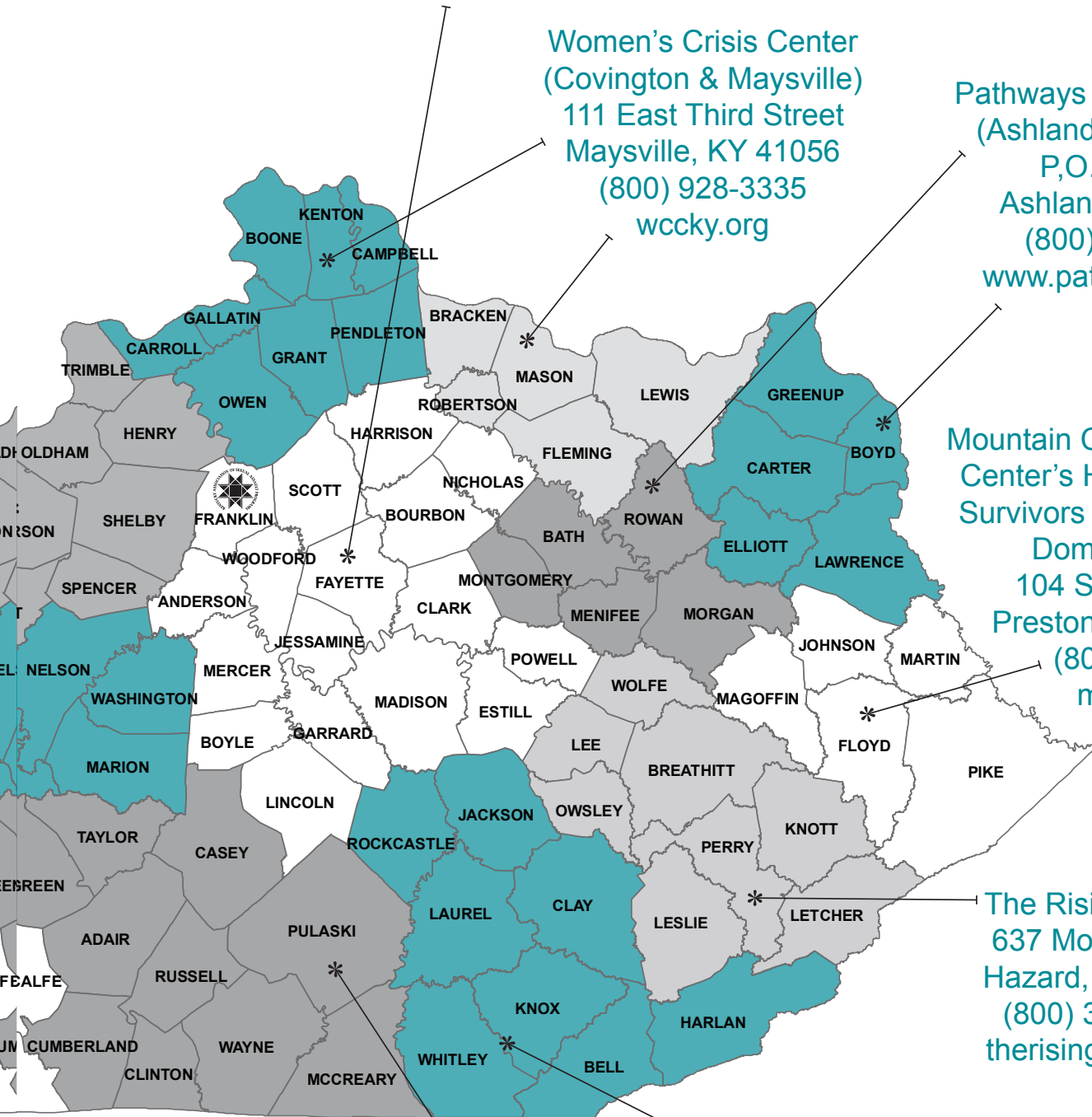
Pathways Victim Services
(Ashland & Morehead)
P.O. Box 790
Ashland, KY 41101
(800) 562-8909
www.pathways-ky.org

Mountain Comprehensive Care
Center's Healing Program for
Survivors of Sexual Assault &
Domestic Violence
104 South Front Ave.
Prestonsburg, KY 41653
(800) 422-1060
mtcomp.org

The Rising Center
637 Morton Blvd.
Hazard, KY 41701
(800) 375-7273
therisingcenter.org

Adanta Sexual Assault Resource
Center (ASARC)
259 Parkers Mill Road
Somerset, KY 42501
(800) 656-HOPE (4673)

Cumberland River Behavioral
Health Rape Victim Services
P.O. Box 568
Corbin, KY 40701
(800) 656-HOPE (4673)
crrvs.org



APPENDIX 3: RESOURCES RELATED TO SEXUAL VIOLENCE

Online Resources

General

- Kentucky Association of Sexual Assault Programs, Inc. | www.kasap.org
- University of Kentucky Center for Research on Violence Against Women | <https://www.uky.edu/crvaw/>
- National Sexual Violence Resource Center | www.nsvrc.org
- Rape, Abuse, and Incest National Network | <https://www.rainn.org/>
- National Electronic Network on Violence Against Women | www.vawnet.org
- Women's Justice Center (*substantial information in Spanish*) | www.justicewomen.com/help_special_rape.html
- Office for Victims of Crime | www.ojp.usdoj.gov/ovc
- Centers for Disease Control | www.cdc.gov/ncipc/factsheets/svfacts.htm

Law & Law Enforcement

- Kentucky General Assembly (Kentucky Laws) | <https://legislature.ky.gov/Pages/index.aspx>
- National Crime Victim Law Institute (NCVLI) | www.lclark.edu/org/ncvli/
- National Organization for Women | www.now.org
- National Crime Victim Bar Association | www.victimbar.org
- National Criminal Justice Reference Service (NCJRS) | www.ncjrs.org
- National Center for Women & Policing | <http://womenandpolicing.com/>
- Sexual Assault Training & Investigations (SATI) | www.mysati.com

Education, Awareness & Prevention

- Bystander Intervention: Campaigns and Programs
<http://www.nsvrc.org/bystander-intervention-campaigns-and-programs>
- Centers for Disease Control and Prevention
<http://www.cdc.gov/violenceprevention/sexualviolence/>
- Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence
http://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf
- Do's and Don'ts for Bystander Intervention for Historically Marginalized Communities
<https://www.afsc.org/resource/dos-and-donts-bystander-intervention>
- Green Dot, etc. | <https://www.livethegreendot.com/>
- How to intervene when you see street harassment: an illustrated guide
<http://www.vox.com/identities/2016/12/28/13799756/bystander-intervention-deescalation>
- Prevent Connect | <http://www.preventconnect.org/>
- Sexual Violence Prevention: Beginning the Dialogue
<http://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf>
- Stop SV: A Technical Package to Prevent Sexual Violence
<https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
- Men Can Stop Rape | www.mencanstoprape.org
- Stop it Now | www.stopitnow.org
- CALCASA (California Coalition Against Sexual Assault) | www.calcasa.org
- Pennsylvania Coalition Against Rape (PCAR) | www.pcar.org

Nurses & Other Medical Professionals

- SANE/SART (Sexual Assault Nurse Examiners/Sexual Assault Response Teams) | www.sane-sart.com
- Emergency Nurses Association | www.ena.org
- International Association of Forensic Nurses | www.iafn.org
- American College of Emergency Physicians | www.acep.org
- National Protocol for Sexual Assault Medical Forensic Examinations | www.ncjrs.gov/pdffiles1/ovw/206554.pdf
- Sexually Transmitted Treatment Guidelines | <https://www.cdc.gov/std/treatment/default.htm>
- Sexual Assault Forensic Examination Technical Assistance Project (SAFE-TA) | www.safeta.org

Additional Related Issues

- Sex Offender Registration: KY Sex Offender Registry, <http://kentuckystatepolice.org/sex-offender-registry/>
- Stalking: Stalking Resource Center, www.ncvc.org/src
- Human Trafficking | www.humantrafficking.org
- Child Abuse: Prevent Child Abuse Kentucky, www.pcaky.org
- Domestic Violence: Kentucky Coalition Against Domestic Violence, www.kcadv.org

APPENDIX 4: 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.

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) 209-5382 or visit <https://kcadv.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) 699-1191 or visit <https://cackentucky.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, and "Well Woman" Care. Contact the Cabinet for Health and Family Services at 1-800-372-2973 or visit <https://chfs.ky.gov/agencies/dph/dafm/Pages/lhd.aspx>.

Community Mental Health Centers

Provide services addressing mental health, developmental and intellectual disabilities, or 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://dbhdid.ky.gov/cmhc/default.aspx>.

Kentucky Psychological Association

Provides referrals for private clinical services and expert testimony in legal settings. Contact (502) 894-0777, 1-877-572-8255, or visit www.kpa.org.

Statewide Abuse Reporting Hotline

Accepts reports regarding both child and adult abuse 24-hours-a-day. Contact 1-877-KYSAFE1 (1-877-597-2331).

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 or call 1-800-843-5678.

Kentucky Association of Sexual Assault Programs

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.

Kentucky Coalition Against Domestic Violence

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) 209-5382 or visit <https://kcadv.org>.

Family Violence Prevention Resources Branch

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 KASAP programs and Children's Advocacy Centers. Visit <https://chfs.ky.gov/agencies/dCBS/dpp/fvpb/Pages/default.aspx>.

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 1-800-372-2551 or visit <https://ag.ky.gov/justice-for-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.

Kentucky Claims Commission

Administers Sexual Assault Examination Program and Crime Victims Compensation Fund. Contact (502) 573-2290, 1-800-469-2120, or visit <http://cvcb.ky.gov/Pages/default.aspx>.

Victim Identification & Notification Everyday

Automatically calls registered numbers about release or escape of particular offender(s). Call 1-800-511-1670 or visit <https://corrections.ky.gov/Victim-Services/Pages/VINE-Info.aspx> or download VINEMobile on an Android or Apple device.

Kentucky Offender OnLine Lookup System

Provides online information about incarcerated offenders. Visit <http://kool.corrections.ky.gov/>.

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/.

APPENDIX 5: REFERENCES

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