

# KENTUCKY ASSOCIATION OF SEXUAL ASSAULT PROGRAMS

## RESPONDING TO SEXUAL VIOLENCE:

A guide for  
professionals in the  
Commonwealth



# TABLE OF CONTENTS

1. Using This Guide .....	4
2. Getting to Know KASAP and Its Services .....	5
3. Understanding Sexual Violence .....	6
4. Key Facts About Sexual Violence .....	8
5. Choosing the Right Terminology .....	12
6. Understanding How Oppression Impacts Sexual Violence .....	13
7. How to Handle Disclosures of Sexual Violence .....	15
8. Responding to the Impact of Sexual Violence .....	18
9. Providing Trauma-Informed Care .....	21
10. Supporting Survivors at Any Age or Stage of Healing .....	23
11. Helping Family and Friends of Survivors .....	25
12. Recognizing and Addressing Victimization of People with Disabilities .....	27
13. Communicating Effectively with Survivors with Limited English Proficiency (LEP) .....	29
14. Helping Incarcerated Survivors .....	30
15. Addressing Human Trafficking .....	34
16. Minimizing the Financial Impact on Survivors .....	36
17. Preventing Violence Before It Starts .....	39
18. Meeting your Legal Obligations in Kentucky .....	43
19. Understanding the Criminal Legal Process .....	45
20. Fulfilling Mandatory Reporting Requirements .....	47
21. FAQ About Sexual Assault Examinations .....	50
22. Enhancing Team Responses to Sexual Violence .....	52
23. Protecting and Advocating for Victims' Rights .....	55
24. Identifying and Addressing Sexual Harassment .....	57
25. Navigating Title IX: Sexual Violence in Schools .....	60
26. Understanding Systems for Sex Offenders .....	63
27. References .....	66

## Introduction and Foundations

- ⇒ Using This Guide Effectively
- ⇒ Getting to Know KASAP and Its Services
- ⇒ Understanding Sexual Violence
- ⇒ Key Facts About Sexual Violence
- ⇒ Choosing the Right Terminology
- ⇒ Understanding How Oppression Impacts Sexual Violence

## Legal Responsibilities and Advocacy

- ⇒ Meeting Your Legal Obligations in Kentucky
- ⇒ Understanding the Criminal Legal Process
- ⇒ Fulfilling Mandatory Reporting Requirements
- ⇒ Frequently Asked Questions About Sexual Assault Examinations
- ⇒ Enhancing Team Responses to Sexual Violence
- ⇒ Protecting and Advocating for Victims' Rights
- ⇒ Identifying and Addressing Sexual Harassment
- ⇒ Navigating Title IX: Sexual Violence in Schools
- ⇒ Maintaining Confidentiality in Your Role
- ⇒ Understanding Systems for Sex Offenders

## Prevention

- ⇒ Preventing Violence Before It Starts

## Supporting Survivors

- ⇒ How to Handle Disclosures of Sexual Violence
- ⇒ Responding to the Impact of Sexual Violence
- ⇒ Providing Trauma-Informed Care
- ⇒ Supporting Survivors at Any Age or Stage
- ⇒ Helping Family and Friends Support Survivors
- ⇒ Recognizing and Addressing Victimization of People with Disabilities
- ⇒ Communicating Effectively with Survivors with Limited English Proficiency (LEP)
- ⇒ Helping Incarcerated Survivors
- ⇒ Addressing Human Trafficking
- ⇒ Minimizing the Financial Impact on Survivors



# 01

## USING THIS GUIDE

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. Since nearly 1 in 2 Kentucky women (45.8%) and 1 in 3 Kentucky men (30.2%) have experienced sexual violence (Smith et al., 2017), 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 containing practical and essential information and frequently asked questions about sexual violence.

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](http://www.kasap.org). For a map of local rape crisis centers, see the back page of this guide.



# 02

## GETTING TO KNOW KASAP AND ITS SERVICES

The Kentucky Association of Sexual Assault Programs (KASAP) is the coalition of Kentucky's 13 regional sexual assault centers, dedicated to providing free, confidential, 24/7 support services to survivors of sexual violence. As Kentucky's leading voice on sexual violence prevention and response, KASAP is committed to advocating for survivors, preventing violence, and creating safer communities. Our mission is to unify support for victims while addressing victimization and its root causes.

KASAP's programs serve survivors at every stage of their journey, whether they are processing recent trauma or dealing with the effects of past violence. Each of Kentucky's counties is served by a regional center staffed with highly trained professionals who offer compassionate care, crisis intervention, and ongoing support. Beyond direct services, KASAP collaborates with schools, healthcare providers, and the legal system to prevent violence before it begins. Since 2018, over 48,000 individuals have participated in prevention education initiatives, helping to challenge harmful beliefs and behaviors and promote safety.

Survivors and professionals can connect with Kentucky's rape crisis centers by visiting [KASAP.org](http://KASAP.org), where they will be directed to trained staff ready to provide support and resources. Together, we can create a future free from sexual violence.



# 03

## UNDERSTANDING SEXUAL VIOLENCE

Sexual violence is any type of sexual activity committed against someone without that person's freely given consent. Anytime a person is forced, coerced, or manipulated into unwanted or harmful sexual activity, they have experienced sexual violence. The activity can be verbal, visual, or any unwanted sexual contact or attention. The use of "sexual violence" here encompasses all forms of sexual abuse, assault, and harassment.

Consent is a freely-given expression of agreement by someone legally capable of consenting (i.e., 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. Consenting to some things does not imply consent for all things. Consenting at one time does not imply consent for any time. If you're not sure if someone has consented, check in.

Sexual violence takes many forms, including, but not limited to:

- Rape, including sex with an intoxicated or drugged person
- Intimate contact without consent such as child molestation
- Stalking
- Verbal coercion
- Harassment
- Sharing sexually explicit material without consent
- 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 done to 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 updates and resources.



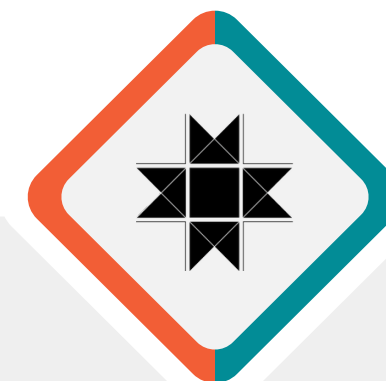


## 04

## KEY FACTS ABOUT SEXUAL VIOLENCE

### SEXUAL VIOLENCE IS SHOCKINGLY COMMON

- ⇒ **A person in the U.S. is sexually assaulted every 68 seconds** (RAINN, 2019).
- ⇒ **In the U.S., more than half of women (54.3%) and 1 in 3 men (30.7%) experience contact sexual violence during their lifetime** (Smith et al., 2017).
- ⇒ **In Kentucky, nearly 1 in 2 women (39.1%) and 1 in 5 men (18.3%) have experienced contact sexual violence at some point in their lives** (Smith et al., 2017).
- ⇒ Racial disparities exist in rates of women who will be raped during their lifetimes (National Alliance to End Sexual Violence, 2019):
  - 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 women
  - Native Americans are twice as likely to experience sexual assault compared to all races (Department of Justice, 2004).
  - 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 lifetime (Smith et al., 2017).
- ⇒ Nearly half (47%) of transgender people have been sexually assaulted at some point in their lifetime (James et al., 2016).
- ⇒ Approximately 13% of lesbian women and 46% of bisexual women have been raped in their lifetime (Smith et al., 2017).
- ⇒ 40% of gay men, 47% of bisexual men, and 21% of heterosexual men have been sexually assaulted in their lifetime (Smith et al., 2017).
- ⇒ People with disabilities are sexually assaulted at higher rates than the overall population (Smith et al., 2017).
  - 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.
- ⇒ 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 (Department of Justice, 2004).
- ⇒ **Most people know their perpetrator.** Kentucky female victims report their perpetrators were most often intimate partners (49%), family members (23.7%), and acquaintances (44.3%). Note: percentages may exceed 100% due to multiple perpetrators. Kentucky male victims report their perpetrators to be acquaintances 64.3% of the time (Smith et al., 2017).



***A person in the  
U.S. is sexually  
assaulted every  
68 seconds.***

***In the U.S., more  
than half of women  
and 1 in 3 men  
experience contact  
sexual violence  
during their lifetime.***

Perpetrators Target People with increased vulnerability

- ⇒ Most victims are under the age of 18 when rape was first attempted or completed against them–54% female and 71% male.
- ⇒ Children with mental or intellectual disabilities are nearly five times more likely than their non-disabled peers to be sexually assaulted.
- ⇒ School-aged immigrant girls are almost two times as likely as their non-immigrant peers to have been sexually assaulted in recurring incidents.
- ⇒ Many offenders target people who may be impaired by alcohol or drugs. An estimated one-half of sexual assault cases involve alcohol consumption.
- ⇒ Because of victim vulnerability, offenders rarely use traditional weapons such as guns or knives (estimated 11%). (Smith et al., 2017).

MOST SURVIVORS DO NOT SEEK  
IMMEDIATE PROFESSIONAL HELP

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

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% of rape survivors experience post-traumatic stress disorder (PTSD).
- ⇒ 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.
- ⇒ 26.1% of Kentucky 10th graders who reported sexual victimization have attempted suicide.
- ⇒ 80% of teenage girls suffer serious mental illness after sexual assault.
- ⇒ 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 pregnancies, endometriosis, pelvic inflammatory disease and poor overall health. (Smith et al., 2017)

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.
- ⇒ Including short-term medical care, mental health services, lost productivity, and pain and suffering, the cost per sexual assault is estimated at \$151,423.
- ⇒ A 2017 study found that “[t]he per-victim lifetime cost of rape” is \$122,461, not including pain and suffering.
- ⇒ 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. (Smith et al., 2017)





# 05

## CHOOSING THE RIGHT TERMINOLOGY

Throughout this Guide, the term “survivor” may be used to refer to the person who has experienced sexual abuse, assault, harassment, or other form of sexual harm. Advocates use this term 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. The terms “patient” or “client” may be more relevant for healthcare professionals and advocates. It is important to follow the lead of the person who has experienced sexual violence about their preference for 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. 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.

# 06

## UNDERSTANDING HOW OPPRESSION IMPACTS SEXUAL VIOLENCE

Many survivors of sexual violence encounter poor responses from the systems and people they interact with. Victim blaming, disbelief, shame, and/or minimization can be retraumatizing (Basile, Breiding, & Smith, 2016).

The CDC identifies a range of risk factors for sexual violence, such as childhood trauma, aggression, and family violence. However, these factors disproportionately affect marginalized groups due to additional barriers like systemic discrimination, implicit biases from service providers, distrust in the legal system, and cultural or language barriers (Centers for Disease Control and Prevention, 2022).

Sexual violence and oppression are deeply connected, and the impacts are particularly severe for marginalized communities, including racial and ethnic minorities, LGBTQ+ individuals, and people with disabilities (National Sexual Violence Resource Center, 2017).

In Kentucky, survivors of sexual violence often face challenges accessing justice and support, especially if they belong to marginalized groups. These challenges include limited access to resources in languages other than English, fear of discrimination (particularly for LGBTQ+ individuals and immigrants), and a lack of culturally relevant healing services. Many survivors are also afraid to report violence due to concerns about harming their community or family.

Privilege and oppression create a system that benefits some groups while hindering others. **Privilege** refers to unearned advantages granted to certain groups based on characteristics like race, gender, or socioeconomic status, which can provide easier access to resources and support. **Oppression**, on the other hand, occurs when prejudice and institutional power combine to marginalize certain groups, creating significant barriers to justice and healing.

For example, survivors from historically oppressed groups may face additional barriers, such as victim blaming, disbelief, or societal expectations that prevent them from accessing care. Men, who may hold privilege in many areas, still face cultural barriers when seeking support as survivors of sexual violence due to stereotypes about masculinity.

The Kentucky Association of Sexual Assault Programs (KASAP) believes that understanding the intersections of sexual violence and oppression is crucial for effectively supporting survivors. It is important to address both sexual violence and the broader societal issues of oppression.

To combat sexual violence, it is necessary to challenge and dismantle the systems of privilege and oppression that make it thrive. This means working to make Kentucky's systems more inclusive and culturally sensitive to the diverse needs of all survivors and advocating for change that addresses the systemic inequalities that disproportionately affect marginalized communities (Centers for Disease Control and Prevention, 2022).

Key Takeaways for Kentucky:

- ⇒ Survivors from marginalized groups face multiple barriers to justice and support.
- ⇒ Kentucky's systems must become more inclusive and culturally responsive.
- ⇒ Ending sexual violence requires addressing broader issues of oppression in all its forms.



07

HOW TO HANDLE  
DISCLOSURES OF  
SEXUAL VIOLENCE

When someone shares their experience of sexual violence, it's critical to offer a supportive response. This guide will help you identify signs of trauma, create a safe space for disclosures, and offer professional advice for handling these sensitive situations.

Behavioral Changes That May Suggest Sexual Assault or Abuse Disclosing sexual assault or abuse can feel unsafe or difficult for survivors, and some survivors may choose not to disclose what happened to them. However, if you notice changes in behavior, you might consider checking in with them and providing an opportunity to confide in you. It is important to respect the choice not to disclose, too. The following behavioral changes may indicate sexual violence or some other traumatic experience (National Sexual Violence Resource Center, 2020; RAINN, n.d.).

In Adults and Children:

	Fear of certain people or places		Trouble with school/work
	Changes in sleep or eating patterns		Difficulty relating to others
	Mood swings or withdrawal		Changes in sexual behavior



## In Children Specifically:

- ⇒ Clinginess or regressing to earlier behaviors
- ⇒ Inappropriate sexual behavior
- ⇒ Fear of the dark, bedwetting, or excessive masturbation
- ⇒ Cruelty to animals or fire-setting

## Creating a Safe Environment

Make sure the survivor feels safe and in control:

- ⇒ Listen without judgment. Use open-ended questions like, “Did something happen that hurt you?”
- ⇒ Respect privacy. Do not pressure them to share.
- ⇒ Stay calm and composed. This helps them feel safer and more comfortable.
- ⇒ Offer choices. Let them decide how they’d like to talk or be supported.

## What to Say

**When someone discloses sexual violence, immediately reassure them:**

- ⇒ “I believe you.”
- ⇒ “I’m glad you told me.”
- ⇒ “It wasn’t your fault.”
- ⇒ “I’m sorry it happened.”
- ⇒ “I will do my best to keep you safe.”

## Follow up with these questions:

- ⇒ “Do you feel safe?”
- ⇒ “Would you like medical care?”
- ⇒ “Do you want to speak with an advocate?”



## Medical Attention

Survivors may need medical care, regardless of when the violence occurred. They might need:

- ⇒ Treatment for injuries or emotional trauma
- ⇒ Testing for sexually transmitted infections
- ⇒ A forensic exam, which can be done up to 96 hours after the assault (and sometimes beyond). It is important to explain that they have control over this process (American College of Obstetricians and Gynecologists, 2020).

You can connect them to resources like KASAP (Kentucky Association of Sexual Assault Programs) for further support.

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 and confidential.

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

# 08

## RESPONDING TO THE IMPACT OF SEXUAL VIOLENCE

Exposure to trauma can affect how a person thinks, feels, behaves, and even how their body functions. Sexual assault can lead to both short- and long-term changes in emotional, cognitive, and physical responses, but each survivor reacts differently. Not all survivors will experience lasting symptoms or PTSD, though studies show 31% of female rape victims develop PTSD at some point (Kilpatrick et al., 2007; RAINN, n.d.).

Symptoms vary widely, and they can change in intensity over time. Because responses to trauma are unique, interventions need to be personalized. Best practices for treating trauma often focus on PTSD, but professionals should stay informed about effective methods like Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and Dialectical Behavior Therapy (DBT), which have been shown to help survivors of sexual trauma (American Psychological Association, 2017; National Institute of Mental Health, 2020).

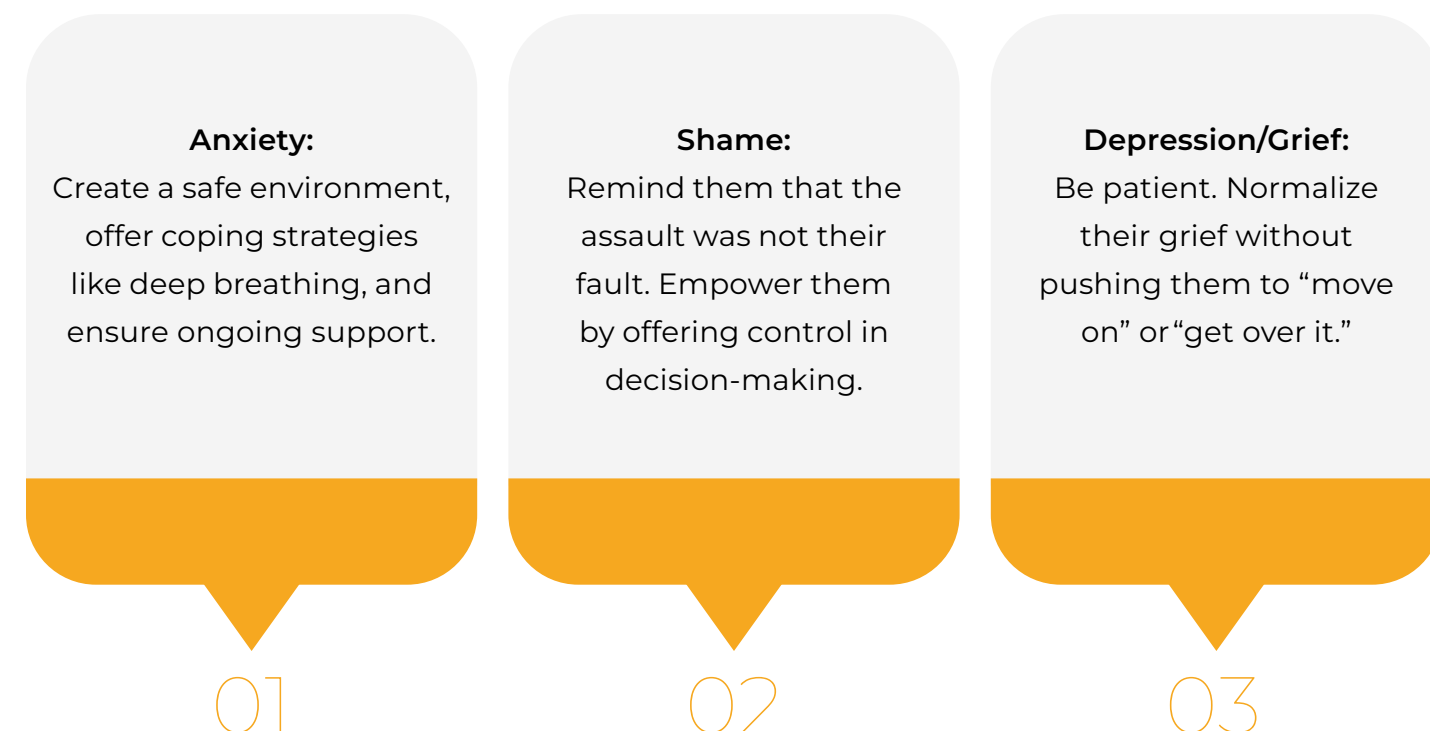
Professionals should know where to refer survivors for further support, such as KASAP programs or local licensed therapists.

### Common Emotional Responses to Sexual Violence

Survivors often experience:

- ⇒ Anxiety, guilt, depression, and anger
- ⇒ Shame or feelings of unworthiness

### How to Support:



### Common Behavioral Responses

Trauma can affect a person’s behavior:

- ⇒ Hypervigilance, sleep issues, or withdrawal
- ⇒ Self-harm, substance abuse, or changes in sexual behavior

### How to Support:

- ⇒ Validate their feelings and behaviors but help them find healthier coping strategies.
- ⇒ Work with them to create routines that promote stability (like better sleep or nutrition).

### Cognitive Responses

Survivors may experience confusion or irrational thoughts, such as:

- ⇒ Self-blame or difficulty trusting others



## How to Support:

- ⇒ Be patient, non-judgmental, and reassuring.
- ⇒ Avoid pushing them to “face reality” too soon.
- ⇒ Offer alternative perspectives to help shift negative thinking.



### Conclusion

The most important thing is to listen, believe, and provide support. Survivors are often facing intense emotional, physical, and psychological responses. Your role is to create a safe, non-judgmental space for them to process their experience and take steps toward healing.

# 09

## PROVIDING TRAUMA-INFORMED CARE

The Substance Abuse and Mental Health Services Administration (SAMHSA) has outlined core components for trauma-informed care, essential for both individual interventions and program development. These components are:

### Physical and Psychological Safety

**Trustworthiness and Transparency**

**Peer Support**

**Collaboration and Mutuality**

**Empowerment, Voice, and Choice**

**Cultural, Historical, and Gender Issues**

These components ensure that survivors feel safe, respected, informed, and empowered in their healing process. They also recognize the role that culture, history, and trauma play in shaping the survivor’s response and access to resources (SAMHSA, 2014).

## Physical and Psychological Safety:

Physical safety should be prioritized, both immediately after trauma and in ongoing care. Fear may arise in situations like court proceedings or contact with the abuser. Psychological safety must also be considered, acknowledging a survivor's emotional triggers and creating a supportive environment. This could include mindfulness techniques or ensuring a safe, stable setting for therapy sessions.

## Trustworthiness and Transparency:

Sexual assault can disrupt a survivor's trust in themselves and others. Professionals must build trust by being open and transparent, sharing all relevant information, and allowing the survivor to make informed choices. It's important to be honest about uncertainties and avoid oversharing personal trauma history, unless carefully considered.

## Peer Support:

Peer support can help some survivors by connecting them with others who have experienced similar trauma. However, it's vital to be cautious of retraumatization and focus on recovery, not specific trauma details. Professionals should ensure that any peer interactions are constructive and sensitive to the survivor's needs.

## Collaboration and Mutuality:

Collaboration between professionals and agencies provides a safety net for the survivor and helps rebuild trust. Survivors should be fully informed about the risks and benefits of sharing information, especially with others involved in their care. Professionals should always respect the survivor's wishes about who is involved in their recovery process.

## Empowerment, Voice, and Choice:

Survivors often feel powerless after trauma, and rebuilding their sense of control is key to healing. Giving survivors choices in seemingly small matters such as where to sit or when to meet helps restore their autonomy. It's important to create opportunities for them to voice their needs and make informed decisions, including decisions about social media and public disclosures.

## Cultural, Historical, and Gender Issues:

Cultural context and history play a significant role in the survivor's response to trauma. Gender roles, societal views on sexuality, and historical oppression can shape how a survivor experiences and understands their trauma. Professionals must be aware of their own biases and work to support the survivor in navigating these complex dynamics.

**For more information on trauma-informed care, you can refer to SAMHSA's resources on the topic (SAMHSA, 2014).**

# 10 SUPPORTING SURVIVORS AT ANY AGE OR STAGE OF HEALING

People cope with trauma in unique ways, depending on their personal history, cultural background, values, and the resources available to them. Survivors may display behaviors that seem self-destructive or problematic, but these are often the best coping mechanisms they have at the time. Coping is also influenced by their interactions with others, including the professionals they encounter after the trauma. It's crucial to remember that survivors are individuals from all walks of life - whether they are parents, spouses, children, or colleagues - and they need to be treated with respect and understanding.

Providing survivors with accurate, relevant, and understandable information can help them better understand their emotional, cognitive, and behavioral responses to trauma. It's important to remind them that there is no "right" way to react to trauma, and all reactions can be considered valid responses to extraordinary events. Survivors will have strengths to help them cope, as well as vulnerabilities to manage. Professionals can assist by helping them identify and build on their strengths while recognizing and managing their challenges.

## Demonstrating Respect:

- ⇒ Stay nonjudgmental and treat the survivor as a person first, not just as a case.
- ⇒ Give the survivor control over small decisions, like which chair to sit in or when their appointments are.
- ⇒ Acknowledge that the survivor has a life beyond the trauma.
- ⇒ Regularly check in with the survivor to see how they're doing and if they need a break.



## Prioritizing Safety:

- ⇒ Address the survivor's physical, emotional, and psychological safety needs.
- ⇒ Offer choices to increase their safety, but don't make decisions for them.
- ⇒ Ask if they feel safe and if there's anything that would help them feel more secure.
- ⇒ Explain processes, such as interviews or examinations, beforehand.

## Listening Actively:

- ⇒ Be fully focused and minimize distractions when listening to the survivor.
- ⇒ Gently clarify what is said and ask follow-up questions to ensure understanding.

## Supporting and Encouraging:

- ⇒ Maintain a nonjudgmental attitude to help the survivor regain power and control.
- ⇒ Help the survivor identify their strengths, which are vital for healing.
- ⇒ Remind them that healing is possible.

## Minimizing Retraumatization:

Triggers are sensory reminders of the trauma that can cause survivors to feel overwhelmed or as if they are reliving the event. It's important to educate survivors about triggers and support them in regaining control.

- ⇒ Avoid overwhelming the survivor with too much information at once.
- ⇒ Be mindful of physical boundaries and do not initiate physical contact unless clearly welcomed.
- ⇒ Educate survivors about triggers and help them manage their responses.

## Self-Awareness and Self-Care:

- ⇒ Discuss your feelings with colleagues or supervisors to prevent secondary stress from affecting your work.
- ⇒ Take care of yourself to be most effective in helping others.

By following these principles, you can support survivors in their healing process, helping them regain control and safety while respecting their individuality (National Sexual Violence Resource Center, 2020).

# 11

## HELPING FAMILY AND FRIENDS OF SURVIVORS

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*

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.

Family and friends often feel anger, confusion, and insecurity about how to support a survivor. They may question if the assault could have been prevented, but avoid asking directly. Some feel guilty or responsible, while others may become overprotective or frustrated if the survivor isn't "getting better" quickly. Feelings of embarrassment or shame can also arise, especially around keeping the assault a secret or fearing others' judgment. These feelings are normal, but it's important to address them so family and friends can offer meaningful support.



## How Family and Friends Can Help

Family and friends play a crucial role in supporting survivors, but it's important to avoid pity. They can be most helpful by:

- ⇒ Listening when the survivor is ready to talk, but not pushing them.
- ⇒ Believing and accepting the survivor's experience without judgment.
- ⇒ Reassuring the survivor that their reactions to trauma are valid.
- ⇒ Recognizing and understanding common trauma responses.
- ⇒ Giving the survivor control over decisions, both big and small.
- ⇒ Supporting the survivor's choices regarding reporting the assault.
- ⇒ Remembering the survivor is more than just the trauma; engage with them in all their roles.
- ⇒ Encouraging safe coping strategies and challenging harmful behaviors.
- ⇒ Practicing self-care and seeking professional support for secondary trauma.

By offering understanding and support, family and friends can help survivors navigate their healing process (Silman, adapted).



# 12

## RECOGNIZING AND ADDRESSING VICTIMIZATION OF PEOPLE WITH DISABILITIES

People with disabilities are at higher risk for sexual assault and abuse. This includes individuals with visible and hidden disabilities such as mental illness or cognitive disorders, who may face unique barriers to seeking help. Many factors increase their vulnerability, such as dependence on others, isolation, fear of losing services, or difficulty communicating.

**Why People with Disabilities Are Targeted:** Abusers may see them as more vulnerable, believing they are less able to resist, report, or escape. They might also exploit the survivor's fear of not being believed or of retaliation.

### Key Facts:

- ⇒ People with disabilities are over three times more likely to experience sexual assault than those without disabilities (Bureau of Justice Statistics [BJS], 2019).
- ⇒ Abuse may include withholding essential items like medication or mobility aids, further compromising the individual's wellbeing (RAINN, n.d.).



## How to Communicate with Survivors with Disabilities:

- ⇒ Speak directly to the person, not their companion.
- ⇒ Offer assistance, but only when the person accepts.
- ⇒ Respect all assistive devices as personal property.
- ⇒ Be patient when speaking with someone who has difficulty communicating.
- ⇒ Avoid using condescending language or making assumptions.

## After Sexual Victimization:

- ⇒ Do not assume a person with a disability cannot understand or remember the assault.
- ⇒ Use simple language and allow the survivor to express themselves in their own way.
- ⇒ Be supportive and ensure they know you believe them (NSVRC, n.d.).

For more information, resources like the Kentucky Office of the ADA and Kentucky Protection and Advocacy can be helpful.

## 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 ZeroV at [zerov.org](http://zerov.org)

## Related Resources

Kentucky Office of the Americans with Disabilities Act

Kentucky Protection and Advocacy, [www.kypa.net](http://www.kypa.net) Message line and TTY: 1-800-372-2988

# 13

## COMMUNICATING EFFECTIVELY WITH SURVIVORS WITH LIMITED ENGLISH PROFICIENCY (LEP)

Professionals must prioritize language accessibility and cultural sensitivity when working with survivors. When a survivor or their family has difficulty with English, they are considered to have Limited English Proficiency (LEP) and are entitled to free interpretation services under Title VI of the Civil Rights Act (U.S. Department of Justice, n.d.). LEP individuals must have “meaningful access” to services provided by agencies receiving federal funds, including law enforcement, healthcare, and social services (U.S. Department of Health & Human Services, 2020).

It’s essential to use a competent, trained interpreter, especially for sensitive matters like sexual assault, child abuse, and domestic violence. Friends or family members should never be used as interpreters due to the need for accurate and unbiased communication.

### Key considerations when working with interpreters include:

- ⇒ Briefing the interpreter on expectations and sensitive topics before meeting the survivor.
- ⇒ Positioning the interpreter behind the survivor to keep the focus on the survivor, unless Sign Language is used.
- ⇒ Using short sentences and avoiding jargon and taking breaks to help the interpreter maintain accuracy.

These steps ensure that the survivor’s voice is accurately conveyed, and that trust is built for effective communication.

## 14

# HELPING INCARCERATED SURVIVORS

The Prison Rape Elimination Act (PREA), established in 2003, mandates practices to detect, prevent, and respond to sexual assault in detention facilities. It emphasizes collaboration between corrections staff and community advocates, including the Kentucky Association of Sexual Assault Programs (KASAP), which provides services such as crisis lines, hospital advocacy, and counseling for incarcerated survivors.

Sexual Assault in Detention involves both staff-on-inmate and inmate-on-inmate assault. Inmate-on-inmate sexual assault involves non-consensual acts like penetration or coercion, while staff-on-inmate assault includes any sexual interaction with someone under the supervision of corrections staff, which is always considered non-consensual due to the power imbalance (U.S. Department of Justice, 2020).

## Responding to Disclosure of Sexual Assault in Detention

**Survivors may fear retaliation or disbelief, but professionals must offer:**

- ⇒ Support, resources, and reassurance that the survivor is not alone.
- ⇒ Nonjudgmental responses and affirmations that it is not their fault.
- ⇒ Assistance in creating a safety plan to protect their well-being (Just Detention International, n.d.).

## 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 (National PREA Resource Center, 2020).

### *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

Survivors can benefit from techniques like:

- ⇒ Deep breathing, meditation, and grounding.
- ⇒ Creative activities like writing or drawing.
- ⇒ Involvement in faith-based or prison programs.



## Key Rights and FAQs

Incarcerated survivors retain rights to services and control over their case. They can access rape crisis services and have confidentiality in communications, except under mandatory reporting laws. The PREA hotline allows anonymous reporting, and advocates assist survivors regardless of their reason for incarceration.

For more information on PREA resources and reporting, visit:

01.	Just Detention International
02.	PREA Resource Center
03.	End to Silence

## Frequently Asked Questions About Sexual Assault in Detention:

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

- ⇒ Yes, KASAP provides services to incarcerated survivors, regardless of the reason for their incarceration.

Are sexual assault advocacy services confidential?

- ⇒ Yes, communications with rape crisis advocates are confidential, except for cases under mandatory reporting laws (e.g., child or vulnerable adult abuse, threats of harm).

Can professionals or individuals report on an inmate's behalf?

- ⇒ Professionals can report on an inmate's behalf, but it's recommended that survivors report themselves via the PREA hotline for confidentiality and control over the details shared. Advocates must get permission before making a report.

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

- ⇒ Calls are answered by the Office of Investigation (OI) within the Kentucky Justice and Public Safety Cabinet. The OI investigates independently in juvenile facilities and forwards adult cases to facility investigators. The hotline is 24/7, with messages checked regularly.

How does an incarcerated survivor access services?

- ⇒ Survivors can call the rape crisis hotline during phone privileges, have an advocate dispatched if they go to the hospital for an exam, or arrange counseling through their case manager or PREA coordinator.

Do Memoranda of Understanding (MOU) with KDOC and KDJJ cover assaults before detention?

- ⇒ Yes, services are available for assaults that occurred before or during incarceration.

How can an incarcerated survivor report a PREA violation?

- ⇒ Survivors can report via the PREA Hotline, internally through staff, or anonymously in writing. Third parties can also report.
  - KDOC Hotline: 1-833-362-7732
  - KDJJ Hotline: 1-800-890-6854

# 15

## ADDRESSING HUMAN TRAFFICKING

### Human Trafficking

Human trafficking is the exploitation of individuals through fraud, force, or coercion for labor or commercial sex. It deprives people of their freedom and choices. In Kentucky, the Human Trafficking Victims Rights Act (HTVRA) provides a “safe harbor” for minors, ensuring they are not prosecuted for prostitution but instead receive services for recovery. Trafficking victims can expunge records for non-violent offenses committed due to trafficking (Kentucky Office of the Attorney General, 2020).

### What is Sex Trafficking?

Sex trafficking involves inducing someone to engage in commercial sex through coercion or fraud, often occurring in settings like massage parlors, brothels, or via online services. Victims can be manipulated with false promises, then controlled through violence, threats, or debt bondage. Victims may be U.S. minors, foreign-born adults, or individuals from vulnerable groups, such as runaway youth or those lacking legal status (National Human Trafficking Hotline, 2020).

### Recognizing the Signs of Human Trafficking

Vulnerable groups at higher risk for trafficking include youth in child welfare systems, migrant workers, LGBTQ+ individuals, and people with disabilities. Key red flags include:

- ⇒ Being unable to move freely
- ⇒ Poor health, signs of abuse, or malnutrition

- ⇒ Controlled personal documents or finances
- ⇒ Tattoos indicating ownership by a trafficker
- ⇒ Lack of self-advocacy (third-party involvement in communication) (U.S. Department of State, 2020)

### Dispelling Myths – The Facts:

- ⇒ Trafficking occurs in both urban and rural areas, affecting both U.S. citizens and foreign nationals.
- ⇒ Both men and boys are trafficked, with boys comprising a significant portion of commercially exploited children.
- ⇒ Human trafficking is a crime against the person, not a border issue; movement is not required.
- ⇒ Victims often hide their circumstances due to fear, manipulation, or trauma-bonding.
- ⇒ Trafficking does not require physical abuse, as psychological coercion and threats are sufficient.

### Resources and Technical Assistance

- ⇒ **The Coterie:** [Website](#)

### Catholic Charities of Louisville Immigration Legal Services: Website

- ⇒ **Kentucky Equal Justice Center:** [Website](#)

### Coalition to Abolish Slavery and Trafficking: Website

- ⇒ **Human Trafficking Pro Bono Legal Center:** [Website](#)
- ⇒ **Kentucky Office of the Attorney General:** [Website](#)



# 16

## MINIMIZING THE 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 health care facilities are reimbursed for these services at the Medicaid reimbursement rate determined by the Division of Medicaid Services on the date of filing. The SAEP covers medical treatment provided when a survivor seeks medical care for a sexual assault, whether or not evidence is collected. It includes an assessment and treatment for injuries, and other medical tests or services related to the assault that occur on the same day as the exam, including triage and ambulance services. It also covers screening and prophylactic treatment for HIV and other sexually transmitted infections, and strangulation assessments.

While Kentucky law prohibits health care providers from billing victims for the basic exam, victims can sometimes be billed for additional medical services that are not directly related

to the assault. For more information, see 502 KAR 12.010(2)(5). 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 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](http://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).

# 17

## PREVENTING VIOLENCE BEFORE IT STARTS

Primary prevention means stopping violence before it happens. Prevention requires understanding the factors that put people at risk of or protect people from experiencing violence. Public-health frameworks like the social-ecological model (SEM) help us better understand the root causes of violence and the impact of potential prevention strategies (CDC, 2020). This model considers the complex interplay between individual, relationship, community, and societal factors in increasing or decreasing the risk of violence. Prevention is most effective when it addresses multiple levels of the SEM at the same time.

**Individual:** This level includes the beliefs, behaviors, and experiences that may increase the likelihood of experiencing or perpetrating 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:** This level focuses on personal close relationships and interactions with peers, partners, and family members who may influence behavior and shape 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:** This level identifies characteristics of local settings—such as schools, workplaces, and neighborhoods—associated with an increased risk of violence. Prevention strategies at this level impact the social, economic, and physical conditions that may contribute to violence. Examples include creating safe spaces, improving housing conditions, and increasing employment opportunities.



**Societal:** This 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. Prevention strategies at this level include changing harmful narratives, offering economic support to families, and supporting equitable education in all stages of life (Taylor et al., 2011).

## PREVENTION IN KENTUCKY

KASAP has been supporting high-quality, evidence-based prevention programming since 2010. Our goal is to create healthy and thriving Kentucky communities, free from sexual violence. KASAP has three ongoing prevention initiatives: the It's My Space program in middle schools, the Green Dot program in high schools and communities, and community-level prevention strategies in all implementation sites.

We work with all ages and sectors because everyone needs to be engaged to create a violence-free future.

KASAP's prevention programs are implemented by highly trained Prevention Educators who work at one of Kentucky's 13 rape crisis centers. Prevention Educators are experts in prevention education who build partnerships with local school and community stakeholders to ensure effective program delivery.

### It's My Space

It's My Space is a Kentucky-specific adaptation of an evidence-based middle school primary prevention program that teaches students about personal boundaries. The program includes four classroom sessions where students participate in engaging activities and discussion to deepen their understanding of personal boundaries.

Students also complete a school hotspot mapping activity where they identify the spaces in the school where they feel safe, unsafe, or in-between. Prevention Educators use this information to work with school administrators to make changes to the school environment to keep students safe.

Learning objectives Students will be able to...

- ⇒ Define their own personal boundaries
- ⇒ Communicate their personal boundaries

- ⇒ Recognize signs of someone's boundary being crossed
- ⇒ Understand the importance of respecting people's boundaries

### How we know it works

Research on the program It's My Space was adapted from showed reductions of...

- ⇒ 26% for sexual harassment
- ⇒ 50% for physical and sexual dating violence
- ⇒ 32% for peer sexual violence (Taylor et al., 2011)

### Green Dot

Green Dot is an evidence-based primary prevention program designed to teach participants safe ways to intervene in situations of bullying, dating/domestic violence, sexual harassment and assault, and child abuse.

The program includes two components: the Overview Speech and the Bystander Training. The Overview Speech is a 45-minute high-level training delivered to all students in a school or all members of a community. The Bystander Training is a 5-hour intensive training with identified Popular Opinion Leaders (POLs) in a school or community. To reach optimal effectiveness, 15% of a population must complete the Bystander Training.

Learning objectives Participants will be able to...

- ⇒ Recognize potentially harmful situations
- ⇒ Understand the importance of intervening
- ⇒ Know any barriers they may have to intervening
- ⇒ Identify creative ways to intervene, even with their barriers
- ⇒ Set new school/community norms: violence is not okay and everyone is expected to do their part

### How we know it works

Research from the university of Kentucky showed a 21% reduction in perpetration of sexual violence and a 30% reduction in the perpetration of dating violence in high schools where Green Dot was implemented (Coker et al., 2017).

## Community-Level Projects

Community-level prevention is a public health concept that looks at how the environment where our social interactions take place can impact the way people behave. This can be either the physical environment (spaces) or social norms. By creating safer spaces in schools and communities and changing school or community norms to support bystander intervention, we can deepen the prevention work we are already doing. The two evidence-informed community-level prevention strategies in Kentucky are environmental change and social norms change. KASAP plans to implement one of these strategies in all It's My Space middle schools and most Green Dot high schools and communities.

### *Environmental Change*

A process of data collection that identifies where in a place people feel safe and unsafe. That data is used to make changes to the physical environment to make unsafe areas ("hotspots") safer.

### *Social Norms Change*

Motivating individuals and groups to adopt social norms that result in positive health and wellbeing by correcting misperceptions about social norms that lead to harmful attitudes, beliefs, and/or behaviors.

## ECONOMIC IMPACT OF PREVENTION

Sexual and intimate partner violence are a serious and costly public health problems in Kentucky. Beyond the direct short- and long-term harms to victims, sexual and intimate partner violence result in substantial economic cost. Due to health care needs, criminal justice response, lost productivity, and other costs over a victim's lifetime, rape results in more than \$122,000 in costs per victim and intimate partner violence results in more than \$103,767 in costs per female victim. The estimated population lifetime economic burden of sexual and intimate partner violence in Kentucky is over \$211 billion.

Investing in prevention saves money and, more importantly, improves health and lives. While keeping our kids and community members safe is a moral imperative, it also has substantial economic benefit. Given the effectiveness of KASAP's prevention programming, we estimate that every year our prevention educators avert more than \$118 million in lifetime costs of sexual and intimate partner violence (Peterson et al., 2017, 2018).

# 18

## MEETING YOUR LEGAL OBLIGATIONS IN KENTUCKY

### Legal Requirements for Professionals (KRS 209A)

In 2017, Kentucky law began requiring certain professionals to provide domestic and dating violence survivors with information and resources, aiming to identify victims, connect them to services, and offer protective or therapeutic services (KRS 209A).

### Who Must Comply?

Covered professionals include:

- ⇒ Medical professionals (physicians, nurses, medical interns/residents, EMTs, etc.)
- ⇒ Mental health professionals and victim advocates
- ⇒ Teachers and school personnel
- ⇒ Childcare staff
- ⇒ Ministers and ordained clergy

### When is Action Required?

Action is required when a professional has reasonable cause to believe someone they've interacted with has experienced domestic or dating violence (KRS 209A).



## Definition of Domestic or Dating Violence

Acts between current/former spouses, shared child caregivers, cohabitants, or dating partners, including:

- ⇒ Physical injury or assault
- ⇒ Stalking or sexual abuse
- ⇒ Fear of imminent harm (KRS 209A)

## Required Resources to Provide

- ⇒ Educational materials on domestic and dating violence
- ⇒ Referral information for regional domestic violence programs or rape crisis centers
- ⇒ Guidance on protective orders (KRS 209A)

## Where to Access These Required Resources

Visit [zerov.org](https://www.zerov.org) or contact your local domestic violence center (Kentucky Attorney General's Office, 2023).

## Should You Contact Law Enforcement? ONLY IF:

- ⇒ The victim consents to contacting the police, OR
- ⇒ The victim's death is believed to be related to domestic or dating violence (KRS 209A).

### Note:

This law does not alter mandatory reporting requirements for child or vulnerable adult abuse. See the section in this Guide titled, "Fulfilling Mandatory Reporting Requirements," or refer to KRS 600 and 620 (Kentucky Attorney General's Office, 2023).

# 19

## UNDERSTANDING THE CRIMINAL LEGAL PROCESS

In cases of sexual violence that result in a criminal charge(s), legal processes can be confusing and overwhelming for the victim. Therefore, it is important for all involved to have a basic understanding of the legal system.

## Kentucky Civil Protective Orders: DVOs and IPOs

Kentucky law (KRS 403, 456) allows victims of sexual assault to seek protective orders:

### Domestic Violence Orders (DVOs)

- ⇒ **Who is Covered?** Family members, former/current spouses, and unmarried couples with shared children or cohabitation history (KRS 403).
- ⇒ **What is Covered?** Physical injury, assault, stalking, sexual abuse, or fear of harm (KRS 403).

### Interpersonal Protective Orders (IPOs)

- ⇒ **Who is Covered?** Victims of sexual assault, stalking, or dating violence (KRS 456).
- ⇒ **What is Covered?** Sexual assault, stalking, or dating violence as defined in KRS 456.010 (KRS 456).

## Key Details:

- ⇒ Filing is free and available 24/7 (Kentucky Administrative Office of the Courts, 2023).
- ⇒ A hearing is held within 14 days after filing (Kentucky Administrative Office of the Courts, 2023).
- ⇒ Temporary orders last up to six months; final orders can last up to three years (KRS 456).
- ⇒ Violation of a protective order is a criminal offense (KRS 456).

Schools and universities must have policies to handle protective orders and meet Title IX, Clery Act, and Campus Sexual Violence Elimination Act requirements. Additional resources are available from the Kentucky Administrative Office of the Courts or KASAP (Kentucky Administrative Office of the Courts, 2023).

The Kentucky Administrative Office of the Courts has created an informative Protective Order guide which can be found on their website as a PDF.



# 20

## FULFILLING MANDATORY REPORTING REQUIREMENTS

### When is Reporting Required?

Anyone must report if there is reasonable cause to believe:

- ⇒ A child is abused or neglected (KRS 600.020).
- ⇒ An adult with a disability is being abused (KRS 209.020) (Kentucky State Police, 2023).

### Child Abuse

Includes physical/sexual harm or neglect caused by a parent, guardian, or someone in authority. Report to local law enforcement, the Kentucky State Police, or the Cabinet for Health & Family Services (CHFS) at 1-877-KYSAFE1

### Adult Abuse

Involves vulnerable adults unable to care for their basic needs due to physical/cognitive disabilities. Report to CHFS at 1-877-597-2331

## 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 (Kentucky State Police, 2023).

- ⇒ Reports must be made immediately.
- ⇒ You should not investigate prior to making a report.
- ⇒ Your duty to report overrides most professional privileges (except attorney-client or clergy-penitent relationships).
- ⇒ 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).

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 before reporting to comply with HIPAA. For more information, see 45 CFR 164.512(c) (U.S. Department of Health & Human Services, 2023).

## 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 (U.S. Department of Health & Human Services, 2023).

- ⇒ 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 (U.S. Department of Health & Human Services, 2023).

## Privacy Concerns

- ⇒ Do not release information to law enforcement unless:
  - The victim consents in writing.
  - A court order mandates it.
  - State law requires it.

Refer to KRS 600, 620, and 209 for child and adult abuse reporting requirements. For guidance, contact the CHFS Ombudsman at 1-800-372-2973.



# 21

## FAQ ABOUT SEXUAL ASSAULT EXAMINATIONS

### What is a Sexual Assault Examination?

A sexual assault examination (also known as a Sexual Assault Forensic Exam or SAFE) is a medical procedure performed to address the health needs of sexual assault victims and collect forensic evidence. It involves:

- ⇒ Assessing and treating injuries, potential pregnancy, and sexually transmitted infections (STIs).
- ⇒ Collecting evidence to support legal investigations, if the victim consents.
- ⇒ Providing information about follow-up care, referrals, and victim compensation.

Victims have the right to decide which parts of the examination to undergo and whether to report the assault to law enforcement (Kentucky Revised Statutes [KRS] 49, n.d.; KRS 532.032, n.d.).

### What care is available for victims of sexual violence?

Victims seeking care within 96 hours of an assault at a hospital can:

- ⇒ Receive a medical exam: Includes treatment for injuries, STI prevention, and pregnancy risk management.
- ⇒ Undergo a SAFE: Combines medical care with forensic evidence collection using a Kentucky State Police Sexual Assault Evidence Kit (KSP Kit).

- ⇒ Victims may choose not to report the assault immediately. If evidence is collected without reporting, hospitals must store it for at least one year.
- ⇒ After 96 hours, SAFE exams are still possible, but the use of a KSP Kit depends on circumstances (Kentucky Attorney General's Office, 2023).

### What is a KSP Kit?

The Kentucky State Police Kit includes materials and instructions for:

- ⇒ Collecting evidence based on the victim's history.
- ⇒ Documenting injuries and body-to-body contact.
- ⇒ Linking perpetrators to the crime.

Examiners, such as Sexual Assault Nurse Examiners (SANEs), adapt the process to the victim's needs, ensuring informed consent and flexibility throughout the exam (Kentucky Revised Statutes [KRS] 209.020, n.d.).

### Legal and Procedural Information

- ⇒ Advocacy: Rape crisis advocates must be contacted before the exam to provide support.
- ⇒ Consent: Victims must consent to all procedures, and minors can consent without parental approval.
- ⇒ Costs: Victims are not charged for the SAFE exam, though additional medical expenses may apply. These may be reimbursed through the Kentucky Claims Commission.
- ⇒ For more details about SAFE procedures, mandatory reporting laws, or payment policies, consult KAR 12:010 or reach out to local resources.

### What are Children's Advocacy Centers (CACs)?

- ⇒ CACs are child-friendly facilities providing non-emergency sexual abuse exams and forensic interviews. In emergencies, hospitals must provide care.
- ⇒ 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/>

# 22

## ENHANCING TEAM RESPONSES TO SEXUAL VIOLENCE

### 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 the KASAP or the Kentucky Board of Nursing websites.

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 (Kentucky Revised Statutes [KRS] 403, 456, n.d.).

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](http://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 can provide compassionate, efficient, highly skilled care and support throughout the medical and criminal justice systems (Kentucky Revised Statutes [KRS] 600.020, n.d.).

### 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 in the victim. 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 (Kentucky Revised Statutes [KRS] 209A, 2017).

## 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

KASAP, in partnership 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. It is posted on the websites of KASAP, KY Hospital Association, and the KY Office of the Attorney General. Along with the video, 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, and Frequently Used Links. All of the resources can be found at [kasap.org](http://kasap.org). The video was made possible with funding from the KY Office of the Attorney General.



# 23

## PROTECTING AND ADVOCATING FOR VICTIMS' RIGHTS

When victims of sexual violence are not adequately protected, they are less likely to report crimes or assist in prosecution, and they face a greater risk of physical and emotional harm. Fortunately, several laws safeguard their rights, including Kentucky's Crime Victims' Bill of Rights (KRS 421.500–575), 18 U.S. Code § 3771, and other state and federal protections. Criminal justice professionals must actively inform victims of their rights and help them exercise these protections.

### Key Victim Rights (KRS 421.500–575):

Victims of crime in Kentucky are entitled to:

- ⇒ Fair and respectful treatment that honors their dignity and privacy.
- ⇒ Information on available emergency, protective, medical, and social services.
- ⇒ Advocate support during court proceedings and consultations.
- ⇒ Protection from harassment, intimidation, and retaliation.
- ⇒ Notifications about arrests, court proceedings, and offender release (via the VINE system).
- ⇒ Input on case outcomes, including plea bargains and sentencing (via Victim Impact Statements).
- ⇒ Assistance in contacting employers if their participation in the justice process disrupts work.



- ⇒ Prompt return of personal property held as evidence.
- ⇒ Special accommodations for minors in court, such as appointing guardians ad litem or modifying courtroom environments (KRS 26A.140).

## Privacy and Confidentiality Protections:

Victims have constitutional rights under the U.S. Constitution's Fourth and Fourteenth Amendments to safeguard personal information and make independent decisions. Federal and state laws provide specific protections:

- ⇒ **Confidentiality of Records:** Kentucky law (KRS 211.608) ensures that records held by rape crisis centers remain confidential, with limited exceptions. Professionals must respond to subpoenas but can seek legal counsel to protect records from disclosure.
- ⇒ **Health Care Privacy:** The Health Insurance Portability and Accountability Act (HIPAA) restricts the unauthorized sharing of health information and aligns with Kentucky's abuse reporting requirements. Providers must disclose only the minimum necessary information.
- ⇒ **Open Records Protections:** Kentucky's Open Records Act exempts personal information from public access when disclosure would violate privacy (KRS 61.878). Law enforcement can redact identifying details in sex crimes cases.
- ⇒ **Legal Privileges and Rape Shield Protections:** Kentucky's rules of evidence (KRE 506 and 412) protect victim confidentiality and restrict the use of past sexual behavior as evidence. Courts may allow limited disclosure of records only when they contain essential, case-relevant information.

## Ensuring Privacy Rights Are Respected:

Victims and professionals can take steps to protect privacy, such as refusing to share information without informed consent and involving attorneys in legal disputes over confidentiality. Advocacy and proactive policies are critical to minimizing retraumatization and encouraging the reporting of sexual violence.

For further details or legal guidance, refer to the cited statutes, including KRS 422.315 for medical record protections and 502 KAR 12:010 for forensic examination protocols.

# 24

## IDENTIFYING AND ADDRESSING SEXUAL HARASSMENT

**Sexual harassment is unwelcome sexual or gender-based behavior that disrupts work, school, or other environments. It is illegal under federal and state laws, including Title VII of the Civil Rights Act of 1964 (42 U.S.C. § 2000e et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), and Kentucky's Civil Rights Act (KRS Chapter 344) (Equal Employment Opportunity Commission [EEOC], 2020; Kentucky Commission on Human Rights, n.d.).**

### What is Sexual Harassment?

It happens when someone:

- ⇒ Offers or denies opportunities based on sexual behavior.
- ⇒ Interferes with performance through unwanted conduct.
- ⇒ Creates a hostile or offensive environment.

### Examples of Sexual Harassment:

- ⇒ Sexual comments, jokes, or gestures.
- ⇒ Unwanted touching (e.g., groping or patting).
- ⇒ Requests for sexual favors in exchange for benefits.
- ⇒ Sharing explicit images or messages.
- ⇒ Blocking someone's movement or physical intimidation.

## Types of Harassment:

- ⇒ **Hostile Environment:** Repeated or extreme unwelcome behavior that affects work or learning conditions.
- ⇒ **Quid Pro Quo:** “This for that” exchanges, like promotions for sexual favors.

## Legal Actions and Reporting

- ⇒ Sexual harassment may also violate criminal laws. For example:
  - Unwanted physical contact could lead to charges like “sexual abuse” (KRS 510.030).
  - Sharing private digital material without consent may lead to “distribution of obscene matter” (KRS 531.020).
- ⇒ Refer to Kentucky laws (KRS Chapters 510, 530, and 531) for details.

## Victims Can:

- ⇒ File civil complaints against employers or schools.
- ⇒ Report incidents to law enforcement for possible criminal charges.

## Prevention and Accountability:

- ⇒ Create clear policies and grievance procedures.
- ⇒ Train staff and students on recognizing and reporting harassment.
- ⇒ Act quickly and apply consistent consequences for violators.
- ⇒ Foster discussions about harassment and its impact.
- ⇒ Provide strong supervision and security.

## Steps for Individuals:

- ⇒ **Speak Up:** Tell the harasser their behavior is unwelcome.
- ⇒ **Follow Policy:** Know your organization’s procedure and report incidents.
- ⇒ **Document Everything:** Keep detailed records of events, including dates, witnesses, and communications.

- ⇒ **Persist:** Continue reporting if harassment continues or escalates.
- ⇒ **Seek Support:** Reach out to family, friends, or local KASAP programs.



### Important Notes:

- ⇒ Complaints to enforcement agencies must often be filed within 180 days.
- ⇒ Be prepared for possible retaliation and document it thoroughly.

Quick action and consistent documentation are key to addressing and stopping sexual harassment.

Prepared with assistance from: Gwen Mayes, JD, MMSC and Kimberly Clark Hosea, JD

## 25

# NAVIGATING TITLE IX: SEXUAL VIOLENCE IN SCHOOLS

## Overview:

Title IX is a federal law that ensures no one is discriminated against based on sex in schools that receive federal funding. This includes protection from sexual harassment, assault, and violence. About 1 in 5 women and 1 in 16 men in college experience sexual assault, which can negatively affect their academic performance and sense of safety (U.S. Department of Justice, 2017). Schools are required to address these issues (U.S. Department of Education, 2020).

## What is Title IX?

Title IX of the Education Amendments of 1972 prohibits sex discrimination in federally funded schools, covering both sexual harassment and violence.

## Schools Covered by Title IX:

- ⇒ Public and private schools (K-12 and higher education) receiving federal funds must comply with Title IX.

## School Responsibilities for Sexual Harassment and Violence:

- ⇒ **Prompt Action:** Schools must respond quickly to eliminate harassment or violence, prevent its recurrence, and address its effects.
- ⇒ **Investigation Requirement:** If a school is aware of sexual harassment or violence, it must investigate and resolve the issue, even without a formal complaint.
- ⇒ **Separate from Law Enforcement:** Schools must handle Title IX complaints independently from any criminal investigations.

## Required School Policies and Procedures:

- ⇒ **Nondiscrimination Notice:** Schools must have a notice stating they do not tolerate sex discrimination.
- ⇒ **Title IX Coordinator:** Every school must have a designated coordinator to oversee compliance and address complaints.
- ⇒ **Grievance Procedures:** Schools must have clear procedures for filing complaints of sex discrimination, ensuring:
  - Fair, reliable investigations.
  - Equal opportunity for both sides to present evidence.
  - Timely updates, including investigation timelines, outcomes, and appeal options.

## Notification and Outcome Rights:

- ⇒ Schools must notify complainants in writing about the outcome of their complaint.
  - **Sanctions Disclosure:** Complainants must be informed about sanctions imposed on the perpetrator if they directly affect the complainant (e.g., stay-away orders, suspension, or class reassignments).
  - **Clery Act:** Postsecondary institutions must inform both parties of the outcome and sanctions in any sex offense cases. Non-disclosure agreements cannot be required.



## Grievance Process and Mediation:

- ⇒ **Informal Resolution:** Mediation or other informal methods may be used in some cases of sexual harassment, but complainants can choose to end the informal process at any time and move to a formal process.
- ⇒ **Sexual Assault:** Mediation is not appropriate for sexual assault cases.

## Where to Get Help or File a Complaint:

If a school is violating Title IX, contact the U.S. Department of Education, Office for Civil Rights (OCR):

- ⇒ **Phone:** (800) 421-3481
- ⇒ **Email:** [ocr@ed.gov](mailto:ocr@ed.gov)
- ⇒ **Online Complaint Form:** [OCR Complaint Form](#)

## Confidentiality Concerns:

- ⇒ **Disclosure:** Not everyone at school is obligated to keep sexual harassment or assault disclosures confidential. Schools should clearly outline who must report to the Title IX Coordinator.
- ⇒ **Confidential Resources:** Some resources, like student health centers or advocacy programs, may offer confidentiality. Check your school's policy for details.
- ⇒ **KASAP Programs:** For confidential support, visit KASAP Victim Services.

## Kentucky Law and Mandatory Reporting:

In Kentucky, principals are required to report sexual offenses to law enforcement if they reasonably believe the offense occurred on school property or at a school event (KRS 158.154).

## Additional Resources

- ⇒ [Know Your IX](#)
- ⇒ [U.S. Department of Education: Title IX Guidance](#)
- ⇒ [Not Alone: Together Against Sexual Assault](#)
- ⇒ [National Women's Law Center: Title IX Resources](#)

# 26

## UNDERSTANDING SYSTEMS FOR SEX OFFENDERS

Several systems provide information about convicted sex offenders, primarily those who have been reported and convicted. It's important to remember that most sexual offenses are not reported, and the prosecution success rate is low, so many offenders are not listed. Also, most offenses are committed by people the survivor knows (RAINN, 2020).

## Information About Incarcerated Offenders

- ⇒ **VINE (Victim Identification & Notification Everyday)**
  - VINE is an automated, state-wide system that notifies registrants about critical information regarding incarcerated offenders, including custody status changes (such as release or escape) and parole hearings.
  - It is accessible to survivors, law enforcement, and the public 24/7.
  - To register for notifications, you can call 1-800-511-1670, visit [www.vinelink.com](http://www.vinelink.com), or use the VINEMobile app.

## Kentucky Offender On-Line Look-up System (KOOL)

- ⇒ KOOL provides information about incarcerated offenders, including their location, convictions, sentencing, and parole status.
- ⇒ To use KOOL, visit <http://kool.corrections.ky.gov/>.

## Information About Released Sex Offenders

### Kentucky Sex Offender Registry

- ⇒ This registry tracks convicted sex offenders who have been released. It provides identifying information, photographs, residence, and details of the crimes committed.
- ⇒ The registry is maintained by the Kentucky State Police and is available to the public at Kentucky State Police Sex Offender Registry.

### Registration Requirements:

- ⇒ Offenders must register before being released from incarceration and update their information whenever they move.
- ⇒ Registration is mandatory for offenders convicted of a sex crime or crime against a minor, whether in Kentucky or another jurisdiction.
- ⇒ Offenders may be required to register for 20 years or life, depending on their conviction.
- ⇒ Failure to register or providing false information is a felony.
- ⇒ Offenders are prohibited from living within 1,000 feet of schools, publicly owned playgrounds, or licensed day care facilities.

### Kentucky Sex Offender Alert Line

- ⇒ This service provides notifications when registered sex offenders are released into specific zip codes.
- ⇒ To register for notifications, call 1-866-564-5652 and provide a phone number and up to three zip codes. Notifications are made through automated calls.
- ⇒ Calls are made throughout the day, except between 3:00 pm and 5:00 pm, to avoid reaching children. Messages will be left on answering machines.

### National Sex Offender Public Website (NSOPW)

- ⇒ The U.S. Department of Justice offers the NSOPW for nationwide sex offender searches. It presents current information from registries across states, territories, Indian tribes, and the District of Columbia.
- ⇒ Visit [NSOPW](#) to search for offenders.



### Important Notes

These systems only cover a small percentage of offenders who have been reported and convicted. The success rate for prosecution is low, and most sexual violence is never reported. Most offenders are people known to the victim.

# REFERENCES

1. American College of Obstetricians and Gynecologists. (2020). *Forensic examination in cases of sexual assault*. Retrieved from <https://www.acog.org>
2. American Psychological Association. (2017). *Psychological first aid*. Retrieved from <https://www.apa.org>
3. Basile, K. C., Breiding, M. J., & Smith, S. G. (2016). Disability and risk of recent sexual violence in the United States. *American Journal of Public Health*, 106(5), 928-930.
4. Bureau of Justice Statistics. (2019). *Crime against persons with disabilities, 2009–2019 statistical tables*. U.S. Department of Justice. Retrieved from <https://bjs.ojp.gov/content/pub/pdf/capd0919st.pdf>
5. Centers for Disease Control and Prevention. (2020). *The Social-Ecological Model: A framework for prevention*. Retrieved from <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
6. Centers for Disease Control and Prevention. (2022). *Risk and protective factors | Sexual violence prevention*. Retrieved from <https://www.cdc.gov/sexual-violence/risk-factors/index.html>
7. Centers for Disease Control and Prevention. (2022). *Preventing sexual violence*. Retrieved from <https://www.cdc.gov/sexual-violence/prevention/index.html>
8. Coker, A. L., et al. (2017). RCT testing bystander effectiveness to reduce violence. *American Journal of Preventive Medicine*, 52(5), 566–578. <https://doi.org/10.1016/j.amepre.2016.12.008>
9. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2004). *American Indians and crime, 1992-2002*. Retrieved from <https://www.rainn.org/statistics/victims-sexual-violence>
10. Equal Employment Opportunity Commission. (2020). *Sexual harassment*. Retrieved from <https://www.eeoc.gov/sexual-harassment>
11. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. Retrieved from <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>
12. Just Detention International. (n.d.). *PREA: Prison Rape Elimination Act*. Retrieved from <https://justdetention.org>
13. Kentucky Administrative Office of the Courts. (2023). *Protective order booklet*. Retrieved from <http://courts.ky.gov/resources/publicationsresources/Publications/P123ProtectiveOrderBooklet.pdf>
14. Kentucky Administrative Regulations (KAR) 502 KAR 12:010. (n.d.). *Forensic examination protocols*.
15. Kentucky Commission on Human Rights. (n.d.). *Kentucky Civil Rights Act*. Retrieved from <https://kycommission.org>
16. Kentucky Revised Statutes (KRS) 26A.140. (n.d.). *Special accommodations for minors in court*.
17. Kentucky Revised Statutes (KRS) 49. (n.d.). *Sexual assault examination program (SAEP) guidelines*.
18. Kentucky Revised Statutes (KRS) 49.260, 802 KAR. (n.d.). *Crime victims compensation fund*.
19. Kentucky Revised Statutes (KRS) 61.878. (n.d.). *Exemption from public access for personal information*.
20. Kentucky Revised Statutes (KRS) 158.154. (n.d.). *Mandatory reporting of sexual offenses by school principals*.
21. Kentucky Revised Statutes (KRS) 209A. (2017). *Domestic and dating violence; professional requirements*.
22. Kentucky Revised Statutes (KRS) 209.020. (n.d.). *Adult abuse reporting requirement*.
23. Kentucky Revised Statutes (KRS) 211.608. (n.d.). *Confidentiality of records held by rape crisis centers*.
24. Kentucky Revised Statutes (KRS) 403, 456. (n.d.). *Domestic violence orders (DVOs) and interpersonal protective orders (IPOs)*.
25. Kentucky Revised Statutes (KRS) 421.500–575. (n.d.). *Crime victims' bill of rights*.
26. Kentucky Revised Statutes (KRS) 422.315. (n.d.). *Medical record protections*.
27. Kentucky Revised Statutes (KRS) 510.030. (n.d.). *Sexual abuse in the third degree*.

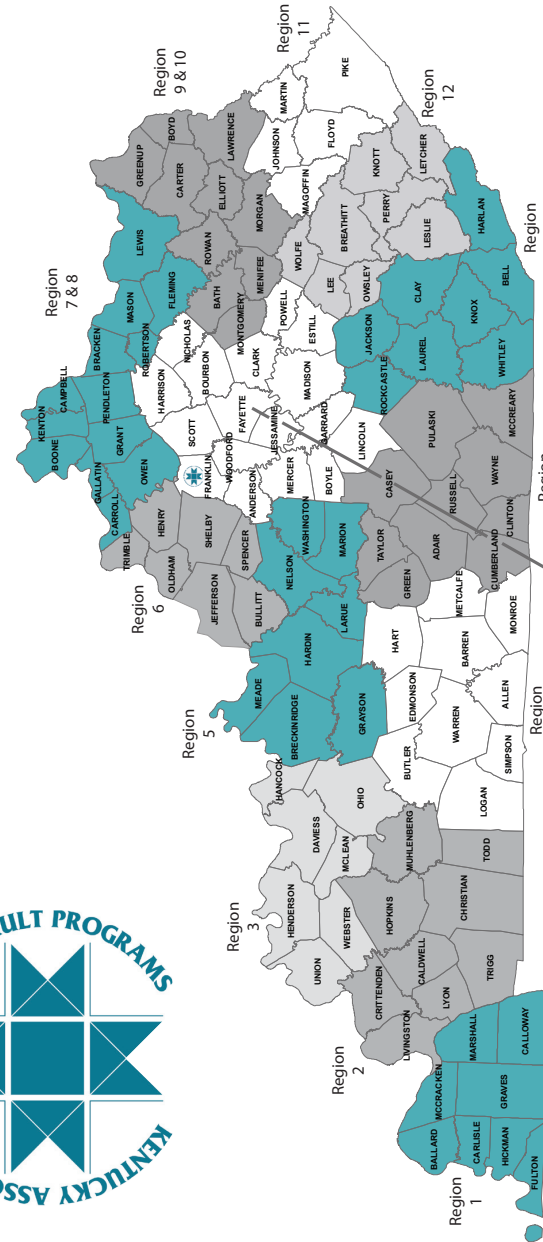


28. Kentucky Revised Statutes (KRS) 531.020. (n.d.). *Distribution of obscene matter*.
29. Kentucky Revised Statutes (KRS) 532.032. (n.d.). *Restitution requirements for criminal cases*.
30. Kentucky Revised Statutes (KRS) 600.020. (n.d.). *Child abuse reporting requirement*.
31. Kentucky Revised Statutes (KRS) 620. (n.d.). *Adult abuse reporting requirement*.
32. Kentucky Revised Statutes (KRS) Chapter 344. (n.d.). *Kentucky Civil Rights Act*.
33. Kentucky Revised Statutes (KRS) KRE 506 & 412. (n.d.). *Legal privileges and rape shield protections*.
34. Kentucky Office of the Attorney General. (2020). *Human trafficking victims rights act*. Retrieved from <https://ag.ky.gov>
35. Kentucky Office of the Attorney General. (2023). *Kentucky's laws on domestic violence and sexual assault*. Retrieved from <http://ag.ky.gov>
36. Kentucky State Police. (2023). *Mandatory reporting of child and adult abuse in Kentucky*. Retrieved from <http://ksps.ky.gov>
37. Kilpatrick, D. G., Resnick, H. S., Ruggiero, K. J., Conoscenti, L. M., & McCauley, J. (2007). *Drug-facilitated, incapacitated, and forcible rape: A national study* (NCJ 219181). National Institute of Justice.
38. National Alliance to End Sexual Violence. (2019). *Racism and rape*. Retrieved from <http://endsexualviolence.org/where-we-stand/racism-and-rape>
39. National Human Trafficking Hotline. (2020). *What is sex trafficking?* Retrieved from <https://humantraffickinghotline.org>
40. National Institute of Mental Health. (2020). *Post-traumatic stress disorder*. Retrieved from <https://www.nimh.nih.gov>
41. National PREA Resource Center. (2020). *Prison rape elimination act: Overview and resources*. Retrieved from <https://www.prearesourcecenter.org>
42. National Sexual Violence Resource Center. (n.d.). *Sexual violence and people with disabilities*. Retrieved from <https://www.nsvrc.org/sexual-violence-and-people-with-disabilities>
43. National Sexual Violence Resource Center. (2017). *Sexual violence in LGBTQIA+ communities*. Retrieved from [https://www.nsvrc.org/sites/default/files/2019-08/sexual-](https://www.nsvrc.org/sites/default/files/2019-08/sexual-violence-in-lgbtqia-communities.pdf)  
[violence-in-lgbtqia-communities.pdf](https://www.nsvrc.org/sites/default/files/2019-08/sexual-violence-in-lgbtqia-communities.pdf)
44. National Sexual Violence Resource Center. (2020). *Trauma-informed care: Responding to survivors of sexual violence*. Retrieved from <https://www.nsvrc.org>
45. Peterson, C., et al. (2017). Lifetime economic burden of rape among U.S. adults. *American Journal of Preventive Medicine*, 52(6), 691-701. <https://doi.org/10.1016/j.amepre.2017.02.023>
46. Peterson, C., et al. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine*, 55(4), 433-444. <https://doi.org/10.1016/j.amepre.2018.05.016>
47. RAINN. (n.d.). *Sexual abuse and people with disabilities*. Retrieved from <https://www.rainn.org/articles/sexual-abuse-people-disabilities>
48. RAINN. (n.d.). *What to do if you have been sexually assaulted*. Retrieved from <https://www.rainn.org>
49. RAINN. (2019). *Victims of sexual violence: Statistics*. Retrieved from <https://www.rainn.org/statistics/victims-sexual-violence>
50. RAINN. (2020). *The criminal justice system: Prosecution of sexual assault*. Rape, Abuse & Incest National Network. Retrieved from <https://www.rainn.org>
51. Silman, M. (2018). *Adapted for the Kentucky Association of Sexual Assault Programs*.
52. Smith, S. G., Chen, J., Basile, K. C., Gilbert, L. K., Merrick, M. T., Patel, N., Walling, M., & Jain, A. (2017). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State report*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
53. Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from <https://ncsacw.samhsa.gov>
54. Taylor, B. G., et al. (2011). *Shifting boundaries: Final report on an experimental evaluation of a youth dating violence prevention program in New York City middle schools*. U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/236175.pdf>
55. U.S. Department of Education. (2020). *Title IX and sex discrimination*. Retrieved from [https://www2.ed.gov/about/offices/list/ocr/docs/tix\\_dis.html](https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html)
56. U.S. Department of Health & Human Services. (2020). *BULLETIN: Ensuring the rights*

- of persons with limited English proficiency. Retrieved from <https://www.hhs.gov/sites/default/files/lep-bulletin-5-12-2020-english.pdf>
57. U.S. Department of Health & Human Services. (2023). *HIPAA privacy rule and its impact on domestic violence*. Retrieved from <https://www.hhs.gov>
58. U.S. Department of Justice. (2017). *The report on campus sexual violence*. Retrieved from <https://www.justice.gov/ovw/file/918941/download>
59. U.S. Department of Justice. (2020). *The Prison Rape Elimination Act (PREA) and guidance for correctional facilities*. Retrieved from <https://www.bjs.gov>
60. U.S. Department of Justice, Civil Rights Division. (n.d.). *Title VI of the Civil Rights Act of 1964*. Retrieved from <https://www.justice.gov/crt/fcs/TitleVI>
61. U.S. Department of State. (2020). *Trafficking in persons report 2020*. Retrieved from <https://state.gov/trafficking-in-persons-report>

This project was supported by Contract Number PON2 736 2400001878 awarded through the Commonwealth of Kentucky, Cabinet for Health and Family Services. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of CHFS.

KASAP is funded in part or wholly by state and federal funds.



**Region 1: Lotus Children's Advocacy & Sexual Violence Resource Center**  
P.O. Box 8506, Paducah, KY 42002  
(800) 928-7273  
[hopehealgrow.org](http://hopehealgrow.org)



**Region 2: Sanctuary, Inc.**  
P.O. Box 1165  
Hopkinsville, KY 42241  
(800) 766-0000 | [thesanctuaryinc.com](http://thesanctuaryinc.com)



**Region 3: New Beginnings Sexual Assault Support Services**  
1716 Scherm Rd.  
Owensboro, KY 42301  
(800) 226-7273  
[nbwensboro.org](http://nbwensboro.org)



**Region 4: Hope Harbor, Inc.**  
913 Broadway Ave.  
Bowling Green, KY 42101  
(270) 846-1100  
[hopeharbor.net](http://hopeharbor.net)



**Region 5: Silverleaf Sexual Trauma Recovery Services**  
751 S Provident Way  
Elizabethtown, KY 42701  
(877) 672-2124 | [silverleafky.org](http://silverleafky.org)



**Region 6: The Center for Women & Families**  
P.O. Box 2048, Louisville, KY 40201  
(844) BE-SAFE-11 (844) 237-2331  
[thecenteronline.org](http://thecenteronline.org)



**Region 7 & 8: The ION Center for Violence Prevention**  
835 Madison Ave.  
Covington, KY 41011  
(859) 491-3335  
111 East Third St.  
Maysville, KY 41056  
(606) 564-6708 | [ioncenter.org](http://ioncenter.org)



**Region 9 & 10: Pathways Porchlight Sexual Violence Resource Center**  
(Ashland & Morehead)  
P.O. Box 790, Ashland, KY 41011  
(800) 562-8909 | [pathways-ky.org](http://pathways-ky.org)



**Region 11: 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](http://mtcomp.org)



**Region 12: The Rising Center**  
637 Morton Blvd., Hazard, KY 41701  
(800) 375-7273 | [therisingcenter.org](http://therisingcenter.org)



**Region 13: Cumberland River Victims Services**  
P.O. Box 568, Corbin, KY 40701  
(606) 528-5286 | [civsky.org](http://civsky.org)



**Region 14: Adanta Sexual Assault Resource Center (ASARC)**  
259 Parkers Mill Rd.  
Somerset, KY 42501  
(800) 633-5599 | [adanta.org](http://adanta.org)



**Region 15: Sexual Violence Resource Center of the Bluegrass**  
2025 Regency Road, Suite 100  
Lexington, KY 40503  
(859) 253-2511 | [svrkentucky.org](http://svrkentucky.org)



KENTUCKY ASSOCIATION  
OF SEXUAL ASSAULT  
PROGRAMS